Embracing risk, enabling choice

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When is a risk too much of a risk?

‘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)
Unkempt
Hoarder
Known to mental health services
No hot water or heating
Limited diet
Past victim
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)
**Mind-set**
A fixed mental attitude or disposition that predetermines a person's responses to and interpretations of situations. An inclination or a habit.

Dictionary.com
Your mind-set can determine how you:
• interpret what you read
• put a value on what you hear
• respond to an individual
• communicate with an individual
B is a 25 year old man

• His older brother has autism and has episodes of anger and violence

• His mother is being treated for depression, has self-harmed and threatened suicide in the past

• His father, who lives separately, has severe epilepsy and presents with possible ASD indicators

• B has had a key role as carer at times for all of them
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.
You uphold the service user’s right to make choices over the care that they receive and the plans they wish to make.

(COT 2017, section 2.5)

You must listen to service users and carers and take account of their needs and wishes.

(HCPC 2016, section 2.2)
Hoarder
Fire risk
No hot water or heating
Limited diet
Past victim
Known to the church and mental health services
What if something happens?  
Will it be my fault?
.. to take opportunities and not see risk as another barrier.

...to perform your duties to the standard of a ‘reasonably’ skilled and careful practitioner.
DUTY OF CARE
3.3.1 Where service users have mental capacity, they have a right to make informed choices and decisions about their future and the care and intervention that they receive. Where possible, such choices should be respected, even when in conflict with professional opinion.

(RCOT 2015)
Often at crisis points for the elderly, medical intervention is not the whole or the main answer.

Allied health professions are in the unique position where they work across primary, hospital and social care boundaries.

Multi-professional teams with AHPs can lead prevention of admission work and discharge planning for older people with complex needs.
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By embracing and engaging with risk, in partnership with the service user, the process is an enabler rather than a barrier.