**Risk Management Tool**

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| Name of the person | |  | | | | |
| Name of the person completing the form | |  | | | | |
| Date | |  | | | | |
| Risk(s) identified | |  | | | | |
| Level of risk prior to completion  \*Please circle | | **High\*** | **Medium\*** | | **Low\*** | |
| **The Person’s Views -** What does the person want to do and why? Which positive outcomes will they get from doing the activity and how will it improve their quality of life? How will not doing this affect them? What does the person feel about the risks that have been highlighted? Do they feel they are at risk? How do they propose to manage any risks? | | | | | | |
| **Potential risks to the person -** What are the specific risks and who has identified these? How do they compare with the ‘silent harms’ of not being allowed to do the activity? What is the likelihood and potential severity of the risk? What is the evidence for this? Are there any complexities associated with increased risks, e.g. substance dependency? Are there any specific risk triggers, e.g. certain associates or environments? Consider multi-disciplinary perspectives on what the risk is, e.g. police, fire service, health services, environmental health etc *(Please give details of what might happen, under what circumstances, the likelihood of this happening and the possible consequences for the person. Ensure decisions are evidence based e.g. evidence from multi-agency partners etc)* | | | | | | |
| **Potential risks to others -** What are the potential risks and benefits to family members, carers and the wider community?  *(Please give details of risks and benefits to other people, staff, property etc)* | | | | | | |
| **Mitigating/ reducing risk and preventing escalation –** Are there alternative/ safer ways of meeting this need that the person agrees to?  Are there ways of doing the activity and reducing/ mitigating risks that the person would find acceptable? Have safeguarding processes been considered? Have other relevant policies been considered (Appendix 5)? Have appropriate actions been taken e.g. referral to the MEAM MDT/ DASH/ Home conditions assessment/ consideration of MCA and executive functioning etc | | | | | | |
| **Actions and Responsibilities -** What action needs to be taken to reduce the risk? What roles and responsibilities does everyone involved have (including the person)? Does anyone else need to be involved? *(Specify when, how and who will do what?)*   |  |  |  | | --- | --- | --- | | **Action** | **Agency/ individual** | **Time frame** | |  |  |  | |  |  |  | |  |  |  | | | | | | | |
| **Differences in points of view -** Are there different points of view and what are the reasons for these? *(Specify the differing points of view of the person/ carer/ practitioner etc. Where it is not possible to agree about the level of the risk involved, it is the responsibility of the practitioner and their manager to ensure there is clear and justifiable logic underpinning the action plan)* | | | | | | |
| **Plan for Review -** When will the plan be reviewed? (specify date) What specific circumstances would require an earlier review? What is the plan for when the person no longer has an allocated worker? e.g. sharing the Risk Management Tool with other professionals for them to trigger review. | | | | | | |
| Level of risk following completion  \*Please circle | **High\*** | | | **Medium\*** | | **Low\*** |

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| **Risk taking is a shared process and it is important that everyone’s views are considered and recorded. Please ask everyone involved including the person, family, and professionals for their comments;** | |
| I \*agree / disagree (\*please delete) with this assessment.  Signed:  Date: | Comments |
| I \*agree / disagree (\*please delete) with this assessment.  Signed:  Date: | Comments |
| I \*agree / disagree (\*please delete) with this assessment.  Signed:  Date: | Comments |
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