PRACTICE TOOL

Tool 3: Ten questions to support positive risk assessments

Tips

If possible, bring the key players together to work through these questions:
- the person with dementia*
- family members
- health/social care workers
- home/scheme manager, etc.

Listen to each other’s perspectives and record key points and decisions.

*If the person is likely to find a group discussion stressful or problematic, an alternative would be to meet separately with them (ideally with a close supporter or advocate). You can use some of the tools and ideas in the previous section if they cannot respond to questions verbally. However, make sure their views are sought directly and fed into the process.

Take a ‘can-do’ attitude and try to find creative solutions wherever possible – don’t set out trying to prove that it can’t be done.

The questions

Be clear about the specific activity or decision which is up for discussion, then consider the following questions:

1. What does the person want to do and why? Which positive outcomes will they get from doing it? How will not doing this affect them?

2. Do they have capacity to make this decision? The answer to this question influences the status for the rest of the discussion - are we making a best interests decision here or are we simply coming together to advise, support and problem-solve?

3. What are the specific risks? How likely are they to happen, causing what level of harm if they do? How do they compare with the ‘silent harms’ (Clarke et al, 2011) of not being allowed to do this? You can use the chart on the following page to plot risk of harm against quality of life (QoL):

3 Note that under the Care Act 2014, Pt1, S67, the local authority is required to provide an Independent Mental Capacity Advocate (IMCA) where the person would otherwise struggle to understand, retain or use information, or communicate their wishes.
4. What are the potential risks and benefits to family members, carers and the wider community?

5. What are our own worries? (These might be about specific risks or general concerns, like being blamed if things go wrong.)

6. How does the person with dementia feel about taking risks (now and in the past)?

7. Are there ways of doing the activity and reducing the risks? Are there alternatives – safer ways of meeting this need?

8. What’s the bottom line?
   a. What are the rules or conditions which we agree to follow?
   b. What is the contingency plan (if things go wrong)?

9. Which roles and responsibilities do each of us have? Is there anyone else we need to involve?

10. Which changes should trigger a review of this decision?

**Tip: What to do if there isn’t time to hold a meeting**

- Assess capacity (using the MCA principles on page 9).
- Think about the potential positive outcomes for the person and try to discuss these with them.
- Weigh these against the risks, using the ‘QoL chart’.

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From Manthorpe and Moriarty (2010), simplified by Clarke CL (2011)