

MATER DEI LIVING SKILLS PROGRAM

YOUNG PERSON'S RISK PROFILE

The Young Person's Risk Profile is an assessment tool that summarises risks in preparation for the Young Person's transition into the Living Skills Program and for the wellbeing & welfare of the Young Person, Social Educator and others in the Community.

Reviewed: 26 May 2014

YOUNG PERSON'S NAME	DATE DEVELOPED
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RISK INDICATOR CHART				
		LIKELIHOOD		
		Very Likely Known to regularly or very likely occur given existing circumstances or environment	Likely Known to often or fairly likely occur given existing circumstances or environment	Unlikely Some potential to occur based on previous experience or existing circumstances or environment
*Category 1- High Risk (red)				
*Category 2- Medium Risk (amber)				
*Category 3- Low Risk (green)				
SEVERITY	High (red) Life threatening or cause serious injury	Category 1 (red)	Category 1 (red)	Category 2 (amber)
	Medium (amber) Could result in temporary incapacity	Category 1 (red)	Category 2 (amber)	Category 3 (green)
	Low (green) Could result in inconvenience or first aid	Category 2 (amber)	Category 3 (green)	Category 3 (green)



STUDENT RISK PROFILE – Example plans

This is intended as a guide to examples of risk management plans and support plans to be put in place

Risk	Information Required to Identify Risk	Type of Risk Management or Support Plan
Seizures	Neurologist's Report Mater Dei School Report	Epilepsy Training Epilepsy Management Plan
Aggression	Behaviour Assessment Speech Pathologist Report	Crisis Communication Training Positive Behaviour Management Plan
Dysphagia (swallowing)	Barium Swallow Report	Speech Pathologist Dysphagia Training Eating and Drinking Plan
Diabetes	Medical Report Portion Exchange Guidelines	Diabetes Management Training Diabetes Management Plan
Pica (Ingestion of non-nutritive Substances)	Psychologist's Report Paediatrician's Report	Professional Development on Eating Disorders Positive Behaviour Management Plan
Vehicle Safety	Mater Dei School Report Parents/Carers Advice	Duty of Care in relation to Travel Training Positive Behaviour Management Plan
Absconding	Mater Dei School Report Parent/Carer Advice	Positive Behaviour Management Plan
Impaired Gross Motor Skills	Mater Dei School Report Occupational Therapy Report Physiotherapist's Report Ophthalmologist's Report	WHS Training



YOUNG PERSON'S RISK PROFILE - checklist

This checklist is intended as a guide only and allows the identification of "other" risks

RISK TO →	Young Person	Social Educator	OTHERS	Management / Support Plans in Place See example sheet	Actions to be taken e.g. review or develop new plan
RISK AREAS	Risk Category (Please tick) (Red, Amber, Green)				
1. Behaviours of Concern					
a. Self harming	Red	Amber	Green		
b. Absconding	Red	Amber	Green		
c. Wandering	Red	Amber	Green		
d. Physically Assaultive Behaviour	Red	Amber	Green		
e. Verbally Assaultive Behaviour	Red	Amber	Green		
f. Persistent Non-compliance	Red	Amber	Green		
g. Sexually Explicit Behaviour	Red	Amber	Green		
2. Gross Motor Skills					
a. Walking independently	Red	Amber	Green		
b. Independently getting on/ off escalator	Red	Amber	Green		
c. Independently walking up/down stairs/ steps	Red	Amber	Green		
d. Transferring to/from vehicle	Red	Amber	Green		

RISK TO →	Young Person	Social Educator	OTHERS	Management / Support Plans in Place See example sheet	Actions to be taken e.g. review or develop new plan			
RISK AREAS	Risk Category (Please tick) (Red, Amber, Green)							
3. Community Access								
a. Crossing the road & Carpark	Red	Amber	Green	Red	Amber	Green		
b. Safely travelling in vehicles	Red	Amber	Green	Red	Amber	Green		
c. Accessing Public transport	Red	Amber	Green	Red	Amber	Green		
d. Differentiating between familiar and unfamiliar people	Red	Amber	Green	Red	Amber	Green		
4. Recurrent Medical Conditions								
Complex Medical Conditions	Red	Amber	Green	Red	Amber	Green		
Asthma	Red	Amber	Green	Red	Amber	Green		
Dysphagia	Red	Amber	Green	Red	Amber	Green		
Seizures	Red	Amber	Green	Red	Amber	Green		
Allergies	Red	Amber	Green	Red	Amber	Green		
Skin conditions	Red	Amber	Green	Red	Amber	Green		
Diabetes	Red	Amber	Green	Red	Amber	Green		
Sleep disorders	Red	Amber	Green	Red	Amber	Green		
Enuresis(Incontinence) day and/or night	Red	Amber	Green	Red	Amber	Green		
Mental Health Issues	Red	Amber	Green	Red	Amber	Green		
5. Family Access Issues								
	Red	Amber	Green	Red	Amber	Green		

RISK TO →	Young Person	Social Educator	OTHERS	Management / Support Plans in Place See example sheet	Actions to be taken e.g. review or develop new plan
RISK AREAS	Risk Category (Please tick) (Red, Amber, Green)				
6. Fears/Phobias (including animals, storms, dark etc)					
	Red	Amber	Green	Red	Amber
	Red	Amber	Green	Red	Amber
	Red	Amber	Green	Red	Amber
	Red	Amber	Green	Red	Amber

Sign-Off			Review Schedule				
Director of Services	Signature:	Date:	Quarterly Review	Term 1	Term 2	Term 3	Term 4
Living Skills Program Assistant	Signature:	Date:	Date Completed:				
			Date set for next review:				