

Farm Helper Risk Review

ΦΣΟΟΛΪΩ CΣÖ



NAME of Farm helper

Date of completion

Name of person completing the form

**Contact telephone number of
person completing the form.**

Everyone at the farm has an individual risk assessment which is periodically reviewed.

The answers to these questions will be kept in strictest confidence and help us ensure the safety of everyone at the farm.

Please use this form to tell us about behaviours that might put themselves or others at risk, conditions or treatments that need to be managed on the farm or things you feel we ought to know that would help us give a more bespoke service to the individual concerned.

Risk analysis is split into four sections:

The first three sections are to be completed by the potential farm helper and their support worker or the referring agency:

1. Basic information about the farm helper
2. Assessment checklist
3. History and details of identified risks

The final section is to be completed on farm by MFT staff and where appropriate the farm helper and their support worker.

4. Risk analysis and action plan

PLEASE COMPLETE THIS FORM AS FULLY AS YOU CAN. FAILURE TO DISCLOSE RISKS WHICH MIGHT LATER PROVE AN ISSUE OF THE FARM WILL JEOPARDISE THE SAFETY OF THE PERSON CONCERNED AND THOSE AROUND THEM.

Section 1 – Basic Information

Farm helper name:	Date of birth:
Address:	Tel. No.
Is the farm helper subject to or have (please tick): ☐ Supervision register ☐ CPA ☐ EHCP ☐ Supervised Discharge ☐ MHA Section (please specify) ☐ Other orders/notifications/legal designations (specify)	Details
What is their diagnosis.	
Please list their current medications	
Please list any allergies they have	
How are their allergies managed?	
Name of key worker:	Contact tel: Contact email:
Other Professionals involved:	
Name	Contact details

Section 2 Assessment Check list

Tick all relevant columns where a risk is identified. Please indicate whether it is High, Medium or Low based on your knowledge of the service user.

Risks to themselves and their learning			
Risk Factor	High	Medium	Low
Self-neglect (eg forget their PPE, not bring their lunch)			
Abuse by others			
Noncompliance with medication			
Drug / alcohol misuse			
Self-injurious behaviour			
Suicide			
Non-compliance with staff / disengagement			
Wandering			
Anxiety or panic attacks			
Anger management			
Choking			
Running off			
Mobility on uneven surfaces or steps			
Mobility issues due to poor physical fitness			
Road sense			
Environmental awareness (eg do they look where they are going?)			
Medical problems (eg diabetes, epilepsy)			
Sensory disabilities			
Ingesting substances (eg picking things up and putting in mouth)			
Other (please state)			
Risks to others and the learning of others			
Risk Factor	High	Medium	Low
Violence towards support workers / staff			
Violence towards other farm helpers / clients			
Violence to general public			
Threat to children			
Sexual offences			
Social dis-inhibition / inappropriate behaviour			
Threatening violence towards others			
Talking about violence and violent behaviour			
Shouting / talking loudly / making noises			
Bullying behaviours			
Other (please state)			
Risk on Transport			
Seatbelts			
Car sick			
Moving around the car			
Other (please specify)			
Safeguarding risks (please specify)			
Present safeguarding risk to others?			
Other risks (please specify)			
Other risks?			

Section 3 Past History and details of identified risks

For High and Medium risks identified in section 2 a full description of the risk should be detailed.

Risk Identified in section 2:			
Details of behaviour			
Date of last occurrence		Frequency	
Proposed mitigation actions whilst on placement with MFT			
Risk level post mitigation	High	Medium	Low
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Details of behaviour			
Date of last occurrence		Frequency	
Proposed mitigation actions whilst on placement with MFT			
Risk level post mitigation	High	Medium	Low
Risk Identified in section 2:			
Details of behaviour			
Date of last occurrence		Frequency	
Proposed mitigation actions whilst on placement with MFT			
Risk level post mitigation	High	Medium	Low

Continue on a separate sheet if required.

Section 4 – Risk Analysis Strategy To be completed by MFT staff

Identified Risk	Triggers	Agreed Action Plan	Action by / review date
Special precautions or preferences (eg female staff working alone, responds well in male only teams, etc)			
Special precautions or preferences (eg female staff working alone, responds well in male only teams, etc)			
Special precautions or preferences (eg female staff working alone, responds well in male only teams, etc)			
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