THE PRINCIPLE UNDERNEATH IT ALL

Lived experience over technical jargon.

No prior expertise is required to take part. If you face the risks, you are the expert in the room.

What is a Risk Clinic?

A Risk Clinic is a civic deliberation space — a facilitated room where people make sense of the risks they face together, and turn that understanding into action. It treats everyday, lived experience as the primary intelligence about how the place works or is supposed to, and how it fails under exposure and who bears the cost.

Most risk knowledge is fragmented: held privately in each person's body, routine, and workaround, and never pooled. A clinic pools it. Over a few hours, participants map how shocks like heat and flooding cascade through the systems they depend on, find the zones where those systems have quietly removed their choices, and surface the informal ways people already adapt. The output isn't a static capture of a community's capacity to endure — it is the dynamic daily intelligence and networks *owned by* citizens that can inform a new portfolio of options.

risk@darkmatterlabs.org

What the Mumbai Clinic did

Mumbai's climate risks aren't emerging — they're already embedded in the city's daily rhythm. Flooding, heat, water scarcity, power cuts, and transport failure compound one another constantly, but those intersections stay invisible in public debate, which tends to run on ideology, news cycles, and individual memory rather than the patterns.

The Mumbai Clinic was designed to make those patterns visible. In doing so it reveals a different politics — one organised around *who and what is harmed when coupled systems fail*, rather than who gets blamed. When residents across the city recognise they are both exposed during the monsoon, differently, alignment becomes possible on the basis of shared material conditions rather than identity.

How it can be designed

A Clinic can be hosted with almost nothing: a room, a few tables, chart paper, sticky notes, and markers. The Mumbai pilot ran in **2.5 hours with 20–25 people** and no specialist equipment.

A key first step would be to articulate a **risk thesis** for the place this Clinic would be focused. What is the risk landscape of the region and why? What are some hunches/hypotheses of how and why the risks cascade or present themselves and how people respond?

In Mumbai, we focused on heat and flood as it is interwoven with realities across the city and offers a tangible memory to draw from both in the short and long term. A risk thesis for another region may focus on risks of affordability/industrialisation/cultural erosion. It is critical to find that thread from the location, from the people both in and outside the clinic and from the data available.

With an articulated risk thesis, the core loop is simple and repeatable:

1. **Orient** — establish that everyday knowledge is the main input; get people thinking in systems early ("What all you depend on in your day to day?").

2. **Sense the cascade** — introduce a scenario (a sustained flood, a heat spell, new policy landscape, AI and job cuts) and, working from the perspective of a *risk navigator, trace* how one disruption sets off the next and what are the impacts. The risk navigator

could be participants talking from their own experience or stepping into risk navigator roles inspired by people and real observations from the place.

3. **Map the coupling** — pool the cascades onto a shared board and mark the *zones of low choice*: the points where tightly coupled systems have left people with no room to choose.

4. **Surface what already works** — capture the informal adaptations and design principles that could widen those choices

5. **Where to next?** — Collectively the room offers ideas and directions of what they have gathered and recognised within themselves. This could be simply agreeing to another convening or as detailed as a format of archiving/learning that is most useful.

Ideal participants are people **deeply embedded in the place's socio economic fabric**: residents, community organisers, teachers, healthcare and sanitation workers, students, daily wage workers — those who navigate the place's failures daily.

The five clinic *types* — **Sensing, Action, Planning, Accountability, and Coordination** are modular.

CLINIC TYPE	PURPOSE	WHEN TO USE
Sensing	Surface emerging risks, build collective awareness	Beginning of adaptation planning, post-crisis sensemaking
Action	Move from risk awareness to concrete intervention design	Community-led solution development, cross-sector coordination
Planning	Integrate risk intelligence into formal decision-making	Budget structuring, masterplan development
Accountability	Track progress, evaluate effectiveness	Annual review, impact evaluation, political accountability
Coordination	Enable cross-boundary collaboration on shared risks	Cross-departmental coordination, public-private partnerships

The five typologies can be executed in sequence, as a full arc from sensing to accountability, or selectively, as the right instrument at the right moment across a broader portfolio engagement. Most hosts start with a Sensing Clinic (the entry point above) and add others as needed.

Who it's for, and what it's good for

A Risk Clinic is useful to anyone who needs to understand risks from the inside of the systems that produce it. Across contexts, communities stay the stewards and source of the intelligence; what changes is the scale at which it travels.

- **Community organisations & residents** — map compound vulnerabilities (heat + flooding + isolation) and design responses like cooling centres or mutual-aid networks, building social cohesion in the process.
- **Municipalities & planners** — ground a Local Adaptation Plan in genuine community intelligence rather than top-down assumption, earning real buy-in.
- **Democratic & participatory processes** — feed community risk intelligence directly into participatory budgeting or citizen assemblies, shifting from extractive consultation to shared stewardship.
- **Cross-boundary coordination** — build a common operating picture where risks cascade across jurisdictions but no one shares a map.
- **Funders, investors & insurers** — make informal resilience and zones of low optionality legible, so capital and coverage address root vulnerabilities rather than symptoms.
- **Post-crisis learning** — after a shock, evaluate what held and what broke, and redesign from how the system actually behaved under stress.

In short: a Risk Clinic is a light, low-cost, repeatable way to turn lived experience into civic intelligence — and to turn that intelligence into coordinated action, at whatever scale you need it to reach.

To host a clinic or
to explore a partnership:

risk@darkmatterlabs.org