

## New Client Risk Assessment

FOR MULTIPLE NEEDS AND SUPPORT MANAGEMENT

### CONFIDENTIALITY CONTRACT

***I give my consent for the information that I have given to be shared between Community Interventions Supported Housing and relevant agencies in order to access services in relation to my identified needs.***

***It has been explained that this information will be held on a database, will remain confidential, and will not be shared with any other agency without first seeking my permission.***

***The only exceptions to this will be where Community Interventions Supported Housing has serious concerns about the personal safety of others or myself. Examples of these concerns include:***

- If a worker believes that there is a serious risk of harm to myself***
- Where there is a genuine threat of violence against another individual***
- Where a worker is summoned by a court order to give evidence***

Please note that all information and documents held in client files will be destroyed by the organisation if there has been no contact for six years.

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RISK OF HARM ASSESSMENT

<b>Date</b>	<b>Client Name</b>	<b>DoB</b>	<b>Gender</b>	<b>Ethnic origin</b>
<b>Sources of Information Used (Delete As Appropriate)</b>				
<b>Client interview</b>	<b>Social services</b>	<b>Psychiatric report</b>	<b>Hostel/housing provider info</b>	
<b>PSR</b>	<b>Victim</b>	<b>Previous Convictions</b>	<b>Family</b>	
<b>Alcohol/drug agency</b>	<b>GP</b>	<b>Other outreach service</b>	<b>Other</b>	

CURRENT CIRCUMSTANCES		Delete one	Details
1.	Is there a past or present mental illness or exceptional emotional instability?	Yes/No	
2.	Has there been a diagnosis of an anti social personality disorder?	Yes/No	
3.	Are there any signs of obsessive or compulsive behaviour?	Yes/No	
4.	Are there any relevant drug or alcohol issues?	Yes/No	
5.	Does the person show inappropriate sexual behaviour?	Yes/No	
6.	Is the person at risk of sexual exploitation?	Yes/No	
7.	Does the person show signs of self-neglect?	Yes/No	
8.	Is the person socially isolated?	Yes/No	
9.	Is the person expressing suicidal thoughts?	Yes/No	

10.	Does the person have any medical problems that may be of a concern and needed specific care needs	Yes/No	
11.	Does the person have any allergies that may be of specific concern and could result in emergency medical treatment being required.	Yes/No	

RISK TO OTHERS		Delete one	Details
1	Is the person expressing violent thoughts or aggression towards someone?	Yes/No	
2.	Has the person been convicted of any of the following: arson, robbery, firearms offences, ABH/GBH kidnapping, sexual offences, offences against children?	Yes/No	Specify
3.	Has the person ever made threats and to whom?	Yes/No	
4.	Is there a known victim or targeted group of victims?	Yes/No	
5.	Is this person known to use or carry weapons?	Yes/No	Specify
6.	Is the person unlikely to co-operate with workers?	Yes/No	
7.	Is there anything else in their behaviour which gives cause for concern?	Yes/No	
8.	Has the person ever assaulted a member of staff?	Yes/No	

RISK TO SELF		Delete	Details
1.	Has the person been known to self-harm?	Yes/No	
2.	Does the person have a history of being exploited?	Yes/No	
3.	Has the person been known to overdose?	Yes/No	
4.	Has the person ever received hospital treatment for an overdose or self-harm?	Yes/No	
5.	Does the person have history of non-compliance with anti-psychotic medication?	Yes/No	
6.	Has the person attempted to take his or her own life before?	Yes/No	

CURRENT PRESENTATION		Delete one	Details
1.	Does the person show insight about their previous behaviour?	Yes/No	
2.	Does the person show remorse/understanding of previous behaviour?	Yes/No	
4.	Is there a commitment and ability to maintain a change in behaviour?	Yes/No	
5.	Is there a significant change in the person's present circumstances, e.g.: abstinence from alcohol and drug use, progression of mental health, progression of relationship with self and others?	Yes/No	
6.	Is there a clear intent and/or plan?	Yes/No	

Scheme: \_\_\_\_\_ Room No.: \_\_\_\_\_

**RISK MANAGEMENT ACTION PLANS**

LEVEL OF RISK TO CLIENT (Self-harm/neglect)		
Low	Medium	High
Behaviour Indicating Risk / Triggers		
Suggested action / precautions		

LEVEL OF RISK TO OTHERS		
Low	Intermediate	High
Behaviour Indicating Risk / Triggers		
Suggested action / precautions		

Is the client aware of the action plan: YES/NO

Client Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

All high-risk cases should be notified immediately to the Project Manager.

**Assessing Risk**

## CLASSIFICATION OF RISK LEVELS

### HIGH RISK

- Where a risk of serious harm has been identified; the potential event could happen at any time and its impact would be serious.

### INTERMEDIATE RISK

- Where a risk of serious harm has been identified, the impact would be serious but the event is not thought to be likely at the moment unless a change in circumstances occurs.
- **Circumstances which could promote such a change could be:**
  - **Emotional/Mental instability**
  - **Failure to take prescribed medication**
  - **Measurable increase in substance misuse**
  - **Loss of accommodation**
  - **Relationship breakdown**

**Be aware of behaviours that occur prior to risk situations and incidents and put measures / actions / interventions in place to prevent them.**

**The important differentiation between Intermediate Risk and High Risk classifications involves the likelihood, the imminence, and the impact of the anticipated harmful event.**

### LOW RISK

- Where there is no identified evidence to suggest, at the time of the Risk Assessment, that any individual is likely to be seriously harmed.

*In classification of risk, individuals do not necessarily sit at a fixed point but can move up and down according to their circumstances.*