**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

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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.*