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 Tranquil Minds 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 Tranquil Minds 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 one	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.