

Bournemouth Sleepsafe 2018-19: Risk Assessment

Before completing this form :

Can the guest manage between 7.30pm & 08.30 am without non prescribed drugs or alcohol ?

GENERAL INFORMATION			
FULL NAME		DOB	
NINO		GENDER	
CONTACT NO		ASSESSMENT DATE	

1. Safety

Risk of harm to others (violence & harm):	Yes	No	
Current behaviour/demeanour is threatening or abusive			
Previous incidents of violence or physical aggression			
Expressing intent to harm others			
Evidence of intent to harm others (e.g. keeps weapons or knives etc)			
Poor engagement with services and/or concern expressed by others			
Poor engagement with care plan			
History of drug/alcohol misuse			
Custodial sentences or arrest for violent behaviour			
Previous history of abusing others			
Close associates/pets known to be aggressive			
Previous history of sexual offending or sexually inappropriate behaviour			
Anti-Social Behaviour Order or Acceptable Behaviour Contract			
History of offending			
Any other concerns			

Further Comments (inc. known triggers)

Please elaborate on the information gained from this section

RISK SCORE (please circle)	Significant & Volatile (<i>High</i>)	Significant but Stable (<i>Medium</i>)	Low/Minimal (<i>Low</i>)
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What risks have been identified – how will they be managed

3. Housing

Risk of damage to property/from location to worker:						Yes	No	
History of arson								
History of Vandalism or significant damage to buildings								
Any other concerns								
Previous accommodation	Private landlord	Social housing	Own place	Friends	Other:			
Reason for leaving								
Date left								
Further Comments (inc. known triggers)								
<i>Please elaborate on the information gained from this section</i>								
RISK SCORE (please circle)	Significant & Volatile (High)	Significant but Stable (Medium)			Low/Minimal (Low)			
<i>What risks have been identified – how will they be managed</i>								

4. Food

Risk of not getting food:						Yes	No	
Access to cooking facilities								
Access to regular hot meal								
Can you cook								
Any dietary needs? Please specify...								
Any food allergies? Please specify...								
Further Comments (inc. known triggers)								
<i>Please elaborate on the information gained from this section</i>								
RISK SCORE (please circle)	Significant & Volatile (High)	Significant but Stable (Medium)			Low/Minimal (Low)			
<i>What risks have been identified – how will they be managed</i>								

5/6. Motivation / Support

Other factors:	Yes	No	
Feelings of hopelessness/helplessness/loss of control/isolation			
Recent significant life events			
Poor engagement with statutory services/concern expressed by others			
Poor engagement with care plan			
Financial difficulties in meeting basic needs			
Has good friends / family support?			
Any other concerns			

Further Comments (inc. known triggers)

Please elaborate on the information gained from this section

RISK SCORE (please circle)	Significant & Volatile (High)	Significant but Stable (Medium)	Low/Minimal (Low)
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What risks have been identified – how will they be managed

FINAL CONCLUSION / FINDINGS:

**Will the guest be able to manage a night between 7.30 pm & 08.30am without non-prescribed drugs or alcohol?
 YES / NO**

Overall risk score : HIGH MEDIUM LOW

Please list any concerns you have for the attention of the night support worker Thank you :

Is the client suitable to stay at Sleepsafe	YES	NO
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DECLARATION

Signature of Person Completing Form:				Date:	
Name		Organisation		Signature	
Signature of Client (if applicable)					
Name		Signature		Date	
			ACCEPTED	DECLINED	