RISK ASSESSMENT

**Client Name:**

**Completed By:**

**1: Type of risk** (Tick as many as apply)

|  |  |
| --- | --- |
| **Risk to self**  |  |
| Risk to Others |  |
| Please tick all boxes applicable |  |
| Schedule 1/Dangerous Offender |  |
| Verbal abuse |  |
| Aggressive or intimidating behaviour |  |
| Physical aggression/violence |  |
| Non-Cooperation with staff |  |
| Issues around mental illness |  |
| Issues around drug or alcohol use |  |
| Issues around street activity |  |
| Issues around criminal or anti-social behaviour |  |
| Discriminatory verbal abuse |  |
| Damage to property |  |
| History of rape or sexual assault |  |
| Accidental fire setting |  |
| Arson |  |
| Lone working considered unsafe  |  |
| Female l one working considered unsafe |  |
| Hoarding |  |
| **Please use the space below to specify any risk factors linked to the behaviours identified above:**  |  |
|  |  |

**2: Detail of risk (Include details of last know incident where relevant & frequency)**

|  |
| --- |
|  |

**3: Who is at risk?** *(****Tick as many as apply and provide details where appropriate in the space provided)***

|  |  |
| --- | --- |
| Client | **x** |
| Staff |  |
| Neighbours |  |
| Contractors |  |
| Specific individual(s) (specify) |  |
|  |

**4: Assessment of risk**

|  |  |
| --- | --- |
| **High** – To be reviewed at least monthly. |  |
| **Medium** – To be reviewed at least every two months | **x** |
| **Low** – To be reviewed at least every six months |  |
| No known risk |  |

## 5: Risk Assessment Action Plan

|  |
| --- |
| Client needs to link with a GP and mental health professionals to address his depression.   |
| What to do to manage risk (feed into support plan)  | What to do if major risk to self or others (e.g. who to contact)  999 |

6: Is the tenant aware of this assessment? Yes

Completed by: Date: