

# ROCHDALE PETRUS COMMUNITY

## STAGE 1: PRE-INTERVIEW RISK ASSESSMENT

<b>Referral Name:</b>	
<b>Date of Birth:</b>	

This is an information gathering process on issues and factors that might present an element of risk in the context of Petrus providing accommodation or support to the above person. We use the information gathered at this stage to try to judge the level of support needed prior to interview so we can identify the most suitable project. This information is gained from referring agencies, or in the case of self-referrals a nominated significant professional who has offered support in the past such as: probation officer, doctor, psychiatrist, CPN, housing support worker or other.

One way of minimising risk is to assess what could go wrong from a very early stage. It would help us if you could consider the following areas of risk and indicate whether any of them are relevant to the referral you are making. **We will discuss any identified risk with the person referred in greater depth at the referral interview, unless specifically requested otherwise.**

POTENTIAL RISK OF:

**1. Breakdown of tenancy due to:**

YES / NO		COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	Rent arrears
<input type="checkbox"/>	<input type="checkbox"/>	Isolation / loneliness
<input type="checkbox"/>	<input type="checkbox"/>	Lack of coping or practical skills
<input type="checkbox"/>	<input type="checkbox"/>	Lack of budgeting skills
<input type="checkbox"/>	<input type="checkbox"/>	Damage to property
<input type="checkbox"/>	<input type="checkbox"/>	Vulnerability (bullying / neighbour abuse)
<input type="checkbox"/>	<input type="checkbox"/>	Risk of financial abuse
		Other

**2. Harm to themselves due to:**

YES / NO		COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	Substance use / dependency
<input type="checkbox"/>	<input type="checkbox"/>	Suicide thoughts / attempts
<input type="checkbox"/>	<input type="checkbox"/>	Self harm
<input type="checkbox"/>	<input type="checkbox"/>	History of abusive relationships
<input type="checkbox"/>	<input type="checkbox"/>	Misuse of prescribed medication
		Other

**3. Harm to staff:**

COMMENTS

**YES / NO**

<input type="checkbox"/>	<input type="checkbox"/>	Verbally abusive	
<input type="checkbox"/>	<input type="checkbox"/>	Aggressive or violent	
<input type="checkbox"/>	<input type="checkbox"/>	Attachment or bonding concerns	
		Other	

**4. Harm to public or to other service users:**

COMMENTS

**YES / NO**

<input type="checkbox"/>	<input type="checkbox"/>	Verbally abusive	
<input type="checkbox"/>	<input type="checkbox"/>	Aggressive or violent	
<input type="checkbox"/>	<input type="checkbox"/>	Attachment or bonding concerns	
<input type="checkbox"/>	<input type="checkbox"/>	Financial abuse of others	
		Other	

**Please Indicate** current support networks in the community, of those ticked indicate the type and level of support offered.

SOCIAL WORKER	PSYCHOLOGIST
G.P, health or medical services	OUTREACH WORKER
PROBATION OFFICER	PSYCHIATRIST / C.P.N
FAMILY, relatives or carers	FRIENDS OR NEIGHBOURS
DRUG OR ALCOHOL SERVICES	COUNSELLING SERVICE
HOUSING RELATED SUPPORT	HOME CARE ASSISTANTS
OTHER:	

If applicable, please provide a list of current medication:

To the best of your knowledge does this person have any criminal convictions that would pose a risk to others, *e.g violence*, fraud, deception or arson. If so will you please specify?

Is there any other information that you feel is relevant to this risk assessment?

This risk assessment was completed by:

Signature..... Date.....

Print name .....

Position .....