Risk Assessment

HOO completing assessment:	
Assessment date:	
Client's details	Name:
	DOB:
	Gender:

Level of risk to self

No risk	**Low risk**	**Medium risk**	**High risk**
No current issues or history of any difficulties	Engaging well with services; evidence of improvement; no recent issues; very low level of support needed	Requires support or intervention to manage; engaging or willing to engage with services; some evidence of issue being managed	No agency involvement, evidence of impact on daily life.

Hoarding	No risk ☐ Low ☐ Medium ☐ High ☐
	Past episodes:
	Triggers:
	Is the risk being managed currently and if so, how? If not, how can the risk be managed?
Mental health	No risk ☐ Low ☐ Medium ☐ High ☐
	Past episodes:
	Triggers:
	Is the risk being managed currently and if so, how? If not, how can the risk be managed?
Self-Harm	No risk ☐ Low ☐ Medium ☐ High ☐
	Past episodes:
	Triggers:
	Is the risk being managed currently and if so, how? If not, how can the risk be managed?

Suicide	No risk ☐ Low ☐ Medium ☐ High ☐
	Past episodes:
	Triggers:
	Is the risk being managed currently and if so, how? If not, how can the risk be managed?
Inappropriate behaviour	No risk ☐ Low ☐ Medium ☐ High ☐
	Past episodes:
	Triggers:
	Is the risk being managed currently and if so, how? If not, how can the risk be managed?
Physical health	No risk ☐ Low ☐ Medium ☐ High ☐
	Past episodes:
	Triggers:
	Is the risk being managed currently and if so, how? If not, how can the risk be managed?
Substance misuse	No risk ☐ Low ☐ Medium ☐ High ☐
	Past episodes:
	Triggers:
	Is the risk being managed currently and if so, how? If not, how can the risk be managed?
Any other risk please specify here:	

Level of risk towards others

No risk	**Low risk**	**Medium risk**	**High risk**
No current issues or history of any difficulties	Engaging well with services; evidence of improvement; no recent issues; very low level of support needed	Requires support or intervention to manage; engaging or willing to engage with services; some evidence of issue being managed	No agency involvement, evidence of impact on daily life.

Aggressive behaviour	No risk ☐ Low ☐ Medium ☐ High ☐
	Past episodes:
	Triggers:
	Is the risk being managed currently and if so, how? If not, how can the risk be managed?
Domestic abuse	No risk ☐ Low ☐ Medium ☐ High ☐
	Past episodes:
	Triggers:
	Is the risk being managed currently and if so, how? If not, how can the risk be managed?
Financial abuse	No risk ☐ Low ☐ Medium ☐ High ☐
	Past episodes:
	Triggers:
	Is the risk being managed currently and if so, how? If not, how can the risk be managed?
Sexual abuse	No risk ☐ Low ☐ Medium ☐ High ☐
	Past episodes:
	Triggers:
	Is the risk being managed currently and if so, how? If not, how can the risk be managed?
Inappropriate behaviour	No risk ☐ Low ☐ Medium ☐ High ☐
	Past episodes:

	Triggers:	
	Is the risk being managed currently and if so, how? If not, how can the risk be managed?	
Level of arson risk	No risk ☐ Low ☐ Medium ☐ High ☐	
	Past episodes:	
	Triggers:	
	Is the risk being managed currently and if so, how? If not, how can the risk be managed?	
Any other risk please specify here;		
Is the client or any member of the household using needles for substance misuse?	Yes ☐ No ☐ **Comments:**	
Is the client currently in prison: Yes ☐ No ☐ **What is their pending release date:**		
What is the conviction:		
Probation officer details Name: Contact number: Email address:		
Is the client or any member of the household required to notify the police in accordance with Section 1 of the Sex Offenders Act 1997?	Yes ☐ No ☐ **If yes, please answer the following:**	
	Date of offence:	
	Conviction:	
	Reporting requirements:	
Has there been any police involvement?	Yes ☐ No ☐ **If yes, please include details of this below:**	

Risks from others	
Is the client vulnerable to any exploitation or abuse from others?	Yes ☐ No ☐ **If yes, please give details:**

Are there any open or recent safeguarding alerts for anyone in the household?	Yes ☐ No ☐ **If yes, please include details of this below to include details of the social worker:**

Risk to lone working for staff?	Female staff ☐ Male staff ☐ Both F/M ☐ Not a risk ☐ **If any risks identified, please give details:**

Additional comments:

TA placement referral

Officer requesting placement:

Date of request:

Reason for homelessness:

Fleeing	☐	**Family exclusion**	☐
Street homeless	☐	**AST eviction**	☐
Hospital discharge	☐	**Move on from CAS3**	☐
Prison release	☐	**Other**	☐

Does this client agree to the data protection statement?

Yes agreed in person ☐ Yes agreed on Huume ☐

Main applicant	**Name:**		
	DOB:		
	Current address:		
	Current landlord:		
	Number: **Best time to contact:**		
	Email:		
	Language:		
Family members Does the family require a cot to be provided? **Yes** ☐ **No** ☐	**Name**	**DOB**	**Relation to main applicant**
Is anyone in the household pregnant?	**What is the due date? Do they have any regular specialist appointments?**		
Current income			
Transport?			

Pets NO	Yes – registered with proof ☐ Yes ☐ No ☐ **If yes, please specify what pets;** **Dog Friend can have it.** **Can family or friends look after the pets?** Yes No ☐
Any physical health conditions within the household which affect the type of accommodation the household can be placed into	Yes ☐ No ☐ **If yes, please specify what the physical condition is and the impact it has to the individual;**
	What walking aids are used, if any?
	How many flights of stairs can they manage?
Does anyone in the household receive or give care or support to/from a person NOT part of the household	Yes ☐ No ☐ **If yes, please provide details of the person, their location and the frequency/nature of support;**
If working – where do they work	
Education and childcare settings	**Please provide details of what child attends what school, college or childcare setting;**
Does any child within the household have a Statement of Special Education Needs and/or have an Education Health & Care Plan	**Please state which child/children within the household this statement applies to;**
Is there any other special reason of why the household needs to stay within the District?	**If yes, please specify**
Risk areas:	**Please specify risk areas;**

Duty notes:	
Outcome of referral **(TA officer to complete)**	

REQUEST FORM FOR INTERIM (S188(1)), TEMPORARY ACCOMMODATION (S193(2)) and (s190(2)), SWEP AND COVID 19 PLACEMENTS

Requests for interim accommodation pending enquiries together with performance of the Relief Duty as well as requests for temporary accommodation for those to whom the main housing duty is owed or who have been found to be intentionally homeless and all extra-statutory placements e.g. under SWEP, must be made through this form. All offers of accommodation must, by law, be suitable. In order for the Accommodation Team to match a household to the most suitable property available on any given day, full details of households' circumstances must be provided.

WHAT IS BEING REQUESTED FOR WHO AND WHEN

Applicant's name:		**Housing options officer:**	
Locata reference:		**Type of placement:**	☐ S188 ☐ S190 ☐ S193 ☐ Covid-19 ☐ SWEP
Date request made:		**Date accommodation needed from:**	

WHAT ACTIONS HAVE BEEN TAKEN TO AVOID PLACING THE HOUSEHOLD?

☐	Negotiation with landlord
☐	Negotiation with host e.g. family or friend
☐	Assistance given with finding PRS
☐	Other, please specify

APPLICANT'S KEY DETAILS:

Applicant telephone number:	
Applicant email address:	
Applicant's current or last address:	

HOUSEHOLD BELONGINGS INCLUDING PETS:

Does the household have any large possessions e.g. furniture, white goods?	Choose an item.
Has the household made arrangements for their possessions yet (including pets)?	Choose an item.
If assistance is required with storage and/or removals, has the customer been made aware they will need to provide three quotes, and will be liable for the repayment of costs?	Choose an item.
Does the household have access to a car or motorcycle? Please provide details of the type of vehicle and all licence holders	

HOUSEHOLD COMPOSITION:

Name:	DOB:	NINO:	Gender:	Relationship to the applicant:

RISK OF VIOLENCE

If anyone within the household is at risk of domestic abuse, violence, harassment, race or hate crime please provide the following details:

Which household member is at risk?	From whom?	Details of risk areas

HOUSEHOLD INCOME DETAILS (EMPLOYMENT AND BENEFITS)

	Work		Benefits		
Name	Hours Worked (Weekly)	Gross monthly earnings	Benefit	Frequency	Amount
				Choose an item.	
				Choose an item.	
				Choose an item.	

EMPLOYMENT

For each household member working please provide the following:

Name of person working:			
Is the job, please indicate:	Choose an item.	Choose an item.	
Name of Employer:		Location of employer	
Nature of the work or self-employment			

Name of person working:			
Is the job, please indicate:	Choose an item.	Choose an item.	
Name of Employer:		Location of employer	
Nature of the work or self-employment			

EDUCATION

For each child in education please provide the following:

Name of child:		
Name and address of school:		
Year of education:		
Name of child:		
Name and address of school:		
Year of education:		
Name of child:		
Name and address of school:		
Year of education:		
Does any child/children in the household have a Statement of Special Education Needs and/or have an Education Health & Care Plan		Choose an item.
If yes, please confirm the name(s) of the child/children		

CARE AND SUPPORT INCLUDING CHILDCARE

For anyone in the household either currently receiving from or giving care and/or support to a person not part of the household, please provide the following details:			
Name of person receiving care/support	**Their location**	**Frequency**	**Nature of support**

Name of person and/or organisation giving care/support	**Their location**	**Frequency**	**Nature of support**

HOUSEHOLD INVOLVEMENT WITH OTHER AGENCIES

If anyone in the household is open to social services, please provide the following details:

Name of household member open to social services:	**Nature of social services involvement e.g. Child Protection Plan:**	**Name, department and contact details of social worker:**

If anyone in the household is currently known to probation or the police, please provide the following details:

Name of household member:	**How often do they need to report?**	**Does their involvement with the police and/or probation prevent the household member being placed in any particular areas, if so which?**

MEDICAL/DISABILITIES

Does anyone within the household have any substance or alcohol misuse issues?

Name of household member:	Details of the issue	Specialist agency involvement

Is anyone in the household pregnant?

Name of household member	EDD

Does anyone in the household have any physical or mental health illnesses or disabilities?

Name of household member:	
Details of the conditions they suffer from:	
Does their condition(s) affect the type of housing they can live in? Please specify	
Which GP do they attend and how often?	
Are they receiving specialist care and if so where and how frequent are their appointments?	

Name of household member:	
Details of the conditions they suffer from:	
Does their condition(s) affect the type of housing they can live in? Please specify	
Which GP do they attend and how often?	
Are they receiving specialist care and if so where and how frequent are their appointments?	

Name of household member:	
Details of the conditions they suffer from:	
Does their condition(s) affect the type of housing they can live in? Please specify	
Which GP do they attend and how often?	
Are they receiving specialist care and if so where and how frequent are their appointments?	

PUBLIC SECTOR EQUALITY DUTY

Select which protected characteristics are present in the household	Age
	Disability
	Gender reassignment
	Marriage and civil partnership
	Pregnancy and maternity
	Race
	Religion or belief
	Sex
	Sexual orientation

LOCATION OF ACCOMMODATION

Is there any other special reason that the household needs to remain in the district?

ADDITIONAL INFORMATION

Is there any other information which you believe should be considered?

PROPERTY MATCH AND SUITABILITY CHECKLIST - TO BE COMPLETED BY THE ACCOMMODATION TEAM)

Applicant:	
Address of property offered:	
Name of provider:	
Bedroom number:	Choose an item.
Tenure:	Choose an item.
Property type:	Choose an item.
Floor level:	Choose an item.
Homelessness duty or discretionary power the accommodation is being offered under:	Choose an item.

Housing Act 1985: Slum clearance and overcrowding

Is the property in such poor condition that demolition or clearance is required?	Choose an item.
Is the property or will the property become statutorily overcrowded?	Choose an item.

Parts 1 – 4 Housing Act 2004: Housing conditions, HMO's and licensing

Are there any known Category 1 hazards?	Choose an item.
Is the property an HMO?	Choose an item.
If the property is an HMO is it licensed?	Choose an item.

Health & safety, conditions and standards

Is there any reported disrepair?	Choose an item.
Is there a valid Energy Performance Certificate?	Choose an item.
Is there a valid Gas Safety Certificate?	Choose an item.
Is there a valid Electrical Safety Certificate?	Choose an item.
Is the property fitted with suitable smoke and carbon monoxide detectors?	Choose an item.
Are doors, windows and fire doors operative?	Choose an item.

The affordability of the accommodation

What is the total weekly cost of the accommodation including charges?	
Does the above figure include utilities?	Choose an item.
What is the household's weekly income inclusive of earnings and benefits?	
Will the household have either a full or part entitlement to Housing Benefit?	Choose an item.
Has the accommodation been assessed as affordable?	Choose an item.

Type of accommodation, space and arrangement

Are bathroom and toilet facilities accessible for all household members?	Choose an item.
Does the property require adaptations for it to be made suitable?	Choose an item.
Can such adaptations be made?	Choose an item.
Does the property meet the health needs and disabilities of all household members as set out in the accommodation request form?	Choose an item.

Location of the accommodation

Is the property in the Dover district?	Choose an item.
If out of the district, was this the closest property available? **If no, please explain**	Choose an item.
Are there any problems with journeys to school which would cause an unacceptable disruption?	Choose an item.
Are there any problems with journeys to employment which would cause an unacceptable disruption?	Choose an item.
Are there any problems with distance from medical facilities and support that causes an unacceptable disruption?	Choose an item.
Are there any problems with proximity and accessibility of local services, amenities and transport that causes an unacceptable disruption?	Choose an item.
Will the location of the accommodation cause an unacceptable disruption to the provision or receipt of care?	Choose an item.
Does the location of the accommodation put the household at risk of violence?	Choose an item.

Accommodation officer's overall consideration

Is this property suitable for the household in the longer-term?	Choose an item.
If the property is suitable but the household will nevertheless experience some difficulties please give details	
If this property is only suitable in the short-term please give reasons why this is the case and what actions will be taken to secure accommodation which is more suitable	*E.g. most suitable accommodation available on the day or the household will be moved back in borough as soon as a property becomes available*

OFFICER:	**DATE:**
	Click here to enter a date.