

HAFOD CARE ASSOCIATION
RISK OF HARM ASSESSMENT

Applicant's name:

Date:

Form completed by:

Agency/Organisation:

Data Protection Act

We are subject to the Access to Records Act 1987 and the Data Protection Act 1984 in respect of computerised records. We will be required to disclose information held in respect of the applicant should the applicant request it unless exemptions apply.

Amongst the exemptions are:

- Where disclosure would be likely to carry a risk of serious harm, either physical or mental to the individual or another individual , including staff or other professionals;
- Where the release of the information would be likely to prejudice the prevention or detection of a crime;
- Where information is restricted under the Medical Records Act or Access to Medical Records Act;
- Where information is restricted by legislation in connection with adoption.

1. RISK FACTORS

If you answer yes to the any of the following, please give further details, in terms of circumstances when behaviour occurs, any known triggers, how any risks are currently managed, is the management of risk effective, are there any other resources that could be utilised in order to reduce risk.

1.1 Is the applicant verbally aggressive or does s/he demonstrate verbal behaviour which could be perceived as aggressive to others? **Yes** **No**

Please give more details

1.2 Is the applicant physically aggressive or does s/he demonstrate physical behaviour which could be perceived as aggressive by others? **Yes** **No**

Please give more details

1.3 Is the applicant physically aggressive towards their environment? **Yes** **No**

Please give more details

1.4 Does the applicant have a history of self harm/attempted suicide? **Yes** **No**

Please give more details

1.5 Does the applicant's alcohol/drug use present any risks and/or has the applicant been admitted to hospital as a result of either drug or alcohol misuse?

Yes **No**

Please give more details

1.6 Does the applicant have a history of self abuse/neglect? **Yes** **No**

Please give more details

1.7 Does the applicant have a risk of abuse by others? **Yes** **No**

Please give more details

1.8 Does the applicant present a fire risk ? **Yes** **No**

Please give more details

1.9 Has the applicant had any criminal conviction or sentence which is not yet spent under the 1974 Criminal Rehabilitation Act? **Yes** **No**

Please give more details

1.10 Is the applicant subject to a probation order or supervision licence?

Yes **No**

Please give more details

2. THE APPLICANT

- 2.1** What outside help has been effective and are there any other resources/services which could further improve the situation?
Yes **No**

Please give more details

- 2.2** Does peer group/family, etc., have a positive or negative influence on the applicant's behaviour? **Yes** **No**

Please give more details

- 2.2** Is the applicant cooperative in addressing any risks identified in Section 1 of this questionnaire? **Yes** **No**

Please give more details

3. THE ENVIRONMENT

- 3.1** Please give details of how the applicant's behaviour is affected by their environment in relation to any identified risks (eg would living in close proximity to others, or living in a supported environment with its expectations, boundaries and restraints, affect the applicant's behaviour in a negative way?) **Yes** **No**

Please give more details

- 3.2** Have any identified risks been evident in the applicant's past accommodation ? **Yes** **No**

Please give more details

- 3.3** Does the applicant find unstructured time or isolation a factor in relation to any identified risks? **Yes** **No**

Please give more details

4. **SUMMARY**

What is likely to further reduce any risk of harm ?

Please give details

Signed (applicant) Date:

Name: (Block capitals)

Name and Status of third party (if signing on applicant's behalf)

Name: Status

Signed(referrer) Date.....

Name:

Status: