

Outreach & Lone Working Policy



Policy Title:	Outreach & Lone Working
Policy Number:	B103
Version Number:	1
Ratified By:	B3, Board Of Trustees
Date Of Issue:	June 2016
Date Of Review:	June 2017
Cross References:	Confidentially Policy Dealing With Abusive, Intimidating Or Violent Behaviour Policy Health & Safety Policy Volunteer Handbook
Additions/Amendments:	

Outreach & Lone Working Policy	1
1. Introduction	2
2. The Risks In Perspective	2
3. Policy Statement	2
4. Definition Of Lone Working	3
5. Organisational Responsibilities	3
6. Workers Responsibilities	4
7. Aims Of Outreach	4
8. General Guidance	5
9. Professional Boundaries	5
10. Confidentiality	6
11. Planning	6
12. Risk Assessment	7
13. Undertaking The Session	8
14. Meeting A Service User In A Public Place	8
15. Working In Other Agencies (Partnership Working)	9
16. Reporting And Checking-In	9
17. Audit	10
18. Working At The Office Or At Home	10
19. Home Working	11
20. Outreach & Lone Working Risk Referral Form (Appendix A)	12
21. Outreach & Lone Working Risk Assessment (Appendix B)	13

Outreach & Lone Working Policy

1. Introduction

- 1.1. This policy provides guidance for B3/BSAFE staff and volunteers undertaking outreach work and lone working i.e. attending community venues, social activities, Through The Gate and the buddying scheme. These activities may be conducted with a colleague or as a lone worker. In either case, the Service Manager must ensure all risks are assessed and managed in line with this policy prior to the commencement of the activity and action is taken to minimise further risk should unforeseen issues arise during the activity.
- 1.2. The term 'workers' refers to both permanent and sessional staff and volunteers.
- 1.3. B3 does not under any circumstances offer home visits or street outreach as part of its service.

2. The Risks In Perspective

- 2.1. The risk of being a victim of actual or threatened violence is very low. However, B3's type of work within the alcohol and substance misuse sector means that we fall into a high-risk category, and that a small section of service users/people we come into contact with are more likely to be aggressive and potentially violent. This group of people may demonstrate challenging behaviour and become aggressive due to being under the influence of alcohol and/or drugs, mental health issues and have problems managing their anger. Other societal pressures may add to a change in a person's behaviour.
- 2.2. Studies have indicated that people with certain mental illnesses can also be more likely to become violent.
- 2.3. Most incidents occur when the worker has not met the service user before. Statistics show that men and women are equally likely to be assaulted; although the majority of perpetrators are men anti-social behaviour and assaults by women are on the increase. All these factors help to explain some of the triggers in a change of behaviour but in no way excuses threats or physical assaults made on staff and volunteers.
- 2.4. Lone work does not automatically imply a higher risk of violence, but it is generally understood to increase the risk. Lone working in the evening or at night also increases the risk.

3. Policy Statement

- 3.1. This policy provides core guidance for planning or currently undertaking outreach work and lone working with regard to directly working with service users. B3 does not promote lone working where alternatives are possible, although accepts that in certain circumstances, where a risk assessment has determined that it is safe to do so, lone working maybe necessary. B3 also recognises that the nature of much of our contracted work means that lone working will be common for certain staff and volunteers.

-
- 3.2. This policy applies to all workers regardless of whether they conduct regular, or occasional lone working activity. B3 has a responsibility to protect the wellbeing and safety of its workers who are involved in these types of work and a legal duty of care under the Health & Safety At Work, Act 1974 and Management At Health & Safety At Work Regulations 1999.
 - 3.3. However B3's workers also have a responsibility for their own safety, to make themselves aware of the risks and to take the necessary precautions. This policy outlines training, risk assessments, policies, procedures and management of risk to allow outreach and lone working to take place.
 - 3.4. All workers are expected to be familiar with this policy and implement the guidance as necessary.

4. Definition Of Lone Working

- 4.1. Defined by the HSE, lone working refers to someone who works by him or herself without close or direct supervision.
- 4.2. Lone workers include one person working alone in premises, working separately from others or on the same premises or work outside the normal hours, working away from a fixed base and mobile/outreach workers. Lone workers are defined by the absence of other staff members, not in relation to their contact with service users or members of the public.
- 4.3. It is the responsibility of the Service Manager to ensure lone workers are provided with the relevant training and support. It is important to recognise that there are different types of lone workers; lone working situations and degrees of risk. Each situation requires an individual risk assessment; an analysis of risks, control measures and recommendation i.e. health & safety, violence and aggression, insurance liabilities, etc. It is important and healthy for services to discuss issues like 'perceived risks' and 'acceptable behaviour'; also 'what is our duty of care to the service user?' to determine the team's thoughts and the service's level of tolerance. This will positively challenge workers and provide an insight into their different ways of thinking. These types of discussions are also useful when identifying and assessing risks as part of the incident reporting procedure.
- 4.4. The Service Manager and staff should also be aware of situations within their services where workers may be isolated e.g. needle exchange room and one-to-one rooms. It is important that worker safety is risk assessed and that clear protocols are in place to reduce the risk to staff so that in the event of an incident clear procedures are in place.

5. Organisational Responsibilities

- 5.1. Workers are trained and understand the local procedures and safe systems of work, and feel confident in applying them.
- 5.2. The provider undertakes the risk assessments and ensures the appropriate measures are in place to minimise identified hazards during these activities.

-
- 5.3. Relevant workers are given copies of the findings of the risk assessment and adhere to the control measures identified.
 - 5.4. Staff obtain signed consent forms from young people and/or family members participating in a group activity and parental consent for young people under the age of 16 where necessary.
 - 5.5. Provides all the necessary equipment to manage the off-site activity safely.
 - 5.6. The procedures and safe systems of work are reviewed annually to ensure adherence and adequacy.
 - 5.7. All records of monitoring and incidents involving off site activities are reported to enable the systems to be reviewed and revised.

6. Workers Responsibilities

- 6.1. Ensure they have read and understood this policy.
- 6.2. Ensure a current risk assessment is completed and inform the Service Manager of any shortcomings in arrangements.
- 6.3. Obtained signed consent as indicated above.
- 6.4. Ensure they adhere to any recommendations identified from the risk assessment and remedial actions are implemented and reviewed to protect the safety of them self and others.
- 6.5. Take personal responsibility for sharing information regarding their whereabouts.
- 6.6. Report any issues or incidents that occur whilst carrying out outreach work/ activities to enable systems to be reviewed and revised.
- 6.7. Based upon the type of activity that is being provided the Service Manager and/or Board of Trustees may need to be notified for insurance purposes.

7. Aims Of Outreach

- 7.1. The term outreach is used to cover detached activities or work, e.g., visits to community venues like forums and stalls, or service user social activities.
- 7.2. The aim of outreach work is to increase knowledge, improve access and engage substance and service users. The aim of the strategy is to respond to specific local needs. Outreach should not be undertaken on an ad hoc basis without following the procedures as outlined.
- 7.3. Prior to any outreach work the Service Manager or support worker(s) will brief the volunteer and plan for their personal safety as necessary.
- 7.4. Following outreach work the worker will check-in to a member of staff after the session and then feedback the activity to B3 members at the weekly meeting.

-
- 7.5. The Risk Assessment Form (appendix) reflects risks associated with each part of the outreach work prior to the task, during and following it. Risk assessment procedures must be an ongoing process to assist in identifying new risks and monitoring and mitigating existing ones.

8. General Guidance

- 8.1. These guidelines apply to all types of outreach and lone working:
- 8.1.1. A valid risk assessment (dated within 3 months) must be completed before any and all workers/volunteers undertake lone working. The control measures identified in the assessment must be fully explained by the Service Manager and be put in place.
 - 8.1.2. All workers who are asked or volunteer to undertake lone working activities must be aware of the procedures and risks that members are exposed to. It is important to ensure that members receive adequate training to support any information provided.
- 8.2. The risk assessment forms part of the policies and procedures and requires all individuals taking part in outreach activities to continually assess the situation. Workers have a responsibility for their own safety and that of others therefore must act proactively and in an appropriate manner.
- 8.3. The Service Manager will support staff and volunteers's decisions regarding their safety when planning to carry out lone working.
- 8.4. All lone workers MUST have access to a mobile phone. Mobile phones should always be fully charged and have available credit. Workers should ensure they have signal prior to attending an appointment during outreach. To avoid confrontation, mobile phones should be used discreetly to avoid a situation escalating.
- 8.5. Regardless of the type of lone working, workers should be alert, act confidently, and avoid risk where possible.
- 8.6. All volunteers must carry an ID badge whilst on outreach visits, but they should not have their name on display in public — they may be at a disadvantage if someone reads their name and pretends to know them. Therefore ID badges do not have to be visible and shown only to the service user or other relevant persons when requested.
- 8.7. This policy does not include how to manage violence and aggression. For guidance relating to this please refer to the Policy For Dealing With Abusive, Intimidating Or Violent Behaviour.

9. Professional Boundaries

- 9.1. Volunteers providing outreach services will maintain a professional boundary between themselves and service users at all times. These should be discussed and agreed with the Service Manager as part of any outreach induction work. Volunteers should be clear regarding their limits and boundaries. The scope of

boundaries necessary may vary in relation to perceived or identified risks. These variations should be identified, contextualised and reflected in risk assessments.

10. Confidentiality

- 10.1. In an outreach setting, it is important to consider access and sharing of sensitive information; potential breaches of confidentiality internally and to third parties organisations including partnering agencies, police probation, etc. In some cases the use of confidential data/information maybe required to manage a specific risk that is posing a significant concern. For clarification and guidance on these issues the volunteer should refer to the Confidentiality Policy.
- 10.2. Confidential information and sensitive data must not be carried to outreach appointments without a very good reason and in all cases this must be limited to only information specifically required for that appointment.
- 10.3. Workers should be aware of issues of confidentiality when working in community/partner agency venues ensuring a service user's privacy is respected at all times.

11. Planning

- 11.1. Where possible a team of at least two workers approved for such work by the Service Manager will normally carry out the outreach work. Both people will have received specific training and induction.
- 11.2. Special circumstances may arise when it is appropriate for a service user to be seen in the community setting by one worker only. In some outreach based services this may be the norm, however any decision in this respect must be arrived at following completion of a thorough risk assessment and with the documented approval of the Service Manager.
- 11.3. Host premises risk assessments will be conducted on each community venue used by the service.
- 11.4. In cases where workers are using community venues to see service users it is expected that these venues will normally have other staff around from other agencies and this will form part of the host risk assessment. In these circumstances Service Manager should have a discussion with the venue manager and staff to agree planned course of action should an issue arise and detail how the volunteer would raise an alarm and what response the venue staff would take in support. Daily work plans will be agreed with the Service Manager and will include times and locations of visits, checkin time and risk assessment where appropriate.
- 11.5. Planned movements will be logged with a nominated person. Any changes to the work plan must be communicated immediately. The nominated person at the B3 is responsible for maintaining and monitoring the progress of work. If the team does not checkin at the appropriate time (or concerns are raised) this will be communicated to the Service Manager immediately or peer support worker(s). They will then follow the agreed written procedure. Regular contact should still take place with the service throughout the day to avoid isolation.

-
- 11.6. The team will agree, in advance of a visit, a signal (ideally nonverbal), which indicates the need to terminate a session. When such a signal is given, the session should be terminated as quickly as possible and the team should leave the venue without further discussion. This signal will be the same signal workers will use if they find themselves in need of support from other staff members or to make the office aware that police support is needed but they are unable to talk freely.
 - 11.7. Outreach teams will normally travel by public transport.
 - 11.8. The Service Manager will establish good working relationships with the local police. Working closely with local community police officers can be of particular help in finding out local hot spots to be avoided and adding to a wider community safety net. In a similar vein, workers such as local concierges can often have a wealth of information about the locality that may inform risk assessment and again add to the overall community safety net.
 - 11.9. When working in a court, prison, probation office, hostel or similar location, under normal circumstances it may be acceptable to work individually e.g. a worker providing support alongside other partnering agency employees. Due consideration must be given to risk and to procedures in operation at the host venue.
 - 11.10. When engaged in joint work with personnel from another agency either on their premises or in the community setting, the workers involved must be aware of that agency's policies and procedures. When real and potential areas of conflict with B3's policies and procedures are identified, these issues should be discussed before they become problematic. Where frequent partnership working is envisaged the Service Manager should agree joint protocols with the partnership agency.

12. Risk Assessment

- 12.1. Workers should be aware of any potentially dangerous situations during outreach work and must assess risks as a team with the Service Manager's input.
- 12.2. When completing an Outreach & Lone Working Referral Form (appendix A) it is important to consider three main stages
 - 12.2.1. Planning the visit;
 - 12.2.2. During the visit; and
 - 12.2.3. Review of the visit/appointment.
- 12.3. Considering these three parts will provide structure and enable the worker to consider what risks may be associated with the work. The risk assessment and lone working forms have been designed to assist workers tasked with carrying out an outreach and lone working visits and determining what control measures are required to be put into place at each of the key stages. This process will also help to determine if the service can provide ongoing support, identify security

issues and additional resources which may lead to conditions being put into place, temporary or permanent withdrawal.

- 12.4. An outreach risk assessment form must be completed for each outreach location/activity including individual service user addresses and kept on file at the Service. B3 will accept a host risk assessment however it must be dated within 3 months of planned activity.
- 12.5. As noted above information from local police, other agencies, local concierge and other local people is often invaluable in keeping workers up to date with local risks and building relationships within the community we work in is to be encouraged so risk can be better identified and managed.
- 12.6. If the activity involves a prison activity i.e. Through The Gates or Buddying Scheme a B3 or host agency risk assessment must be completed. It must be dated within 3 months of planned activity.

13. Undertaking The Session

- 13.1. The volunteer's mobile phone may need to be switched to silent in some situations however they should never be switched off.
- 13.2. Volunteers must ensure they have regular eye contact with each other at all times during any service user interaction. In a street setting it will be necessary for one team member to be more vigilant/alert, observing the environment and potential issues.
- 13.3. In the event of a situation developing which has the potential to become uncontrollable or dangerous, the lead volunteer will terminate the session and leave the location immediately. The incident must be recorded and reported to the Service Manager at the earliest opportunity. The Service Manager will support the staff member should an incident occur.
- 13.4. Whenever working each team member will carry: their identification card including photograph and mobile. The following numbers MUST be stored in the workers mobile phone: Service Manager and/or peer support workers; police; and any other persons previously identified.

14. Meeting A Service User In A Public Place

- 14.1. Workers should agree to meet in a safe area. If volunteers are working evenings or weekends a staff member who is not involved with the activity MUST be available on the phone and monitoring the contact at agreed intervals.
- 14.2. The volunteer should not change the agreed plans without the permission of the Service Manager or nominated staff member.
- 14.3. The worker should text/phone the office when the meeting is about to start to tell them when they expect it to finish. If there is no phone signal, workers must go to a place where they do have a signal, or a public phone, and let the office know where they are, confirm the meeting location, and when they expect to call

them back. Lack of mobile phone signal, will automatically mean that the risk assessment is “high” and additional controls must be in place.

- 14.4. If the meeting runs late, the worker should let the office know when they will return.
- 14.5. All service user meetings in a public place must have a written escalation procedure.

15. Working In Other Agencies (Partnership Working)

- 15.1. Where B3 workers are providing services from another agency e.g. police, probation, it is important to ensure that all necessary host risk assessments are completed and signed-off by the Service Manager. Care should be taken to ensure that B3 staff members are clear about the host agency’s procedures for dealing with risk in relation to clinical practice as well as health, safety and wellbeing risks e.g. fire. When working in shared premises it is essential to ensure that there is good communication and that areas of responsibility have been identified.

16. Reporting And Checking-In

- 16.1. It is mandatory that an effective checkin system will operate during all outreach work. Monitoring systems which logs people in and out of sessions and raises the alarm if they don’t deactivate the session on time such as ‘Look out Call’ can and should be used however even when this is in place there must also be a check in process throughout the day between the worker and the service duty/ designated worker with a time frame appropriate to the given situation but no less than the beginning, middle and end of the day.
- 16.2. Each Service needs to make its own general arrangements, but the Service Manager or outreach co-ordinator is responsible for making sure effective arrangements are in place for any particular outreach session. This includes selecting a nominated person and making sure they are aware of their role, who is expected to check in, by when, and what to do if someone fails to check in (i.e. escalation procedure).The nominated person may in fact be a group of people, for example the staff at an B3 office, or a police station desk with whom an arrangement has been made in advance, however it is vital that one nominated person is ultimately responsible for monitoring a persons check in times so mistakes don’t happen and a member of staff being over looked. The important thing is that effective checkin arrangements operate at all times when risks are present.
- 16.3. It is the responsibility of the outreach workers to keep the Service Manager informed of dangerous situations, “no go” areas or high-profile criminal activity in the areas where work is to be carried out. The safety of the workers and service users and the credibility of the team are paramount and should not be compromised by unnecessary risk.
- 16.4. If an incident does occur while undertaking an outreach/lone working session the following Health and Safety procedures must be followed:

-
- 16.4.1. If, as in most cases, an outreach/lone working session passes without incident, the risk assessment form has worked effectively and should be retained in the Service's file. This will help the Service to identify best practice and develop future assessments.
 - 16.4.2. Any incidents must be reported to the Service Manager. All incidents must be recorded on an Incident Reporting form (refer to Health & Safety Policy and Volunteer Handbook). A copy must be retained and kept on file at the Service and may form part of the investigation process.
 - 16.4.3. The Service Manager should make sure the worker has access to the necessary medical treatment, and should discuss the incident with them to see what lessons can be learned from the incident. Workers should be offered counselling through the independent Employee Advisory Service (EAP).

17. Audit

- 17.1. Because lone working is such a high risk activity the Service Manager must satisfy themselves that risk assessments are being carried out appropriately and therefore are advised to undertake ad-hoc checks from time to time.
- 17.2. The following will be used to audit the effectiveness of the policy and its requirements:
 - 17.2.1. Review of risk assessment control measures produced from the risk assessment process ensuring they are a) in place and b) appropriate
 - 17.2.2. Analysis of the effectiveness of the service checking in and out system
 - 17.2.3. Adverse incident reports and investigations are appropriately actioned

18. Working At The Office Or At Home

- 18.1. Staff members are also considered as lone working when in an office on their own or working from home. Although staff are encouraged not to work in the building by themselves there may be instances where this can happen. On these occasions staff are required to do the following:
 - 18.1.1. Any service users remaining on the premises must be asked to leave before a member of staff is left alone in a building.
 - 18.1.2. Under no circumstances should any service user be allowed into the Service building when lone working.
 - 18.1.3. Ideally two persons should be assigned to lock/unlock the building at the start/end of each day to avoid robberies taking place. This may help to deter people from loitering outside the premises.
 - 18.1.4. Where this is not possible, arrangements need to be in place to secure the safety of the lone worker before others get there, and to ensure the last person to leave, did so safely.

-
- 18.2. The local police can advise on crime prevention and crime rates within the local area. This will assist staff members with being aware of their surrounding areas e.g. the car park or the street.
 - 18.3. Control measures need to be in place regarding accessing the building e.g. front doors, back doors, fire doors, service bays, car park entrances, etc. Workers should keep back and side doors locked but ensure they are still able to be used in the event of a fire/emergency (please also refer to the Volunteer Handbook);
 - 18.4. Security doors designed to provide staff and/or service users with a secure area to work in must be kept closed during work hours — this includes sessions arranged to encourage service user, group work engagement and/or direct access.
 - 18.5. Service staff must be aware of local procedure for dealing with unexpected visitors e.g. not letting them in, but taking their details and passing them on to the relevant person.
 - 18.6. If a worker needs to return to a building out of office hours, they should contact someone by phone as they enter and leave the building. Out of hours lone working should not be done without the permission of the Service Manager.

19. Home Working

- 19.1. In the event of lone working at home, managers should complete a DSE risk assessment (computer workstation risk assessment).
- 19.2. When working at home good practice includes the following:
 - 19.2.1. Only an initial and surname on their doorbell (if necessary);
 - 19.2.2. Door and windows should be securely locked i.e. British Standard (BS) approved 5 lever mortice deadlock system;
 - 19.2.3. Do not leave a door key outside i.e. Under the mat, on a ledge or in a pot plant;
 - 19.2.4. Do not give a key to delivery/workmen;
 - 19.2.5. A spy hole or a door chain should be used;
 - 19.2.6. If a strange noise is heard outside, workers should consider calling the police; and
 - 19.2.7. Work breaks should be taken following B3 and HSE guidelines.

20. Outreach & Lone Working Risk Referral Form (Appendix A)

Buddying or 'Through The Gates' Form		
B3 WORKER/BUDDY		
First Name:	Surname:	
MEETING ARRANGEMENTS:		
Date:	Time:	
Travel From:		
Travel To:		
Mode of Transport and Travel Route:		
SERVICE USER		
First Name:	Surname:	
Gender	Age Range:	
Host Risk Assessment Received:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed:
B3 Risk Assessment Completed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile:		
Check-in times:		
Name of Contact Person:	Mobile:	

21. Outreach & Lone Working Risk Assessment (Appendix B)

Risk Assessment				
First Name:			Surname:	
			Date of birth:	
Completed by:			Date completed:	
Harm To Self				
	In the last 6 months		Ever	
Act with suicidal intent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Self-injury or harm	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Suicidal ideation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Self-neglect	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please specify your reasons for ticking the 'harm to self' risk category				
Harm From Others:				
	In the last 6 months		Ever	
Risk of neglect	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Risk of sexual exploitation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Risk of emotional psychological abuse inc bullying	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Risk of unlawful restrictions (e.g. locks on doors, physical restraints)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Risk of physical harm	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Risk of financial abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please specify your reasons for ticking the 'Harm from others' risk category				
Harm To Others:				
	In the last 6 months		Ever	
Sexual Assault (including touching / exposing)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Violence / aggression / abuse to family	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Violence / aggression / abuse to other clients	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Risk Assessment				
Arson	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hostage taking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Weapons	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Risk to children	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Violence /aggression /abuse to staff	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Violence /aggression /abuse to general public	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Exploitation of others (e.g. financial / emotional)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stalking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Risk to vulnerable adults	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please specify your reasons for ticking the 'harm to others' risk category				
Accidents:				
	In the last 6 months		Ever	
Falls	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accidental harm outside the home (e.g. wandering)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unsafe use of medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other accidental harm at the home	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Driving / road safety	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please specify your reasons for ticking the 'accidents' risk category				
Other Risk Behaviours:				
	In the last 6 months		Ever	
Incidents involving the police	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Correspondence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Phone calls	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Restricted client	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MAPPa	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Schedule 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Risk Assessment				
Absconding / Escape	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Visitors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sex offenders Act 2003	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TILT high risk	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Probation Services involvement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Damage to property	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Theft	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please specify your reasons for ticking 'Other Risk Behaviour' risk category				
Factor Affecting Risk:				
	In the last 6 months		Ever	
Substance misuse (e.g. alcohol / drug abuse).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Risk of losing essential services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Major life event	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current mental state	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Client would be unable to summon help	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Refusal of services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Discontinuation of medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Housing status	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Client is unaware of risk	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Clients care network is unaware of risk	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Substance misuse (e.g. alcohol / drug abuse).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please specify your reasons for ticking 'factors affecting risk' risk category				
Summary:				