

Client Risk Assessment

CONFIDENTIALITY AGREEMENT

Confidential Risk Assessment Statement for Supported Housing Clients:

I hereby authorise LiveWell Housing to share the information I have provided with relevant support agencies, where it is necessary to help meet the needs identified in my support plan. I understand that the information I share will be stored securely on a database and treated as confidential. It will not be disclosed to any external agency without my prior consent.

However, I acknowledge that there are specific circumstances in which confidentiality may be breached. These include but are not limited to: When a staff member believes there is a serious risk of harm to me. If there is a credible and immediate threat of harm to another person. When required to provide information under a court order

I also understand that, in accordance with data protection and retention policies, any records held by LiveWell Housing will be securely destroyed if there is no contact with me for a period of six years.

Signatures and Consent

Client Name: _____

Client Signature (Consent): _____ Date: _____

Staff Member Name: _____

Staff Member Signature: _____ Date: _____

Full Name:	Gender:	Date:
D.O.B:	Contact number:	Ethnicity:

Sources of Information provided by:			
Social services	Client interview	Mental health agency	Other housing provider
Probation Service	Key worker	Previous Convictions	Other
Family	GP / NHS	Other outreach service	Alcohol & drug agency

Question	Yes or No	Please enter details
Is there a current or historical mental illness or notable emotional instability?		
Has the client been diagnosed with antisocial personality disorder?		
Does the client show signs of obsessive or compulsive behaviors?		
Are there any concerns regarding alcohol or substance misuse?		
Is there any evidence of inappropriate sexual behavior?		
Is the client at risk of sexual exploitation?		
Does the client show signs of severe self-neglect?		
Is the client currently socially isolated?		
Has the client expressed suicidal thoughts or ideation?		
Does the client have any medical conditions requiring specific care?		
Are there allergies that might necessitate emergency medical response?		

Risk of harm assessment

Risk to others:

Question	Yes / No	Please enter details
Has the client expressed violent thoughts or acted aggressively toward others?		
Does the client have convictions for arson, robbery, firearm offences, ABH/GBH, sexual offences, or crimes against children?		
Has the client made threats to specific individuals?		
Is there a known or potential victim or group of concern?		
Is the client known to carry or use weapons?		
Is the client unlikely to cooperate with support workers or staff?		
Are there other behaviors indicating concern for safety of others?		
Has the client previously assaulted a staff member?		

Risk to self:

Question	Yes / No	Information
Has the client ever self-harmed?		
Does the client have a history of being exploited?		
Has the client previously overdosed?		
Has the client required hospital treatment for overdose or self-harm?		
Is there a record of non-compliance with antipsychotic medication?		
Has the client previously attempted suicide?		

Current Condition:

Question	Yes / No	Details
Does the client acknowledge and reflect on past behavior?		
Has the client shown remorse or insight regarding past actions?		
Has the client expressed commitment to behavioral change?		
Are there signs of stability (e.g. reduced substance use, improved relationships)?		
Is there a defined plan or motivation toward recovery?		

RISK MANAGEMENT

Level of risk to client:

What is the risk of self-harm neglect? <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Behaviour Indicating Risk / Triggers Suggested action / precautions

Level of risk to others:

What is the risk of to others / Staff? <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Behaviour Indicating Risk Triggers Suggested action Precautions

Client Consent Signature: _____ Date:

Staff Member Name: _____ Date:

Staff Member Signature: _____ Date:

Reviewed By: _____ Date:

Please Note: All high-risk cases should be notified immediately to the housing offer / support workers involved in the care of the client, including external supporting services.

Assessing and understanding Risk Levels:

HIGH RISK

This level applies when there is a clearly identified risk of significant harm to self or others, and the event could occur at any time. The consequences would be severe.

MODERATE (INTERMEDIATE) RISK

A serious risk is present, but the situation is currently stable. However, the likelihood of harm may increase if certain changes in the individual's circumstances occur.

- Potential triggers that could elevate the risk include:
- Emotional or psychological instability
- Stopping prescribed medication
- Increased use of drugs or alcohol
- Loss of stable housing
- Breakdown of important personal relationships

Staff should remain alert to warning signs or behaviours that may precede risk incidents and take proactive steps to manage or reduce those risks.

The distinction between moderate and high risk lies in how soon the harm could happen, how likely it is, and how serious the impact would be.

LOW RISK

At the time of assessment, there is no clear indication that the individual poses or is exposed to a significant risk of harm.

Important: A client's risk levels are not fixed — an individual's risk status can change over time based on new developments or challenges in their life.