

# STEPPING STONE PROJECTS

## Referral AND Risk Assessment Form



**Low Level Support Needs  
Accommodation Project**

**Stepping Stone Projects  
Central Referral and Assessment Team  
PO Box 153  
Rochdale  
OL16 1RF**

**Tel: 01706 646922**

**Fax: 01706 719895**

**Email: [CRT@stepping-stone.org.uk](mailto:CRT@stepping-stone.org.uk)**

**Client Details**

<b>Name</b>	
<b>Current Address</b>	
<b>Contact number</b>	
<b>Date of birth</b>	
<b>NI No</b>	
<b>Gender</b>	
<b>Ethnic origin</b>	
<b>Marital status</b>	
<b>Dependents</b>	
<b>Next of kin</b>	
<b>Relationship</b>	
<b>Contact Address</b>	

**Referring Agency Details**

<b>Date</b>	
<b>Referring Agency</b>	
<b>Contact Person</b>	
<b>Email address</b>	
<b>Contact Number</b>	
<b>Please state which service you are applying for?</b>	Low Level Support Needs Accommodation Project – Middleton and Heywood

How Long has the client been known to your agency?.....

Is the client aware of this referral being made?.....

Is the client in agreement with this referral being made?.....

1) Has the client ever used any of the services offered by Stepping-Stone previously?

- Yes
- No

2) If YES which services have they used and who was their Resettlement Worker or Floating Support Worker?

Project	Dates	Member of Staff
Parkside		
Redfearn House		
Ashburn House		
Westgate		
Spa Mill		
Spenser St		
Floating support		

3) What do you think the client needs support with? Please tick

**INITIAL SUPPORT ASSESSMENT**

Outcome	Area of support	Examples	Do you feel you need support with this?
<b>ACHIEVE ECONOMIC WELL BEING</b>	<b>MANAGING MONEY</b>	<b>Claiming Benefits / IS, JSA, etc</b>	
		<b>Claiming and sustaining Housing Benefit</b>	
		<b>Maximising Income</b>	
		<b>Claiming Grants / Allowances</b>	
		<b>Budgeting</b>	
		<b>Managing debts</b>	
		<b>Setting Up and maintaining Payment Plans</b>	

		<b>Access specialist services</b>	
		<b>Gambling Issues</b>	
<b>ENJOY AND ACHIEVE</b>	<b>USE OF TIME</b>	<b>Educational opportunities</b>	
		<b>Training Opportunities</b>	
		<b>Client Involvement</b>	
		<b>Hobbies &amp; Interests</b>	
		<b>Leisure opportunities</b>	
		<b>Parenting Skills</b>	
		<b>Cultural / Faith Needs</b>	
	<b>FAMILY AND RELATIONSHIPS</b>	<b>Improving relationship Partner</b>	
		<b>Improving Family relationships</b>	
		<b>Establishing Social Networks</b>	
<b>BE HEALTHY</b>	<b>PHYSICAL HEALTH</b>	<b>Accessing primary health care / GP</b>	
		<b>Reduce Crisis situations</b>	
		<b>Keeping healthy</b>	
		<b>Anger management</b>	
		<b>Sexual health</b>	
	<b>EMOTIONAL OR MENTAL HEALTH</b>	<b>Managing depression / anxiety</b>	
		<b>Managing mental health</b>	
		<b>Link in to mental health related services</b>	
		<b>Emotional stability</b>	
	<b>DRUGS, ALCOHOL, OTHER ADDICTIONS</b>	<b>Link in with specialist alcohol support services</b>	
		<b>Link in with specialist drug support services</b>	

		<b>Manage substance misuse</b>	
	<b>KEEPING HOUSE AND SELF CARE</b>	<b>Cooking</b>	
		<b>Cleaning</b>	
		<b>Shopping</b>	
		<b>Personal Safety</b>	
		<b>Personal Hygiene</b>	
		<b>Familiarise with local facilities and services</b>	
<b>STAY SAFE</b>	<b>ABILITY TO MANAGE TENANCY</b>	<b>Managing visitors</b>	
		<b>Paying rent &amp; charges</b>	
		<b>Understanding Tenancy Rights &amp; Responsibilities / Tenants &amp; Landlords</b>	
		<b>Understanding Tenancy Agreement</b>	
		<b>Setting Up New Tenancy</b>	
		<b>Utilities</b>	
		<b>Accessing Furniture</b>	
		<b>Finding a more permanent home</b>	
		<b>Ongoing housing related support</b>	
	<b>OFFENDING</b>	<b>Reducing Offending Behaviour</b>	
		<b>Compliance with probation requirements</b>	
		<b>Reduce / stop anti social behaviour</b>	
	<b>PHYSICAL HEALTH</b>	<b>Reduce Self harm</b>	
		<b>Reduce harm to others</b>	
		<b>Minimise risk of harm from others</b>	
<b>MAKE A</b>	<b>INTERNAL</b>		

<b>POSITIVE CONTRIBUTION</b>	<b>JOURNEY MOTIVATION</b>	<b>Self Esteem</b>	
		<b>Motivation</b>	
		<b>Taking Responsibility</b>	
		<b>Communication</b>	
		<b>Problem Solving</b>	

**Are there any other areas that you feel you may need some support with which was not covered in the above list?**

Please explain what specific issues the client has been experiencing and how you feel Stepping Stone could assist?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

**Accommodation History**

Please provide details by ticking the appropriate box if any of the following problems were encountered in current or previous accommodation?

Address	Current tenancy arrears	Former tenant arrears	Recharges	Hsg Benefit Overpayment	Anti Social Behaviour	Abandonment	Other Issues

If you have ticked yes to any of the above please provide further details

---



---



---

Does the client have a history of? Please tick

	<b>Current</b>	<b>Past</b>	<b>Not Known</b>
<b>Drug Misuse</b>			
<b>Alcohol Abuse</b>			
<b>Mental Health</b>			
<b>Violence</b>			
<b>Physical Health Problems</b>			
<b>Learning Difficulties</b>			
<b>Learning Disabilities</b>			

If you have ticked yes to any of the above please could you provide further details?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Are you aware of any other agency involvement supporting these issues?

	<b>Agency Contact Name and address</b>
<b>Drug Misuse</b>	
<b>Alcohol Abuse</b>	
<b>Mental Health</b>	
<b>Violence</b>	
<b>Physical Health Problems</b>	
<b>Learning Difficulties</b>	
<b>Learning</b>	



<b>Disabilities</b>	
---------------------	--

Does the client have any convictions relating to? Please tick

	<b>Yes</b>	<b>No</b>	<b>N/K</b>	<b>Outcome/Sentence</b>
<b>Arson</b>				
<b>Assault</b>				
<b>Burglary</b>				
<b>Criminal Damage</b>				
<b>Drugs</b>				
<b>Sexual Offences</b>				
<b>Theft</b>				
<b>Violence</b>				
<b>Others Please State</b>				

**If you have ticked yes to any of the above please could you provide further details of the offence committed?**

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

## Joint working

Will you still be providing some support to the client if they are accepted onto Stepping Stone Project Service?

- Yes
- No

If yes, how frequently would you like to liaise with our support staff and which means of communication would you prefer?

Weekly  
Monthly  
Quarterly  
Six monthly  
As required

Letter  
Email  
Telephone  
Text  
Meeting

Would it be beneficial to agree a joint support plan, between our two organisations and the client (if they are in agreement), to prevent duplication of work and reduce confusion?

**Please select the best means of confirming the date, time and place of the needs and risk assessment meeting:**

- letter
- telephone
- text
- email

Date and Signature of person making the referral

Signature:

Print Name:

Capacity:

Date:

**STEPPING STONE PROJECTS  
CLIENT RISK ASSESSMENT FORM**

NAM E		DATE OF BIRTH	
ADDRES S			

Presenting Problems (including views of client, support staff and referrer):

--

Danger / Risk to Others	Current	Previous History	<b>Brief Description of the risk, trigger factors and signs</b>	Are Risk Low, Medium or High
Aggression / Violence to Others				
Violence towards staff				
Arson / Fire Setting				
Sexual abuse				
Other				
Self Harm	Current	Previous History	<b>Brief Description of the risk, trigger factors and signs</b>	Are Risk Low, Medium or High
Any Suicidal Attempts, thoughts or plans				
Self-harm / Injury (e.g. cutting, poisoning, burning)				

Other				
-------	--	--	--	--

Self Neglect	Current	Previous History	<b>Brief Description of the risk, trigger factors and signs</b>	Are Risk Low, Medium or High
Poor nutrition				
Poor personal hygiene				
Unable to cook / have good diet				
Unable to wash / dress self				
Poor budgeting				
Other				

Vulnerability	Current	Previous History	<b>Brief Description of the risk, trigger factors and signs</b>	Are Risk Low, Medium or High
Non-compliance with medication				
Disengagement from mental health services				
Recent bereavement or loss				
Sexual abuse / other abuse				
victimisation				

Financial abuse				
Domestic violence				
Neighbour harassment				
Recent Discharge				
Recent Pregnancy				
Other				

Substance Abuse	Current	Previous History	Brief Description of the risk, trigger factors and signs	Are Risk Low, Medium or High
Alcohol misuse				
Drug misuse				
Prescribed drugs				
other				

**Assessment completed by:**

TITLE		NAME	
ADDRESS			
TELEPHONE			
FAX			
EMAIL			
RELATIONSHIP TO YOU			

**WHAT PRACTICAL/POSITIVE MEASURES CAN BE PUT IN PLACE TO MINIMISE THE RISK(S)?** Visits in pairs/gender specific worker/office appointment only/only visit at a set time/leave if under the influence of a substance, behavioural contract etc.

<b>Signature:</b>		<b>Date:</b>	
-------------------	--	--------------	--

**STEPPING STONE PROJECTS EQUAL OPPORTUNITIES MONITORING FORM**

Please could you respond to this information request positively as it will help us to ensure that our policies, procedures and practices do not inadvertently discriminate against you because of your ethnicity, disability, gender, sexual orientation, age or religion and belief.

**ETHNICITY**

How would you describe yourself?

Asian or Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other please write here
Black or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other, please write here
Chinese or other ethnic group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other, please write here
Mixed heritage <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Any other, please write here
White <input type="checkbox"/> British <input type="checkbox"/> English <input type="checkbox"/> Irish <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> Traveller <input type="checkbox"/> Any other, please write here
<input type="checkbox"/> Prefer not to say

**DISABILITY**

Do you have a physical or mental impairment or long-term health condition <input type="checkbox"/> yes <input type="checkbox"/> no
Is this expected to last, or has it lasted, for a year or longer <input type="checkbox"/> yes <input type="checkbox"/> no
Does this make it difficult for you to do things that most people do on a fairly regular and frequent basis?

<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you consider yourself to have a disability or long term health condition? <input type="checkbox"/> Yes <input type="checkbox"/> no
What is the effect or impact of your disability or health condition? <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Mobility <input type="checkbox"/> Mental health <input type="checkbox"/> Learning disability <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Visual impairment <input type="checkbox"/> Progressive disability/chronic illness <input type="checkbox"/> Other, please write here

**GENDER**

Would you describe yourself as: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> transgender <input type="checkbox"/> Prefer not to say
Is this the gender identity the same as the gender you were assigned at birth <input type="checkbox"/> Yes <input type="checkbox"/> No

**SEXUAL ORIENTATION**

What is your sexual orientation? <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay man <input type="checkbox"/> Gay woman/Lesbian <input type="checkbox"/> Heterosexual/straight <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say
---

**AGE**

What is your date of birth?
-----------------------------

**RELIGION AND BELIEF**

Please tick the box which best describes you: <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jew
--



- Muslim
- Sikh
- Other religion or belief (please state)
- No religion
- Prefer not to say

Thank you for your time, this information will only be used to monitoring the accessibility of our services and to ensure continuous improvement.