STEPPING STONE PROJECTS

Referral
AND
Risk Assessment
Form

Burnley Young Persons Accommodation Service
&
Lancashire Dispersed Housing

Central Office
PO BOX 153
Rochdale
OL16 1FR
Tel 01706 646922
Fax: 01706 719895
Email: CRT@stepping-stone.org.uk

Client Details

Name	
Current Address	
Contact number	
Date of birth	
NI No	
Gender	
Ethnic origin	
Dependents	
Next of kin	
Relationship and contact details	

Referring Agency Details

Date	
Referring Agency and Address	
Contact Person	
Email address	
Contact Number	

Is the client aware that the referral is being made?

Service Referring To:

Please consider prior to making the decision each service and its eligibility criteria. Please now indicate which service you wish to apply for below:

Services	**Preference (Rate No 1, 2...etc)**
Burnley Accommodation Services	
Lancashire Dispersed Housing - Pendle	
Lancashire Dispersed Housing - Hyndburn	
Lancashire Dispersed Housing - Rossendale	
Lancashire Dispersed Housing - Burnley	

Do we need to provide any further support to make our service accessible to the client? I.e. Interpreter, signer, accessible location.

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

Where is the client currently living?

Council tenant	□	With friends /relatives	□
Housing assoc	□	Hostel / Supported accom	□
Private rented	□	Sleeping rough	□
Owner Occupier	□	Foster Care/Children's home	□
B&B	□	Probation / Bail hostel	□
Hospital	□	Residential Care home	□
Prison	□	Sofa Surfing	□
Other ...			

How long has the client resided at the current address?

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Other Support Needs

Support Area	**Support Needs (Brief Description of past and current issues and a description of current needs) Please add names and contact details of any other agency involvement**	**Associated Risk to Client Staff and Others (Brief Description of the risk, trigger factors signs and current management)**	**Level Of Risk (High / Medium / Low)**
Current Issues / needs, with housing. History of Specific Difficulties encountered with their housing, including current and former arrears, recharges, HB overpayments, abandonment, difficulties with neighbor nuisance, condition of property, visitors to their home.			
Does the client have difficulty in managing their finances? Debts, poor budgeting, gambling.			

Does the client have issues regarding Self Neglect including: Personal Hygiene or Nutrition			
Is the client responsible for any dependent children? □ Yes □ No Please detail if a CAF has been completed by your agency and / or if there is contact with Social Services.			
Does the client have a history of drug misuse? Yes □ No If yes, please provide details of whether this is past or current, including current treatment and any contact details of services and name of worker.			
Does the client have any history of alcohol abuse? □ Yes □ No If yes, please provide details of whether this is past or current, including current treatment and any contact details of services and name of worker			

Does the client have any physical health problems? □ Yes □ No If yes please provide details.			
Does the client have any Blood Borne Viruses or Infections? i.e. HIV, Hep B, Hep C. Please provide details of current treatment			
Is the client currently taking any medication? □ Yes □ No Please provide a list Do they have any difficulties in taking their medication?			
Does the client have any mental health issues? □ Yes □ No If yes please provide details of involvement with mental health service. Does their Mental Health have an impact on risk.			

Has the client ever had suicidal thoughts / plans or have they caused harm to them self? □ Yes □ No			
Does the client have any learning difficulties? □ Yes □ No			
Please state fully any previous convictions the clients may have: Please include date of offences, detail the offence including if the victim was known to the client. Please also detail the outcome of the offence including details of Prison Sentences / Court Orders.			
Does the Client have any other history of violence or aggressive behavior, including stalking/harassment? □ Yes □ No Please provide details Has this ever been aimed at Staff?			

Does the client have any history of fire setting? □ Yes □ No			
Would the client be able to receive home visits from a lone worker? □ Yes □ No			
Does the client require home visits/support specifically from a female or male support worker? □ Yes □ No			
Is the client at risk from other people? Are there any domestic abuse issues? Is the client at risk of abuse i.e. financial / physical /sexual/ cultural/stalking/harassment/exploitation?			

PLEASE ADD ANY FURTHER COMMENTS

Joint working

Will you still be providing some support to the client if they are accepted for a 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?

Means of communication

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 PROJECT 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 ☐ Bangladeshi ☐ Indian ☐ Pakistani ☐ Any other please write here
Black or Black British ☐ African ☐ Caribbean ☐ Any other, please write here
Chinese or other ethnic group ☐ Chinese ☐ Any other, please write here
Mixed heritage ☐ White and Asian ☐ White and Black African ☐ White and Black Caribbean ☐ Any other, please write here
White ☐ British ☐ English ☐ Irish ☐ Scottish ☐ Welsh ☐ Traveller ☐ Any other, please write here
☐ Prefer not to say

DISABILITY

Do you have a physical or mental impairment or long-term health condition ☐ yes ☐ no
Is this expected to last, or has it lasted, for a year or longer ☐ yes ☐ no
Does this make it difficult for you to do things that most people do on a fairly regular and frequent basis? ☐ Yes ☐ No
Do you consider yourself to have a disability or long term health condition? ☐ Yes ☐ no
What is the effect or impact of your disability or health condition?

- ☐ Prefer not to say
- ☐ Mobility
- ☐ Mental health
- ☐ Learning disability
- ☐ Hearing impairment
- ☐ Visual impairment
- ☐ Progressive disability/chronic illness
- ☐ Other, please write here

GENDER

Would you describe yourself as:

- ☐ Male
- ☐ Female
- ☐ transgender
- ☐ Prefer not to say

Is this the gender identity the same as the gender you were assigned at birth

- ☐ Yes
- ☐ No

SEXUAL ORIENTATION

What is your sexual orientation?

- ☐ Bisexual
- ☐ Gay man
- ☐ Gay woman/Lesbian
- ☐ Heterosexual/straight
- ☐ Other
- ☐ Prefer not to say

AGE

What is your date of birth?

RELIGION AND BELIEF

Please tick the box which best describes you:

- ☐ Buddhist
- ☐ Christian
- ☐ Hindu
- ☐ 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.