STEPPING STONE PROJECT

Referral
AND
Risk Assessment
Form

Burnley Accommodation Service and Lancashire Dispersed Housing

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

Tel: 01706 359600
Email: CRT@stepping-stone.org.uk

Client Details

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

Referring Agency Details

Date	
Referring Agency	
Contact Person	
Email address	
Contact Number	
Please state which service you are applying for in order of preference?	Burnley Accommodation Service Hyndburn Dispersed Burnley Dispersed Rossendale Dispersed Pendle Dispersed

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?……

Have the client ever been in the care of the Local Authority yes/no

If yes, were they in care up to 6 months prior to their 16th birthday? yes/no

Have they ever been a child in need due to being homeless? yes/no

Were they in supported housing when they were under 18? yes/no

If yes, which supported housing project?

When they were at school were they statemented? Yes/no

Did they have a Social Worker? Yes/no

If so, please can you advise their name and if they are still in contact with the worker?

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?

3) What do you think the applicant needs support with?

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

Is the applicant (please tick one of the following)			
Working full time		On Job Seekers Allowance	
Working part time		On Income Support	
Student		On ESA	
On Universal Credit		None of the above	
Other (please state)			

Please state how much income the applicant has, and from what source		
Source of Income	**Weekly/ Fortnightly/ Monthly**	**Amount**

Does the client have proof of identify? Yes/no
Does the client have proof of income? Yes/no

Does the client have a history of? Please tick

	Current	**Past**	**Agency Contact Details**
Drug Misuse			
Alcohol Abuse			
Mental Health			
Violence			
Physical Health Problems			
Learning Difficulties			
Learning Disabilities			

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

Does the client have any convictions relating to? Please tick

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

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

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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:

PLEASE NOTE: THIS REFERRAL CANNOT BE ACCEPTED UNLESS SIGNED BY THE CLIENT BELOW.

I AGREE THAT I HAVE READ THE ABOVE FORM AND THAT I CONSENT TO THE PERSONAL DETAILS BEING SENT TO STEPPING STONE PROJECTS TO SUPPORT MY APPLICATION.

PLEASE TICK IF AGRRED ☐

I AGREE THAT STEPPING STONE PROJECTS CAN INFORM THE ORGANISATION THAT HAS COMPLETED THIS FORM WITH ME OF THE OUTCOME OF THIS REFERRAL AND THE DETAILS OF ANY SUPPORT OR HOUSING THAT IS PROVIDED.

PLEASE TICK IF AFGREED ☐

YOUR PERSONAL DETAILS WILL BE KEPT CONFIDENTIAL AND NOT SHARED WITH ANYONE ELSE WITHOUT YOUR CONSENT, UNLESS WE ARE LEGALLY OBLIGED TO DO SO.

FURTHER INFORMATION ABOUT HOW THE BOND BOARD USES YOUR PERSONAL INFORMATION CAN BE FOUND IN A PRIVACY NOTICE ON STEPPING STONE PROJECTS WEBSITE: www.stepping-stone.org.uk IN THE 'PRIVACY' SECTION.

SIGNATURE OF APPLICANT

DATE

STEPPING-STONE PROJECT

CLIENT RISK ASSESSMENT FORM

NAME		DATE OF BIRTH	
ADDRESS			

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

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

Self Neglect	Current	Previous History	**Brief Description of the risk, trigger factors and signs**	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	**Brief Description of the risk, trigger factors and signs**	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 INPLACE BE 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.

Signature:		**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 □ Jewish

- 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.