|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Referral For** | |  | | | **Any Significant Risks Associated With:**  **(Please check box)** |
| **Name of Referrer**  **& Relationship to Person** | |  | | | **Challenging behaviour(s)**  **Risk of harm to self or severe self neglect (including risk of suicide)**  **Risk of harm from others**  **Serious physical health issues**  **Serious mental health issues**  **Subject to any current Mental Health or Criminal Justice legislation**  **MAPPA (Multi-Agency Public Protection Arrangements)** |
| **Signature** | |  | **Date of Referral** |  |
| **Low** | Staff and person should review when/or if circumstances change. These areas should still be considered as part of any action/support plan(s). | | | |
| **Medium** | Staff and person should decide timescales for completion of all agreed actions and record on action plan. Provide additional monitoring of agreed controls until they are fully implemented. Closely monitor effectiveness of new controls put in place. | | | |
| **Other concerns – Briefly Detail** |
| **High/Extreme** | Staff and person should focus action plan(s) on these areas and take immediate action to reduce risk. | | | |

|  |  |
| --- | --- |
| **Person Involvement in Assessing Risks** | **Details** |
| Can the supported person make their own decisions about risk? |  |
| Is there any communication support which needs to be in place to allow the person to be actively involved in assessing significant risks? |  |
| Have they been involved in this assessment? |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Summary of Previous Significant Events Related to Risk of Harm to Self and Others** | | | | | | | | | |
|  | | | | | | | | | |
| **Potential Risks to Penumbra- is there a foreseeable risk to Penumbra staff from the referred person with regard to any of the following?**  (Please provide details) | | | | | | | | | |
|  | | **Yes** | | | **No** | | | **Not**  **Known** | |
| Criminal behaviour (e.g. convictions spent or current or actions pending). | |  | | |  | | |  | |
| Physical Aggression | |  | | |  | | |  | |
| Physical Health Problems (e.g. blood borne Viruses?) | |  | | |  | | |  | |
| Sexual Disinhibition | |  | | |  | | |  | |
| Is the referred person required to register with the police under the Sexual Offences (Scotland) Act 2009? | |  | | |  | | |  | |
| Anti-Social Behaviour | |  | | |  | | |  | |
| If the answer to the question above is Yes, has an Anti-Social Behaviour Order been granted against the referred person (or anyone living with them)? Please indicate below:  **NO** **YES** – Court action taken  **YES** – Less formal action taken (e.g. a written warning) | | | | | | | | | |
| **Please add any additional information regarding areas of potential harm to referred person or others.** | | | | | | | | | |
| Area of potential harm  (Outline what could cause harm or damage) | Who might be harmed | | Existing Control Measures | Risk  Rating  (Please refer to Page 1) | | Warning Signs | Triggers | | Further Actions Required OR Additional Comments |
|  |  | |  |  | |  |  | |  |
|  |  | |  |  | |  |  | |  |