**Appendix 6**

[](http://nww.intranet.rdash.nhs.uk/home/corporate-templates/rdash-2-col-3/)

**FORENSIC SERVICE**

[](http://nww.intranet.rdash.nhs.uk/wp-content/uploads/2012/02/rsz_1rsz_quality-matters-cogs.jpg)

**HOME RISK ASSESSMENT**

**Introduction**

The following document is designed to assist professionals in undertaking a home risk assessment following a request made for home leave.

It is important that patients are supported to undertake home leave however, it is essential that this is undertaken safely for all parties (patients, staff and public), and that all risk areas (individual to the patient) are considered and manageable for all parties concerned. The team must ensure that any legal framework (Section 37/41 restrictions due to licence conditions are considered and adhered to.

This document must be completed in conjunction with the multi-disciplinary team, patient, carer support staff, taking into account The Trusts Safeguarding Adults Policy and The Safeguarding Children Policy and Forensic Service Low Secure Escorting Patients Policy. It is important that all parties understand the need for the assessment to take place prior to home leave being granted and that a valid Section 17 leave form has been completed. The outcome of the assessment is to be communicated to all parties and a copy is to be stored in the patients file.

If home leave has been granted, a detailed Contingency Plan must be provided and a copy sent to the patient, carer, support staff and any professional involved and a signed copy received back in the file prior to any leave taking place.

If home leave is declined, an explanation to the patient and the carer must be provided explaining the reasons why and when the decision will be reviewed.

All home risk assessments are to be reviewed at patient’s MDT.

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| --- | --- | --- | --- |
| **Name of Patient** |  | | |
| **DOB** |  | | |
| **Legal Status** |  | | |
| **Date Requested** |  | | |
| **Date Undertaken** |  | | |
| **Undertaken By** |  | | |
| **Purpose of Visit** |  | | |
| **People Present** |  | | |
| Has the assessment been explained to the family? | | **Yes** | **No** |
| *Comments if any:* | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **LOCATION** | | | |
| **Address** *(in full)* |  | | |
| Is the property located in a busy/highly populated area? | | **Yes** | **No** |
| *Comments if any:* | | | |
| If the property in the vicinity of any offence committed? | | **Yes** | **No** |
| *Comments if any:* | | | |
| If the client well known in the area (media / press coverage)? | | **Yes** | **No** |
| *Comments if any:* | | | |
| Is the property in the vicinity of the person that may have caused harm to the client/ patient? | | **Yes** | **No** |
| *Comments if any:* | | | |
| What are the feelings of the local community? | | **Yes** | **No** |
| *Comments if any:* | | | |
| Will there be concerns regarding any damage to property whilst visiting i.e. cars? | | **Yes** | **No** |
| *Comments if any:* | | | |
| Will there be concerns regarding patient/staff safety? | | **Yes** | **No** |
| *Comments if any:* | | | |

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| --- | --- | --- |
| **ENVIRONMENT** | | |
| What is the lay out of the property (Where are the toilets situated/where is the back door and where does it lead to? | | |
|  | | |
| If a client wanted to abscond would this be possible? | **Yes** | **No** |
| *Comments if any:* | | |
| Is the property large enough to allow for escorting staff? | **Yes** | **No** |
| *Comments if any:* | | |
| Is disability access appropriate? | **Yes** | **No** |
| *Comments if any:* | | |
| Would there be access to sharps? *Kitchen knifes* | **Yes** | **No** |
| *Comments if any:* | | |
| Would there be access to alcohol? | **Yes** | **No** |
| *Comments if any:* | | |
| Would there be access to cigarette lighters? | **Yes** | **No** |
| *Comments if any:* | | |
| Are there animals in the property? | **Yes** | **No** |
| *Comments if any:* | | |

| **FAMILY/CARER** |
| --- |
| Who do the family members consist of? |
|  |
| What are the ages of minors? |
|  |
| Are There any safeguarding concerns we should be aware of? And are you happy to share these concerns?  *If no please inform family/carer that this will need further discussion at MDT* | **Yes** | **No** |
| Are there any extended family members known to services? | **Yes** | **No** |
| *Details:* |
| Will any children be present and is there evidence that parental consent has been provided and that it is in the best interest of the children involved? *(if so, this must be discussed and agreed in MDT and the family prior to any visit taking place)* | **Yes** | **No** |
| *HAS CARE PLAN BEEN COMPLETED* | **Yes** | **No** |
| *Details:* |
| Are the family known to the service? *(i.e. disability issues, education, violence to others, drugs or alcohol related behaviour)* | **Yes** | **No** |
| *Details:* |
| Are there issues regarding family dynamics? *(does the patient / client have a good relationship with all family members)* | **Yes** | **No** |
| *Details:* |
| Are there any cultural issues? | **Yes** | **No** |
| *Comments if any:* |
| What is the family’s attitude to services? |
| *Details:* |
| How will the family respond to the intrusion of staff escort? |
| *Details:* |
| Do the parties concerned understand the need for boundaries and structure during the visit? *(zero tolerance to alcohol/drugs)* | **Yes** | **No** |
| *Comments if any:* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ADDITIONAL AGENCY INVOLVEMENT** | | | | |
| Are there any other agencies that may need to be involved / informed of the visit (Social Services/Police)? | | | **Yes** | **No** |
| *Details:* | | | | |
| Is the patient/client on the sex offenders register? | | | **Yes** | **No** |
| *Comments if any:* | | | | |
| Is the patient subject to MAPPA  *If yes:* | | | **Yes** | **No** |
| MAPPA Category: | MAPPA Level: | Any Restrictions: | | |
| Have the MAPPA Unit been contacted in relation to Home leave being considered? | | | **Yes** | **No** |
| **If No** – complete MAPPA I Notification Form and send to the appropriate MAPPA Unit | | | **Date Sent** |  |
| **If Yes** – has all information been shared with the MDT in relation to decision making on granting leave | | | **Date of MDT** |  |
| If applicable, has Ministry of Justice approval been sought and confirmation letter received? | | | **Date confirmed** |  |

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| **OUTCOMES/RECOMMENDATIONS** |
| Details: |
| Date discussed in MDT: |
| MDT Decision/Recommendations |
| **Once completed the care plan for leave and agreement should be agreed, discussed and signed by the patient and family/carer prior to leaving taking place.** |

Name: Signed:

Name: Signed: