



Risk Assessment for Community Contact

This should be completed prior to all Community Contacts

Is the person/family known to you or the Church?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there known child protection issues, or are they a vulnerable adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Do they or anyone in the family have a history of violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Do they or anyone in the family have a history of mental illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are they males between the ages of 15-30 or are there males of this age in the family?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Do they/the family live in a high-risk area/neighbourhood or isolated location?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Do they or anyone in the family known to misuse drugs or alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is there a possible risk from other occupants?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Can you get out of the environment quickly if you need to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Are there any other factors to be considered?

Inappropriate or impulsive behaviour	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Domestic violence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Potential for violent behaviour/use of weapons	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Paranoid/persecutory ideas/signs of anger/frustration	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Dangerous dogs/pets	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Visits after 4pm in winter months or adverse weather	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
General Environmental Hazards (unsafe access, clutter etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Transport Issues i.e. safety within cars with a person	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Person's communication/comprehension	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

If "yes" to any of the above, provide details here:

Please examine your answers carefully. In your opinion:



Can you visit this person safely on your own?

☐ Yes ☐ No☐ Unsure

IF YES Ensure you have a process in place for safety with a designated person and make sure you leave with them the following information:

- The names of all people making the visit (yourself and anyone else)
- Time of departure
- Time of visit
- Transport arrangements (car details)
- Name and address of person being visited
- Phone number (if applicable)
- Expected time of return

IF NO OR UNSURE

Handle this very carefully and involve others in your decision to visit (or not) e.g. discuss with a Warden, Archdeacon or another person you trust, talk with others who know family/person for information; visit in pairs, log in with a safety person before and after the visit, take your phone, revise personal safety techniques i.e. how to get away; arrange visits in a safe place with others around, contact the Police for advice, telephone the person to assess if the visit feels safe – or not, provide an alternative way of helping/supporting them e.g., a phone call, meeting at a café or other public venue

Have a discussion with others before initiating any of the above examples and keep a note of what happened.

NB. A history of violence remains the highest single risk factor in predicting future violent behaviour.

Notes/Action/Outcomes: Date.....

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