

## HOME/COMMUNITY VISIT RISK SCREENING TOOL

**SURNAME:** Notreal

**GIVEN NAMES:** Juanity

**D.O.B:** [DOB]

**ADDRESS:** [Address]

**PHONE:** [Phone number]

### ACCOMMODATION – Location of visit

- House
- Flat/Unit
- Residential Care Facility
- Rooming House
- Caravan Park
- SRS
- Other

SAFETY ALERT: While situation has stabilised, be aware of potential triggers around legal proceedings and trauma responses.

### ACCESS TO PROPERTY

Question	Yes	No	Action/Comments
Will I see your house from the street?	x		Clear street numbering
Will I see your house number easily?	x		Recently updated
Will I be able to park close to your house?	x		Street parking available
Will I be using the front door?	x		Clear access
Is there level access to your home?	x		
Will someone be able to open the front door?	x		Client reliable with appointments
Is there mobile phone coverage at your home?	x		Good coverage area

*If you do not appear to be home when I visit what would you like me to do?*

Call client's mobile first, then grandmother as secondary contact. Client prefers text message notifications before visits.

## OCCUPANTS

**Who do you normally live with at this address?**

- Alone
- Partner
- Carer
- Parent (client is the parent)
- Children (Maria 5yo, Tommy 7yo)
- Shared
- Other

Question	Yes	No	Action/Comments
Will anyone else be home when I visit?	x		Children and sometimes grandmother present
Would anyone at home be upset by us visiting?		x	Client engaged with services
Does anyone take drugs or drink a lot of alcohol?		x	Client in recovery, attending counselling
Do you have any weapons at home?		x	Home checked during stabilisation period
Does anyone smoke at home?		x	
Is there anyone in the house with a contagious illness?		x	
Do you have any animals?	x		Small dog, friendly

## CLIENT RELATED CONSIDERATIONS

Question	Yes	No	Action/Comments
Consulted High Risk Accommodation list?	x		No current alerts
Are there previously identified alerts/risks?	x		Historical incident with violence, now stabilised
Are there any particular behaviours of concern?		x	Good engagement with services
Is there known history of aggression?	x		One incident during crisis - protective response

### **RISK CONTROL MEASURES**

1. Daytime visits preferred
2. Awareness of court dates/potential stress points
3. Check in with client about current stressors
4. Be mindful of children's trauma responses
5. Maintain clear communication protocols
6. Regular review of support needs
7. Monitor substance use recovery
8. Ensure visits don't clash with legal appointments
9. Knowledge of grandmother's contact details as backup
10. Awareness of trauma triggers for family members

### **PROTECTIVE FACTORS:**

- Grandmother actively involved
- Client engaged with services
- Recovery program participation
- Children attending school/kindergarten
- Stable housing
- Good insight into support needs
- No current substance use

- Positive engagement with workers

**CURRENT STRESS FACTORS:**

- Ongoing legal proceedings
- Financial pressure
- Children's trauma recovery
- Community reintegration challenges
- Mental health needs
- Recovery maintenance

**Risks & controls discussed with line manager**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTES**

While historical incident involved violence, client's actions were protective of children and situation has since stabilised. Current risk level is low but requires monitoring around key stress points such as court dates and children's trauma responses. Client demonstrates good insight and engagement with services.

Risk assessment to be reviewed if:

- Legal situation changes
- Recovery challenges emerge
- Children's needs escalate
- Mental health concerns increase
- Support network changes
- Any new relationships developed

Good practice to:

- Maintain regular check-ins about stressors
- Monitor children's presentation
- Support ongoing service engagement
- Facilitate grandmother's supportive role
- Encourage continued recovery engagement

- Support community reintegration

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Signature / Date

[Worker name]

[Designation]