

HOME/COMMUNITY VISIT RISK SCREENING TOOL

SURNAME: Alias

GIVEN NAMES: Chrissy and Ben

D.O.B: [DOB]

ADDRESS: [Rural property address], 20km from [Town name]

PHONE: [Phone number]

ACCOMMODATION – Location of visit

- House (Rural property)
- Flat/Unit
- Residential Care Facility
- Rooming House
- Caravan Park
- SRS
- Other

SAFETY ALERT: Due to perpetrator's connections with local police and rural isolation, all visits require elevated risk management. Recommend initial meetings in town at neutral locations.

ACCESS TO PROPERTY

Question	Yes	No	Action/Comments
Will I see your house from the street?		x	Rural property, long driveway
Will I see your house number easily?		x	Limited rural signage
Will I be able to park close to your house?	x		But vehicle will be visible from road
Will I be using the front door?	x		Multiple access points to property
Is there level access to your home?	x		
Will someone be able to open the front door?	x		Client requests contact before visits

Question	Yes	No	Action/Comments
Is there mobile phone coverage at your home?		x	Rural location - patchy coverage

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

Initial visits to be conducted in town. Any future home visits require:

- Prior phone confirmation
- Clear entry/exit protocols
- Manager notified of visit times
- No agency signage/identifiers on vehicle

OCCUPANTS

Who do you normally live with at this address?

- Alone
- Partner (David Alias - high risk perpetrator with police connections)
- Carer
- Parent (client is the parent)
- Children (Ben 10yo)
- Shared
- Other

Question	Yes	No	Action/Comments
Will anyone else be home when I visit?	x		Partner's schedule needs checking
Would anyone at home be upset by us visiting?	x		Partner hostile to services
Does anyone take drugs or drink a lot of alcohol?	x		Partner drinks heavily, especially after football
Do you have any weapons at home?	?	?	Unknown - rural property
Does anyone smoke at home?		x	

Question	Yes	No	Action/Comments
Is there anyone in the house with a contagious illness?		x	
Do you have any animals?	x		Farm dogs - need to be secured

CLIENT RELATED CONSIDERATIONS

Question	Yes	No	Action/Comments
Consulted High Risk Accommodation list?	x		Rural isolation noted
Are there previously identified alerts/risks?	x		Perpetrator's police connections, family violence, systems abuse
Are there any particular behaviours of concern?	x		Partner's violence when drinking, use of systems abuse
Is there known history of aggression?	x		Partner known to use violence, particularly when intoxicated

RISK CONTROL MEASURES

1. Initial contact in town only at neutral locations
2. No identifiable agency vehicles/badges
3. All visits during school/work hours when partner at work
4. Two workers for any future home visits
5. Clear emergency protocols established
6. Manager aware of all contact times/locations
7. Secure file management - restricted access
8. No information sharing with police without client consent
9. Alternative contact options provided to client
10. Regular risk assessment review
11. No messages left on home phone
12. Consultation with family violence specialists
13. Secondary consultation with legal services

HIGH RISK FACTORS:

- Perpetrator's close relationships with local police
- Rural isolation
- Limited escape options
- Known history of family violence
- Systems abuse through police connections
- Limited mobile coverage
- Transport barriers
- Partner's alcohol use

Risks & controls discussed with line manager

Name: _____

Date: _____

NOTES

Extreme caution required due to perpetrator's police connections. Initial engagement to occur in town only. Home visits only if absolutely necessary and with significant safety planning. Consider consultation with family violence specialists regarding systems abuse risks. All documentation to be handled with heightened confidentiality protocols.

Risk assessment to be reviewed if:

- Partner's behaviour escalates
- Football season begins
- Police become involved
- Client indicates increased risk
- Transport situation changes
- Any systems abuse identified

Signature / Date

[Worker name]

[Designation]