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| **Vulnerable Victim of Anti-Social Behaviour** **Risk Assessment and Referral** |  **Lambeth Council's home page** |
| **When to complete a Risk Assessment** Any person ASB they are experiencing, find themselves isolated, unable to take decisions or control of their situation and experience feelings of vulnerability.  Further including any person for whom the manner or frequency of ASB has a significant adverse impact on their health, lifestyle, personal safety or quality of life.This form can be completed with or without the victim present.  **Where to send the completed Risk Assessment****High** send to For advice contact Rob Harper rharper1@lambeth.gov.uk or Mahalah Dixon-Samuels MDixon-Samuels@lambeth.gov.uk **Low** and **Medium** are to remain with the reporting agency to undertake routine actions such as liaising with Housing, Council, Police, Adult Social Care, Mental Health Services**Other contacts**Safeguarding information: <https://www.lambethsab.org.uk/>To raise an adult safeguarding concern use this [online form](https://forms.lambeth.gov.uk/ADULTSAFEGUARDINGCONCERN/launch?utm_source=Lambeth&utm_medium=form&utm_campaign=safeguarding) |
| **Victim Details**Name DOB / Approx. AgeMale/Female Ethnicity  | AddressWardTel NoEmail addressHousing provider |

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| **Referrer Details** Name Tel No Email | AgencyDate referral submitted |
| **Information Sharing and Consent** | **Yes**  | **No** |
| Have you gained consent from the victim to share their personal information |  |  |
| Have you explained to the victim that their case may be discussed with other agencies |  |  |
| If consent is not gained, contact Vulnerable Victims of ASB Analyst to request an Information Sharing without consent form.  |
| **Case Summary.** *Include Offenders name, date of birth and address* *Record all incidents: include, date, time, location, offenders.* **Actions to date.** What action has taken place to support the victim? Has there been action against the offender? |
| **History** |   **Mark X**  |
| 1. How often is the victim affected by the anti-social behaviour | Daily |  | **5** |
| Most weeks |  | **3** |
| Occasionally |  | **1** |
| 2. Are the current incidents linked to previous incidents | Yes |  | **2** |
| No |  | **0** |
| 3. Are the incidents getting worse and/or more often | Yes |  | **3** |
| No |  | **0** |
| 4. How fearful is the victim for their safety? | Very |  | **5** |
| Moderately |  | **3** |
| Not at all |  | **0** |
| 5. Is the victim known to the offenders? If yes record details | Yes |  | **3** |
| No |  | **0** |
| **Vulnerability**  **Mark X**  |
| 6. Who is affected by ASB? If a person other than victim record details | Victim and/or someone the victim lives with |  | **5** |
| Victim and neighbours |  | **3** |
| The community |  | **1** |
| 7. Are the incidents associated with the victims’ faith, nationality, ethnicity, sexuality, gender or disability? If yes record details | Yes |  | **3** |
| No |  | **0** |
| 8. Is there anything else affecting the victim? If so record details | Yes |  | **3** |
| No |  | **0** |
| 9. How much has this upset/affected the victim? | Not at all |  | **0** |
| Moderately affected |  | **3** |
| Extremely affected |  | **5** |
| **Support Mark X** |
| 10. Has the victim or anyone’s health been affected as a result of this or any previous incidents? If yes record details | Mental & Physical Health |  | **4** |
| Physical health |  | **3** |
| Mental health |  | **3** |
| Not affected |  | **0** |
| 11. Does the victim have any friends and family to support? If so who | Lives alone and is isolated |  | **3** |
| Has a few people to draw on for support |  | **1** |
| Has close network of people to offer support |  | **0** |
|  **Total Score**  |  |
| Is there anything that makes think the score does not reflect the vulnerability and risk to the victim? If so explain why  |
| **Low 0 - 15**Remain with referring agency for action | **Medium 16 - 27**Remain with referring agency for action | **High 28 +**Refer to Vulnerable Victim ASB Analyst |