



ASB "Triage" Risk Assessment Questions

For all new complaints of anti-social behaviour, the following questions should be asked initially of the complainant. If they answer **YES** to one or more of the questions then you will need to complete a full risk assessment with them to ensure that adequate support is then provided.

If the complainant answers **NO** to all 4 questions there is no need to complete the full assessment. Simply score each page of the risk assessment as 0 and forward to the relevant person/organisation.

The initial 4 questions are:

1. Do you think that you or someone else is being deliberately targeted?
Yes No
2. Has yours, or anyone else's health been affected by this and/or previous incidents?
Yes No
3. Are you experiencing regular, persistent anti-social behaviour?
Yes No
4. Are you without support from family, friends or professionals (e.g. a Social Worker?)
Yes No

FULL RISK ASSESSMENT VULNERABILITY MATRIX

Name:..... **Address:**

D.O.B

Tenure: Home Owner / Private Rented / FCC or RSL Tenant (please circle)

If RSL which organisation

This scorecard is designed to help you identify vulnerable victims, witnesses and complainants.

It should be used as a guide and in combination with your own judgement (and that of your neighbourhood partnership) to help ascertain what support and protection is required in any given situation. All action taken as a result of your assessment should be discussed with the witness to ensure it meets their needs.

H I S T O R Y	1. Other than this occasion – how often do you have problems?	5 3 2 1 0	Daily Most days Most weeks Most months Only occasionally
	2. Do you think the current incident is linked to previous incidents?	2 0	Yes No
	3. Do you think that incidents are happening more often and/or are getting worse?	2 0	Yes No
	4. Do you know the offender/s?	2 1 0	They know each other well They are 'known' to each other They do not know each other
	5. Does the perpetrator (or their associates) have a history of or reputation for intimidation or harassment?	6 4 2 0	Perpetrator or their associates are currently harassing the complainant Perpetrator or their associates have harassed the complainant in the past Perpetrator or their associates have not harassed the complainant but have a history or reputation for harassment or violent behaviour Perpetrator of their associates have no history or reputation for harassment or intimidation
	6. Have you informed any other agencies about what has happened? If yes, are you happy for us to discuss this problem with them?	0 1	Yes No

V U L N E R A B I L I T Y	7. Which of the following do you think that this incident deliberately targeted?	4 3 1 0	You Your family Your community None
	8. Do you feel that this incident is associated with your faith, nationality, ethnicity, sexuality, gender or disability? Details:	3 0	Yes No
	9. In addition to what has happened, do you feel that there is anything that is increasing you or your household's personal risk (eg because of personal circumstances) Details:	3 0	Yes No
	10. How affected do you feel by what has happened? Details:	0 1 2 3 5	Not at all Affected a little Moderately affected Affected a lot Extremely affected
S U P P O R T	11. Has yours or anyone's health been affected as a result of this and any previous incidents? Details	3 3	Physical health Mental health
	12. Do you have a social worker, health visitor or any other type of professional support? Can we speak to them about this? Details:	0 1	No Yes
	13. Do you have any friends and family to support you?	3 3 1 0	Complainant lives alone and is isolated Complainant is isolated from people who can offer support The complainant has a few people to draw on for support The complainant has a close network of people to draw on for support
	14. Apart from any effect on you, do you think anyone else has been affected by what has happened? Details:	1 2	Your family Local community Other
	TOTAL SCORE		

Based on these factors and your own judgment, adjust the scoring accordingly

LOW 0 8 12 16 20 MEDIUM 22 24 26 28 30 HIGH

The suggestions below are there as a guide only and should be used in combination with other local resources and your own judgement of what support and protection are required in any given situation. All action taken as a result of your assessment should be discussed with the witness to ensure it meets their needs.

34	H I G H	<p>Refer To:</p> <p>POLICE (URGENT RESPONSE, CRITICAL MARKER etc)</p> <p>RELEVANT ASB OFFICER (IF A TENANT)</p>
36	H I G H	<p>COMMUNITY SAFETY TEAM – COUNTY HALL</p> <p>SUPPORT SERVICES / MENTAL HEALTH etc</p>
28		<p>TARGET HARDENING</p> <p>NEIGHBOURHOOD WARDENS</p> <p>NEIGHBOURHOOD WATCH</p>
26	M E D I U M	<p>Refer To:</p> <p>POLICE/PCSOs</p>
24		<p>LOCAL HOUSING OFFICE (IF A TENANT)</p>
22		<p>COMMUNITY SAFETY TEAM – COUNTY HALL</p> <p>NEIGHBOURHOOD WARDENS</p>
20		<p>NEIGHBOURHOOD WATCH</p>
18		<p>Refer To:</p> <p>POLICE/PCSO</p>
16	L O W	<p>LOCAL HOUSING OFFICER (If tenant)</p>
8		<p>NEIGHBOURHOOD WARDENS</p>
4		
0		<p>NEIGHBOURHOOD WATCH</p>

Consent to information sharing

Do you consent to agencies obtaining and sharing information as part of the multi-agency work to help and secure your safety and that of your family/household?

YES/NO

If there are child protection concerns, information will be shared regardless of consent.