

ASB and Hate Crime Risk Assessment



Mansfield
District Council

Name: _____ **Incident no:** _____

Address: _____

History	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? If so why?	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 associates are currently harassing the complainant Perpetrator or associates have harassed the complainant in the past Perpetrator or associates have not harassed the complainant, but have a history or reputation for harassment or violent behaviour Perpetrator or 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? Details:	0 1	Yes No
Vulnerability	7. Which of the following do you think that this incident deliberately targeted Specify	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 (e.g. 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
Support	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 Complainant has a few people to draw on for support 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:	3 2 1	Your family Local community Other
	TOTAL SCORE:		

Low 0 4 8 12 16 20 22 24 26 28 30 High

Medium

ASB and Hate Crime Risk Assessment

POLICE

Refer to force 'Life at Risk' policy and procedure. Crime risk survey to be conducted and install appropriate security devices (alarms, CCTV). Create documented care plan and arrange multi-agency strategy meeting.

HOUSING TEAM / ASB TEAM

Evaluate need for protective intervention (e.g. emergency injunction) and pursue if appropriate. Provide/install appropriate security measures (alarms, CCTV, mobile phones and patrols). Refer to Neighbourhood Policing Team/multi-agency team and arrange strategy meeting.

COMMUNITY SAFETY OFFICERS

VICTIM SUPPORT / VICTIM WITNESS CHAMPION / OTHER SUPPORT SERVICES

Referral to victim support.

POLICE

Instigate and record regular neighbourhood policing team visits. Refer to partner agencies

HOUSING TEAM / ASB TEAM

Provide/install appropriate security measures (alarms, CCTV, mobile phones and patrols). Maintain communication and visit in accordance with case management action plan. Refer to relevant supportive agencies.

COMMUNITY SAFETY OFFICERS/ VICTIM SUPPORT / VICTIM WITNESS CHAMPION /

OTHER SUPPORT SERVICES

Referral to victim support

POLICE

Follow up CSO visit.
Referral to victim support.

HOUSING TEAM / ASB TEAM

Maintain communication and visit in accordance with case management action plan. Refer to relevant supportive agencies.

NEIGHBOURHOOD WARDENS VICTIM SUPPORT / VICTIM WITNESS CHAMPION /

OTHER SUPPORT SERVICES

CONSENT TO INFORMATION SHARING

I consent to agencies obtaining and sharing information as part of the multi-agency work to help and secure my safety and that of my family. If there are child protection concerns, information will be shared regardless of whether this form is signed.

Signature: _____

Date: _____

PRINT NAME: _____



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