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| A Client's circumstances can change over time. Volunteer visitors are ideally placed to notice these changes and notify AUKB staff, especially the Befriending Manager. This form provides a checklist for you to review and identify if there are potential issues that may cause risk to the Client, you, or the match. You are not responsible for these issues, but if you can help clients to articulate or realise there are issues and to obtain assistance, major problems may be avoided. Do see the Guidance Notes for more in depth ideas on what to look for. **Risk should be reviewed every six months even if nothing is obviously of concern.**  |
| **Date** |  **Volunteer** | **Client initials**  |
| **Put X in the box for any items listed below if they are perceived to be risk issues; add a brief explanation in the boxes overleaf. Put a tick in the box for those items that are ok.**  |
| **Internal** **Environment**  | Clutter, obstructions, trip hazards

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 | Cleanliness

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 | Steps, stairs, lifts

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 | Heating and lighting

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 | Water, plumbing, electric, gas

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| Animals- care of, trip hazard

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  | Fire hazards

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 | Items requiring repair - especially re mobility and communication technology

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 | Security issues and risk of being victim to crime, locks etc

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 | Smoke or carbon dioxide detectors are correctly installed and working

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| **External Environment**   | Walkways and entrances – trip hazards, stairs

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  | Able to safely use travel transport

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 | Ease of entry and access. Do they need a key safe?

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 | Moving about – risk of falls etc

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| Grab rails and steps

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 | Mobility equipment

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 | Coping with steps

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 | Getting in and out of cars

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| **Health and Welfare Issues** | Anxiety and stress

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 | Memory

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  | Medication issues

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 | Risk of self-harm or neglect

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 | Significant changes to health

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| Bereavement

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 | May benefit from OT or care assessment

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  | Personal hygiene

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 | Eating and drinking - out of date food, cooking, carrying

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 | Other personal care issues

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| **Client behaviour and client / volunteer boundaries** | Challenging behaviour of client, family etc

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 | Risk of abuse

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 | Do they understand confidentiality and how to protect their identity

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 | Money and gifts

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 | Reliability and timekeeping- eg remembering appointments

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| Neighbours,friends or family – breaching boundaries

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 | Client asking for more help than agreed on a regular basis

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 | Client worries

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 | Client awareness of safety precautions - asking for ID etc

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| **Details of issues arising (refer to guidance notes - pages 6 to 10 - for suggestions)** |
| **Other items not listed where signposting information is required. Does the client require signposting or referring to other services/activities eg hairdresser, chiropody, optician, gardening, Later Life Planning, Handyperson?** |
|  |
| **Match issues** |
|   |
| **Befriending Manager - action notes** |
|   |
|  **Next review date**   |
| **Signature** |