**Welfare and Safety Plan**

**“Don’t judge me by the chapter you have walked in on. I have a past and a future, I am not defined by my current situation” – Experts by experience**

**Top Tips on using this tool from experts with experience:**

* Do not judge me
* Using the word ‘risk’ can make me feel judged. Talk to me about my safety, welfare and wellbeing. Please ask me my preferred terminology (for example not everyone is comfortable with the word hoarding)
* Be honest with me about what this conversation is about. It is okay to tell me you are concerned and why – this makes me feel cared about.
* Listen to my experience, don’t start the conversation with your own idea of what I need. Give me time.
* Ask me what is going well for me. Celebrate all my wins for you and me, however small they may seem
* Get to know me and build a relationship with me before having difficult conversations with me.
* Remember this is my life and I am the one who needs to make decisions about my life where I am able.
* Listen to what I say I need, it may take me time to make changes, trusting you will support me will help.
* Reassure me
* Use clear language and check my understanding.
* Be consistent with advice
* Remember things may get worse before they get better
* Make sure you have the right information for me. Check that the information you have taken is correct, such as personal details and listen to me if I raise a concern on the information.
* Be responsive to me, please acknowledge and respond to emails and phone calls.

* The best workers I have had; cared about me; gone ‘the extra mile’; notice and celebrate the little things; made me feel respected; listened to me and let me lead.

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| Person Centred Welfare and Safety Plan - *To be completed with the Person* | | | | | | |
| Title & Name |  | | **Pronouns** | |  | |
| Preferred Name |  | | **Date of birth** | |  | |
| **Address** |  | | **Personal reference number:** | |  | |
| **Why we are talking about my Safety and Welfare** |  | | | | | |
| **People involved** (Family/ friends/ people/ agencies/ services already involved) |  | | | | | |
| **My communication needs/reasonable adjustments considered** |  | | | | | |
| **Things that are important to me** |  | | | | | |
| **Location** |  | | | | | |
| **Professionals name** |  | | | | | |
| **Date started** |  | **Date completed** |  | **Date due for review** | |  |

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| **Has a Mental Capacity Assessment been completed?** *It is assumed that the person has the capacity unless there is reason to doubt this capacity. If there is reason to doubt capacity, a Mental Capacity Assessment needs to be carried out and a Best Interests decision made if capacity around this issue, at this time is found to be lacking.* | | | | | |
| **Yes** |  | **No** |  | **Unknown** |  |
| **What was the specific question asked?** | | |  | | |
| **If so, what is the outcome?** | | |  | | |
| **Date Mental Capacity Assessment is due for review:** | | |  | | |

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| **Examples of areas of concern**  (Please use blank boxes at the bottom for additional concerns) | **Past** | | | **Present** | | | |
| **Yes** | **No** | **Don’t Know** | **Yes** | **No** | **Don’t know** | [**RAG Rating**](#RiskMatrix) |
| **Lack of self-care** |  |  |  |  |  |  |  |
| **Managing nutrition and fluid intake** |  |  |  |  |  |  |  |
| **Supportive friends/relationships (social support network). Is the person experiencing isolation?** |  |  |  |  |  |  |  |
| **Dressing appropriately for weather and/or activity** |  |  |  |  |  |  |  |
| **Managing physical health including medication and sharps.** |  |  |  |  |  |  |  |
| **Managing mental health and wellbeing, including medication** |  |  |  |  |  |  |  |
| **Managing and maintaining hygiene** |  |  |  |  |  |  |  |
| **Does the person have suitable accommodation? Is this accessible/ suitable/ working adaptions or equipment needed** |  |  |  |  |  |  |  |
| **Experiencing financial difficulties** |  |  |  |  |  |  |  |
| **Access to working amenities (water/heat/light)** |  |  |  |  |  |  |  |
| **Difficulty communicating needs** |  |  |  |  |  |  |  |
| **Hoarding behaviour. Is there a concern of fire?** |  |  |  |  |  |  |  |
| **Are there pets at the property? Are their provisions in place for them if the person needs to leave?** |  |  |  |  |  |  |  |
| **Compulsive behaviour such as gambling, shopping, alcohol, smoking.** |  |  |  |  |  |  |  |
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| **What are the benefits of these behaviour(s) of concern?**  Explore these benefits through transparency, be open and honest. Draw comparisons between my views and the professionals views. | | |
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| **What are the dangers of these behaviour(s) of concern?**  Explore these benefits through transparency, be open and honest. Draw comparisons between my views and the professionals views. | | |
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| Views of other people involved in the assessment Consider the positives and challenges for me. | | |
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| What could be the consequences of these concerns or continuing this behaviour?If nothing changes what could happen? | | |
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| Who is this a problem for and why? *(e.g. person, carer, family, practitioners etc)* | | |
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| Options explored and put in place to minimise concerns or supporting positive risk taking | | |
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| Reasons for rejecting other options This can be both positive reasons for rejecting options or where a person may be declining support. | | |
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| Agreed Actions: |  | |
| Overall Behaviour Matrix Score |  | |
| ***Signed:***  ***Signed:*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ***Person***  ***Professional*** |

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| **After this conversation, is an assessment or review of mental capacity needed?** | | | | | | |
| **Does the person appear to understand the concerns?** | **Yes** |  | **No** |  | **Unsure** |  |
| **Please explain your rational** |  | | | | | |
| **Is an assessment or review of the persons mental capacity required?** | **yes** |  | **No** |  | **Unsure** |  |
| **Please explain your rational** |  | | | | | |

**Behaviour Matrix:**

When using the below Matrix and [Clutter Index Rating](https://hoardingdisordersuk.org/wp-content/uploads/2014/01/clutter-image-ratings.pdf), consider this in the context of each individual persons circumstances. Whether you as a professional consider the concerns to be high or not, be mindful that early support is the most beneficial when working with someone who is experiencing self-neglect and/or hoarding behaviour. The level of concern will vary depending on individual circumstances. What is a high concern for one person may be minimal or moderate for another.

The matrix below can be used to show an indication of the level of concern/risk.

To use this matrix, you need to consider the likelihood of a risk against the consequence should that risk become a reality. For example, someone living in a home who collects newspapers may not be a high risk if they are safe mobilising. The risks and consequence would increase should the person smoke in their property, be known to smoke in bed, be at risk of falls etc. The consequences of ash or a spark in a property with large amounts of paperwork would have an increased consequence, as it could result in serious harm or death. If additional concerns are present, such as old electrics or paperwork next to a gas hob, this again adds additional layers that would increase the likelihood of harm.

Remember to consider the hazards/concerns in relation to each individuals circumstance and note protective factors that may reduce the level of risk. Be mindful of your own biases and be non-judgemental.

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| **Negligible** | **Minimal** | **Moderate** | **High** | **Extreme** |
| There are no significant concerns for my welfare and safety. | There are examples of me not coping with some aspects of daily living. These can be managed with minimal support. | Occasional episodes of self-neglect that give cause for some concern. | There are serious concerns about my ability to manage and for my wellbeing and safety. | There are very serious current concerns. My welfare and safety are currently at risk to the extent that the situation will need to be addressed immediately. |

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| **Consequences** | | | | | | |
| **Likelihood** | **0** | **1** | **2** | **3** | **4** | **5** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |