
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.

Person Centred Welfare and Safety Plan - To be completed with the Person					
Title & Name	Ms Stephanie Rose		Pronouns	She /Her	
Preferred Name	Steph		Date of birth	12/06/1961	
Address	13 Number Street Swindon SN3 5UN		Personal reference number:	0006	
Why we are talking about my Safety and Welfare	<ol style="list-style-type: none"> 1. The paramedics were concerned when I recently went into hospital. They said my home wasn't safe for me to return to when I was well enough to leave hospital 2. When visited by the community nurses they were concerned about Steph being able to access her bathroom to manage her skin integrity with her diabetes. (Julie Smith, Sheltered Housing Warden) 				
People involved (Family/ friends/ people/ agencies/ services already involved)	Steph Rose Cameron Rose – Son Millie Gulliver – Good friend and neighbour Julie Smith - Housing Officer Dr Mabhu – GP Shane Roberts – Community Nurse Lukasz Petrova – Safeguarding Manager (Social Worker)				
My communication needs/reasonable adjustments considered	I have autism, speak to me in clear language, give me time to process what you have said and do not rush me.				
Things that are important to me	My son and friend are very important to me. Please don't call my belongings 'hoarding'. They are my belongings and they are precious to me. My dogs and guinea pigs are important to me. Since my son moved out my animals are my babies.				
Location	Hospital and my home				
Professionals name	Julie Smith - Housing Officer				
Date started	11 th January 2024	Date completed	06 th April 2024	Date due for review	April 2025 (unless needed sooner)

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	x	Unknown	
What was the specific question asked?					
If so, what is the outcome?					
Date Mental Capacity Assessment is due for review:					

Examples of areas of concern (Please use blank boxes at the bottom for additional concerns)	Past			Present			RAG Rating
	Yes	No	Don't Know	Yes	No	Don't know	
Lack of self-care			x	x			High
Managing nutrition and fluid intake	x			x			High
Supportive friends/relationships (social support network). Is the person experiencing isolation?	x				x		N/A
Dressing appropriately for weather and/or activity		x			x		N/A
Managing physical health including medication and sharps.	x			x			High
Managing mental health and wellbeing, including medication	x			x			Moderate
Managing and maintaining hygiene	x			x			High
Does the person have suitable accommodation? Is this accessible/ suitable/ working adaptations or equipment needed	x			x			High
Experiencing financial difficulties		x			x		N/A
Access to working amenities (water/heat/light)	x			x			Moderate
Difficulty communicating needs	x			x			Moderate
Hoarding behaviour. Is there a concern of fire?		x		x			High

Are there pets at the property? Are their provisions in place for them if the person needs to leave?		x		X (no provision in place should I go to hospital)			High
Compulsive behaviour such as gambling, shopping, alcohol, smoking.			x			x	N/A

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.

“My belongings make me feel safe and happy.”

“They remind me of loved ones I have lost.”

“My dogs and 5 Guinea pigs are a part of my family. They are my babies.”

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.

Steph:

“I do not feel there are any dangers in how I am living. I do not want anyone to touch anything, this my personal belongings and life”.

Julie:

I explained that I am concerned about the height and quantity of Steph’s belongings and there is a risk of falling, which may mean some of Steph’s belongings may fall on her. If something falls I explained to Steph that she may become hurt and unable to reach help, she may become unconscious, break something in her body, bleed or the weight of items may injure her.

I explained that I am also concerned about her dogs as they will sometimes go to the toilet in Steph’s home which has health risks. One of the dogs may also knock into something which may mean that items fall, on her, the dog or block walkways so Steph cannot get out of her home safely. There are some belongings that are heavy which increases this risk.

Steph:

“I have a lot of belongings stored in cardboard boxes so they are organised and labelled, but the fire service has said to me that these boxes increase the risk of fire as they will easily catch alight. I am not concerned about these things as they will not happen, if they do then there is nothing I can do about this. I do not want to get rid of anything I have”.

“I do not smoke or use candles so why would anything catch fire?”

Julie:

The district nursing team have raised a safeguarding because they are concerned about how regularly Steph is showering, her skin integrity and diabetes management. Steph tells me that she usually washes with a cloth a couple of times a week. Access to Steph’s washing machine is restricted and towels are not able to be washed often. Millie helps when she can with washing items. District nurses said because of this Steph’s skin becomes sore and can breakdown and be painful. The risks of this could mean she gets an infection which left untreated could lead to pressure sores and/or sepsis. This would mean that Steph would likely have to go to hospital and leave her home and pets.

Views of other people involved in the assessment

Consider the positives and challenges for me.

Cameron Rose – Son

Cameron expressed his concerns for his mum's health he is not able to visit often as he lives a 4 hour drive away. He is concerned that his mum will become increasingly unwell and her diabetes management is a concern to him. He is aware that his mum will often eat chocolate bars and not adjust her insulin leading to a 'hypo' (hypoglycaemia) which increases his concerns.

Millie Gulliver – Good friend and neighbour

Steph's next-door neighbour has spoken to her a few times about her concerns for Steph's safety. When she has been over to see Steph and deliver her some shopping in the past she has noticed that there were a few needles that had not been put into her sharps box. When she asked Steph about this she said she couldn't find the box and it had been a couple of days since she last saw it. Millie helped to look for this but had no luck so helped Steph arrange another box. She is still not sure if there are any sharps left in the property not in the box and this was not the first time that her sharps box has gone missing.

There is also often dog faeces on the floor and Millie tries to clean this up but is worried this isn't sustainable. Especially as she will be going on a trip for several months starting in the summer and is not sure who will help Steph over this time.

Millie is worried as over the last year she has noticed that things have declined for Steph and her health and property condition is worse.

Dr Mabhu – GP

Dr Mabhu has raised concerns for how Steph is managing her health needs. She is concerned that Steph is not taking her medications as prescribed and her poor diet. Dr Mabhu is concerned that her uncontrolled diabetes could impact on wider health needs and cognition. Steph will come for appointments multiple times a week which the surgery struggles to facilitate which impacts on appointments available. Whilst this is at times difficult to facilitate Steph is proactive in reaching out for medical support.

Shane Roberts – Community Nurse

Shane explained that they visit regularly but the hygiene at the property is not safe for Steph or staff going into visit her due to the dog faeces, risk of needles not being put into the sharps box and the box becoming lost and nurses or Steph could get a needle stick injury.

Steph has little access to her bathroom and running water, as she is not showering regularly this increases the risk of skin breakdown and infection. Skin health is very important in particular for those with diabetes which increases this concern.

Lukasz Petrova – Safeguarding Manager (Social Worker)

Lukasz has recently been allocated during the period of this welfare and safety plan development. He has visited Steph a couple of times, once when in hospital and once shortly after returning home. Lukasz's main concern is the environmental risks to Steph which impacts on her health. Lukasz has referred Steph with her consent for a Care Act Assessment of needs.

What could be the consequences of these concerns or continuing this behaviour?

If nothing changes what could happen?

Steph's health is highly likely to deteriorate should these concerns continue. There is no carer plan in place at this point and there is a concern that sourcing a care agency will be challenging due to the environment.

If Steph's diabetes management does not improve there is a risk of nerve damage and possibly the risk of loss of limbs.

Steph is at risk of infection, skin breakdown, developing pressure sores, falls, physical harm due to her environment.

There is a risk that if Steph is admitted to hospital there is no plan in place for caring for her pets who are very important to her. If her health deteriorates further Steph may not be able to care for her pets either. Steph has explained how distressing this would be. "my son and pets are my world. My son visits when he can but I have my dogs and guinea pigs with me every day. They are my family too".

Steph's tenancy is at risk due to the condition of the property. Steph is aware of this concern and wants to remain in her home.

"My home is precious to me, I feel safe and secure with my belongings around me. I do not want my dogs to go to the toilet in my home but I sometimes struggle to let them out. When I am feeling low this can be especially hard"

"I want to stay in my home with my pets. I understand that some thing may need to change but I am not feeling ready for this"

Who is this a problem for and why? (e.g. person, carer, family, practitioners etc)

“I was not worried about how I am living. Julie has been kind to me, I do not feel like she has judged me but wants to help me. I do not want to get rid of anything in my home as in the past I have had lots of different people coming into my home who have judged me and left. This has made it very hard for me to trust someone. I like Julie and I hope she is able to stay working with me”.

“I understand people are concerned about my home and my diabetes. I do not think anything bad will happen, I like chocolate and it helps me to feel happy. I was told that if my blood sugar was low I should have something sweet, which I do with chocolate”.

The above risks are a concern for Steph’s family and friends. Her son lives a four hour drive away and so is not able to visit very often, he has said this increases his worries.

Professionals working with Steph share concerns for Steph’s safety and wellbeing. Steph has lots of strengths and has in the past been isolated from her family and with no friends. It is a great strength that Steph has rebuilt these relationships over time and now has regular contact with her son and has developed a friendship with her neighbour Millie.

Options explored and put in place to minimise concerns or supporting positive risk taking

Previously a quote for a deep clean took place but this was distressing for Steph who felt “you are taking everything away from me, it was frightening”.

Steph has been supported to have a review of her benefits and is now receiving PIP which gives her more financial flexibility and has talked about having a cleaner one day.

Julie is visiting weekly to support Steph in maintaining her property and tenancy.

Homeline is being installed in the next week.

Reasons for rejecting other options

This can be both positive reasons for rejecting options or where a person may be declining support.

Steph is occupying a 2 bed house. Looking at downsizing her property has been rejected at this time. Steph does not wish to move and moving at this time is likely to be detrimental to Steph’s mental health.

Agreed Actions:	<ul style="list-style-type: none"> - Move the heavier items to the floor and see if I can reduce the risk of items falling. To be done by Steph, Julie and Live Well within the next month - Safe and Well Service to revisit to install fire alarms and see what other safety measures can be put in place. Julie to complete referral in one week. - Look at changing cardboard boxes for something more fire retardant. To be done by Steph, Julie and Live Well within the next month - A referral to Live Well to take time to work with a community navigator to support me with the above and if in time I may wish to reduce any of my belongings. Julie to complete Referral in one week. - Care Act Assessment to be completed. Lukasz to follow up on referral for care act assessment within one week. - Diabetic nurses to support Steph to understand her diabetes management. Steph has explained that this will be difficult for her but she is willing to give this a try. Dr Mabhu to refer to diabetic nursing within one week and support with the above as needed. - Regular weekly visits from Julie ongoing.
Overall Behaviour Matrix Score	High
Signed:	___Steph Rose___(verbal consent gained)_____ Person
Signed:	_____Julie Smith_____ Professional

After this conversation, is an assessment or review of mental capacity needed?						
Does the person appear to understand the concerns?	Yes		No	x	Unsure	
Please explain your rational	Work needs to take place to support Steph in understanding her health management needs and risks related to her diabetes management.					

Is an assessment or review of the persons mental capacity required?	yes	x	No		Unsure	
Please explain your rationale	<p>There are concerns that Steph does not understand the concerns and risks related to her diabetes management. Steph does not fully understand the risks associated with the cleanliness of her home.</p>					

Behaviour Matrix:

When using the below Matrix and [Clutter Index Rating](#), 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.

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.

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