South Gloucestershire Safeguarding Adults Board

Working with Risk

Practice Guidance

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Contents   Page

Appendices:

"The fact is that all life involves risk, and the young, the elderly and the vulnerable, are exposed to additional risks and to risks they are less well equipped than others to cope with. But just as wise parents resist the temptation to keep their children metaphorically wrapped up in cotton wool, so too we must avoid the temptation always to put the physical health and safety of the elderly and the vulnerable before everything else. Often it will be appropriate to do so, but not always. Physical health and safety can sometimes be bought at too high a price in happiness and emotional welfare. The emphasis must be on sensible risk appraisal, not striving to avoid all risk, whatever the price, but instead seeking a proper balance and being willing to tolerate manageable or acceptable risks as the price appropriately to be paid in order to achieve some other good – in particular to achieve the vital good of the elderly or vulnerable person's happiness.

What good is it making someone safer if it merely makes them miserable?"

Lord Justice Munby
Local Authority X v MM & Anor (No.1) (2007)

Introduction

This document provides guidance for practitioners working with adults at risk of abuse or neglect. It should be read alongside the South Gloucestershire <u>Multi-agency Safeguarding Policy and Procedures</u>.

We all have different perceptions of risk. Risk is multi-faceted and can mean different things to different people. Risk can be fun and exciting or represent a challenge. Risk is not necessarily a bad thing.

In everyday life we are constantly making decisions about risk, weighing up the benefits of taking a particular course of action and of course any potentially negative outcomes. Negative outcomes can possibly increase our vulnerability to trauma but arguably can also teach us more and enable us to grow as individuals, we have all learned from our mistakes!

In social care the concept of risk can often be associated with harm and as a result our responses focus on protective measures to reduce the likelihood of harm occurring. Due to this we can potentially disable the person further rather than enable them to identify their own outcomes and ultimately promote their independence and wellbeing.

Positive risk taking and risk enablement moves our focus away from always thinking about the worst-case scenario, to thinking about the possible benefits of a particular course of action, even if the outcome is not as we had originally desired. Using a strengths-based approach helps us to engage with the person as an expert in their own life, increasing the person's sense of control and their self-esteem.

Risk assessment and safety planning are central to the adult safeguarding process. Assessments of risk and plans to respond to or prevent risk should be carried out **with** the person concerned at **each stage** of the safeguarding process so that responses can be developed to changes in the levels and nature of risk.

Assessing and responding to risk should not be done alone. Practitioners should work with the person, their family, friends and support networks, as well as other professionals who are supporting them, on order to effectively assess risks and develop plans to mitigate these.

Underpinning principles for guidance on preventing risk, risk assessment and planning

Leadership from the local Safeguarding Adults Board and its partner agencies

Working in situations where there are risks to a person can provoke anxiety in the safeguarding practitioner and their organisation, the other workers and agencies involved, the person's close networks and the person themselves. There may be expectations that risks will be completely removed from a person's life, but a lack of understanding of the cost to their wellbeing in doing this. It is not possible to completely eliminate all risk from a person's life. Practitioners and agencies may fear the results of this, and what the implications of this may be for them and their organisation.

It is essential that all agencies produce clear guidance to support front- line workers. Commonly agreed approaches will produce effective multi agency responses from staff who are well supported by their agencies to make proportionate and defensible decisions about risk. There needs to be a shared culture that supports risk enablement.

All agencies should take active steps to support their staff through reflective supervision, understanding of law and access to advice and support.

Working with the person to assess and plan for risk

Anxiety about risk is often associated with the idea that the practitioner is an "expert" and if only the right approach or tool is used risk can be successfully identified and "managed". An adult is an expert about their own life, a practitioner has expertise about risk indicators, what may increase or decrease risk, and may have a better understanding about options available, and resources. Risk is ideally assessed jointly, and is a process of gathering and sharing information, with the practitioner sharing their knowledge of risk indicators, their understanding of the risk and the factors that may increase or mitigate risks in the situation. The adult brings their own assessment to the process of sharing, what the meaning of the risky situation or behaviour is to them, and what impact of the risk is on their wellbeing, what strategies they have tried, what worked and didn't, what options are acceptable and unacceptable to them.

The role of the practitioner can also be as a facilitator in the process of decision making about risk. An adult at risk may have limited experience of decision making about risk, have been protected from life experiences with which to learn about their own attitudes and responses to risk; or simply be unable to easily weigh up the advantages and disadvantages of potential options.

Risk assessment tools

Risk assessment tools can be useful in gathering and discussing information about risk, but must be used to support, not replace, professional judgement, which is informed by a risk assessment shared with the person and those in their close networks.

Decisions are often made about risk within services without the people who live in or use those services being consulted or made aware that a risk assessment as part of a safeguarding enquiry is being undertaken. The experience of living in a service or using services can contribute to a feeling of powerlessness. It is essential that people in all circumstances are able to share their assessment of the situation, their perception of risk to themselves, and to others living in the same setting or using the same service. Adults are not only experts in their own lives, but in the experience of using a service and have as much right to have their wellbeing considered as those living in a community setting when there are no concerns about the services being delivered.

For all adults, no matter their circumstance, being involved in their own safeguarding enquiry will be a protective factor in increasing their choice, self-esteem and confidence, along with a knowledge of what abuse looks like and what to do if they are concerned about something.

The importance of a positive risk-taking approach

In adult safeguarding risk is usually viewed in terms of danger, loss, threat, damage or injury. However, risk taking can have positive benefits for individuals and their communities. People may choose to live with elements of risk in order to preserve their sense of identity and independence, family or close relationships or valued lifestyle. As well as considering the dangers associated with risk, the potential benefits of risk-taking should therefore also be identified; a process which must involve the person and as appropriate, their families and networks.

Legal Literacy: understanding how legislation underpins practice

Practitioners must be aware of the legal options that will support adult safeguarding plans. Consideration should be given to multi-agency working, as partner agencies will work under different legislative frameworks and will have different powers available to them. These provisions should be considered in emergency situations and after all other approaches have been tried and failed.

It is always worthwhile to consider drawing on advice from legal experts. When agreeing and sharing risk it can be helpful to have a position that is supported by a solicitor. They are also helpful sources of case law which can support practitioners in their decision-making.

Balancing duty of care and autonomy

Duty of care is described in common law as
"*the obligation to exercise a level of care towards an individual, as is reasonable in all circumstances, by taking into account the potential harm that may reasonably be caused to that individual or his property*".

The person's 'wellbeing' (Care Act 2014 s1) must be at the centre of decisions about risk. This will include observance of their Human Rights. "Wellbeing" as described in the Care Act statutory guidance is listed in appendix 1, along with the Human Right which supports this aspect of wellbeing.

Some Human Rights are 'absolute', i.e. rights which must be promoted by the state and can never be interfered with by the state. Practitioners have a duty to uphold these absolute rights. Absolute Human Rights relevant to adult safeguarding, including work with people who self-neglect, include the Right to Life (Article 2 ECHR). The state has a positive duty to protect article 2 rights by taking action to protect people at risk of abuse and neglect or whose lives are at risk. The right not to be tortured or treated in an inhuman or degrading way is also an absolute right (Article 3 ECHR).

Some people do not wish to engage with the Adult Safeguarding process, but live in high risk situations, for example domestic violence or self-neglect which is life threatening. The practitioner must be able to weigh their duty of care toward the person or others, with the person's right to self-determination.

Risk assessment and planning processes including multi-agency approaches that involve careful consideration of the person's perspective, mental capacity, abilities and strengths, and work to support these, will help professionals avoid overly simplistic approaches which emphasise either a purely self-determining or overly protective approach. Approaches must be balanced to ensure that people can exercise their right to choice and control over their lives whilst ensuring that they also enjoy their right to a life free from harm, exploitation and mistreatment.

If a person is 'unable to' protect themselves, as a result of their care and support needs, from a risk which may cause their death or serious injury, we have a duty of care toward the person and must respond to prevent a profound loss of human rights.

The Six key principles (Care Act 2014) which underpin all adult safeguarding work are also used to underpin risk work:

Empowerment: People are supported and encouraged to make their own decisions and informed consent.

Prevention: Getting information about what abuse is, what my rights are, how to recognise the signs of abuse or poor care and how to seek help.
Proportionality: The least intrusive response appropriate to the risk presented.
Protection: Adults are supported to take part in the safeguarding process to the extent they wish.
Partnership: knowing how professionals are working together, being able to access the best possible service to achieve outcomes including redress and recovery.
Accountability: I know what the role of each person is and they regularly tell me what actions they are taking.

Making defensible decisions

Practitioners and organisations must use recording and supervision methods which support defensible decision making, i.e. a decision which can be judged as a sound decision, regardless of any outcome, and is taken with the full involvement of the person and, where appropriate, their network of support, other agencies and professionals.

Organisations must be clear about their support to staff when working with people who are in situations of risk, encouraging an approach which involves the person in shared decision making. In turn, staff involved in supporting a person to make decisions about risk must be accountable to both the person and their organisation by clearly documenting the process and decisions made.

In order to demonstrate defensible decision-making organisations should be able to demonstrate that:

- All reasonable steps have been taken to respond to the concern and risks described
- Reliable assessment methods have been used to inform decisions
- Information has been collated and thoroughly evaluated
- Decisions are recorded, communicated, actioned and thoroughly evaluated
- Policies and procedures have been followed and legal responsibilities considered
- Practitioners and their managers adopt a proactive, analytical approach

Decisions are defensible if they can evidence the points above and

- Are a contemporaneous record maintained in an approved system and format
- Detail the rationale behind the decision in relation to the circumstances
- Include references to the relevant legislation and guidance
- Are retained with other records about the individual (or organisation)
- Are 'signed' and dated by the person making the record

People have the right to request to see their records, and practitioners should be mindful of this when recording information.

Approaches to risk assessment and planning with individuals

Positive risk taking

Positive risk taking is a process which starts with identifying the potential benefits or harm of a particular course of action. The aim is to encourage and support people in positive risk taking in order to achieve personal change or growth.

This involves:
- developing trusting working relationships
- ensuring support and advocacy is available
- using services which promote independence rather than dependence
- if a person is assessed as lacking capacity to make decisions about their own safety and wellbeing, using best interest decision making to explore what their wishes, thoughts and feelings are, and what is important to them
- understanding the person's perspective about what they will gain from taking risks; and understanding what they will lose if they are prevented from taking the risk
- working in partnership with adults with care and support needs, family carers and advocates and recognising their different perspectives and views
- understanding what may prevent a person from being able to self-protect, including their executive capacity to make changes in their lives
- knowing what has worked in the past, why problems have arisen, what problem-solving strategies people have tried, and helping people to learn from their experiences
- understanding a person's strengths and finding creative ways for them to be able to do things rather than ruling them out

Strengths-based approach

Using a strengths-based approach will support these shared conversations about risk between practitioners and adults. A strengths-based assessment focuses on the person's situation and what factors make them more vulnerable, not on the perceived deficits of the person themselves.

The practitioner brings their knowledge and understanding of general factors that increase or reduce risk and their knowledge of options that may help; the person brings their knowledge and understanding about their own life and wellbeing; what is important to support this and what isn't, what solutions they have tried, what worked, what didn't work, what gets in the way of making change, what are the formal and informal systems around them, what kind of life they want.

Vital elements of strengths-based approaches include:
- a rights based and person-centred approach: "how does this assessment support the person's human rights?"
- what has the person tried in the past, what worked, and when it didn't work what can be learned
- what gets in the way of the person being able to make use of their strengths in this situation?
- what support and resources are available for the person to use?
- what is important now to the person, what kind of life do they want to lead? What does "wellbeing" mean to them?
- planning out the steps that can be taken toward the person's goal (outcome)
- making contingency plans with the person and their close networks as appropriate

Key areas to explore in conversations about risk

Every individual, and every situation, is different and unique. The context of the harm is as important as its impact. There are key areas that can be usefully explored when talking about risk in a person's life:

- Power relationships – is the person dependent on others to provide for their basic needs, i.e. food, drink, heating, clothing, safety? How much can they influence how they are cared for? Dependency on others can limit a person's ability to self-protect. It can also be used as a tool for exploitation and control by others, for example threatening to withhold food or care, or using the relationship to control the person's finances.

- Family dynamics, current and historical – what is the story of relationships within the family? Has the person previously abused or been abused by family members? Is there a family history of domestic abuse? Did the person have a particular role within the family that they can no longer fulfil, leaving others feeling frustrated or angry? Is the person being subject to coercion or control by another?

- Individual History, including historical abuse, and how the person is affected by those experiences now. Has the person experienced abuse whilst in an institution, significant life trauma, or childhood abuse? How does this affect their self-esteem and identity now? How does it affect their ability to self-protect? Are there services they will not engage with through fear of loss of independence or because of previous experiences?

- Substance misuse or other addictions. Does the carer or carers, and/or the person use substances to a degree that their everyday lives are affected? Substance misuse can impair the person's ability to self-protect and leave them more vulnerable to exploitation. Carers or family members/friends who misuse substances or have other addictions may find it difficult to focus on the person's care and may exploit the person in order to fund their substance use or addiction.

- Consider – are there any known previous concerns, any known criminal history, are these significant to the concerns now?
- Look at any patterns of abuse, exploitation, control and coercion. Is there anything else, duress or fear getting in the way of the person's ability to self-protect? How is the source of harm exerting control over the person?

- Is an assessment under the provisions of the Mental Capacity Act needed?

People who refuse support – risk assessment where risk is high

Despite all the practitioner's relationship building skills there will be occasions where risks to the person or others are reported as being high but it is impossible to engage the person in any conversation about this. The practitioner still has a duty to assess and take steps to mitigate risk in situations where the person has refused to see them.

The practitioner should consider:
- How imminent is the risk and how severe the potential impact? It may be necessary to convene an urgent multi agency meeting (sometimes referred to as a Multi-Agency Risk Management Meeting or MARM) with agencies who know the person, or who may be able to contribute to a plan to engage them. Agencies such as primary care, fire and rescue, police, environmental health, and as appropriate the person's housing provider or third sector groups may be able to help problem solve. Seeking advice and the opinions of others is also beneficial for the practitioner as being responsible for decisions about risk-taking can impact on a workers well-being. Accessing regular supervision, using case studies and encouraging debriefs are all of value in supporting the worker.

- Look again at the information available. Is there an agency or person who can begin engagement or help the practitioner get in through the door and help to facilitate a conversation?

- Try to understand the person's beliefs, fears and previous experiences. Why are they refusing to see the practitioner? Is there something that can be done, or someone else available, who can reassure the person?

- Try different ways to engage with people – if phone calls do not work, consider a letter, a visit to their home, contacting family members (if you have consent to do so) or other professionals who may be working with them.

Risk work through adult safeguarding procedures

On receipt of a Concern

The practitioner will need to consider the following:
- Consider who else is involved in the person's life and whether they should be contacted.

- Does immediate action need to be considered as there appears to be a high and imminent risk of harm?

- Has the harm already created an unsafe situation for the person which needs to be addressed urgently, e.g. are they in need of accommodation or urgent financial support?

- Will the risk to the person be increased by contact with a safeguarding practitioner? Is a plan needed to ensure a) the person can be seen in a safe location, b) how any safety risks will be minimised?

- Has a crime been alleged or committed? Crime should be reported to the police who will need to be part of the consideration of the risks posed to the person and/or others in the situation.

Planning an Enquiry

It is important for planning discussions to consider known risks and explore the need for an **interim safeguarding plan** to promote the wellbeing of the person involved while enquiries are undertaken. Are there identified risks that the person carrying out the enquiry must be aware of? An initial risk assessment based on known facts should be used to inform any interim safeguarding plan put in place to safeguard the person at risk. The discussion will also consider how risk will be assessed with the person and/or their representatives, and how to mitigate any risks caused to the person concerned by the enquiry.

The Enquiry

All enquiries must contain a risk assessment, undertaken with the person, and supported by a representative/advocate if they have substantial difficulty in participating or if they are assessed as not having the capacity to make decisions about risks to their own safety and wellbeing. Information gathered at this stage of the process will indicate whether the individual is at risk of harm now and in the future, their views and preferred strategies for risk mitigation/resolution.

Good Practice Guidance: Talking about Risk

Step 1 Understanding the person's wishes and feelings in relation to the risk identified by the concern

Listen to what the person says about the situation, this will begin to develop a sense of shared responsibility for safety as well as trust and shared understanding. What has happened previously? What works, what didn't and what can be learned. What are the person's views on the risk, and the benefit of the situation?

Explore other aspects of wellbeing. Consider about physical, social and psychological wellbeing.

Gather information about their life, what is important to them, their wishes and feelings.

Speak with others who are important to the person with their consent.

Work with the person to put their wishes and needs in order of importance to them.

Step 2 Understanding and clarifying the impact of risks on the person

This process is used as a means of sharing information and challenging perceptions, as a basis for discussion with the person and family/professionals. The person may change their view by seeing a list of risks set out in writing or in discussion. If there are limited benefits of risk taking identified, but the person remains unable to see the risk, it may be further exploration for this is needed, or the person's ability to understand information may be impaired.

List the risks with the person and their close networks as appropriate.

Apply the simple tests of likelihood and impact to understand the extent of perceived risk

How much do the risks contribute to wellbeing and the person's desired quality of life?

What strengths or positive factors may mitigate risk?

What recovery and restorative actions are needed?

Step 3 Enabling and responding to risk

Reflective or peer supervision will support the consideration of the range of concerns, opinions, experiences, culture, perceptions, risks and legal responsibilities. These aspects may also be shared with the person as helpful in agreeing a response to risk.

Key questions to consider:

How can safety be promoted without damaging access to rights or other benefits from the situation?

Are there ways of supporting the person to change the situation to reduce risk whilst still respecting choice and promoting the quality of life they want?

What could go wrong – what contingencies are needed?

Does everyone involved have a joined-up understanding of the person's situation, what is important to them and what the risks are?

Step 4 Planning and contingency

The safeguarding plan brings the previous steps together into an agreed plan, this will summarise the person's wishes, views, feelings, the agreed risk assessment, enablement solutions and agreed actions to respond to residual risk and contingency planning plus how the plan will be monitored, considered successful and reviewed.

Building a trusting relationship with the person, and working at their pace, will enable them to consider and develop their thoughts on their experience, what they want to change and what is important to them.

There may be risks to other people as well as the person that you are working with, such as children, and this also needs to be considered as part of any risk assessment and safety planning.

People may have had years of experience of living with an abusive partner or adult child and developed strategies in the past for dealing with the abuse which are no longer working as frailties or illness changes relationships and abilities.

People may value relationships with those who are now harming them and decide that some elements of abuse are preferable to losing the valued relationship. Others may be very afraid of the person harming them and fear taking any action which may increase the abusive behaviour toward them. They may be experiencing coercion and/or control. Others may be clear that they want action to be taken on their behalf and want the police or regulator to be involved.

The person's previous experiences may affect how they view the risk and what they feel will support them to either self-protect or be protected.

It is important to think through the persons desired outcomes from the safeguarding process alongside their views on how their overall wellbeing can be maintained or improved.

The person's thoughts on recovery and resolution should also be discussed, and options presented to them to achieve this if they are unsure of what may be available. This process should not be rushed. Some people complain that they feel rushed by the safeguarding timescales and efficiency of the enquiry officer. People may need time to think through what they wish to happen, and for this reason it is recommended that the person's desired outcomes are reviewed at the **beginning, middle and end of the safeguarding process.**

People may have desired outcomes that are impossible to achieve, for example that a person should be arrested or a provider closed down. Part of the conversation can include giving information about what is and isn't possible in the circumstances and **negotiating the outcomes together.**

As part of the risk assessment, the person's ability to take actions that will help them protect themselves should be discussed. What gets in the way of the person taking action? These factors can include being in an institution with no access to representation or advocacy, their own feelings of depression, fear, previous experiences, or mental health issues. What helps the person – for example family members, friends? Are there positive risk-taking opportunities, or opportunities to develop a supportive social network? These conversations can begin to shape a safeguarding plan which will protect the person whilst enhancing their wellbeing.

Specialist risk assessments should be used as needed. Health partners, for example tissue viability nurses, or specialist fraud police officers will be able to give informed expert advice on certain areas of risk. Risk assessments for domestic abuse, i.e. Safelives DASH will also be useful.

The safeguarding plan

The safeguarding plan will be formulated during the enquiry and informed by the views, outcome wishes and circumstances of the person, together with the risk assessment and any other enquiries or specialist reports or risk assessments, e.g. [Safelives DASH](#).

The safeguarding plan is formalised after the enquiry has concluded. How the success of the plan will be judged needs to be included in the plan itself. A contingency plan should risk recur or escalate must also be agreed with the person. Useful questions to think about may be: does the person feel safer? If they are concerned who will they contact and how? When will you both agree that the need for the plan has ended? What other professionals/services could support the person in the future and are they aware of these and how to contact them?

Other suggested tools for risk assessment

Domestic Abuse

The tools available through Safelives are widely used by multi agency partnerships working with people experiencing domestic abuse and violence. The DASH risk checklist is a tried and tested way to understand risk. **DASH** stands for domestic abuse, stalking and 'honour'-based violence.

Organisational abuse

South Gloucestershire Safeguarding Adults Board has produced a separate set of [Procedures](#) for dealing with concerns of organisational abuse. These procedures are based on research which identified ninety "early indicators of concern" about institutional practices which were grouped into six themes. The six themes are useful in identifying areas of risk for the people who live in or use a service.

The thematic areas are:
- Concerns about management and leadership
- Concerns about staff skills, knowledge and practice
- Concerns about the behaviours and well-being of people who use the service
- Concerns about the service resisting the involvement of external people and isolating residents
- Concerns about the way services are planned and delivered
- Concerns about the quality of basic care and the environment

Self-neglect

South Gloucestershire Safeguarding Adults Board has produced a separate set of Procedures for dealing with concerns around people who self-neglect. This includes a risk assessment for self-neglect.

Transitions

If a child approaching the age of 18 has a Children's Safety Plan in place, then consideration should be given to making a referral to Adult Safeguarding. Although there is a difference between 'safety' and 'safeguarding' it is always worth exploring whether an adult safeguarding response would be helpful.

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Practitioners should always promote the wellbeing of the people they work with. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the person to establish what being safe means to them and how that can be best achieved. Professionals and other staff should not be advocating 'safety' measures that do not take account of individual well-being.

Every case is different and practitioners should make a safeguarding referral if they are worried that a person is at risk of abuse or neglect, including self-neglect. The correct response to risk may not be an adult safeguarding enquiry, but it may be that an adult social care service could help. If in any doubt practitioners should contact the Customer Service Desk on 01454 868007 to talk through their concerns and seek advice.

Appendix 1
Wellbeing and Human Rights

Wellbeing principle	Human Right
personal dignity (including treatment of the individual with respect)	Article 8 ECHR Right to respect for family and private life Article 3 ECHR the right not to be tortured or treated in an inhuman or degrading way
physical and mental health and emotional wellbeing	Article 2 Right to Life The right to life also includes the positive duty of state organisations to support health.
protection from abuse and neglect	Article 2 ECHR Right to Life, often referred to as an **absolute** right. Absolute rights are rights which can never be interfered with by the state. The state has a positive duty to protect article 2 rights by acting to protect people at risk of abuse and neglect. Also Article 3 ECHR the right not to be tortured or treated in an inhuman or degrading way is also an absolute right. Article 16 CRPD Freedom from exploitation, violence and abuse, also includes the right to "appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account gender- and age-specific needs".
control by the individual over their day-to-day life (including over care and support provided and the way they are provided)	Article 20 CRPD Personal mobility Article 19 CRPD Living independently and being included in the community
participation in work, education, training or recreation	Protocol 1 article 2 ECHR
social and economic wellbeing	Article 14 ECHR

	Rights under the Equalities Act 2010 regarding employment Article 20 CRPD Personal mobility
domestic, family and personal domains	Article 8 ECHR right to respect for family and private life Article 12 ECHR Right to marry and found a family Article 23 CRPD Respect for home and the family
suitability of the individual's living accommodation	Protocol 1 Article 1 ECHR Protection of property Article 19 CRPD Living independently and being included in the community
the individual's contribution to society.	Article 19 CRPD Living independently and being included in the community Article 21 CRPD Freedom of expression and opinion, and access to information in accessible formats

Reference: UN Convention on the Rights of Persons with Disabilities (CRPD); adopted in UK 2006.
Human Rights Act 1998 which gave effect in the UK to the European Convention on Human Rights (ECHR)

Appendix 2: Tools to support conversations

Adapted from the Solihull Safeguarding Persons Board: Safeguarding Persons Planning for Safety Tool

This tool is designed to be used when somebody is unsure which options to pursue to keep themselves safe, or when carrying out a safeguarding plan. To use the Safeguarding Persons Planning for Safety Tool:

Stage 1: Discuss the concerns, desired outcomes and all available options with the person, making it clear where there are any differences of opinion, and record each on the Safeguarding Persons Planning for Safety Tool in the table.

Stage 2: Use the Happiness/Safety Risk Matrix to discuss how happy the person is with each option. The risk rating will give an indication of whether the proposed option is likely to be safe, and whether or not it is likely to make the person happy. This can be used to discuss and agree the best options for the person. The person's views (or those of their representative) must always be obtained.

What are the person's or their representative's concerns?	What outcomes does the person or their representative/s want? *What is important to you and/or how you would like things to be in the future in relation to this?*	What are our (person /organisation leading the enquiry) concerns?	What are the options? *How accepting is the person and/or their representative to the options*	What might go wrong with this option? *How unsafe could this option leave the person or others?*	Is the plan acceptable /safe for the person? *refer to happiness and safety below – prefer lower scoring options*

Happiness/ Safety	Happiness				
Safety	A "I am very happy with this option"	B "I am happy with this option but have some concerns"	C "I am not sure about this option"	D "I am unhappy with this option"	E "I am very unhappy with this option"
1"This option makes me safe"	These strategies should be taken forward in the first instance	These strategies should be taken forward in the first instance	Attempt to explain the benefits of the option to increase acceptance Consider alternatives?	Find out what the individual is unhappy with and review and revise	Options that someone is very unhappy with should be reconsidered
2 "This option makes me quite safe"	These strategies should be taken forward in the first instance	These strategies should be taken forward in the first instance	Attempt to explain the benefits of the option to increase acceptance Consider alternatives?	Find out what the individual is unhappy with and review and revise	Options that someone is very unhappy with should be reconsidered
3 "It is not certain whether this option will make me safe"	Identify safety strategies to increase confidence	Identify safety strategies to increase confidence	Find out what the individual is not happy with and why they feel it will not keep them safe and review and revise	Find out what the individual is unhappy with and review and revise	The person is unhappy and unlikely to be safe – reconsider plan
4 "This option does not make me very safe"	Identify safety strategies to increase confidence	Identify safety strategies to increase confidence	Find out what the individual is not happy with and why they feel it will not keep them safe and review and revise	The person is unhappy and unlikely to be safe – reconsider plan	The person is unhappy and unlikely to be safe – reconsider plan
5 "This option does not make me safe at all"	If someone is not feeling safe at all the option should be reconsidered	If someone is not feeling safe at all the option should be reconsidered	The person is unhappy and unlikely to be safe – reconsider plan	The person is unhappy and unlikely to be safe – reconsider plan	The person is unhappy and unlikely to be safe – reconsider plan