



“Supporting me to stay safe and well” – Guidance Document

Purpose

The “Supporting me to stay safe and well” screening tool follows a Human Rights Based Approach (HRBA) in navigating issues involved with individual risk assessments. The screening tool and this guidance document were developed by the Individualised Risk Assessment Working Group to adapt a person-centred approach in risk assessment. Both the tool and guidance draw from the Mersey Care NHS (2012) document, “Keeping me safe and well – A human rights based approach to risk assessment and risk management with people with learning disabilities”. The Mersey Care document was adapted with permission from the authors. An extensive literature review was completed to identify internationally valid and the most up to date methods in assessing risks.

Current literature supports a HRBA which prioritises individual self-determination, autonomy and positive risk taking. The Assisted Decision Making (Capacity) Act (2015) also underpins the legal rationale and support for the right to decide. This choice should be supported with person-centred and individualised approaches that best suit the individual. A HRBA also recognises the capacity building potential of individuals and that a change in this capacity can enable or prevent them in choosing to partake in an activity or event that is deemed “risky”. Assessment of risk should consider carefully the consequences of **not** taking the risk and how it interacts with the individual’s human rights. Assessors should reflect on the human rights principles (p. 4) as a frame of reference.

Scope

The “Supporting me to stay safe and well” screening tool and guidance document were developed for Disability Services. This document outlines how to support the individual to achieve an objective by completing the individualised risk assessment and constructing a person-centred risk management plan. Each heading has a corresponding section in the screening tool. This guidance is for both the assessor and the individual. The assessor should be the person who knows the individual



best. The individual should be encouraged and supported to complete the tool independently, wherever possible. Communication supports that best suit the individual should be made available to them. Assessments and plans should be written in plain English and in terms that the individual and relevant staff or persons will understand, avoid jargon.

1. About Me

Please state the individual's full name, date of birth (in date/month/year format) and current location. Please also state their appropriate demographic information and what their living arrangements are.

2. My Wishes

Individual involvement and participation is a key strand of a human rights based approach. This section is about looking at what the individual's wishes are and how they think it will contribute to their quality of life. It will also prompt both individuals and assessors on how the individual perceives the risks associated with achieving an objective to enhance the way in which they would like to live their life.

This assessment aims to involve individuals at all levels to support them in achieving the objective.

3. Who is completing the assessment with the individual?

Details of the lead assessor (the person who knows the individual best) should be included here, as well as the details of other people who have contributed to each section of the plan. Staff and others involved in the assessment should reflect on their own position and possible biases in relation to the individual.

4. What are the sources of information?

The assessor/s should record the sources of information used to support the assessment. This may be other people involved with the individual in a personal or professional capacity. Sources may also include written information agreed with the individual.



5. 'About My Life' - Critical Event History

Previous experience should be considered but should not be interpreted as deterrents for participation. This section chronologically details events in the individual's life that may be relevant to the assessment of risk. It should take into account the individual's culture, beliefs, protective factors, early childhood experiences, etc. The assessor should reflect on their unconscious biases that may impact their judgement throughout the recording of information:

- Previous positive outcomes associated with achieving outcomes where a new risk was identified
- Any relevant significant, dangerous, and potentially dangerous events that have occurred.
- Significant changes in living arrangements
- Significant changes in care support
- Occurrence of any relevant significant health problems
- Changes in family/carer circumstances
- Employment or unemployment
- Any recorded adverse incident which is relevant to the achievement of this new objective

6. Things I, or Other People Are Worried About (Risk Factors)

Risk factors are individual or social characteristics or circumstances, which may affect the ability to achieve an objective that meets the expectations of that individual. In this section assessors should explicitly analyse the risk factors associated with achieving the objective. However, risk factors should not be interpreted as indicators for future or present risk. This is perhaps the most difficult part of the assessment process and will entail the assessors sifting all the information they have collected in order to look for patterns of behaviour and predictive factors. Research has shown that this can be done effectively by examining information in three areas. These are;



- **Historical Factors:** The assessors should examine previous relevant objectives with the individual and explore how risks were managed and any factors associated with the ability to achieve a positive outcome. Any circumstance where an objective was not achieved or attempted should also be discussed to see if learning from this experience could assist in achieving a new objective.
- **Health factors:** Health factors should only be assessed if they pose a specific risk to achieving an objective. They should not be seen as a barrier or risk if they are not pertinent to the objective.
- **Social factors/environment:** have they been supported to undertake similar objectives before? Consider only relevant social factors. The following Human Rights principles should underpin all aspects of the assessment.

Guiding principles reflecting a Human Rights Based Approach (SJOGCS, 2016):

1. **Rights:** Identify and name specific rights that the individual may not be supported to exercise or may be restricted. E.g. right to privacy, right to vote, etc.
2. **Participation:** identify barriers that exist which limit the individual in terms of exercising rights
3. **Empowerment and self-determination:** explore how the individual can be empowered through selection of appropriate supports and environmental changes. Facilitate them to live valued and fulfilling lives.
4. **Non-discrimination:** ensures the individual are not discriminated against on the grounds of their disabilities, behaviour, or any other parts of their identity
5. **Accountability:** measures that the individual is receiving the service they require for optimal functioning.



7. Why is The Assessment Being Carried Out Now?

Before carrying out the assessment you should have a clear rationale about why it is being done. A new activity or circumstance may be considered by the individual requiring a new risk assessment. It may be that an activity previously undertaken may need to be reassessed because of change in risk level to the individual or others. In thinking about 'why now', you should ask:

- Does the individual think there is a risk attached?
- Does the individual know and understand that a risk assessment is being completed?
- Is there a specific decision to be made on a new activity, task, circumstance, or are you using the assessment to review current risks/ management plan?
- Have circumstances changed, or are they about to change?
- What is working and not working from the individual's perspective?
- What is working and not working from the perspective of those supporting the individual?
- What are the problems you're trying to solve? Clarify the risk.

8. What supports do I need to assist me in understanding the risks involved in trying to achieve this objective?

- What is the individual's idea of success?
- Are there communication tools available to the individual to support their understanding of the potential risks?
- Who are the best person(s) to explain to the individual the risks involved?

9. What supports do I need to build capacity to achieve my wishes?

What are potential solutions to problems, and how do the solutions measure up to what matters to the individual? How can we ensure that the individual has as much choice and control as possible?



Capacity building and Risk - Shifting the balance of power

- Describe the supports necessary to assist the decision maker understand the risk they are exposed to and ways to mitigate risk.
- Who are the best people/persons to help the individual to understand and /or describe the risk involved or the alternative options available?
- Who could help the individual understand the options available to them (who would they go to for advice?)
- Identify the communication supports that could help the individual to understand the options available to them (visual/audio etc.) How can they access these supports?
- Is there a range of options available to them to help them understand the risk?
- Are supports in place in the event that the objective is not achievable because of the risks involved?

10. Looking At My Risks, What Options Have I Got? (Significance of Risk)

This section should be completed following agreement on what supports can be put in place to minimise risk and build capacity for the individual in achieving the objective. It is an essential part of the assessment process that in the event that the risk associated with an objective is not acceptable the individual has been prepared for this possible outcome and supported in coming to terms with this outcome.

The safety of a new activity or circumstance may be considered in light of learning from previous experiences and incidents. This includes finding out what success looks like to the individual and to others, what they have tried and what lessons they learned, and what the consequences are if no action is taken.

The activity should be broken into constituent parts and each should be individually risk assessed. Generic risk assessment should not be used.

While there is inevitably a degree of subjectivity involved in estimating the significance of risk, it can be aided by quantifying the elements of **likelihood** and **impact**. This exercise should be completed for each area of risk identified.



a. Likelihood: of risk occurring in the period covered

Rare/Remote (1)		Unlikely (2)		Possible (3)		Likely (4)		Almost Certain (5)	
Actual Frequency	Probability	Actual Frequency	Probability	Actual Frequency	Probability	Actual Frequency	Probability	Actual Frequency	Probability
Occurs every 5 years or more	1%	Occurs every 2-5 years	10%	Occurs every 1-2 years	50%	Bi-monthly	75%	At least monthly	99%

b. Impact: of harm to individuals and others

Score	Impact
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

c. Significance of risk = likelihood x impact

	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare/Remote (1)	1	2	3	4	5

For a more comprehensive understanding of the HSE risk matrix, see the list of relevant literature (p.10). After looking at the likelihood and impact of the risk, the



individual and assessor can come up with several options, either to go ahead or not with the activity and review the relevant human rights that option might involve. This section is not meant to be prescriptive, but to explore the choices available to the individual and how they may be impacted from a human rights perspective if they decide to (or not) partake in the activity.

11. My plan to manage risks

After reviewing the options available to the individual, it is then possible to plan the necessary supports to facilitate the individual's choice. Seek permission from individual before deciding on plan which may include exploring:

- Support types: number of hours of support and types of supports, family and friends, quality of supports
- Triggers: behaviours of concern are often the individual's way of communication and reaction to triggers.
- Human rights and capacity considerations: will the plan restrict a right, whose rights? How can the right be reinstated (review)?
- Communication: where appropriate, consult with family, carers, staff

12. How Will My Plan Be Put Into Place and How Will My Plan Be Monitored?

- Implementation: securing necessary resources or services into place to ensure the plan is operational.
- Monitoring: type and level of monitoring should be relative to the scale of the intervention and complexity of the individual's needs. Information gathered in this process is valuable data for assessing on-going effectiveness of plan.
- Reviewing: identify changing needs and adapt accordingly, the plan should last a specific period of time and reviewed in light of information gathered in the monitoring process.

13. What Do I Think Of My Plan? Human Rights Based Approach (HRBA) – not for each individual assessment but overall plan



This section should record the individual's views on the proposed risk management plan, particularly the balance struck between the risks and benefits involved. If the individual expresses dissent or any alternative suggestions, they should be recorded. It should also be recorded if their suggestions have been incorporated into the plan.

It should also be recorded if the individual's views are not clear due to communication difficulties, it should be described and efforts should be made to support the individual to ascertain their views.

14. What Do the People who support Me Think of My Plan? (HRBA)

This should record the views of people who support the individual including staff, carers, family, informal carer, any legally identified support persons, or assisted decision maker (in accordance with legislation and the Assisted Decision Making Act), that the assessors and the individual feel is necessary to contact. This is particularly important to balance the risks and benefits involved. Any areas of disagreement should be noted. Suggestions incorporated should be noted as such.

15. Who Is Allowed To See My Plan?

The assessor should discuss permission rights to access the plan with the individual. They should agree and then compile a list of people and organisations that are to receive a copy of the assessment and/or risk management plan. They should keep in mind that it will contain sensitive and confidential information. The normal rules of GDPR will apply to the plan.

16. Signatures of Assessors

This section will have the assessors' and co-assessors' names, signatures, and date of signature.

17. Plan Approvers

The group referred to here is the group most suited to the review and approval of the plan in a service, for example, a human rights review committee.



List of relevant literature

Government of Ireland. (2015). *Assisted Decision-Making (Capacity) Act 2015*.

Dublin: Government of Ireland. Retrieved from

<http://www.irishstatutebook.ie/eli/2015/act/64/enacted/en/pdf>

HIQA. (2019). *Guidance on a Human Rights-based Approach in Health and Social*

Care Services. Dublin: Health Information and Quality Authority. Retrieved

from [https://www.hiqa.ie/sites/default/files/2019-11/Human-Rights-Based-](https://www.hiqa.ie/sites/default/files/2019-11/Human-Rights-Based-Approach-Guide.PDF)

[Approach-Guide.PDF](https://www.hiqa.ie/sites/default/files/2019-11/Human-Rights-Based-Approach-Guide.PDF)

HSE. (2017). *HSE Integrated Risk Management Policy Part 2 - Risk Assessment*

and Treatment Guidance for Managers. Dublin: HSE. Retrieved from

[https://www.hse.ie/eng/about/qavd/riskmanagement/risk-management-](https://www.hse.ie/eng/about/qavd/riskmanagement/risk-management-documentation/hse-integrated-risk-management-policy-part-2-risk-assessment-and-treatment.pdf)

[documentation/hse-integrated-risk-management-policy-part-2-risk-](https://www.hse.ie/eng/about/qavd/riskmanagement/risk-management-documentation/hse-integrated-risk-management-policy-part-2-risk-assessment-and-treatment.pdf)

[assessment-and-treatment.pdf](https://www.hse.ie/eng/about/qavd/riskmanagement/risk-management-documentation/hse-integrated-risk-management-policy-part-2-risk-assessment-and-treatment.pdf)

Mersey Care NHS. (2012). *Keeping me safe and well - A human rights based*

approach to risk assessment and risk management with people with learning

disabilities. Liverpool: Mersey Care NHS.

SJOGCS. (2016). *Policy on the Protection and Promotion of Human Rights in*

Intellectual Disability Services. St John of God's Community Services.

United Nations. (2007). *Convention on the Rights of Persons with Disabilities*. New

York: United Nations. Retrieved from

[https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-](https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html)

[persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-](https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html)

[2.html](https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html)