Appendix 3: Person Centred Well-Being and Safety Plan

Person Centred Well-Being and Safety Plan - To be completed with the Person where possible.		
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		
Lead Professionals name		
Date started	Date completed	Date due for review

Examples of areas of concern (Please use blank boxes at the bottom for additional concerns)	Past					
	Yes	No	Don't Know	Yes (provide brief overview)	No (provide brief overview)	RAG RATING Matrix below
Concerns regarding 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.						

What are the benefits of these behaviour(s) of concern for the person?
Explore these benefits, be open and honest. Draw comparisons between person's views and the professionals views.

What are the dangers of these behaviour(s) of concern to the person? Are there any dangers to others?
Explore these dangers, be open and honest. Draw comparisons between person's views and the professionals views.

Views of other people involved in the plan
Consider the positives and challenges for the person

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

Reasons for rejecting other options
This can be both positive reasons for rejecting options or where a person may be declining support
(If the person has declined support please summarise this discussion)

Agreed Actions:	Action	By Whom	When

Overall Behaviour Matrix Score	Refer to behaviour matrix to determine level of risk. The highest level of risk is the overall determination. Orange or Red make a Safeguarding referral to adult social services.

Minimal	Moderate	High	Extreme