

# **Guidelines for completing the human rights based ‘Keeping me Safe and Well’ screen.**

## **Contains:**

- **General guidelines for using the ‘Keeping me Safe and Well’ screen**
- **Guidelines for personalising the ‘Keeping me Safe and Well’ Screen to person Service Users.**
- **Information about human rights articles that may be relevant to each risk**

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## **Section 1**

### **Guidelines for completing the 'Keeping me Safe and Well' screen.**

The 'keeping me safe and well' screen is the first stage of assessing somebody's risk. If risks are identified at this stage, a management plan should be completed (see human rights risk management guidance).

- Any scores of 9 should be discussed immediately with your line manager
- A J-RAMP (Joint Risk Assessment and Management Plan) should be completed if 3 or more risk areas have a score of 9.
- An I-RAMP (Intermediate Risk Assessment and Management Plan) should be completed if 1 risk area has a score of 9, or 3 risk areas have a score of 6

The screen is set out as follows:

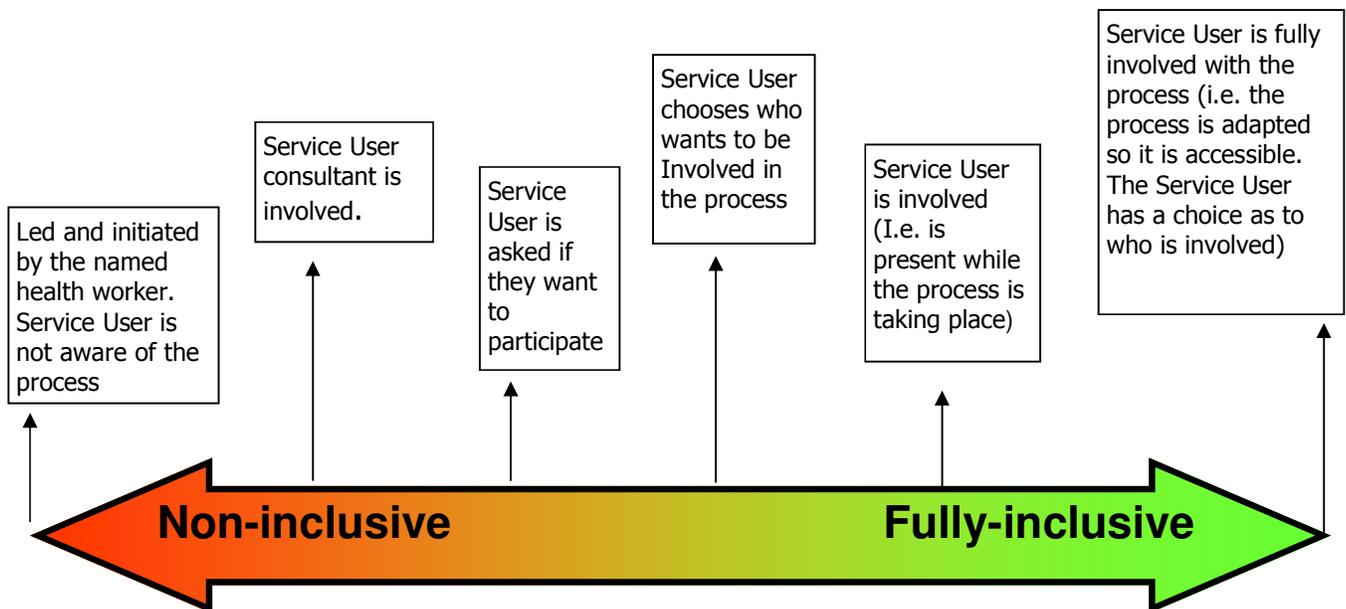
- A section of easy read information about how you assess risk. This is to help Service User understand what they are doing.
- The screen contains four sections that outline: potential risks to the Service User, risks to others, risks to the Service User from others and property.
- Under each item is a list of articles of the Human Rights Act that need to be looked at if the risk is highlighted. Underline the relevant rights as you are going through to document to demonstrate that you have thought about this.
- The third section of this guide includes more information about how the human rights articles that are relevant.
- The last page of the screen contains information about how to score potential risks and about the review process.
- If ways to manage the risk have been identified, these should be put on the notes page at the end.

When completing the 'keeping me safe and well' screen, there needs to be an awareness that a risk needs to have occurred at some point in a person's history to gain a score. It is important not to use hypothetical scenarios.

In line with the human rights based principles, (Framework for Human Rights in Healthcare, the Department of Health) it is important to try and achieve maximum Service User involvement in their own risk assessment. However, this is not always possible. Perhaps the Service User is very upset or unwell. They also might decide not to engage with the assessment. If this is the case, then initially the health worker would be expected to work through the risk assessment either on the Service User's behalf or with the help of family members or chosen support staff. As the Service User's situation improves, they should become actively involved.

It is very important to speak to the Service User before hand to try to establish who they would like to be involved. They might be happy to complete the screen with just the health worker, though they might want (or indeed choose not to have) input from family members or chosen support staff. If Service User Consultants are available they should be used.

Below is a diagram showing the different ways the Service User could be involved in relation to their risk assessment. The gold standard is for the Service User to lead and be fully involved with the whole process. Although this is the aim, it is likely that the process may sway back and forth along the continuum depending on how the Service User is.



It is important that the screen is also completed independently by people who know the Service User well. There may be differences between what the Service User and other people see as a risk (e.g. some staff may be risk averse and highlight difficulties that do not exist.)

Any differences should be discussed with the Service User before a consensus is agreed upon and a combined assessment written. An advocate or somebody independent should be brought in at this stage to help resolve any differences. If the Service User and staff cannot agree on certain areas this should be highlighted on the screen as disputed areas.

The risk assessment should initially be completed within 1 month of the service user accessing the learning disability service. Following this, the review sheet should be completed 6 months after the initial risk assessment. If no changes have been detected at this stage, then the full assessment is not required. However, if any significant changes are detected, the full assessment should be completed again at this point. Regardless of any changes, the full assessment must be completed annually.

## Section 2

### **Guidelines for personalising the 'Keeping me Safe and Well' screen**

The keeping me safe and well screen should be personalised to the Service User as much as possible. Involving the Service User in their risk screen will increase accessibility, engagement and ultimately, ownership of the Service User's care. It has been noted however, that it will take a longer time to complete the 'keeping me safe and well' screen with Service User involvement. This needs to be acknowledged by managers and should be factored into caseloads.

### **When is a person ready to become actively involved?**

A number of things need to be considered before the risk screen is personalised for a Service User. For example, how is the person's:

- **Psychological state** (e.g. is depression or anxiety going to prevent the person from engaging with the assessment?)
- **Attention span** (e.g. how long will they sit down and be able to concentrate?)
- **Engagement** (e.g. will the person join in with the assessment?)

- **Insight** (e.g. if they have problems with physical violence, do they realise they could be causing risk to themselves or others?)
- **Remorse** (e.g. if they have hurt somebody, do they say sorry and mean it?)
- **Suggestibility** (e.g. is the person able to say 'no' and expect this to be heard or do they feel as though they have to agree and say 'yes'?)

**Is there anything else that might have an impact on completing the assessment alongside the Service User?**

**Timing** is key when deciding at what level the Service User can be involved in the risk assessment and requires good clinical judgement about what the Service User can tolerate.

**Improving accessibility** of the risk screen can be improved by looking at each Service User personally and assessing their skills. For example:

- Do they have verbal communication?
- Do they speak English?
- Can they read?
- Do they understand spoken language?
- If the Service User does not communicate verbally, do they have any other ways of communicating?
  - Picture cards
  - Sounds
  - Behaviours
  - Signs

**Top Tip**

Use coloured pens. Have a red, orange and green pen and let the Service User colour the relevant traffic light in depending on the risk.

## Personalising the 'keeping me safe and well' screen

After assessing the Service User's skills, look at ways to make the risk screen meaningful for them. Below is a non exclusive list of examples:

- Wording

Although the words in the risk assessment are simplified, it might be the case that the Service User needs more of an explanation. Alternatively they might need it displayed in a way that is more meaningful to them. For example, if in the '*Transport*' section the risk is related to refusing to wear a seatbelt, make sure you highlight this. Use the person's words and language because this is likely to make the process more meaningful. You might need to negotiate this with the person.

- Pictures

If the Service User cannot read or has difficulty reading, pictures provide a greater understanding. Depending on the ability of the Service User, this can be implemented in different ways.

- Use enlarged pictures to represent each item and have them on the page with no words. If the Service User understands spoken language, you could then explain the pictures simply using the screening tool for reference.
- For some Service Users, it might be more meaningful to draw their own pictures. Explain each item in very simple terms and then ask the person to draw a picture to match. For example: in '*Issues concerning physical health*' if the Service User has a risk relating to asthma, they might draw a picture of an inhaler. This might help the person think of the risks that are important for them.
- With some Service Users, taking photographs to illustrate the most important risks might be beneficial. In the item '*Self-neglect*' for example, you could support them to take a photograph of their soap or clean clothes.

- Role Plays

A role play can be beneficial in a number of ways. It can help the Service User remember the event, it can make the task more fun and increase the likelihood of engagement and it is also good if there is an issue of insight. If the Service User doesn't see a risk and does not understand why other people might worry about them, a role play can help the person see it from other perspectives.

- Tapes or DVDs
- Translations

### Top Tip

When you are involving the Service User, have a printed out copy of the traffic light system to put in between you.

This will aid understanding and make the process more interactive.

### Good Practice Example

At the beginning I never used to come to the meetings because it was very stressful and I was upset. It was scary, the way I was, really it got me. I didn't want to go to the meetings; I was quite high and destructive. I felt worried [not being there] because things might have gone wrong without me.

We looked at the problems I had first, the violence and stuff because I wasn't very well. My Health Worker wrote the stuff on the board, cutting myself, hanging myself and having a shower; that was a problem, falling wasn't a problem (*pointing to the risk screen pictures*). I can't read so I drew the pictures, I'm good at drawing. The pictures helped me understand. My Health Worker went through everything from the beginning and explained it.

We then looked at each problem to see if it was something to worry about. Green meant that you are ok; you are not worried about that. Red was something to worry about and orange was in between the two. We scribbled the colours underneath each problem together.

My Health Worker had done the role play first and then I did it after. She was trying to buy a scarf but she didn't have enough money. She was kicking off because she wanted the scarf. She came over to me and said I want it now, I said you can't, you have to put it back because you don't have any money. She got very angry and I said we had to ring whoever is on-call. On call said I had to talk to her and let her cool off. I had to find out why she had said that stuff and try to calm her down. It was funny acting like being on telly, Eastenders and that. I wanted to do it.

I wanted to be able to do it; it helped me achieve and made me feel good.

Any problems or ideas of how to improve the 'keeping me safe and well' plan should be given to Beth Greenhill: [beth.greenhill@merseycare.nhs.uk](mailto:beth.greenhill@merseycare.nhs.uk)

## **Section 3 Human Rights**

Under each section in the risk screen are lists of the human rights articles that are relevant to that risk. If there is a significant risk, you should look at the relevant section below for more information. As a statutory agency, we have a positive obligation to protect the human rights of the people we support.

The human rights articles that are applicable to the *management* of the risk can be found in the J-RAMP guidelines.

### **Risks to self**

#### **1-1) Issues concerning physical health**

##### Article 2: Right to life-

Does the person have access to appropriate health care services?

Has the person been refused any treatment for physical health on grounds of their disability?

Is the person supported to make informed choices around medical treatment (e.g. attending the doctors)?

Is the person supported to access medical checks / clinics? In extreme cases, a denial of any of these things could lead to death.

Article 3: Prohibition of torture, inhuman and degrading treatment- e.g. Are facilities available to enable persons with physical health needs to be cared for effectively? (e.g. hoists or changing facilities).

Are there enough staff available to ensure aspects of the person's physical health needs are met with dignity? (E.g. if incontinent, is the person changed on a regular basis so they do not have to sit in wet clothing?). If not, this could be classed as inhuman or degrading treatment.

Article 8: Right to respect for private and family life, home and correspondence- A physical health problem could have an impact on the person's physical and psychological well-being – an important aspect of their private life.

Article 14: Prohibition of discrimination- e.g. does the person have access to medical treatment they need regardless of their learning disability?

## 1-2) Attempted suicide

Article 2: Right to life – if the person is successful in their attempt of suicide, their right to life will be taken away.

Article 8: Right to respect for private and family life, home and correspondence– e.g. is confidential information about potential suicide just shared on a 'need-to-know' basis?

## 1-3) Para Suicide

Article 2: Right to life – e.g. The person could lose their life in their attempt of para suicide.

Article 8: Right to respect for private and family life, home and correspondence– e.g. is confidential information about para suicide just shared on a 'need-to-know' basis'?

FREDA – Is the person treated seriously and with dignity in the event of para suicide?

## 1-4) Issues around Medication

Article 2: Right to life – e.g. Does the person have access to any regular medication (e.g. is diabetes / epilepsy medication given at the correct time with the correct doses etc).

Does the person have access to appropriate mainstream health services?

Article 8: Right to respect for private and family life, home and correspondence– e.g. is information about the person's medication shared only on a 'need-to-know' basis?

Does the person have any input into their medication?

Have they been involved in discussions of these areas? (Do they have capacity?)

Is the person given respect and privacy while taking their medication?

Are they given information as to why they are on any medication, and to what side effects may occur?

Is medication easily available if the person has a head ache or an upset stomach etc?

Is medication used as a form of restraint for the person, and if so, have they consented and if not, is the restraint proportionate to the person's difficulty?

FREDA – Is the person treated with dignity and respect with regard to their medication? e.g. are they able to take it in private?

### **1-5) Self-neglect (including nutrition and hygiene)**

Article 2: Right to life – If self neglect becomes extreme, this could potentially lead to death.

Article 8: Right to respect for private and family life, home and correspondence– e.g. does the person have the opportunity to make or get a drink / food when they want?

Does the person have access to his / her own money?

Are they able to spend their money on whatever they decide?

Is the person given respect and privacy (by both staff and other Service Users) whilst undertaking personal care?

If the person refuses to do personal care, is this right respected?

Is the person encouraged to eat refused food?

FREDA – e.g. is the person treated with equality and dignity regardless of their presentation? Is their autonomy respected with regards to personal care?

### **1-6) Deliberate self harm.**

Article 2: Right to life – in extreme cases deliberate self harm could result in a loss of life.

Does the person have access to suitable healthcare services to get help?

Article 8: Right to respect for private and family life, home and correspondence- e.g. is all information about the person's behaviour kept confidential?

If not, is it just shared on a 'need-to-know' basis?

Does the person have any say in which staff members intervene when they are self harming?

Also, is the person given dignity when they are self-harming and privacy where applicable?

If the person is not causing serious harm, are their rights to make informed choices respected?

FREDA – Is the person treated with dignity and respect in the event of self harm? E.g. are they given the opportunity to speak with staff after an incident?

- *Self harm is sometimes linked to a history of sexual abuse. If this is suspected then steps need to be taken to reduce further exposure to this.*

### **1-7) Deliberate self harm.**

Article 2: Right to life – in extreme cases deliberate self injury could result in a loss of life.

Does the person have access to suitable healthcare services to get help?

Article 8: Right to respect for private and family life, home and correspondence- e.g. is all information about the person's behaviour kept confidential?

If not, is it just shared on a 'need-to-know' basis?

Also, is the person given dignity when they are self-injuring and privacy where applicable?

If the person is not causing serious harm, are their rights to make informed choices respected?

FREDA – Is the person treated with dignity and respect in the event of self injury?

### **1-8) Transport**

Article 8: Right to respect for private and family life, home and correspondence- Is the person able to make their own choices with regards to transport? If not this could potentially impact upon their psychological well being. E.g. are the doors to the property locked because of the person's lack of road safety?

FREDA: If it is the person's wish not to get into a vehicle, is this wish respected?

## **1-9) Mobility**

Article 2: Right to life – If the person is likely to fall and seriously hurt themselves and no one is available to help, then in extreme cases this could lead to death

Article 3: Prohibition of torture, inhuman and degrading treatment- e.g. are there enough staff available to ensure the person does not suffer 'degrading' treatment? (e.g. if the person needs help changing or eating).

Article 8: Right to respect for private and family life, home and correspondence– e.g. is personal care undertaken with respect, dignity and privacy?

Is the place the person resides fully equipped for any mobility difficulties they may have? (E.g. disabled access, room calls, kitchen equipment that is suitable for disabled persons etc).

Is there appropriate disabled access to the property?

Is the person free to leave the property when they want to?

Are there enough staff available to ensure the person gets out as frequently as they require?

FREDA – Is the person treated with fairness, dignity and respect despite any mobility problems? E.g. are facilities available to ensure persons are cared for effectively (e.g. hoists or changing facilities). Do any mobility needs have an impact on their autonomy – i.e. does it prevent from making choices about where to go and what to do? Are they supported to make these choices as far as is possible?

## **1-10) Risk of being stranded**

Article 8: Right to respect for private and family life, home and correspondence– The risk of being stranded could have implications towards the person's psychological well being. e.g. Are staff available to go out with the person if they so wish?

FREDA- Is the person treated with fairness and autonomy despite a risk of being stranded? Is the person able to leave the property when they wish (e.g. are there enough staff available to take the person out if they are not capable of going out alone?).

## **1-11) Domestic Hazard**

Article 2: Right to life – There is potential for the person to seriously harm or kill themselves due to a domestic hazard.

Article 8: Right to respect for private and family life, home and correspondence– If the hazard may result in the person hurting themselves (for example by cutting themselves with a sharp knife), then this could affect their physical wellbeing.

In shared accommodation, could the risk impede on the quality of life of other Service Users?

FREDA - Is the person treated with fairness, dignity and respect with regard to their issues around domestic hazard? (for example with staff attitude towards the Service User as a consequence of the risk).

### **1-12) Risks related to leaving the package of care without support.**

Article 2: Right to Life - If the person leaves the package of care without support and places themselves in danger, this could in extreme cases lead to death (e.g. if the person crosses the road without looking, or places themselves in vulnerable positions).

Article 8: Right to respect for private and family life, home and correspondence– the person's physical and psychological wellbeing could potentially be breached if they place themselves in vulnerable situations while they are out unsupported (e.g. engaging in sexually risky or drug taking behaviour.)

If the person is likely to assault others / be assaulted by others while out unsupported, then again, physical or psychological integrity could potentially be breached (this includes any potential risks to children).

### **1-13) Deterioration in mental health**

Article 14: Protection against discrimination – e.g. does the person have access to appropriate healthcare services? If not, is this because the person also has a learning disability?

Article 5: Right to liberty and security– e.g. is the person able to leave the property whenever they wish? Is the person sectioned? If so, have they been given information as to why, and do they receive regular reviews/tribunals?

Article 8: Right to respect for private and family life, home and correspondence– This risk could obviously have implications towards the person's psychological well being if help is not available.

FREDA – Is the person treated with respect and dignity with regard to their mental health problems. This includes treatment by staff, family and other Service Users.

## **1-14) Alcohol / substance abuse**

Article 8: Right to respect for private and family life– e.g. is the person able to drink in his own home? If so, does this impede on the human rights of any other Service Users / carers living in the same place? Is the person supported in making informed choices regarding his or her drinking?

Does alcohol or substance misuse affect the person's physical health or mental health? Does it contribute to other risk areas such as self harm or self neglect? This could potentially affect the person's physical and psychological well being.

Article 2: Right to life – e.g. are mainstream services available for the person to help with his or her problems? (E.g. alcohol services?)

FREDA – is the person treated with respect and autonomy for making their own decisions about drinking habits? Are they treated with dignity in relation to alcohol / substance misuse problems?

### **Risks to others**

#### **2-1) Verbal aggression / intimidation**

*Human rights issues related to the potential victim*

Article 3: Prohibition of torture, inhuman and degrading treatment– e.g. is the person's behaviour compromising a carer /relative / or the general public's right not to be treated in an inhuman or degrading way?

Article 8: Right to respect for private and family life, home and correspondence– e.g. if the person is focussing the verbal aggression on staff, family or other Service Users living at the same address, is this impacting on their private life and/or their psychological well-being?

*Human rights issues related to the person being assessed*

FREDA - Is the person treated with respect and autonomy by staff despite any verbal aggression or intimidation they may display?

#### **2-2) & 2-3) Physical violence (including and excluding premeditated use of weapons)**

*Human rights issues related to the potential victim*

Article 3: Prohibition of torture, inhuman and degrading treatment– e.g. is the person likely to focus this aggression towards carers / family / Service Users or the general public? If so their right not to be treated in an inhuman or degrading way maybe compromised.

Article 8: Right to respect for private and family life, home and correspondence– e.g. if the person is focussing the physical aggression on staff, family or other Service Users living at the same address, will this impact on their private life, and/or their physical/psychological well-being?

Article 2: Right to life – If the physical violence becomes so extreme that it could result in a loss of life, then the victim's 'right to life' may become compromised.

*Human rights issues related to the person being assessed*

FREDA – Is the person treated with fairness and respect with regard to any potential violence? E.g. If the person has a complaint made against them because of their aggression, will it be investigated fully? Will they be supported? Also, are there consequences with regard to violent outbursts? Removal of privileges etc may affect the person's equality or respect.

## **2-4) Sexual offending**

*Human rights issues related to the potential victim*

Article 3: Prohibition of torture, inhuman and degrading treatment– By sexually abusing someone, the person is treating them in an inhuman and degrading way.

Article 8: Right to respect for private and family – By sexually abusing somebody, the person is effecting the person's psychological and/or physical well being.

*Human rights issues related to the person being assessed*

FREDA – In the event of a sexual offence, will the person be treated as an equal and with dignity, fairness and respect?

## **2-5) Stealing**

*Human rights issues related to the potential victim*

Article 1 of Protocol 1: Protection of property – e.g. If the person takes property that belongs to somebody else, they are compromising the right of this person.

Article 8: Right to respect for private and family life, home and correspondence– By stealing, the person might affect the victim's psychological well being. This includes family, carers and other Service Users.

*Human rights issues related to the person being assessed*

FREDA – Is the person treated with dignity and respect despite potential stealing behaviour?

Do they have a reputation of being a thief? If so, does this reputation cause the person to be treated differently or in a degrading way?

## **2-6) Arson**

*Human rights issues related to the potential victim*

Article 1 of Protocol 1: Protection of property - By setting fire to somebody's property, the person is impeding on the victim's right to have their property protected

Article 2: Right to life - If the fire is severe enough, it could cause death to the victim.

*Human rights issues related to the person being assessed*

Article 2: Right to life - If the fire is severe enough, it could cause death to the person.

FREDA – Is the person treated with dignity and respect despite the risk of arson?

Are they treated as an equal? E.g. do they have a reputation relating to this risk? Does this affect the care they receive, or how they are treated by either staff members or other Service Users?

## **2-7) Other criminal or antisocial acts (eg hoax calls etc)**

FREDA - Is the person treated with dignity and respect despite the potential for any other criminal or antisocial acts?

Do they have a reputation around this risk? Does this then impede on the care they receive, or how they are treated by either staff members or other Service Users?

## **2-8) Exploitation/manipulation/intimidation**

*Human rights issues related to the potential victim*

Article 8: Right to respect for private and family life, home and correspondence– This risk might affect the victim's psychological or physical well being. This includes family, carers and other Service Users.

*Human rights issues related to the person being assessed*

FREDA - Is the person treated with dignity and respect despite the potential for exploitation, manipulation or intimidation?

Do they have a reputation around this risk? Does this then impede on the care they receive, or how they are treated by either staff members or other Service Users?

## **2-9) Fabrication**

FREDA - Is the person treated with dignity and respect despite the potential for fabrication? Do they have a reputation around this risk?

Does this then impede on the care they receive, or how they are treated by either staff members or other Service Users? For example, have they got a reputation for making 'allegations' of sexual abuse?

Does this result in any allegations they make not to be taken seriously? Any allegation should be treated as serious and acted upon.

## **2-10) Any particular risks to children**

*Human rights issues related to the potential victim*

Article 8: Right to respect for private and family life, home and correspondence– This risk might affect the child's psychological or physical well being. Steps should be put in place to prevent this from happening.

Article 3: Prohibition of torture, inhuman and degrading treatment- Child abuse could be construed as torture of the child – or inhuman or degrading treatment.

Article 2: Right to life – If the risk is severe enough, the risk could possibly endanger the child's life.

*Human rights issues related to the person being assessed*

FREDA – Is the person treated with dignity and respect despite the potential risk to children? Do they have a reputation around this risk?

Does this then impede on the care they receive, or how they are treated by either staff members or other Service Users?

If any allegations have been made against the person, are they still treated as an equal by staff? And are they aware of their rights around allegations against them?

## **2-11) Any particular risks to dependants**

*Human rights issues related to the potential victim*

Article 2: Right to Life – Neglect of a dependent could potentially lead to death. Steps should be in place to prevent this from happening. E.g. support should be available for the person in regard to their child.

Article 2 of Protocol 1: Right to education – A risk to a dependent could potentially affect a child's education. E.g. if the person finds it difficult to take the child to school.

Article 3: Prohibition of torture, inhuman and degrading treatment– Neglect or degrading treatment of the child could be construed as torture.

*Human rights issues related to the person being assessed*

Article 8: Right to respect for private and family life, home and correspondence– e.g. is the person supported or given the opportunity to have a family life with their child? If the child does not live with the person, do they have visiting rights to see the child? Are steps in place to support the person to have a safe and productive family life with the child?

FREDA – Is the person's family life respected? Are they treated differently in terms of access to their children because of their learning disability?

**2-12 to 2-16. Equality and Diversity issues. This includes:**

- **Race, culture and skin colour**
- **Gender**
- **Religion**
- **Language**
- **Sexuality**
- **Disability**

*Human rights issues related to the potential victim*

Article 3: Prohibition of torture, inhuman and degrading treatment- e.g. Do the person's beliefs cause behaviour towards another person which may compromise this right? Extreme abuse that is discriminatory e.g. extreme racial abuse may be considered to be inhuman or degrading treatment.

Article 14: Prohibition of Discrimination – Does the person express discriminatory views? Is the person treating anyone differently because of who they are (e.g. because of their race, gender, religion etc). Have any steps been taken to explain why this behaviour is wrong?

Article 8: Right to respect for private and family life, home and correspondence– This risk has the potential to impede on the victim's psychological or physical wellbeing, and other aspects of their private life.

*Human rights issues related to the person being assessed*

*Article 8: Right to respect for private and family life, home and correspondence— are the person's views and beliefs being respected? Are they allowed to express their own views, as long as they are not impacting on the rights of others?*

FREDA - Is the person treated with dignity, respect and equality despite any beliefs they may hold against others? E.g. if a complaint is made against the person regarding how they treat another person, will they be informed about why it has happened, and will they be made aware of the process and of the outcome?

### **Risks from others**

#### **3-1) Physical abuse by others**

Article 2: Right to life – If the person is subjected to extreme physical abuse by others, this could result in a loss of their life.

Article 8: Right to respect for private and family life, home and correspondence— Physical abuse will affect the person's physical integrity and their psychological well being. If another Service User is abusing the person or if the person is vulnerable to abuse when out on their own this could also impact their physical and psychological integrity.

Article 3: Prohibition of torture, inhuman and degrading treatment- In extreme cases of physical abuse, it could be construed as torture or inhuman and degrading treatment. Additionally, is there a policy of restraint around the person? Could this be seen as physical abuse?

FREDA - Is the person treated as an equal and with respect? e.g. if the person makes a complaint about physical abuse, is it investigated fully and taken seriously?

#### **3-2) Sexual abuse by others**

Article 3: Prohibition of torture, inhuman and degrading treatment- If the person has been sexually abused, this right is likely to have been compromised. If sexual abuse has been suspected then steps may need to be taken to prevent further exposure to the risk.

Article 8: Right to respect for private and family life, home and correspondence— e.g. Is the person supported or given the opportunity to make relationships? If the client wishes to engage in sexual relationships, is this supported? Has the person had help and advice about sex and been empowered to know their rights, therefore limiting the chance of sexual abuse?

- Self harm is sometimes linked to a history of sexual abuse. If this is suspected then steps need to be taken to reduce further exposure to this.

FREDA – Is the person treated as an equal and with respect? e.g. if the person makes a complaint about sexual abuse, is it investigated fully and taken seriously?

### **3-3) Financial abuse by others**

Article 4: Prohibition of slavery and forced labour – e.g. does the person undertake any kind of work, and if they do, do they receive suitable payment for the work? (e.g. the same as any other employee).

Article 8: Right to respect for private and family life, home and correspondence– e.g. who handles the person's money? Are they informed about this and do they understand why? Does the person have access to their own money? Are they able to spend their money on whatever they decide? Is confidential data regarding the person's money kept locked away and only shared on a 'need-to-know' basis?

FREDA – Is the person treated as an equal and with respect? – e.g. if the person makes a complaint regarding their financial situation, is it taken seriously and is it investigated fully? Does the person have autonomy in terms of managing their own finances?

### **3-4) Emotional abuse by others**

Article 3: Prohibition of torture, inhuman and degrading treatment- Extreme emotional abuse could be construed as inhuman or degrading treatment. Strategies should be in place to prevent this from happening. Staff need to be aware of potential emotional abuse as it could be more difficult to identify,

Article 8: Right to respect for private and family life, home and correspondence– e.g. does the person feel respected in his / her home? Does the person have any involvement in choosing their staff / housemates? This is especially true if they feel they are being emotionally abused by somebody they live with.

FREDA – Is the person treated as an equal and with respect? – E.g. if the person makes a complaint regarding any emotional abuse, is it taken seriously and is it investigated fully?

### **3-5) Family: vulnerability of carers**

Article 8: Right to respect for private and family life, home and correspondence– e.g. if the person's carer's vulnerability is affecting the Service Users quality of life, are there strategies in place to help the situation? (e.g. outside carers to give extra support). Alternatively, if by looking after the person the carer's right is compromised, then again, are there interventions in place to help?

### **3-6 to 3-12) Risks relating to equality and diversity. This includes:**

- **Race, culture and skin colour**
- **Gender**
- **Religion**
- **Language**
- **Trans-gender**
- **Sexuality**
- **Disability**

Article 3: Prohibition of torture, inhuman and degrading treatment–e.g. is the person treated in a way that might be construed as inhuman or degrading as a result of any issues relating to equality and diversity? Extreme abuse that is discriminatory e.g. extreme racial abuse may be considered to be inhuman or degrading treatment.

Article 9: Freedom of thought, conscience and religion – e.g. does the person feel able to express their beliefs and practice activities regarding equality and diversity? Is the person supported to attend meetings / events etc? If so, are clients attending things when they don't want to?

Article 8: – Right to respect for private and family life - Does the person feel able to express themselves? Is the person given the opportunity to express their identity by making choices about their clothes/hair/food/activities etc.?

Is the person supported to attend groups should they wish? Do they feel pressurised to attend groups when they would prefer not to? Does the person have the opportunity to meet and socialise with other persons of the same sexuality/ethnic group/any other group should they wish to? (E.g. Does the person have access to a group for gay people with a learning disability if they wish to?).

Article 14: Prohibition of discrimination– Are there particular reasons why the person may be vulnerable to discrimination, from staff or other Service Users?

Is the person treated differently from others in a way that cannot be reasonably justified, because, for example, of their sexuality or religion? For example is a person in a same sex relationship not given the same level of support as a person in a heterosexual relationship?

Or, is the person treated the same as others despite having very different needs? For example if a person is not able to access certain activities without support because of their disability, and is not provided with that support, this may be discriminatory.

FREDA – Is the person treated as an equal and with respect? – e.g. if the person makes a complaint about how they are being treated, is it taken seriously and investigated fully?

### **Risks relating to property**

#### **4-1) Arson**

Article 1 of Protocol 1: Protection of property – Setting fire to somebody's property will compromise their right to have their property protected.

Article 2: Right to Life – If the person sets fire to a house with somebody still in it, it might compromise the person's or the victim's right to life

Article 8: Right to respect for private and family life, home and correspondence – e.g. If the person damages somebody else's property, they may be compromising the owner's right to respect for their private life and home.

FREDA - Is the person treated with dignity and respect despite the potential for arson or damage to property?

Does the person have a reputation around this risk? Does this then impede on the care they receive, or how they are treated by either staff members or other Service Users?

#### **4-2) Damage to own property**

FREDA - Is the person treated with dignity and respect despite the potential for arson or damage their property? Are functional necessities replaced if they have been damaged (e.g. television)?

Does the person have a reputation around this risk? Does this then impede on the care they receive, or how they are treated by either staff members or other Service Users?

#### **4-3) Damage to others property**

Article 1 of Protocol 1: Protection of property – If the person damages somebody else's property, then they are compromising their right to have their property protected.

Article 8: Right to respect for private and family life, home and correspondence– e.g. If the person damages somebody else's property, they may be compromising the owner's right to respect for their private life and/or home.