

# VULNERABILITY ASSESSMENT & SAFEGUARD ANALYSIS

## SUMMARY & FOLLOW UP

**Instructions:** After completing the Safeguard Analysis, review each area and determine your assessment of the level of risk in each section.

- **Green is low risk** (There is no or only mild evidence of vulnerability).
- **Yellow is medium risk** (There is evidence of moderate vulnerability which should be addressed).
- **Red is high risk** (There is evidence of high or severe vulnerability).

Once areas have been identified – complete the follow up and action plan for the areas where a medium or high risk has been marked. Consider areas where there is lower risk to apply safeguards as a preventative measure where appropriate.

Quality of Life Domain: Independence	Level of Vulnerability	Follow Up
<b>Communication:</b> <i>Extra Safeguards or Monitoring Recommended:</i>	<input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> High Risk	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Self Determination and Rights</b> <i>Extra Safeguards or Monitoring Recommended:</i>	<input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> High Risk	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Involvement with Justice System</b> <i>Extra Safeguards or Monitoring Recommended:</i>	<input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> High Risk	<input type="checkbox"/> Yes <input type="checkbox"/> No
Quality of Life Domain: Social Participation	Level of Vulnerability	Follow Up
<b>Family Involvement</b> <i>Extra Safeguards or Monitoring Recommended:</i>	<input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> High Risk	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Social and Relationships</b> <i>Extra Safeguards or Monitoring Recommended:</i>	<input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> High Risk	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Sexuality and Sexual Health</b> <i>Extra Safeguards or Monitoring Recommended:</i>	<input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> High Risk	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<p><b>Accessing Community</b> <i>Extra Safeguards or Monitoring Recommended:</i></p>	<p><input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> High Risk</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<b>Quality of Life Domain: Well Being</b>		<b>Level of Vulnerability</b>
<p><b>Mobility</b> <i>Extra Safeguards or Monitoring Recommended:</i></p>	<p><input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> High Risk</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Mental Health</b> <i>Extra Safeguards or Monitoring Recommended:</i></p>	<p><input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> High Risk</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Substance Use</b> <i>Extra Safeguards or Monitoring Recommended:</i></p>	<p><input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> High Risk</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Behavioural Support</b> <i>Extra Safeguards or Monitoring Recommended:</i></p>	<p><input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> High Risk</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Meals and Nutrition</b> <i>Extra Safeguards or Monitoring Recommended:</i></p>	<p><input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> High Risk</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Personal Care</b> <i>Extra Safeguards or Monitoring Recommended:</i></p>	<p><input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> High Risk</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Finances</b> <i>Extra Safeguards or Monitoring Recommended:</i></p>	<p><input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> High Risk</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

## VULNERABILITY ASSESMENT & SAFEGUARD ANALYSIS SUMMARY & FOLLOW UP

Home Environment and Provider	Level of Vulnerability	Follow Up
<b>Home Situation</b> <i>Extra Safeguards or Monitoring Recommended:</i>	<input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> High Risk	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Stability of Housing/Shared Living</b> <i>Extra Safeguards or Monitoring Recommended:</i>	<input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> High Risk	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Action Plan:

Do any of the sections indicate medium or high risk? Yes  No

Change to Oversight/Monitoring Frequency Required? Yes  No

**Recommended Change to Frequency and Type of Oversight/Monitoring:**

**Strategies to enhance Formal Safeguards:** (ex. Representation Agreement, Committeeship, physicians, etc.)

**Strategies to enhance Informal Safeguards:** (ex. Employment colleagues, faith community, personal support network)

**Change to Support Plans required?** Yes  No

**Additional training is required for the Provider or staff team?** Yes  No

## VULNERABILITY ASSESMENT & SAFEGUARD ANALYSIS SUMMARY & FOLLOW UP

**What are the individual's wishes and comprehension regarding the risk?** Include information on how the conversation occurred, if the person understood the risks, and any next steps needed.

### People Informed:

- Supervisor Yes  No  N/A
- CLBC Yes  No  N/A
- Family and Individual Yes  No  N/A
- Representative/Committee Yes  No  N/A
- Shared Living Provider (s) Yes  No  N/A

### Detail the intended follow-up needed.

*Include an action plan on steps that need to be taken. Each item must be assigned to someone to complete with a complete by date. Any outstanding items or items requiring follow-up need to be discussed at monitoring meetings until such items have been resolved – at which point a new SGA will need to be completed.*

Action requiring follow-up	Person Responsible	Date to be Completed	Completed

<b>Completed By</b>	<b>Date</b>
Supervisor	Review By Date