

VULNERABILITY ASSESSMENT & SAFEGUARD ANALYSIS

INDIVIDUAL'S NAME:	PROGRAM(S) ACCESSED:
COMPLETED BY:	DATE COMPLETED:
PARTICIPANTS IN THE ASSESSMENT:	

How to complete the Assessment:

This analysis benefits from being conducted using a collaborative team approach that welcomes and incorporates the individual and their key support people. Their participation helps to support meaningful engagement in assessing risks and setting personal goals. The analysis was developed to support monitoring activities associated with the Coordination of Shared Living agreements; however, it is also applicable to other services that support individuals to live successful lives in community.

Review each area and check off all statements that are true for the individual considering the level of risk presented. Identify the formal and informal safeguards currently in place in each area and then consider proposed support strategies, additional safeguards, and actions that will be taken to help manage the vulnerabilities which have been identified. Then, complete the Summary page to create a snapshot of your assessment for follow up, and review of the impact of the actions you intend to take. Ensure that you also follow up to document that actions have been taken, reviewing their benefit, and any changes that may be required to enhance safeguards.

It is important to remember that even one area that is identified as a vulnerability for a person could pose a level of risk for them in terms of their health, wellbeing, and safety. This analysis can be instrumental in the design of their supports and if possible, should be completed upon referral to the program. The information gathered, can also be reviewed with your program colleagues and/or supervisor to be able to think together and share perspectives on additional safeguards that may be of benefit. There may be areas where you do not have sufficient information yet and so a review at 3 months to confirm information and add to the assessment is recommended. Thereafter, this assessment should be reviewed least annually **AND** whenever there is a significant change for either the person receiving services, in their living situation, or that of the Contractor (in the case of Shared Living), that might impact vulnerability and signal the need for further safeguards or enhanced monitoring.

This assessment is part of the formal documentation retained to support accountability in service delivery. It is an internal document which assists with monitoring responsibilities and can only be shared with the consent of the individual and/or their legal representative.

VULNERABILITY ASSESSMENT & SAFEGUARD ANALYSIS

Quality of Life Domain: Independence	
AREA OF ASSESSMENT	SAFEGUARDS IN PLACE
<p>Communication</p> <p><input type="checkbox"/> Communicates using words and is able to make needs and wishes known.</p> <p><input type="checkbox"/> Communicates using gestures, augmentative resources, or other means and is able to make needs and wishes known How does the person communicate? What resources do they use?</p> <p><input type="checkbox"/> Has understanding of spoken communication in English</p> <p><input type="checkbox"/> Has understanding of spoken communication in a language other than English Other languages which are understood and/or spoken by the individual:</p> <p><input type="checkbox"/> Is able to read with some assistance/can identify some words</p> <p><input type="checkbox"/> Is able to read plain language documents</p> <p><input type="checkbox"/> Does best with watching videos/having someone explain to them</p> <p><input type="checkbox"/> Uses phone independently</p> <p><input type="checkbox"/> Owns cell phone and understands the responsibilities associated with it</p> <p><input type="checkbox"/> Owns cell phone and has had challenges managing the responsibilities associated with it e.g. billing, data usage.</p> <p><input type="checkbox"/> Can reliably recall and relay information</p> <p><input type="checkbox"/> Has challenges with recall and relaying information accurately</p> <p><input type="checkbox"/> Benefits from being asked a direct question to provide information</p> <p><input type="checkbox"/> Prefers support from _____ to assist with providing/interpreting information.</p>	<p>Formal Safeguards:</p> <p>Informal Safeguards:</p>
<p>Support Strategies, Additional Information, and Enhanced Safeguards required:</p> 	

VULNERABILITY ASSESSMENT & SAFEGUARD ANALYSIS

AREA OF ASSESSMENT	SAFEGUARDS IN PLACE
<p>Self Determination and Rights</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is aware of and understands their personal rights <input type="checkbox"/> Can lodge and complaint or concern without assistance <input type="checkbox"/> Will typically say no/refuse to participate if they don't want to <input type="checkbox"/> Is able to assert themselves on some occasions <input type="checkbox"/> Is vulnerable to exploitation by others <input type="checkbox"/> Is independent in all areas of personal choice (weighs options and makes informed decisions) <input type="checkbox"/> Asks for support for some decisions and needs assistance to make a complaint <input type="checkbox"/> Can make independent choices about daily life (what to wear, what to eat, activities) <input type="checkbox"/> Is able to spend time alone in their home (e.g. an afternoon or evening) <input type="checkbox"/> Can successfully spend time alone in their home for up to an 1 hour <input type="checkbox"/> Cannot be left alone for any period of time <input type="checkbox"/> Has Representation Agreement <input type="checkbox"/> Has Committee of Person <input type="checkbox"/> Needs a Representation Agreement but no one has been identified <input type="checkbox"/> Involvement of Public Guardian and Trustee (PGT) or other Trustee <input type="checkbox"/> Power of Attorney identified 	<p>Formal safeguards:</p>
	<p>Informal Safeguards:</p>
<p>Support Strategies, Additional Information, and Enhanced Safeguards required:</p>	

VULNERABILITY ASSESSMENT & SAFEGUARD ANALYSIS

AREA OF ASSESSMENT	SAFEGUARDS IN PLACE
<p>Involvement with Justice System</p> <ul style="list-style-type: none"> <input type="checkbox"/> No concerns with involvement in illegal activities or the criminal justice system <input type="checkbox"/> Is currently involved with the criminal justice system <input type="checkbox"/> has past experience with the criminal justice system <input type="checkbox"/> Could be persuaded to engage in illegal activities and is at risk of reoffending <input type="checkbox"/> Has been charged with a criminal offence and provided with alternative sentencing (restorative justice, community service) <input type="checkbox"/> Has been incarcerated <input type="checkbox"/> Is on probation with conditions <p>Probation Officer:</p> <p>Community Conditions which must be maintained:</p>	<p>Formal Safeguards:</p> <hr/> <p>Informal Safeguards:</p>
<p>Support Strategies, Additional Information, and Enhanced Safeguards required:</p>	

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Quality of Life Domain: Social Participation	
AREA OF ASSESSMENT	SAFEGUARDS IN PLACE
<p>Family Involvement</p> <p><input type="checkbox"/> Has a network of family support <input type="checkbox"/> Limited involvement with family <input type="checkbox"/> No family involvement <input type="checkbox"/> History of conflict with family network <input type="checkbox"/> Current conflict with family network/unhealthy relationship with family</p> <p>Describe the above:</p> <p><input type="checkbox"/> Potential changes to current family support anticipated e.g. moving, separation, death of a family member.</p> <p>Describe the anticipated change:</p>	<p>Formal Safeguards:</p> <p>Informal Safeguards:</p>
<p>Support Strategies, Additional Information, and Enhanced Safeguards required:</p> 	

VULNERABILTY ASSESSMENT & SAFEGUARD ANALYSIS

AREA OF ASSESSMENT	SAFEGUARDS IN PLACE
<p>Social + Relationships</p> <ul style="list-style-type: none"><input type="checkbox"/> Has a broad spectrum of non-paid supports (friends)<input type="checkbox"/> Has valued roles in the community (volunteer, employee, etc.)<input type="checkbox"/> Has a long-term, stable partner relationship<input type="checkbox"/> Has people in their neighbourhood or community who know them<input type="checkbox"/> Has at least one trusted person outside of the home to seek support from if needed<input type="checkbox"/> Only has paid services in their life<input type="checkbox"/> History of conflict with friends or partners leading to disrupted relationships<input type="checkbox"/> Current conflict with friends or partners<input type="checkbox"/> Uses social media safely<input type="checkbox"/> Engages in potentially unsafe activities on social media (e.g. gives out personal or sensitive information, meets with people they met online). <p>Add specifics below:</p> <ul style="list-style-type: none"><input type="checkbox"/> Needs support with problem solving conflict with others<input type="checkbox"/> Requires support to initiate and maintain friendships<input type="checkbox"/> Is vulnerable to being exploited by others (familiar or unfamiliar)	<p>Formal Safeguards:</p>
	<p>Informal Safeguards:</p>
<p>Support Strategies, Additional Information, and Enhanced Safeguards required:</p>	

VULNERABILITY ASSESSMENT & SAFEGUARD ANALYSIS

AREA OF ASSESSMENT	SAFEGUARDS IN PLACE
<p>Sexuality/Sexual Health</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is sexually active <input type="checkbox"/> Has minor children # of children <input type="checkbox"/> Uses and understands safe sex practices <input type="checkbox"/> Understands and is able to confirm consent in a sexual encounter <input type="checkbox"/> Does not use or understand safe sex practices (including use of condoms, etc.) <input type="checkbox"/> Is able to understand and manage birth control independently <input type="checkbox"/> Requires assistance to manage birth control <input type="checkbox"/> Is pregnant <input type="checkbox"/> Has multiple sexual partners <input type="checkbox"/> Has one stable, long term sexual partner <input type="checkbox"/> Is exploring their gender identity and requires support <p>What are the individual’s preferred pronouns?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Engages in sexual activity with strangers <input type="checkbox"/> Trades sex or sexual favours for money or items <input type="checkbox"/> Meets people online with the intention of a sexual encounter <input type="checkbox"/> Is vulnerable to exploitation and harm in a sexual relationship <input type="checkbox"/> Engages or attempts to engage in sexual relationships with a person not of statutory age <input type="checkbox"/> Other concerns re: sexuality 	<p>Formal Safeguards:</p> <p>Informal Safeguards:</p>
<p>Support Strategies, Additional Information, and Enhanced Safeguards required:</p> 	

VULNERABILITY ASSESSMENT & SAFEGUARD ANALYSIS

AREA OF ASSESSMENT	SAFEGUARDS IN PLACE
<p>Accessing Community</p> <ul style="list-style-type: none"> <input type="checkbox"/> Independently accesses community events/activities safely <input type="checkbox"/> Can navigate safely but only in familiar settings <input type="checkbox"/> Requires assistance to safely navigate the community even in familiar settings <input type="checkbox"/> Knows their immediate neighbours <input type="checkbox"/> Can safely navigate their neighbourhood without support <input type="checkbox"/> Requires supports to safely travel in a vehicle to access community <input type="checkbox"/> Could potentially be taken advantage of by others in the community <input type="checkbox"/> Has difficulty with understanding street safety <input type="checkbox"/> Tendency to wander or get lost <input type="checkbox"/> Carries ID <input type="checkbox"/> Does not carry ID <input type="checkbox"/> Does not have a cellphone to call for help 	<p>Formal Safeguards:</p>
	<p>Informal Safeguards:</p>
<p>Support Strategies, Additional Information, and Enhanced Safeguards required:</p>	

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AREA OF ASSESSMENT	SAFEGUARDS IN PLACE
<p>Physical Health</p> <p><input type="checkbox"/> Has chronic health issues that are well managed with medications/treatment</p> <p><input type="checkbox"/> Has chronic health issues which are not well managed</p> <p>What are these health issues?</p> <p><input type="checkbox"/> Has hearing loss <input type="checkbox"/> Uses a hearing aid <input type="checkbox"/> Has vision loss</p> <p><input type="checkbox"/> Wears glasses</p> <p><input type="checkbox"/> Has a Health Care Plan developed by a medical professional</p> <p><input type="checkbox"/> Provider has been trained in implementing health care plan</p> <p><input type="checkbox"/> Is over the age of 50 years</p> <p><input type="checkbox"/> Manages medication independently</p> <p><input type="checkbox"/> Requires assistance to manage medication</p> <p><input type="checkbox"/> Provider administers medication</p> <p><input type="checkbox"/> Provider has current training on medications used by the individual</p> <p><input type="checkbox"/> Carries emergency medication (e.g. Epi-Pen, insulin) and knows how to administer or ask for help</p> <p><input type="checkbox"/> Carries an Epi-Pen for allergic reactions and does not know how to administer and may need support to ask for help</p> <p><input type="checkbox"/> Is showing indications of cognitive changes (e.g. dementia or Alzheimers)</p> <p><input type="checkbox"/> Has physical disabilities that affect overall health and wellness</p> <p><input type="checkbox"/> Has a chronic condition which can be transmitted to others (e.g. blood born disease)</p> <p><input type="checkbox"/> Has appropriate formal health supports (physician, dentist, specialists, HSCL) Most recent appointment:</p> <p><input type="checkbox"/> Does not have appropriate formal health supports</p> <p>Identify which may be missing from the above:</p>	<p>Formal Safeguards:</p> <p>Informal Safeguards:</p>
<p>Support Strategies, Additional Information, and Enhanced Safeguards required:</p> 	

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AREA OF ASSESSMENT	SAFEGUARDS IN PLACE
<p>Mental Health</p> <p><input type="checkbox"/> Has a formal mental health diagnosis been received from doctor or psychiatrist What is the diagnosis?</p> <p><input type="checkbox"/> Has a suspected/undiagnosed mental health concern</p> <p><input type="checkbox"/> Has a Mental Health Team involved</p> <p><input type="checkbox"/> Requires medication to maintain their mental health and takes them regularly</p> <p><input type="checkbox"/> Requires medication to maintain mental health and does not take them regularly</p> <p><input type="checkbox"/> Has history of self-harm</p> <p><input type="checkbox"/> Is currently engaging in self-injurious behaviours How does the person harm themselves?</p> <p><input type="checkbox"/> Psychiatrist, Psychologist or Counselor is involved</p> <p><input type="checkbox"/> Shared Living provider has been trained to support mental health needs</p>	<p>Formal Safeguards:</p> <p>Informal Safeguards:</p>
<p>Support Strategies, Additional Information, and Enhanced Safeguards required:</p> 	

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<p>Substance Use</p> <p><input type="checkbox"/> History of addiction/substance use What substances does the person use?</p> <p><input type="checkbox"/> Currently in recovery Treatment facility, if applicable:</p> <p><input type="checkbox"/> Currently using substances or alcohol <input type="checkbox"/> Engages in unsafe situations to gain access to substances/alcohol <input type="checkbox"/> Desire to stop using substances <input type="checkbox"/> Has recovery support (e.g. addiction counsellors, attends NA/AA meetings, has a sponsor) <input type="checkbox"/> Shared Living provider has resources to support individual's substance use or sobriety</p>	<p>Formal Safeguards:</p> <p>Informal Safeguards:</p>
<p>Support Strategies, Additional Information, and Enhanced Safeguards required:</p> 	

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AREA OF ASSESSMENT	SAFEGUARDS IN PLACE
<p>Behavioural Support</p> <ul style="list-style-type: none"><input type="checkbox"/> Displays aggressive behaviours towards others (provider, staff, peers)<input type="checkbox"/> Has history of trauma<input type="checkbox"/> Engages in unsafe behaviours (bolting, wandering, self harm, goes missing)<input type="checkbox"/> Does not have a behaviour support plan<input type="checkbox"/> Has an active behaviour support plan<input type="checkbox"/> Has an active safety plan<input type="checkbox"/> Behaviour support and safety plan have been reviewed in the past 6 months<input type="checkbox"/> Shared living provider has been trained to provide behavioural supports<input type="checkbox"/> Shared living provider is experiencing challenges in maintaining positive behavioural supports for individual	<p>Formal Safeguards:</p> <hr/> <p>Informal Safeguards:</p>
<p>Support Strategies, Additional Information, and Enhanced Safeguards required:</p>	

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AREA OF ASSESSMENT	SAFEGUARDS IN PLACE
<p>Meals + Nutrition</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has a food allergy that does not require medical intervention <input type="checkbox"/> Has food allergies that require medical intervention <input type="checkbox"/> Has a tendency to choke easily when eating <input type="checkbox"/> Has a dysphagia assessment completed through HSCL/other professional <input type="checkbox"/> Does not have a dysphagia assessment completed through HSCL/other professional and one may be required <input type="checkbox"/> Can safely eat independently <input type="checkbox"/> Requires minimal assistance to safely eat <input type="checkbox"/> Requires full assistance to safely eat <input type="checkbox"/> Has diet related health issue (e.g. celiac, IBS, G-Tube) <input type="checkbox"/> Eats healthy and nutritious meals <input type="checkbox"/> Cannot access healthy and nutritious food <input type="checkbox"/> Has a severely restricted diet <input type="checkbox"/> Needs reminders to eat and drink water throughout day <input type="checkbox"/> Appears underweight or has lost a lot of weight <input type="checkbox"/> Is underweight <input type="checkbox"/> Has been diagnosed with an eating disorder 	<p>Formal Safeguards:</p> <p>Informal Safeguards:</p>
<p>Support Strategies, Additional Information, and Enhanced Safeguards required:</p> 	

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AREA OF ASSESSMENT	SAFEGUARDS IN PLACE
<p>Personal Care</p> <ul style="list-style-type: none"> <input type="checkbox"/> Requires no assistance with bathing <input type="checkbox"/> Requires some assistance with bathing <input type="checkbox"/> Requires full assistance with bathing and a bathing protocol is in place to direct the assistance <input type="checkbox"/> Requires no assistance with toileting <input type="checkbox"/> Requires some assistance with toileting <input type="checkbox"/> Requires full assistance with toileting (describe what assistance is needed under additional information) <input type="checkbox"/> Experiences occasional incontinence <input type="checkbox"/> Experiences frequent incontinence <input type="checkbox"/> Has a medical condition which affects toileting <input type="checkbox"/> Can complete personal care independently <input type="checkbox"/> Needs assistance to complete all personal care <input type="checkbox"/> Able to brush teeth independently <input type="checkbox"/> Requires some assistance with oral care <input type="checkbox"/> Requires full assistance with oral care <input type="checkbox"/> Requires reminders to complete personal hygiene tasks <input type="checkbox"/> Able to manage menses independently <input type="checkbox"/> Requires assistance with menses 	<p>Formal Safeguards:</p>
	<p>Informal Safeguards:</p>
<p>Support Strategies, Additional Information, and Enhanced Safeguards required:</p>	

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AREA OF ASSESSMENT	SAFEGUARDS IN PLACE
<p>Finances</p> <ul style="list-style-type: none"><input type="checkbox"/> Unemployed and/or unable to work<input type="checkbox"/> Employed<input type="checkbox"/> Has formal support to manage finances (e.g. PGT/Rep)<input type="checkbox"/> Does not have formal support to manage finances<input type="checkbox"/> Has a shared bank account<input type="checkbox"/> Manages finances independently<input type="checkbox"/> Vulnerable to financial mismanagement by others<input type="checkbox"/> Caregiver manages finances<input type="checkbox"/> Relies on PWD<input type="checkbox"/> Looking for employment	<p>Formal Safeguards:</p> <hr/> <p>Informal Safeguards:</p>
<p>Support Strategies, Additional Information, and Enhanced Safeguards required:</p>	

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Home Environment and Provider	
AREA OF ASSESSMENT	SAFEGUARDS IN PLACE
<p>Home Situation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lives in Shared Living – in the home in private space <input type="checkbox"/> Lives in Shared Living – in a separate suite in the home or on the property <input type="checkbox"/> Able to access all common areas of their home and yard <input type="checkbox"/> Experiencing periodic homelessness and/or transient <input type="checkbox"/> More than one individual with disabilities living in the home <input type="checkbox"/> Conflict exists with other people in the home <input type="checkbox"/> Safety issues exist in the home (describe) 	<p>Formal Safeguards:</p> <p>Informal Safeguards:</p>
Support Strategies, Additional Information, and Enhanced Safeguards required:	
<p>Stability of Housing/Shared Living</p> <ul style="list-style-type: none"> <input type="checkbox"/> Short term housing situation <input type="checkbox"/> Long term housing situation <input type="checkbox"/> Housing in disrepair <input type="checkbox"/> Needs of caregiver(s) or individual are changing <input type="checkbox"/> Provider is over the age of 65 <input type="checkbox"/> Changing personal circumstances for the caregiver (e.g. divorce, loss of employment, death in the family) <input type="checkbox"/> Provider rents their home <input type="checkbox"/> Provider owns their home <input type="checkbox"/> Provider works outside of the home <input type="checkbox"/> Provider does not work outside of the home <input type="checkbox"/> More than one caregiver in the home <input type="checkbox"/> Only one caregiver in the home <input type="checkbox"/> Provider has stable respite in place <input type="checkbox"/> Provider has not been able to find reliable respite <input type="checkbox"/> Provider is not funded for respite 	<p>Formal Safeguards:</p> <p>Informal Safeguards:</p>
Support Strategies, Additional Information, and Enhanced Safeguards required:	