Version 1 – 2026

SAFEGUARDING SAFETY EXPLORATION TOOL

Empowering Health and Social Care Staff to Recognise, Explore and Respond to Safeguarding Concerns

Table of Contents

Introduction

The Safeguarding Safety Exploration Tool (SSET) has been developed to provide health and social care staff with a framework for identifying and exploring different forms of harm, abuse, neglect, and exploitation. The tool will support staff to then consider safety planning and risk formulation for the person, using prompts in response to the identified harm.

In the development of this tool, we collected feedback from over 100 safeguarding practitioners working across the NHS, independent healthcare, and social care sectors in the UK. This guidance is built on the feedback and suggestions provided, alongside contributions from individuals with lived experience, 'experts by experience', and 'experts by training'.

How to use this tool

Please ensure the following is in place in your service before rolling out the use of this tool:

- Safeguarding training up to level 3 (as per the Intercollegiate Competency Documents and Royal College of GP's Safeguarding Standards)
- Safeguarding supervision structure that includes staff expected to use this tool
- Safeguarding policies and procedures with clear systems to seek advice, escalate concerns and make onward safeguarding referrals

Health and Social care staff trained to level 3 as per the safeguarding intercollegiate guidance and RCGP Safeguarding Standards are prompted to use this tool with support from the professionals around them (Multi-Disciplinary team, Safeguarding Lead, Local Authority, Named Safeguarding Professionals, line manager etc.).

This is intended to be used (at a frequency to be agreed by the organisation implementing the tool) with adults and children who make contact with healthcare services. For example an inpatient mental health service may use the tool within a week of admission and prior to discharge/transfer, with the opportunity to repeat the assessment at any point during their stay.

The SSET will be routinely reviewed and updated, with the most recent versions hosted online. We encourage organisations to be flexible with its use and where adaptations are made, we ask that changes are communicated with the authors for consideration in future revisions. The tool may also be integrated into electronic patient record systems where appropriate.

The SSET does not replace an organisation's current model of risk assessment, or care planning; instead it should be seen as a way to strengthen current practices and be used alongside resources which are working well. Staff should continue to follow their organisation's policies and procedures around safeguarding.

Starting the Conversation and Setting the Scene

The member of staff using this tool needs to consider the safety of spaces (virtual or physical) and ensure, if able to, that they are confidential, seeing the individual alone where possible. Where interpreters are needed, ensure they are independent and consider if it may be appropriate to facilitate interpretation via the phone to allow for anonymity, in what could be a shared community.

Individuals should be provided time to share their experiences without interruption (where possible). It may be helpful for them to use the SSET Visual Aid or be provided with a summary of concerns before starting the conversation.

Staff may want to introduce the conversation as something that is routinely carried out due to the prevalence of abuse, harm and neglect in the population so that they do not feel targeted for a particular set of questions.

Approach to the Conversation

Staff should listen to understand, not simply to seek answers, being curious about the individual's experiences. Exploring harm and safety should not be a one off conversation (where possible). Staff should understand that the individual may feel their experiences are normal and they may not initially perceive these to be abusive or harmful. It is key that the staff member exploring harm is able to see the individual's experiences through the lens of safeguarding, even when it is not shared as such.

The member of staff should be aware of any personal biases prior to the conversation and ensure these do not impact on the interpretation of harm and safety. This may be influenced by characteristics as described in the Equality Act (2010) as well as life experiences. Where needed, staff should have access to supervision in the workplace to explore and consider the impact of the individual's, their own experiences and culture on the exploration of risk and safety.

A "gut feeling" should not be ignored, seek support from professionals around you where needed, and escalate concerns in line with your organisation's policy and procedures.

Staff should consider what changes need to be made to their approach, the wording of questions and how areas of harm are explored, depending on the individual's needs or age. For example consider; age and generation, mental health and capacity, race, sex and gender identity, religion and physical disability. Decide who is best suited to have this conversation with the individual, and who their preference is.

Where possible and appropriate staff should gather information from the professionals and supportive people around the individual, establishing if they are known to any multi-agency arrangements such as Multi-Agency Public Protection Arrangements (MAPPA), Multi-Agency Risk Assessment Conference (MARAC), or Channel Panel (Prevent).

Key Considerations

When exploring areas of risk and safety in the context of safeguarding, there are certain areas that staff need to be particularly mindful of:

Capacity & Consent

Staff should be aware that consent may be impacted by abuse, threat or coercion, regardless of whether they have capacity to make the decision. Consent is not always required to take action.
Where there are complexities around capacity, or there are multiple influencing factors, please seek advice from a safeguarding subject matter expert.

Transitional Safeguarding

Staff should be aware that the nature of risks and harm may change as children go through adolescence and emerge into adulthood, including greater exposure to risks outside the home, such as criminal or sexual exploitation, drug trafficking and community violence.

If the individual being assessed is between the ages of 16 and 25, and there are risks of harm, staff should discuss with their respective safeguarding teams to ensure they are supported through the transition to a different safeguarding structure and provision.

Think Family, Think Household Think Community

Staff should consider the person's household when assessing harm and safety, and that the people connected to the individual may also be impacted by the same harms, or subjected to harm because of the individual being assessed. This should also include consideration around the needs of children and if they are understood and responded to by those who are responsible for their safety and well-being.

High Risk Indicators

Familiarise yourself with your organisation's high risk indicators of harm, and follow local escalation processes where needed. These may include factors such as; use of weapons, non-fatal strangulation, parental mental ill health, substance use and homelessness amongst others.

Identifying the Source of Harm

In certain circumstances it may not be clear who the person causing harm is, especially in the context of domestic abuse where both individuals may be reporting harm from the other, where a child is causing harm to a parent/care giver or where a victim of exploitation goes on to recruit others. In these contexts it's important to reflect and discuss with the professionals connected to the individual seeking specialist advice where needed. This may come from your local safeguarding lead/named safeguarding professional.

Influencing Factors

There are certain factors that will influence the interpretation of risk and safety and there will be additional barriers in place for individuals and groups. Staff need to be aware of these and consider how they will impact assessment and follow up actions. This list is not exhaustive:

The experiences of past **trauma** may impact the perception of risk/harm; coping strategies that were once vital to survival may now cause them to feel unsafe.

Substance abuse may impact on capacity, assessment of risk and could link to coercion through substance use. It may be used by individuals to cope with how someone is harming them and the threshold for the use of aggression may be lower whilst under the influence of substances or alcohol.

Lack of safe housing may expose the individual to more harm, and create barriers to accessing safety. Those seeking to harm may use shelter as a coercion tactic.

Mental ill health, neurodiversity or learning disability can affect capacity and the perception/understanding of risk and harm. Those seeking to cause harm may use this to coerce, control or exploit someone. It may also impact stress tolerance, creating a lower threshold for the use of harmful behaviour.

Physical ill health and disability creates more barriers to receiving support if the person causing harm is also the person they rely on or seek care from. An increased dependency on others, may result in more exposure to people seeking to cause harm.

Communication or language needs may prevent the individual from physically being able to communicate where harm has been or is occurring, which can be intentionally exploited by individuals seeking to cause harm.

Be aware of the interconnected nature of characteristics such as race, sex and sexuality as they apply to the individual. This can create systems of **discrimination or disadvantage** which can act as a barrier to the individual seeking or sustaining safety from the source of harm

Safety Planning and Next Steps

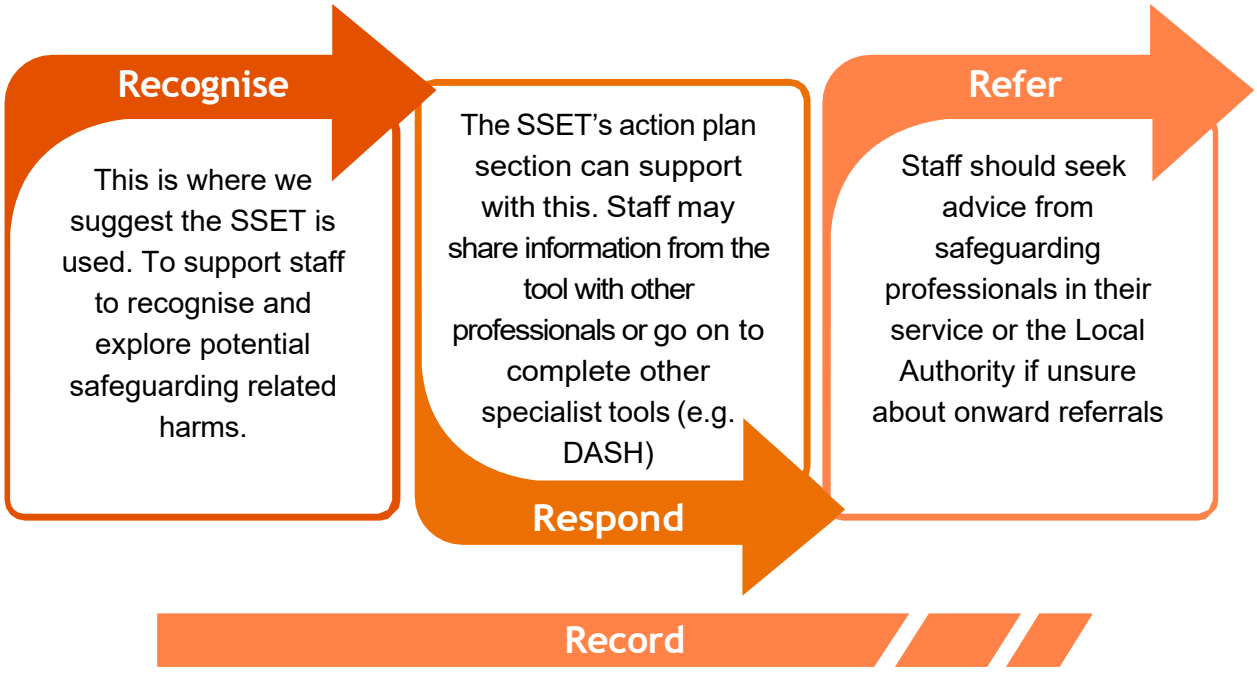
Due to individuals sometimes feeling that the harm taking place is normal, it's important for staff to share why they are concerned about them. Consider who to reach out to for support or advice in your service or via external specialist agencies when formulating next steps, especially where risks are complex or significant.

Safety planning is a good preventative response and will look different for each organisation. The staff member will need to review the "impact" section of the SSET and formulate a response to these particular areas keeping in mind the context the harm takes place in. No one knows the source of the harm better than the individual subjected to it. It is key to understand how they are currently staying safe, and build on their strengths. Make it clear what a reduction in harm would look like in order to create achievable and measurable goals.

Staff should consider, where concerns do not meet the Local Authority Threshold for a safeguarding referral, what other supportive measures can be offered. This may include a referral or supporting the individual to access specialist services locally or nationally. Information about the source of harm and follow up actions should be clearly documented with information shared internally and externally where appropriate. Staff should follow their own organisation's safeguarding and information sharing policies and procedures.

Process Map

This process map highlights where the SSET sits within common safeguarding processes. This is an example, and staff should follow their organisation's safeguarding policy and procedures.



At all stages staff should consider the information which needs recording on the individual's record

Safeguarding Safety Exploration Tool

This tool should be used in conjunction with the supporting guidance which outlines when and how to use the tool, how to approach the assessment and key considerations of risk. There are questions at the end of this document to support further exploration where required. **There are no questions within this tool that are mandatory.** Staff should use judgement to decide which questions to explore in more depth.

Ensure you discuss confidentiality limitations and have shared why you routinely ask these questions, and that you may not delve deeper into answers, but rather cover things more broadly to get a better understanding of the individual's experiences.

Name:			
Date of Birth:		**Organisational ID:**	

Opening Discussion

Facilitate rapport building using open ended questions, explore topics such as what an average day looks like for the person, home, family, work/school, friendships, likes and dislikes. These questions will vary depending on the individual in front of you and your clinical judgement

Connections

Where appropriate ascertain names and dates of birth for children and dependants

1. Do you care for, or have regular contact with any children? (Including relatives, housemates, siblings or through employment)

2. Do you have anyone that relies on you for support of any kind? (Including relatives, neighbours, and partners)

3. Where, or who do you usually go to for support? (Including online)

Exploration of Actual or Potential Harm	Impact of Harm
Differentiate between current and non-recent harm and if any answers indicate potential harm, consider further exploration through additional questions (see appendix)	Where a risk of harm is indicated, explore the impact, both on the individual and those connected to them. Explore what the individual has done up until this point to feel safe, and has it been getting worse or happening more often? Before commencing these questions, consider asking - **"Do you feel safe to say what you want without fear of what someone will say/do?"** This will help to establish if support is needed before further questions.
1. How safe do you feel with the people around you? (in your home, relationships, work place, community or online)	
2. Has anyone ever threatened to hurt you, or those around you? (such as family children or pets)	
3. Has anyone ever pressured you or promised you something (like money, a job or gifts) in exchange for doing something that makes you feel uncomfortable?	
4. Do you have access to your own finances and can you spend money freely if you want to?	
5. Have you been worried about the impact your behaviour has had on anyone close to you?	
6. Has anyone close to you suggested they are worried about your behaviour or the decisions you make?	

Next Steps

The staff member should explain the options available and be clear when escalation is needed (with or without consent). If actions differ from what the individual wants to happen, explain why.

Examples: Consider the need for safeguarding or Prevent referrals, specialist risk assessment tools (e.g Domestic Abuse Stalking & Harassment Risk Checklist DASH), police report/civil orders, information sharing, referral or supporting the individual to access to specialist agencies such as domestic abuse or homelessness support, carer assessment/referrals and advocacy support.

1. What needs to happen for you to feel safer right now, and safer for the future? What needs to be prioritised?

2. For staff to answer – Share with the individual what next steps may be needed to ensure that they, or others impacted, are safe.

3. Is there anything we haven't asked, or anything you feel we might want to know about?

Influencing Factors Identified

Staff member to use judgement on discussing the below areas with the individual, or collating information already available

Unsafe/unsuitable Housing		**Substance Abuse**		**Autism or ADHD**	
Physical ill Health or Disability		**Learning Disability**		**Mental ill Health**	
Communication Needs/language barrier		**Immigration Status**		**Financial Situation/Debt**	
Age, Sexuality or Gender		**Experience of Trauma**		**Other (detail below)**	

Mark the relevant boxes and expand on, or detail additional risk/safety factors or characteristics and how they may impact the individual's ability to protect themselves from harm, or recognise and understand harmful behaviours in themselves or others.

Consider what context the harm takes place in

It's important to understand who poses the risk, and the context in which harm takes place in so the right support can be offered.

Context examples: Familial/current or former partner (domestic abuse/child abuse/child to parent abuse) exploitative relationship (cuckooing, radicalisation, financial abuse), Modern Slavery (criminal and sexual exploitation, forced labour, human trafficking etc) Self-Neglect and the use of physical or online spaces.

What is the context?

Who is the source of harm(s):
Please consider that individuals may not be ready to share the details of the person causing harm

Additional Question Prompts

The below questions have been influenced by evidence based tools, research and learning from Multi-Agency Reviews. They have been created collaboratively with individuals who have lived experiences of abuse and professionals working within specialist areas of safeguarding. They can be used to expand upon the questions set out above, and are optional.

Exploring Harm

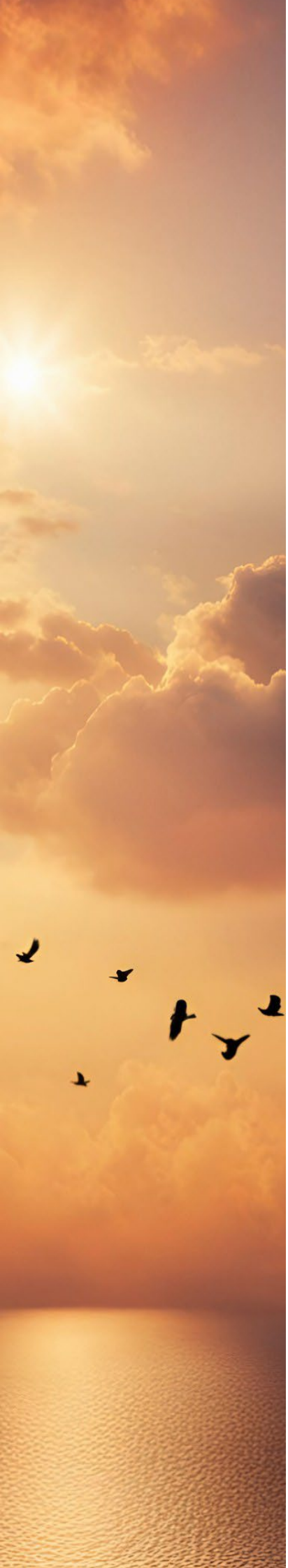
- What are you most worried about?
- Can you tell me more about that experience?
- Are you currently, or have you ever experienced any form of harm, abuse or neglect?
- How long has it been happening for? How often does it happen?
- Is there anyone in your life (including online) that makes you feel worried or scared?
- Has anyone ever tried to control aspects of your life? Like where you go, your job, what you wear, or who you see?
- Have you ever been prevented from making your own decisions?
- Has anyone made you keep a secret which has made you feel uncomfortable, or unsafe?
- Have you been asked or made to do something you did not want to?
- Do you feel that someone, or a group of people are trying to influence you in any way?
- Do you rely on someone for care and support who has not acted in the way they should have?
- Are there any spaces/places you feel unsafe in, either online or physical?
- Has anyone ever taken or shared images of you without your permission?
- Have you ever been told that your actions will affect your family's reputation, standing in the community, or honour?
- What is the source of your financial income?
- Has anyone isolated you from friends or family?
- Has anyone ever promised you something (like money, a job or gifts) in exchange for doing something that makes you uncomfortable?
- Are your beliefs being challenged in a way that makes you feel uncomfortable?
- Do you feel trapped in a situation or relationship which you can't leave, or tell others about?
- Has anyone ever held you in a way which prevented you from breathing normally?
- Have you ever hurt, or been hurt, by anyone close to you e.g. family member, partner/ex-partner?
- Do you think the person harming you could seriously injure or kill you or your children?
- How are things in your relationships with your partner/family members?
- Are you ever worried about how you sometimes behave?
- How is the drinking/stress at work affecting how you are with your family?
- Some people find that stress, mental ill health or substance use affects their relationships, is this something you can relate to?

Exploring Next Steps

- What needs to happen for you to feel safe? What does safety look like/mean to you?
- What would happen if nothing was to change? How can we help (what does help look like)?
- What measures have already been taken to reduce risks of harm? What is important to you?
- Who around you, in online and physical spaces feels like a safe relationship for you? What or who is currently helping and what or who is making things worse?
- Can you think of a reason why this safety plan might not be effective?

Notes

This page is left blank for additional notes, please consider adding information gathered by other agencies, friends, family, partners or parents here and record who concerns have been escalated to.



Thank You

We would like to acknowledge the individuals and Organisations who collaborated on this project:

Royal College of Nursing

RCNENDORSED

This resource has been endorsed by the Royal College of Nursing until 26.03.27. Endorsement only applies to the professional content of the resource

PEGS Parental Education Growth Support

De Montfort University

unseen

LENS Lived Experience Network

Healios

Durham University Centre for Neurodiversity and Development

Capa First Response *Together for safer families*

NHS North London NHS Foundation Trust

MSI United Kingdom Reproductive Choices

Survivors UK We Support. We Challenge. We Build.

ManKind Initiative

With specific thanks to:

Alice Dutton, Quality and Development Manager, Unseen UK
Caroline Day, Deputy Named Nurse for Safeguarding Adults & Children
Elizabeth Charlton, Safeguarding Champion
Euan Atkinson, Expert by Experience
James H, Safeguarding Champion
Justine Carter, Deputy CEO, Unseen UK
Lee Wakefield, Independent Healthcare Head of Safeguarding
Natalie Quinn - Walker, PhD Researcher – Social Science (Domestic Violence)
Shirley McNicholas, Team Manager Drayton Park Women's Crisis House, Women's Lead & Trauma Informed Strategic Leadership team
Sophie Anderson, BSc Hons Adult Nursing, PGDIP SCPHN, Safeguarding Lead
Tina Hamilton, Senior Lecturer
Venus Lamey, Expert by Experience

Thank you to the 100+ Safeguarding Professionals from the NHS and independent sector who contributed towards early feedback and to all of those who have shared their expertise outside of formal project groups.
During development of this tool there were no conflicts of interest declared or identified

Contact

If you make adaptations to this tool for different areas of practice, please share any changes with the authors so we can learn from practice for future versions.
This tool will be reviewed annually.

Summer.drakes@nhs.net
Philip.Winterbottom@nhs.net

© Cygnet Group 2026