Signs of Safety Plan

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Child's Name** |  | **Date of Birth** |  | **Case Facilitator** |  | **Date** |  |
| **Attendees** |  | **Apologies** |  |

|  |  |  |
| --- | --- | --- |
| **Danger/ Harm/ Difficulties**What are we worried about* Action/behaviour- who did what, where, when, how and how do we know?
* Severity- How bad is the harm/concerns; acuteness; seriousness; gravity?
* Incidence- How often. What was the first, worst and last instance?
* Impact- What was the impact on the child/young Person?
 | **Family Genogram** | **Safety**What's working well?What strengths have been demonstrated as protection overtime relative to the future danger/concern and equate to the safety of the child/ young person |
|  |  |  |
| **Complicating Factors**What have you seen, observed, heard or know that makes addressing the worries for the future more difficult to ascertain? | **Strengths*** Action/behaviour who is doing what for the child/young person where and when that reduces the harm/worries how do we know?
* Incidence- How often? First, best and last times that these actions/behaviours occurred? Who, where and when?
* Impact on child/young person- what change was made?
 |
|  | **Plan**What needs to happen?* *Agency goals. What will the agency need to see occur to be willing to close this case?*
* *Family goals. What does the family want generally and regarding the danger/concerns?*
* *Next steps. Who needs to do what and when as a next step forward to reaching the goals?*
 |  |
| **Danger Statement**Who is worried about whose behaviour and what is the possible impact on the child/young person? |  | **Scale**0 ……………………………………………………………………………10Given the danger/concerns and safety information on a scale of 0-10, where 0 means recurrence of similar or worse danger/concerns is certain and 10 means there is sufficient safety that has been demonstrated over time to address the future danger/concerns. Who rates where and why? |
|  |
|  |
|  |
|  |
|  |
|  |