Signs of Safety Plan

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

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| **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 |
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| **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 ……………………………………………………………………………10  Given 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? |
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