



Safer Family Services

Safety Planning:

Practice Guide

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Acknowledgement

We in Safer Family Services, acknowledge and respect Aboriginal people as the first people of this country and recognise the traditional custodians of the lands in South Australia, the lands on which we practice.

We acknowledge that the cultural, spiritual, social, economic, and parenting practices of Aboriginal and Torres Strait Islander people come from traditional lands, waters, skies, and that the cultural and heritage beliefs, languages and lore are still living and of great importance today.

We acknowledge Elders past, present and those emerging, which of course is our children. We further acknowledge Aboriginal staff, families and community working to keep children safe in the protective strengths of culture, with a strong sense of self and identity.

We are committed to voice and truth telling, ensuring that the needs and aspirations of Aboriginal and Torres Strait Islander people are incorporated in the design, development, monitoring and evaluation of deliverable actions.

Statement of Inclusion

Safer Family Services (SFS) acknowledges and respects the *UN Convention of the Rights of the Child* and upholds children's rights by locating them at the centre of our work. At all times in the delivery of services, SFS will seek to advocate for a just and inclusive society that values and respects children's identity and voice, within the context of their family, culture and community.

SFS staff and leaders create, model and promote a workplace culture where difference, lived experience, culture, gender identities, sexualities, faiths, ethnicities and abilities are respected and valued, and their voices elevated. We recognise the contributions these communities make and are committed to working alongside them in partnership.

SFS will address individual and systemic issues by tackling barriers or highlighting service gaps that prevent children from living safely with their families.

Allyship Accountability

All SFS staff are called to commit to developing their allyship and to respect the diversity of all individuals. This lifelong process or journey is known as Allyship and is one of learning, understanding, and building meaningful relationships, based on trust and accountability, with marginalised individuals and/or groups of people. Allyship accountability is about being receptive to feedback and responsible for one's actions free from defensiveness or ignorance.

Note: The term Aboriginal is used thought out this practice guide and is respectfully inclusive of Aboriginal and Torres Strait Islander peoples. The terms child and/or children used within this practice guide is inclusive of unborn children, children, infants, and young people that are involved with SFS.

Purpose

This practice guide outlines the process for Safer Family Services (SFS) practitioners in the development, implementation and review of the family safety plan. The safety plan is ideally commenced at the first contact with a child and family when high or very high risk to the safety of the child has been identified. It must be completed within the first three (3) visits to the family. Created in collaboration with the child and family, the safety plan must address the immediate risk and provide safety for the child in the short term, with longer term strategies being incorporated into the case planning process (refer to the SFS Case Management Framework).

This practice guide provides guidance on:

- engaging with the child and family to develop the safety plan
- identifying risk and safety concerns, acknowledging children's right to safety and identifying family strengths and protective factors as they relate to safety
- cultural safety
- creating safety goals, strategies to implement goals and monitoring and review processes
- steps to be taken in the event that the practitioner is not able to engage the family or when engagement does not lead to change

Key Concepts for Practice

The safety plan must be co-created with the child and family and an informed safety network. This is the extended family and close supports that are able to assist in supporting the safety of the child and sustaining the parents over the longer term¹.

To develop a safety plan, practitioners must use an inquiry approach, building on existing supports that offer safety within the kinship or family group. The safety planning process supports conversations such as “*Why we are here?*” and “*How will we work together?*”

Developing a safety plan can be overwhelming for families. For some families, this may be the first time they have discussed the issues raised or considered the behaviour(s) of concern to be a risk. For others, where violence is present and ongoing, it may not be safe to discuss risk together and separate sessions may be required for each family member. Wherever possible and appropriate, safety planning in conjunction with the family, is important for promoting a holistic and family centred approach that results in a safety plan that is ‘owned’ by the family.

The conversation must begin with a clear and concise description of the concerns identified

¹ WA Government 2011 Signs of Safety, Practice Framework

and the reasons why SFS services are involved. It is important to manage this conversation carefully and be mindful of the impact on the safety of the child and other adults in the home, and on the developing therapeutic relationship. Engaging in discussion about risk and safety between practitioners, children and families is essential for establishing an open and connected relationship. These conversations foster mutual understanding, clarify the purpose of the practitioner's presence, and contribute to building trust within the relationship.

Cultural safety is central to our practice approach. It is important to communicate with families that the aim is to support children staying safely within their homes, strongly connected to family, culture, community and identity.

Children are at the centre of all safety decisions. A meaningful safety plan is created through an ongoing and sometimes challenging process that is undertaken by the family and the practitioner and is focussed on the necessary steps to ensure the child is safe. In this process, the family are encouraged to lead a discussion about existing strengths and supports and what would assist them in keeping children safe within the home. The strength of the safety plan is the ability to create safety goals that address how they and their support networks can build on existing strengths to address risk concerns.

Practice Point

To be effective, safety plans must be carefully written, appropriately shared, monitored and reviewed. Review of safety plans should occur at agreed intervals with the family, but also whenever situations change that may have an effect of meeting the goals of safety for the child.

Cultural Safety

Aboriginal and Torres Strait Islander children and families

SFS practitioners acknowledge the historical and ongoing impact of colonisation, dispossession, genocide, forced removal policies (Stolen Generations) and practices such as protection, segregation, and assimilation for Aboriginal and Torres Strait Islander peoples.

The lasting effects of intergenerational and complex trauma have had a significant impact on some Aboriginal individuals, families, and communities. This can result in a lack of trust towards government departments and agencies due to Australia's history of harmful policies and practices. As a result, individuals and families may be hesitant to engage with services. In recognition of this, it is crucial to ensure that engagement with Aboriginal children and families is always culturally safe.

Prior to contacting Aboriginal families, practitioners should initiate a cultural consultation to ensure that the cultural context is taken into consideration when identifying risks. This will help guide the response and service interventions in a culturally safe and appropriate way. The cultural consultant may advise on whether preliminary consultation with wider Aboriginal kinship systems such as cultural decision makers /cultural authorities, community Elders or Aboriginal workers from community-controlled organisations is appropriate. These networks may be understood using eco mapping tools². **Read the fact sheet: Simple Guide to Eco-Maps (go to [ecomaps.pdf \(jss.org.au\)](http://ecomaps.pdf (jss.org.au))).**

Cultural consultation is an ongoing process that may occur at various points throughout the interaction with the family and kinship system.

If you are speaking with an Aboriginal person whose first language is not English, it is also important to seek advice about appropriate communication protocols. A practitioner may need an interpreter to ensure that language barriers do not compromise the quality of service. The South Australian government has a specific Aboriginal Language Interpreting Service (ALIS) (go to **Interpreting and Translating Centre - Aboriginal Languages (translate.sa.gov.au)**).

² Jesuit Social Services: workers guide to simple eco-maps



Culturally and Linguistically Diverse children and families

When working with culturally and linguistically diverse clients, specifically refugees and migrants, it is crucial for practitioners to recognise how their previous experiences may impact on engagement with services. Further consideration includes:

- understanding traditions and practices that need to be taken into account
- the impact of trauma and of the migration experience
- considering gender appropriate discussions and determining who can participate in discussions (such as family decision makers) and cultural differences around power and gender
- recognising that some families may not feel comfortable having practitioners working in their home. This may stem from a fear or suspicion of authorities and government officials based on pre-migration experiences and trauma
- consider feelings of stigma associated with seeking help from outside of the family/community group
- concerns around jeopardising their residency status in Australia
- previous experience of culturally insensitive interventions by professionals

Prior to meeting with a family it is important to consult with cultural consultants or with organisations that have successfully worked with the family. Collaborating with a cultural authority, especially in the early stages of engagement, can be beneficial and support successful outcomes.

A practitioner may need an interpreter to ensure that: there is clarity in all discussion, points of view are heard without bias, families' wishes are known and understood, and decisions and processes are made clear. Due to strong linkages in some CALD communities in South Australia, local interpreters may be from the family's community or from within their family network and this could result in a loss of confidentiality or reprisal. Tele-interpreters should be utilised in these circumstances (go to [Interpreting and Translating Centre - Aboriginal Languages \(translate.sa.gov.au\)](#)). Be sure to check with the family as to their preference. For more information on using interpreters, refer to the SFS Interpreter and Translator Practice Guide.

If English is not a caregivers/parent's first language, additional time or a more flexible approach may be needed to support their participation.

Responsibilities

Practice leads and Aboriginal cultural leads are responsible for:

- providing consultation and support in relation to cultural and/or clinical work around safety planning
- supporting practitioners when attempts at safety planning with the family have not been able to progress and risk has not been mitigated and/or continues to escalate
- providing consultation when the safety plan has been completed but the family is not making progress towards safety

Supervisors and senior staff are responsible for:

- strengthening safety planning through clinical supervision, practice reflection and professional development
- guiding and supporting practitioners in completing the safety plan with the child/family/community as active participants
- ensuring that practitioners understand their responsibility to continuously monitor and respond to risks in conjunction with children, families, communities, and service partners.
- supporting practitioners in the implementation of High-Risk Alert (HRA) processes and escalation strategies
- guiding practitioners through challenging conversations with families and encouraging them to reflect on their practice
- ensuring cultural consultations are available and regularly utilised throughout the safety planning process.

Practitioners are responsible for:

- discussing all relevant information with the caregivers/ parents to the extent necessary and possible without:
 - compromising the safety of the child or a vulnerable adult
 - without disclosing the notifier's identity
- adopting an open, transparent approach and conveying attitudes and behaviours that demonstrate trust, reliability and collaboration
- engaging respectfully, sensitively, and safely with children and their family when developing the safety plan
- being mindful of their conscious use of language and respectful of gender diversity, identity and inclusive practice in the way they approach and interact with families
- identifying, drawing upon and applying the family's existing strengths, to enable them

to create strategies for the safe care of their children

- capturing the child's voice in the safety plan by using developmentally appropriate enquiry
 - being aware of when it may not be safe for family members to participate and addressing equal participation accordingly
 - carefully assessing whether meetings need to occur separately with family members where violence in the home is compromising the safety of any family member
 - engaging in cultural consultations prior to, during and following the safety planning process and ensuring cultural protocols are acknowledged and followed
 - documenting and distributing the safety plan to all participants nominated within the safety plan, including the child (if developmentally appropriate) and other stakeholders
 - ensuring that all agencies nominated in the safety plan understand the shared responsibility for safety, even where child safety may not be their core business
 - initiating a review of the plan within 3 months, or any time as indicated by the child, family or practitioner or following any material change in family circumstances
 - seeking consultation through clinical supervision with a line manager
 - being aware of and adhering to risk and escalation processes
 - uploading the Safety Plan to C3MS within 24 hours of completion.
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Practice Strategies

Prepare for the development of a safety plan

The safety plan is a document that is to be developed in collaboration with the child and family. It is to be completed within the first 3 home visits or meetings with the family. In preparation for this the practitioner should:

- **Review the referral request.** Review the information on C3MS. Seek clarification on:
 - child's cultural identity and background
 - need for interpreter services
 - for Aboriginal families, are Aboriginal or non-Aboriginal workers/services preferred?
- **Contact the referrer.** Ascertain their understanding of the risks to the child and the family. In their opinion, does the family have an awareness or understanding of the risks? Is the family aware of the referral?
- **Contact other services that have worked with the family.** What has been their experience of engaging with the family? What do they understand to be the risks, strengths and protective factors for the child and family? What worked and what didn't work? What would they suggest in terms of an engagement strategy?
- **Consider the presence of risk in the home.** Review any risk and safety concerns and discuss with your supervisor whether a consultation with the Clinical Practice Team would be beneficial. In the presence of DFV, consider the safety of all members of the family to participate.
- **Consider the prospect of cumulative harm.** Consider previous notifications and the responses, interventions, or changes to the frequency of severity of concerns. Assess whether there are multiple types of abuse reported. Look for the presence of squalor and chronic neglect, intergenerational trauma and intergenerational harm.
- **Consider other members of the family/kinship network that could participate in safety planning.** Consider the possibility of meeting with additional or extended family members and their potential involvement and support in planning for safety. Assess family dynamics and the safety of all participants to contribute openly.
- **Check for previous safety plans.** If a previous safety plan has been developed, what were the presenting concerns, how do they relate to the current concerns and what was the outcome of the prior safety planning process? What worked? What didn't?
- **Undertake effective cultural consultation.** Consult with cultural consultants prior to contact with the family and if necessary, at multiple points throughout the engagement process.
- **Consider other agencies that may need to be involved with the family.**
- **Raise any concerns with your supervisor**



Engage with the family

When commencing the safety planning process, it is important to:

- **Work from a trauma responsive and culturally safe approach with children and families**
- **Make contact in a timely way.** Engagement must occur with the child and family as soon as possible to ensure the safety of the child and reduce the likelihood of statutory intervention. Some risks may be alleviated quickly with additional advocacy or support.
- **Establish respect.** A family may be experiencing multiple and complex challenges and have varying levels of capacity to work with you. Be empathetic to their range of feelings and work to establish positive partnerships, based on a shared understanding and a shared commitment to keeping children safe and well within the family.
- **Be open, truthful and clear about safety concerns.** Some families will not be aware that concerns have been raised about the safety or wellbeing of their child. Be prepared to have difficult conversations with families about patterns of behaviour that place a child at risk. Practitioners must explain clearly, using simple language:
 - the nature and severity of the risks identified (ensure the identity of notifiers remains confidential)
 - the role of the practitioner to work alongside the family to address the risks
 - the ‘bottom line’ (non-negotiables) from the agency perspective in relation to the safety of the child(ren)
 - the right of the child to be safe and secure in their home
 - potential involvement of the Department for Child Protection (DCP) if changes are not made to ensure a safe care environment for the child
 - the safety planning process, the case plan and the process of the work with the family
 - the completion of the safety plan within the first 3 visits and the process of review.
- **Focus on the needs of the children.** The focus must be on the safety of the children within the home. This may include the safety of their care giver(s).
- **Maintain an inquiry approach.** Actively listen to the child and family’s understanding of what has occurred and the current situation in the home. Enquire after the family’s strengths, protective factors, routines, family functioning, and any concerns they may have.
- **Focus on the family’s strengths.** The intention of the safety planning process is to draw on the strengths and protective measures that already exist, as a motivator and mechanism to provide safety and support change- while keeping risk and child safety at the centre.



Work with the child and family to develop the safety plan

Identify the risk and safety concerns – what are we worried about?

Work with the child and family to identify the risk and safety concerns and record these on the plan. These concerns should be recorded in clear and simple language that the child and family can understand.

- **When preparing these statements:**

- clearly state the risk and safety concerns that SFS is most worried about
- seek the family's understanding of the risk and safety concerns
- orient the focus of the conversation and action toward an understanding of harm to the child and towards ensuring child safety within the home
- practitioners should record all discussions with families in the safety planning process, on C3MS.

- **Practitioners should consider:**

- past harm to the child
- future harm to the child if nothing changes
- complicating factors (aspects that make the situation more concerning such as substance use/mental health that make the situation worse or make it harder for parents to stop the harm).

Identify family strengths - what's working well?

Work with the child and family to identify their strengths and record these on the plan. This should focus on things that are happening in the family or that have happened and contribute to the safety and wellbeing of the child(ren).

Consider:

- existing strengths and observable behaviours that indicate protection and safety for the child, including those directly relevant to the risk and safety concerns – how can these be applied?
- recognise family and cultural strengths and use them to promote a safe environment that allows families to have the difficult conversations
- protective factors that promote safety by mitigating risk (an adult in the home who is assessed as being able to ensure the child's safety or safe people in the child's family network who can provide the required level of support)
- how to maximise a connection to community/culture
- how to maximise engagement with formal supports.



Work with the child and family to develop the safety plan

Prepare safety goals – what needs to happen?

Safety goals are developed to address the immediate risk and safety concerns and are created collaboratively with the family. They provide a vision for the child's future by recording steps and actions towards child safety and wellbeing. Safety goals provide direction so that everyone knows what the safety plan needs to cover. These strategies:

- are child centered
- are positive and focused on what will be happening (not what won't be happening)
- are realistic and achievable
- are guided by the family through a family-led decision-making process. Encourage the family's 'best thinking' about what they can do to ensure their children stay safe. Encourage and build upon activities the family are already undertaking to create safety within the home.³
- encourage solutions that draw upon the protective strengths of culture and cultural parenting practices for Aboriginal families and align with principles of family-led decision making. Work with the family to tailor these to safety goals
- where age appropriate and safe to do so, discuss options for safety with the child directly and identify appropriate strategies (these may not be documented on the Safety Plan tool if deemed not appropriate).
- When safety relates to unborn children, practitioners should collaborate with parents/carers to shift their attention towards the wellbeing and needs of the unborn baby, and develop the goals accordingly:
 - focus on their child's right to family safety and security
 - assist parents to identify and understand the impact of the risks to the unborn baby
 - support parents to identify what their unborn baby might want/need from them
 - include the parents' safety network in the development of the goals.
- Developing an individual plan for safety with the child:
 - in some circumstances it may be necessary for the child (where developmentally appropriate) to develop a separate plan for use if they are feeling unsafe (see Appendix 2)
 - this might be in situations where the safety network for the child may be compromised if the parent was aware and further isolate the child and compromise their safety. Or it may be where non-protective/abusive behavior is demonstrated by the primary carer.

³ Australian Institute of Family Studies 2013



Work with the child and family to develop the safety plan

- careful consideration should be given to whether the child has a copy of the plan/where a copy of the child's plan is kept in the context of each situation. Always consult with your supervisor in these instances
- the plan is to be uploaded on C3MS and actions discussed with the 'safe people' identified within the plan. Consider using Signs of Safety with the child.⁴ **Read the Signs of Safety Child Protection Practice Framework** (go to [Signs-Of-Safety-Child-Protection-Practice-Framework.pdf \(www.wa.gov.au\)](https://www.wa.gov.au)).
- **When safety planning with children, practitioners should:**
 - remind children that they are never responsible for the violence or abuse
 - assure the child that it is safe to talk with you
 - listen to and acknowledge the child's experience
 - consider carefully where and how to have this conversation, to ensure the child's safety and emotional well being
 - consider whether a written plan or a verbal plan is safer. It may be that safety planning takes the form of conversations
 - If in hard copy-consider where to store the child's safety plan
 - consult and/or collaborate with specialist children's workers and specialist family violence workers if you feel you need assistance or co working support.
- **Ensure that safety goals are action-based. Safety goals should:**
 - be SMART, that is: Specific, Measurable, Achievable, Realistic and Time limited.⁵ (Refer to the SFS Case Management Framework [2023] for further information on goal setting)
 - clearly outline the 'bottom line' goals that must be taken from the SFS perspective, to ensure the safety of the child and others in the home
 - be achieved in partnership and not place the responsibility of safety solely on the primary carers. This responsibility extends to all primary carers, adults, family and kinship networks and agencies working directly with the family. Working together and openly discussing risks, can help to increase awareness and encourage the family to invest in their plan
 - when working with families experiencing domestic or family violence, it is crucial to focus on the responsibility of perpetrators to be accountable for their behaviour
 - where appropriate, offer resources, referrals and supports to assist perpetrators with invitations to accepting responsibility
 - support building understanding and insight on the impact of domestic or family violence for the safety and wellbeing of children – in consideration of safety.

⁴ WA Government Department of Child Protection 2020

⁵ Government of WA Department of Child Protection 2011



Develop the actions – Safety Plan in Action

After determining the safety plan goals, work with the family to break these down into actionable steps or strategies to achieve the goals. The key here is to create and record specific activities or actions to be taken that will lead to achievement of the goals. There may be more than one strategy for each goal. This process outlines:

- immediate strategies that contribute to the achievement of each of the safety goals
- responsibility for undertaking the strategies and timelines for their achievement
- timelines for review.

Contact other parties identified by the child and family, and confirm their willingness, ability and suitability to participate in the safety plan.

- **Assist the family to explore:**
 - who are the people that support you the most?
 - who do the children feel most connected to?
 - who already knows what has happened?
- **What roles and activities are we looking to have the support network undertake? Will they:**
 - be involved in all safety planning with the parents, to help them think through issues and create a plan?
 - be actively involved in enacting the plan alongside parents?
 - be specifically identified as safety people for the children?⁶.
- **What other agencies are involved? Could be involved? Consider your role as primary case manager and the value of collaborative work with:**
 - universal services such as schools, GP, health services and SAPOL
 - targeted services such as mental health, disability, drug and alcohol services, domestic and family violence services and housing providers
 - Practitioners and agency partners will:
 - share information where relevant and in accordance with legislation (section 52 requests) and Information Sharing Guidelines (ISG)⁷
 - understand and collaborate on goals of intervention and evidence informed practice
 - commit to partnership approaches and shared responsibility
 - maintain accountability to the family and partner agencies.
- **Safety plan concerns. The safety plan is to be completed within 3 visits to the family home**

⁶ Wokingham Borough Council 2019

⁷ Information Sharing Guideline



- practitioners should consult with their supervisor if the creation of a safety plan would increase risk within the family or in their opinion, suppress engagement.
- **If a delay in the development of a safety plan does occur:**
 - the practitioner must consult with their supervisor on the circumstances of the delay
 - when extending the period for development of the safety plan, the supervisor must take into account the delay in the context of known risks
 - the practitioner, in conjunction with the supervisor will utilise the SFS Risk and Escalation process and HRA processes to manage any escalation in risk
 - the practitioner may consult with a practice lead or Aboriginal cultural lead in relation to the delay
 - all case decisions are recorded in C3MS in accordance with SFS client record-keeping and case noting procedure
- **If the practitioner is unable to engage the family:**
 - practitioners utilise assertive engagement strategies to ensure maximum likelihood of engagement with families
 - If the family is unable to be engaged after multiple and varied attempts, the practitioner must consult with their supervisor to determine next steps.
 - the practitioner in conjunction with the supervisor will complete an HRA to request consultation with the practice lead or cultural lead
 - further risk or escalation of risk will be managed in accordance with SFS risk and escalation processes

Implement the safety plan

When all parties are satisfied that the safety plan addresses the identified risk and safety concerns, and the strategies are agreed to, the safety plan can be implemented. Practitioners should ensure:

- the child's voice is reflected in the plan and their needs are at the centre of the plan
- everyone's safety has been considered
- the child is clear on what actions they can take if feeling unsafe and that they are able to do so
- the parents/carers are aware of the severity of the concerns, the risks and harm to the child
- all parties agree with the content of the plan
- external agencies (where relevant) are provided with a copy.
- **To implement the plan:**
 - confirm agreement from all parties involved in the creation of the plan. Record agreement and commitment by signing or making a mark (child may wish to draw a picture)



- record the supervisor's name and contact details. This enables the family to contact the supervisor if they need to seek additional information or resolve issues that cannot be resolved with the practitioner directly
- ensure that the plan monitoring and review process is documented, including clear steps to address ongoing or recurring risks if goals are not being met. It is important to keep the family informed and avoid any unexpected developments by ensuring ongoing dialogue
- give a copy of the completed and signed safety plan to the parents, the child (if appropriate and safe) and any other person involved in the implementation
- ask the family how they wish to acknowledge the start of the safety plan. This may include exploring whether the family (including the child) would like to have a meeting with professionals from the other agencies that are involved in the implementation of the plan.

The safety plan will be linked to the subsequent case plan, once that is completed. This is because the safety plan addresses immediate risks and strategies for the safety of the child and the case plan addresses the longer-term work, that addresses ongoing stability-once the safety strategies are in place.

- **Acknowledge ownership and courage.** The family must 'own' the plan.⁸. It needs to be in the family's words and unique to their circumstances. Recognise the courage of the family, their commitment to their children's safety and to their family's future.
- **Submit the safety plan to a supervisor.** The safety plan is to be submitted to a supervisor for review
- **Record the safety plan on C3MS within 24 hours of completion.** Use a clear heading that includes reference to safety plan (preferably in capitals). Safety plans should include a case note entry that details the context, persons involved and discussions that occurred in the establishment of the safety plan.

Regularly monitor and review progress

The safety plan is a dynamic document which calls for significant changes to be made within the family, changes which cannot be put in place all at once. Regularly review the safety plan to monitor efficacy and adapt the plan as safety is demonstrated, and situations evolve. Remember:

- the practitioner should be engaged in regular monitoring and follow up with the children and adults involved in the safety plan. Review of progress and discussion should occur at every home visit.

⁸ Iannos & Antcliffe 2013



- the family is active in this process and any follow up, to ensure that everyone is engaged in working towards goals in the safety plan
- begin all sessions with recognising and naming “What’s working well?”
- welcome challenges and objections and use these as opportunities to deepen the conversation about their child’s safety
- adapt the plan to reflect goals achieved, changes and challenges to meeting goals, but always keeping the child’s safety at the centre
- **Throughout the case management process and in interaction with the family, it is important to re visit:**
 - does the child feel safe? Does the child feel able to speak out if they don’t?
 - what changes have been made? Acknowledge and celebrate successful steps toward safety.
 - what goals have yet to be attained? What needs to be put in place (resources, services, people) by whom and when?
 - what strategies are in place to cope with potential crisis? Are these included in the plan?
- **Discuss with the family strategies to take if the safety plan isn’t working and:**
 - assist the family in identifying any obstacles that may be hindering progress towards their goals and work together to develop alternative strategies that they can implement
 - record strategies for all parties nominated in the plan- yourself, family networks and other agencies
 - have open discussions around when you may need to share contact numbers or to make a notification to CARL in these instances
 - record these on the plan

Make a report to DCP if a child is at immediate risk of harm. If at any time throughout the development, implementation or monitoring of the safety plan, the child’s safety is at immediate risk, discuss with the supervisor about making a notification to the Child Abuse Report Line.

Record Keeping

Record keeping is a critical element of safety planning and should be completed as soon as possible after each intervention. Refer to the SFS Client Record Keeping and Case Noting Practice Guide.



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APPENDIX 1 – Family Safety Plan

Our Safety Plan

Your Plan for Safety - FAMILY PLAN ONLY

This safety plan is your family's plan for how you will keep your child/ren safe and well. This plan is for this moment in time, to address immediate safety concerns for your children. This is an important part of your family's journey towards safety for your child/ren.

We understand that sometimes it is tricky to keep everyone safe, because things happen when we least expect them to, and every now and then, help is needed. As a service we will work with you to address the risk and safety concerns and support you to implement your safety plan.

WE ARE ALL COMMITTED TO THIS PLAN (*who is this plan about and who has been involved in making this plan?*) Everyone signs or draws their mark below and/or worker records names of those involved.

Date completed:	
Date to be reviewed by:	
Copy of safety plan given to:	
Date given:	
If you need help to understand this information or want to know more about your rights and responsibilities, please let your SFS worker know. They may be able to help. You may also choose to speak with your worker's supervisor.	
Your worker is:	
Worker phone number:	
Your worker's supervisor is:	
Supervisor phone number:	

Safety Plan

Risk and safety concerns

What are we **most** worried about that directly relates to our children's safety? Specify views of worker / family / child:

Strengths

What works well in keeping our children and family safe? Specify views of worker / family / child:

Overall safety goals

What are we trying to achieve to keep our children and family safe?

*Goals should directly relate to the **risk and safety concerns** and be SMART.*



Safety Plan in Action

Actions to ensure the immediate safety of our children	Who	By when
If our safety plan is not working, worker / family / child will:		



APPENDIX 2 – Child's Safety Plan

Our Safety Plan

Your Plan for Safety - CHILD'S PLAN ONLY

Sometimes it's hard to feel safe at home. You have a right to feel safe at home.

Part of our job is to support you to be safe by speaking with you about:

- when things are not feeling safe
- who can support you to keep safe and how
- what you can do to keep safe

What are you worried about?
For each worry, what can we do, and who can help us?





Government of
South Australia