**SAFETY PLAN**

**Re: Name and Details of Child**

**This Safety Plan has been co-produced between (Parent/s……… / Child) and ……………..(name of) the Newham Children Social Worker on ……… (date)**

**Agencies/Families and Friends I have agreed to involve are:**

**Specify Name and contact details:**

***Remember***

* ***The Purpose of the Plan is always to keep you and others safe.***
* ***The plan is an agreed set of actions you and others will take to help keep you safe.***
* ***Risks/issues or problems can and do occur and it’s important that you focus on carrying out the plan as much as you can.***
* ***This plan is not a legally binding agreement***

*This plan has been agreed with you due to concerns for your safety, following the risks raised by … ...*

*This plan outlines steps which you have agreed to follow so that you remain safe at home and help to prevent further risks to you and your children. This includes how to respond when there is potential danger.*

***You must keep this Safety Plan in a place where you can easily and safely access this, so that you revisit what has been agreed. It is important that this is somewhere safe from your partner/ex-partner (for DV cases).***

***Purpose of the Plan is to keep everyone safe.***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Potential Issue/Problem/risk***  | ***To whom***  | ***Plan to reduce risk or the issue/ problem*** | ***Responsible Person/Agency*** |
|  |  |  |  |

***Contingency / Review of Plan***

It is important that your Social Worker reviews the agreed plan above with you to ensure that they meet the purpose of keeping you and others safe

This will be part of the focus of any home visits as well as during telephone calls.

It is important that if you want to discuss the plan, particularly if things are not working, that you use your safe support networks and speak to your Social Worker at the earliest opportunity to review the plan and if there is anything that needs to change to help you and your children to stay safe.

If the plan does not work, and your children are at risk, your Social Worker will…

***Signatures of Involved Parties:***

***………………………………………………… ……………………………………………………………***

***Parent’s Name and Signature Social Worker’s Name and Signature***