**This is a Safety Plan between Buckinghamshire Council,**

***Name of Mother* and**

***Name of Father***

**in respect of *Name of Child/ren***

**Date of Plan:**

**Purpose of Safety Plan**

* *Outline the purpose of the safety plan.*

**Mother (add name) agrees to:**

* *The language used in the safety plan should be simple, and jargon should be avoided. This ensures that all family members and agencies are clear as to the expectations.*

**Father (add name) agrees to:**

* *The language used in the safety plan should be simple, and jargon should be avoided. This ensures that all family members and agencies are clear as to the expectations.*

**Buckinghamshire Council agrees to:**

* *Parents and family members require clarity on the support and action from the Local Authority to help them reduce risk and improve outcomes.*

**Views of the Child**

* *Children need to be offered opportunities for meaningful participation in developing the safety plan, where it is appropriate to do so, as this will affect greatest change.*

**Role of Extended Family Members and Friends**

* *The support network needs to be fully aware of the concerns, be willing to participate in the development of the safety plan and be willing to support the family in ensuring the child’s ongoing safety and maintaining the safety plan over the long term. Their role needs to be specifically outlined including the action required should the plan not be adhered to.*

***Role of Partner Agencies***

* *Add the support available from partner agencies.*

**Consequences if the Safety Plan is breached**

* *A statement outlining the consequences of breaching the safety plan should be discussed and understood and be recorded clearly.*

**Date of Review**

* *Regular reviews with families and professionals are required and the safety plan updated accordingly.*

**Key Contact Numbers**

* *Provide details of names and relevant numbers including ESWT.*

**Signatures**

*Add all parties relevant to the plan*

Mother (insert name) ………………….. Date……………..

Father (insert name) …………………… Date……………..

Child (if appropriate) ……………………. Date………………

Social Worker (insert name) …………… Date……………..

Team Manager (insert name) ..……… Date……………..

This safety plan is not a legal document but will be referred to as supporting evidence if an application is later made to the Court.