**Family Safety Plan**

|  |
| --- |
| **This is a Family Safety Plan for:**  **(Insert names and ages of the child/ren)** |
| **Initial Date: Date updated:** |

**This plan is to be developed with the family and their network and owned by them**

**(A family friendly version can be developed for the family if required and could be pinned to the fridge for all to see)**

**Plan rules**

|  |  |  |  |
| --- | --- | --- | --- |
| **Key issue(s) arising from the Danger Statements** | **Identify Stressors, Triggers and what the network will notice should the problem emerge or be present (Red flags)** | **Existing Safety/What is working well** | **Who will do what to keep the children safe when the problems arise** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Bottom Lines** |

|  |  |  |
| --- | --- | --- |
| **Who is the Family Network Lead?** | | |
| **Name and role of people in the network** | **How often will they see the child?** | **What are the specific tasks of this person and what will they do the keep the child/ren safe? (Include day to day/regular support and monitoring offered by the network** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Key Issues** | **If the plan isn’t working who will do what** |

|  |
| --- |
| **Make sure there is a copy of the rules that the child/ren can understand for example:**  **(Dependant on the child/ren age) this can be a one page words and pictures, written or picture format** |

|  |
| --- |
| **Agree how the family will show the plan is working for example, keep a journal, what’s app group that the network meeting work can bring to a review/show worker?** |
| **How will you show this safety plan is working?**  **How often will the plan be reviewed?**  **Date of next review?** |