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| **Risk** | **Impact** | **Who is affected** | **How are they affected** | **What increases these risks** | **What decreases these risks** | **Overall risk** |
| What is the nature of the concern that has led to a referral?Is this a one off incident?Are there precipitating factors that are continuing? | What does this mean for the child/ren in the family?Is there evidence of significant harm as a result of this incident?<https://childprotectionresource.online/general-legal-principles/>C:\Users\julie.vella\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\347878C9.tmp | What does this mean for the child? Are they having each of their development needs met? What does this mean for the parent?  | Are they receiving universal services, education if not school age is there stimulation? Social development?Can they continue in their functions of providing ‘good enough’ care?Does the parent recognise the concerns and take responsibility? | What are the grey areas? The unknown?Is there an ‘hidden adult’What is a parenting capacity like when on medication or substances?Is there a responsible adult who could offer support? | There is an appropriate adult in the home who recognises and is able to support the child and or the parent?Child has a good network of friends, family and activities that offer resilience? | The overall risk is a balance of each of these areas, if a one off incident that is unlikely to happen again then it is not significant harm.Is there a history of referrals and concerns? Then this could be significant harm.? |

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| **Risk** | **Impact** | **Who is affected** | **How are they affected** | **What increases these risks** | **What decreases these risks** | **Overall risk** |
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***Safety Plan Actions:***

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Agreed by Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agreed by Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agreed by

Significant other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agreed by

Social Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_