# Making a Safety Plan

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| **Safety planning guide for adults (or older children and young people, if appropriate)**  The following are elements of a safety plan and questions you can ask when working with the person experiencing family violence to make a plan.  **Every safety plan will be unique and based on the needs of the adult or young person – you should be guided by them on what is important and safe for them in their safety plan.**  This guide aims to assist you to discuss what planning and actions can be undertaken safely.  **Under each checklist question with a ‘yes’, ‘no’, or ‘N/A’ response option, you can additional provide details about the response from your conversation.**  Add space to each section to write in further details, as required. |

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| Plan detail and questions to support planning | | Checklist and detail |
| **Safe place to go** | | |
| *If you need to leave your home in a hurry, where could you go?* | | Address or name of place and how will you get there? |
| **Emergency contacts** | | |
| *Would you feel comfortable calling the police (000) in an emergency? If not, how can we support you to do so?*  ☐ Yes ☐ No ☐ N/A  Call **000** in an emergency or Safe Steps on **1800 015 188 or local family violence organisation on \_\_\_\_\_\_\_\_\_\_\_\_\_\_** [insert] | | |
| *Who are your personal emergency contacts?* | | Name, relationship, contact details |
| **System intervention** | | |
| *Is the perpetrator incarcerated?* | | ☐ Yes ☐ No ☐ N/A (If yes, release date if known) |
| *Is the perpetrator prevented from contact (including with any children)?* | | ☐ Yes ☐ No ☐ N/A  (provide details) |
| *Is an intervention order in place (and children named)?* | | ☐ Yes ☐ No ☐ N/A  (provide details) |
| *If an intervention order in place, is it being adhered to? (note if any breaches, list/describe)* | | ☐ Yes ☐ No ☐ N/A  (provide details) |
| **Support of someone close by** | | |
| *Is there someone close by you can tell about the violence who can call the police?* | | ☐ Yes ☐ No ☐ N/A  (provide details) |
| *Could they assist if you want to leave?* | | ☐ Yes ☐ No ☐ N/A  (provide details) |
| *Could they come with assistance or call the police if they hear sounds of violence coming from your home?* | | ☐ Yes ☐ No ☐ N/A  (provide details) |
| **Planning for children, older people or people in your care [if applicable]** | | |
| *What would you need to arrange for people in your care?* | | (provide details) |
| *What are their support needs?* | | (provide details) |
| *Would they be coming with you if you needed to leave in an emergency?* | | ☐ Yes ☐ No ☐ N/A  (provide details) |
| **If you have children in your care** | |  |
|  | *How many children do you have in your care?*  *How old are they?* | (provide details) |
|  | *Are they able to be left alone for short periods?*  *Do they have any particular needs?*  *Do your children attend childcare or school?* | ☐ Yes ☐ No ☐ N/A  (provide details)  ☐ Yes ☐ No ☐ N/A  (provide details) |
|  | *What sort of routine or structure is in place for your child/ren?* | (provide details) |
|  | *What do you already do on a day-to-day*  *basis to keep your child/ren safe?* | (provide details) |
|  | *Are there any other people in your child’s life that they trust and can talk to?* | ☐ Yes ☐ No ☐ N/A Name of trusted person, contact details: |
| **Planning for pets** | | |
| *Would they be coming with you if you needed to leave in an emergency?* | | ☐ Yes ☐ No ☐ N/A |
| *What would you need to arrange for pets?* | | (provide details) |
| *Can someone else take care of them?* | | ☐ Yes ☐ No ☐ N/A  (provide details) |
| *Can you contact RSPCA or local services for short term support?* | | ☐ Yes ☐ No ☐ N/A  (provide details) |
| **Safe communication** | | |
| *Do you have access to a phone or internet?* | | ☐ Yes ☐ No ☐ N/A  (provide details) |
| *Can you contact friends or someone trusted if you need to?* | | ☐ Yes ☐ No ☐ N/A  (provide details) |
| *Can you have a code word so the person knows how to respond if you contact them in an emergency?* | | ☐ Yes ☐ No ☐ N/A  (provide details) |
| *Does anyone else have access to your phone or online accounts? (email, Facebook, other social media etc.)* | | ☐ Yes ☐ No ☐ N/A  (provide details) |
| *Sometimes people can use your phone and accounts to try and track you. Do you know how to keep your phone and online accounts safe? Have you accessed/put in place any security features?* | | ☐ Yes ☐ No ☐ N/A  (provide details) |
| **Transport** | | |
| *How will you get to a safe place? Do you have access to a vehicle or other public transport options?* | | ☐ Yes ☐ No ☐ N/A  (provide details) |
| *Can you park your vehicle in a position that is not restricted from leaving quickly?* | | ☐ Yes ☐ No ☐ N/A |
| *Can you use someone’s car? Can someone come to pick you up?* | | ☐ Yes ☐ No ☐ N/A  (provide details) |
| *Can you plan and practice the quickest way to leave where you are?*  *[if appropriate]*  *Do you have appropriate car seats or restraints for children in your care in your car?*  *Do you need to bring a pram? Can you get that into your car or on public transport?*  *Can you transport older people in your care safely?* | | ☐ Yes ☐ No ☐ N/A  (provide details) |
| **Items to take with you – escape bag** | | |
| *Key items including phone, keys, money (cash and bank cards)* | | (provide details) |
| *What documents, clothes, or other things should you take with you when you leave? What is essential?* | | (provide details) |
| *Can you put together items in a safe place or leave them or copies with someone, just in case?* | | ☐ Yes ☐ No ☐ N/A  (provide details) |
| *Medication or other support aides for yourself or anyone in your care – prescriptions or a second set of items held in a safe place?* | | (provide details) |
| *[if applicable] Security/comfort toys for children or items that are highly significant to the child/ren.*  *Do you need to bring:*  *Breastfeeding/expressing equipment?*  *Bottle feeding formula and equipment?*  *Particular foods?*  *Can you put aside a water bottle and snacks for children?*  *School bags?*  *School, kinder, childcare contact details?* | | ☐ Yes ☐ No ☐ N/A  (provide details) |
| **Financial access** | | |
| *Do you have access to money if you need to leave? Where is it kept?* | | ☐ Yes ☐ No ☐ N/A  (provide details) |
| *Can you get it in an emergency?* | | ☐ Yes ☐ No ☐ N/A  (provide details) |
| *Do you have online banking?* | | ☐ Yes ☐ No ☐ N/A |
| *Does anyone else have access to your money or bank accounts? (including online?)* | | ☐ Yes ☐ No ☐ N/A  (provide details) |
| *Do you have access to employment?* | | ☐ Yes ☐ No ☐ N/A  (provide details) |
| **Current supports** | | |
| *Do you have supportive people in your life who you trust to talk to about your situation? Can they help you in an emergency?* | | ☐ Yes ☐ No ☐ N/A  (provide details) |
| *Are you connected to social networks (family, friends, community, informal social networks)?* | | ☐ Yes ☐ No ☐ N/A  (provide details) |
| *What do you usually do day-to-day to manage your safety?* | | (provide details) |
| *Are you engaged with any professional/therapeutic services?* | | ☐ Yes ☐ No ☐ N/A  (provide details) |
| *Access to antenatal services? (if applicable)* | | ☐ Yes ☐ No ☐ N/A  (provide details) |

## Information sharing concerns or considerations

**Is there information that:**

* should be proactively shared to support safe engagement? (i.e. about identity, experience or needs)
* you would like your views and wishes to be recorded on how and when your information is shared?
* you would be concerned about sharing with specific organisations or professionals?
* the perpetrator should not be made aware that you have provided, or the source when sharing?

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| Type of information | Approach to sharing | Reason | Date of review |
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## Referrals made

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of organisation | Organisation Name | Contact person | Date of referral | Information sought/ shared with |
| Aboriginal specific service |  |  |  |  |
| Alcohol and other drug service |  |  |  |  |
| Centrelink |  |  |  |  |
| Child FIRST |  |  |  |  |
| Child Protection |  |  |  |  |
| Counselling service |  |  |  |  |
| Financial counselling service |  |  |  |  |
| Housing service |  |  |  |  |
| Legal service |  |  |  |  |
| Mental health service |  |  |  |  |
| Police |  |  |  |  |
| Court (Magistrates’ and Children’s Court) |  |  |  |  |
| Sexual assault service |  |  |  |  |
| Specialist family violence service for adult victim survivors\*\* |  |  |  |  |
| Specialist family violence service for perpetrators\*\* |  |  |  |  |
| Specialist family violence service for child victim survivors\*\* |  |  |  |  |
| The Orange Door |  |  |  |  |
| Visa/immigration service |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |

**(add lines as required)**

**\*\* Specialist family violence services includes services that provide tailored services for Aboriginal people and people from diverse communities and at-risk age groups.**

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| **Consent for information sharing referral:**  I ………………………………………………...(name) consent to the collection, use and sharing of my personal information under Part 5A of the *Family Violence Protection Act 2008*. I understand that my information may be shared without consent if there is a serious threat to myself or another individual’s life, health, safety or welfare.  I also understand that my information may be shared without consent if it is relevant for assessing or managing risks to a child victim survivor of family violence, or to promote the safety or wellbeing of a child or young person. (Note where your information may be shared without your consent, we will endeavour to consult with you on your views and inform you if this occurs).  **Signature** ……………………………………..…… **Date**……………………………….  **Name (print)**………………………………………..  **Worker Signature**……………………………..….. **Date**……………………………….  **Worker (print)**………………………………………  Verbal Consent obtained ……………………… **Date**………………………………. |
| Please indicate your preferred contact method: |
| Mail: …………………………………………………  Email: …………………………….……………………… Phone / Text: ………………………………...  Would you prefer to be called from a private number? ☐ Yes ☐ No  What is the best day and time for us to call?……………………… ……………………………  A message left with an authorised/safe person for you to return the call:……………………  Authorised person contact details: (full name, relationship, telephone:)……………….…………………….……………………………………………………………………………………………………………….. |