# Making a Safety Plan

|  |
| --- |
| **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. |

|  |  |
| --- | --- |
| 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?

|  |  |  |  |
| --- | --- | --- | --- |
| Type of information | Approach to sharing |  Reason | Date of review |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 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.**

|  |
| --- |
| **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 ☐ NoWhat 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:)……………….…………………….……………………………………………………………………………………………………………….. |