

Safety Planning



How Safety Planning is underpinned by the Client Practice Framework Practice Foundations:

<p>Strength Based</p>		<p>Look at strategies that the person has used to successfully keep themselves and others safe in the past.</p>
<p>Trauma Informed</p>		<p>Clearly name the safety concerns that you have as trauma may be impacting a person's ability to identify all their safety concerns.</p>
<p>Person-Centred</p>		<p>The person is the expert about their safety and any plan needs to reflect their capacity to put it in place.</p>
<p>Culturally Respectful</p>		<p>Understand how the person's culture may support their ability to action their plan, such as use of kin.</p>
<p>Evidence Informed</p>		<p>Make sure you understand the risk and protective factors relating to the safety situation that you are responding to.</p>

What is a safety plan?

A safety plan is a personalised, practical plan that can help a person to recognise and respond to known safety threats. It provides simple and clear guidance on how a person can act to keep themselves and others safe should the threat arise, including what to do, who to contact and where to go. The danger or threat may be something that impacts a person's physical, emotional, or mental wellbeing.

Safety plans are intended to mitigate specific dangers and provide short term, practical options for the person to increase their safety. Imagine you are driving down a country road and see a black and yellow sign warning of kangaroos in the area. To respond to that, we develop a case plan. A safety plan is for when the kangaroo is on the road in front of your car.

When do we use a safety plan?

A safety plan is to be developed when a threat/danger has been identified by the person (the client), a Red Cross person (if it is within their role remit, such as a caseworker), a support person or another service.

Common examples of situations requiring safety plans include family and domestic violence, acute periods of mental ill health, child protection, substance misuse, risk-taking behaviours, and medical emergencies.

Who should develop the safety plan?

A safety plan must be developed with the person who is impacted by the safety threat/danger. If a Red Cross person is developing the safety plan with a person, it must be within their role and expertise to do one. This will usually be a caseworker. If you are unsure whether it is within your role to develop safety plans speak to your team leader.

A person benefits from having one safety plan. If other services are involved with the person, check whether a safety plan already exists. If one does, request a copy with the person's consent. If one does not exist and other services are involved, check if Red Cross is the service best placed to develop the safety plan. For example, if there is family violence and the person is linked with a family violence service, then that service is better placed to develop the safety plan. If the person is suicidal then a suicide prevention safety plan is usually developed by the appropriate mental health practitioner, as this may require specialist skills and training. This does depend on access to other services and individual situations, including the working relationship developed.

How to develop an effective safety plan

Safety plans are completed in collaboration with the person and, where possible, any other key supports, discussing and clearly identifying the safety concern/s, actions that will be taken, and who will complete each action. Effective safety plans involve a support person (formal or informal). A safety plan without any other parties involved should be the exception to the rule. It is hard to create safety if the only people involved in the safety plan is the person you are worried about.

An effective safety plan is one that is clear, simple, realistic, and most importantly, developed in collaboration with the person. An effective plan contains strategies that individuals are confident they can implement, and they agree will improve their safety and prevent/reduce harm to them and relevant others (such as children or others in vulnerable situations).

The quality of the safety planning conversation is important. The worker needs to be genuinely curious and listen to the person about what their concerns are, what makes them feel safe and who are their best supports. It is important to understand what the key warning signs and triggers are immediately before a safety threat, what they are doing to make themselves and others safe, what they are not comfortable doing, and what else they might need.

Remember, the person has probably been thinking about how they can stay safe long before the safety plan discussion even begins. They are the expert in their own life. A common mistake is assuming people can take certain actions, such as calling police when there is a family violence incident or calling Lifeline if they are going to harm themselves, and including these actions in a safety plan without checking whether this is actually something the person wants to do or feels able to do. People have often been living with the danger for a while, ask them what has worked in the past to keep them safe.

Before starting the safety plan:

- Ideally, a safety plan is developed face to face in a neutral and safe environment.
- If it is necessary to develop the plan by phone, don't assume that the person is in a safe space and freely able to speak on a call. Be aware others may be able to listen to your conversation. Carefully check in at the start of each conversation with questions like: "Is now a good time to talk? Should I call back later? When is a good time for me to call?"
- Check to see if an interpreter is required.
- Consider cross cultural needs and seek cultural guidance beforehand so that the safety plan considers cultural safety and addresses cultural needs.
- Explain what the purpose of the safety plan is. For example: "Before you move back in with the family, I think we need a plan to keep you safe in case your father (other) becomes abusive. This is called a safety plan."



Developing the Safety Plan

- Keep in mind that the safety plan will be used in a crisis or may be used as an escape plan, so it needs to be easy to use.
- Ask what their worries and safety concerns are.
- Explain to them what your worries and safety concerns are as their Red Cross worker.
- Explore warning signs and potential triggers that immediately precede a safety threat. Explore with the person what they will do in response to the safety threat, and what they will need to be safe. Safety plans need to be implemented quickly and include what the person has access to in an emergency.
- Consider any gaps and issues with the plan and look at what additional supports might be needed.
- Identify any barriers to activating the safety plan and resolve them before finalising the plan. It is not helpful to have an agreed strategy in the plan that cannot be effectively implemented. For example, a plan to go to a family member's home must also include that they have a way of getting there, a plan to make a phone call in an emergency must include that they have access to a phone with credit.
- Consider the places where a safety threat may arise besides in the home such as at school, in public settings or work.
- If there are children, think about strategies that will keep them safe and what their role may be in the safety plan. For example, teaching children how to use a telephone to contact police, using a code word with children if appropriate.
- Identify key people who can help keep the person safe and explore whether they have the capacity to do so. Make sure support people are aware of their role. When people are included in safety plans, but are not informed, this creates a risk of them not being able to follow through as expected.



TIP SHEET 1:

Questions to explore about *what is the danger/safety threat?*

(note these are a group of questions that relate to different safety threats to help you think about how to explore the concerns with the person – select and adapt the ones that are appropriate for the safety threat and context)

- We have talked a bit before about the worries you have of [insert safety threat/danger], can we chat a bit more about that?
- Can you tell me more about that? (never underestimate the simple use of a ‘tell me more’ to prompt more disclosure and discussion).
- I am worried about (clearly state your worries, safety concern.)
- What are the warning signs [safety threat] is about to happen?
- What are some of the potential triggers [safety threat]?
- When (person of concern) comes home and you can tell they have been drinking, what usually happens?
- When (person using violence) is served with the AVO or Protection Order, what do you think they might do?
- You have talked about your (son’s/father’s/ relative’s /partner’s) violence before. Is this something that is still happening/getting worse?
- You have started talking about your worry about what you might do to yourself, about hurting yourself. Can we talk more about this so that I can work with you to find the right supports.
- [Specifically in relation to when someone has raised concerns about their mental health] Sometimes when people are feeling low and down like this, they have thoughts of hurting themselves or ending their life. Is that something that you’ve experienced?
- What has changed that is making you want/need to return to [unsafe situation/place/person]?
- Are there any other options for you to see your family that don’t involve you returning to live at [unsafe place]? (For example, visiting family whilst staying in alternative safe accommodation).
- Is your family aware that you have been working with the Red Cross? What might happen if your family were aware of this? How can we continue to work with you safely?

TIP SHEET TWO:

Questions to explore about *what will make it safer?*

(note these are a group of questions that relate to different safety threats to help you think about how to explore your concerns with the person – select and adapt the ones that are appropriate for the safety threat)

- Now we know a bit more about the worry and agree that it would be good to have a plan that you can action when the danger presents, let's have a chat about things that could increase your safety in that situation.
- Are there things that you can do to de-escalate/calm the situation?
- Where can you go that is safe?
- Where else could you go?
- How will you know when it's time to get out of there?
- How will you get there?
- How will you get the children there/where will the children go? How will they know it is time to go?
- How will you make the phone call?
- Will you have access to a mobile phone, money, a car?
- How will you pay for the taxi?
- What will you need to take with you? Where will the things you will need be? Can you get those things safely?
- Are there things that the children need to be supported to understand so that they can be safer or respond to the danger?
- If you think you're going to want to get high, where else could the kids be? How will you know it's time to get them to someone else's house? How will they get there?

Safety Plan

Whose safety plan is this?

Red Cross Worker

Date created

Date to review the plan?

What is the danger?

What will make it safer?

What is already helping?

Key Support name

Contact detail

Safety Plan Prompts & Examples for Staff

Whose safety plan is this?	Jane Jupiter		
Red Cross Worker	Eve Wizer		
Date created	30/10/2023	Date to review the plan?	
What is the danger?	What will make it safer?		
<p><i>What are we worried will happen?</i></p> <p><i>Do:</i></p> <ul style="list-style-type: none"> • Use as much detail as possible • Use client’s own words. • Be specific – talking about plans to die by suicide or violent actions does not make it more likely to occur. • Use people’s names; not “the mother will” or “client is worried that...” <p><i>Avoid:</i></p> <ul style="list-style-type: none"> • Jargon and acronyms – another case worker has to be able to pick this up and use it with the same client. • Including anything the client hasn’t agreed to, even if you are certain it’s the only safe way. It must be realistic. <p>Example:</p> <ul style="list-style-type: none"> • Jane and Eve are worried that when Jane’s husband Jack has a bad day he will call Jane names, throw kitchen items like plates at her, and threaten to ‘kick her face in’ if she ‘looks at him sideways’. 	<p><i>What can be done, to create immediate safety?</i></p> <p><i>Do:</i></p> <ul style="list-style-type: none"> • Use as much detail as possible. Knowing they can rely on a safety plan helps alleviate some of the pressure to react safely at the height of danger. They already have it mapped out; they just need to rely on the plan. • Break it down into small, achievable steps. • Name the support people involved in the plan, e.g. “Aunty Sue Neptune.” • Make sure the support people who have a role, KNOW they have a role in the plan and can be relied upon. <p><i>Avoid:</i></p> <ul style="list-style-type: none"> • General terms or vague contacts such as “will call for help” or “will find a support service.” • Unrealistic reliance on Red Cross staff – e.g. if you don’t work weekends, it’s not realistic for the client to call you for support on a Saturday. <p>Example:</p> <ul style="list-style-type: none"> • Jane knows when Jack has had a ‘bad day’ because he slams the door when he arrives home. • Sometimes if Jane avoids looking at him and makes sure the TV is on the news and never Home & Away, Jack eats dinner and goes to bed without hurting her. Jane will make sure the TV is on the news channel and will keep making dinner if she hears the door slam. Jane will make sure she always has a key to the house and her phone is charged and in her pocket. • If Jack calls her a name or swears at her, Jane will not reply or look at Jack. • If Jack continues to swear and carry on, Jane will tell him she needs to borrow some eggs (or milk, or flour, or salt) from her next-door neighbour Josie Pluto. 		

What is the danger? (Cont'd)	What will make it safer? (Cont'd)
	<ul style="list-style-type: none"> • Jane will leave as quickly as possible and go out the front door, across the yard and through to Josie's back door. • Josie will leave this unlocked each night from 5pm so Jane can enter the house whenever she needs to. Jane will spend approximately 10 minutes at Josie's house, and make sure she collects the ingredient she said she was coming for. • Josie will know to call Triple Zero if she hears a scream from Jane's house, OR if • Jane texts her the phrase "What happened on Home & Away?" • If Jane returns and Jack is still cranky, she will continue to avoid eye contact and make dinner. • If Jack threatens to throw anything at her (which usually happens before he actually does), Jane will tell him she doesn't feel well and lock herself in the bathroom. If Jack does not leave her alone and bangs on the door, Jane will text Josie "I forgot to get sugar too!" which means Josie will come and knock on their door. Sometimes a distraction is enough to sidetrack Jack. • If Jack continues and doesn't come to the door, Josie will call Triple Zero. If the police do not take Jack away, Jane can stay at Josie's house and call the NSW DV Line on 1800 65 64 63 for emergency accommodation.

What is already helping?

Example

- Jane has a good relationship with her next-door neighbour Josie Pluto.
- Josie knows what's going on with Jack and wants to help, but just can't have Jane stay at her house.
- Jane has a bag at Josie's house with a change of clothes, her passport, \$100 cash and a spare car key.
- Jane has a good relationship with her GP who has documented all of her injuries in the past two years.
- Jane has been talking lots to her RC caseworker about how she is not responsible for Jack's choices to use violence against her. Jane knows he is the only one who can make it stop but was able to talk to the RC caseworker about all the little things she does to try and keep herself safe. Jane agreed that she is proud of being able to create such a good friendship with her neighbour Josie because Josie is a safe person and wants to help.

Key Support name	Contact detail	Did they agree to the plan?
Josie Pluto	Ph. 0444 444 444	Yes

Whose safety plan is this?	Marlene Mars-Rover		
Red Cross Worker	Joe Tanner		
Date created	01/11/2024	Date to review the Plan	14/11/2024
What is the danger?	What will make it safer?		
<ul style="list-style-type: none"> • Marlene is worried she is being financially abused by her daughter Sally. • Sally takes Marlene's money when she is intoxicated. • At times Sally has withdrawn all of Marlene's pension, meaning she was unable to meet basic living expenses and maintain her utilities and rent. • Sally takes Marlene's bankcard without permission. • If Marlene does not give Sally her bank card Sally yells at Marlene and verbally abuses her. Sally says that she is going to tell people her mum is the reason her grandchildren cannot eat tonight. 	<ul style="list-style-type: none"> • Marlene can tell when Sally has been using ICE or drinking because Sally sounds different on the phone. When Sally calls her in this state, she will usually then present at Marlene's home demanding money. • If Sally rings Marlene intoxicated Marlene will call one of her friends, Emma, Wendy, or Winny and tell them that Sally has called intoxicated and that she will be coming to spend the night at their house. • Marlene will leave her home and go and stay at her friend's house. • Marlene knows that once Sally has 'slept it off' she is remorseful, and Marlene feels safe. • Marlene will keep an overnight bag in her car in case she needs to spend the night at a friend's. • If Sally turns up to Marlene's wanting money without warning, Marlene will let Sally take her bank card to reduce risk of verbal abuse. Marlene will then immediately transfer most of her pension to an alternative account, leaving \$30 and go stay at either Emma, Wendy or Winny's house. • Marlene will keep her spare mobile phone with credit on it in the bathroom cabinet. If Sally does not leave the house and she is becoming verbally abusive, she will say that she is going to the bathroom, and she will call the police. 		

What is already in place that is helping?

- Marlene knows her grandchildren reside with their father full-time, and their needs are being met. She maintains a positive relationship with them.
- Marlene has strong friendships with Emma, Windy and Winny who all live close by, and they have provided a place for Marlene to stay in the past when Sally has been abusive.
- Marlene is engaged with her ARC case worker to reduce the risk to her tenancy, now has an auto deduction in place for her rent and is now identified as vulnerable with the housing authority.

Key support name	Contact detail	Did they agree to be part of the plan?
Emma Smith	0404 444 444	Yes
Wendy Jones	0404 444 441	Yes
Winny McVivker	0412 345 678	Yes

