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No: 54750

Safety Planning Procedure - Covid-19 Response.

Practice Owner:

General Manager Impact & Strategy

Practice Operational Delegate:

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Date approved: March 2020

Suggested Review date: May 2020

Reference or source:

MARAM
Signs of Safety Framework 2011
Safe and Together Model
Neurosequential Model of Therapeutics.

Purpose:

To provide guidance for practitioners in applying safety planning with clients in response to the COVID-19 pandemic.

Application: All Client Services

Type: Practice

Policy group: Quality Services

Family Life has created this document to guide effective practice and contribute to knowledge leadership across the sector. Family Life welcomes your use of this document and encourages you to reference the original version.



1. Background

- 1.1. This practice statement has been developed to guide the process of safety planning with Family Life clients during the Covid-19 pandemic.

2. Scope

- 2.1. This practice statement applies to all client facing services at Family Life from the date of issue. This document does not replace existing safety planning protocols and templates currently in use but provides additional guidance in the context of Covid-19.

3. Safety Plan Procedure

- 3.1. **A safety plan reflects a conversation between a practitioner and client that assesses risk and builds a self-determined plan of action to mitigate risk.**
- 3.2. **All cases involving Family Violence should have a more detailed and accurate risk assessment (informed by MARAM).** This should be adjusted through your complementary safety plan conversations, using the below procedure.
- 3.3. Safety Planning is a live and dynamic process. It should occur as part of each client contact and client contact should be increased with increased levels of complexity, vulnerability and risk.
- 3.4. The Signs of Safety Framework (2011) outlines that planning for safety with families requires the practitioner to ask four basic questions which can be recorded and used as a collaborative tool to assist the safety planning process.

- 3.5. At Family Life each safety plan conversation must end with an agreed summary of the plan. This summary should be documented within CSnet for each client/ family and updates documented following subsequent safety plan conversations. The summary should respond to (Signs of Safety):

- What are we worried about?
- What's working well?
- What needs to happen?
- How safe is the family (Critical, Medium or Low)?

- 3.6. A detailed safety plan template is provided in Appendix 1. However the minimum requirement for safety planning within the Covid 19 framework is a casenote with the responses to the above four questions and that this is updated at each client contact.

4. Safety Planning Process - Eagle Model*:

- 4.1. The following process should be worked through as part of every safety plan in gathering the information required to effectively respond to the four safety plan questions.

E = Engage

A = Assess

G = Goals

L = Link (referral) and Leverage (Strengths)

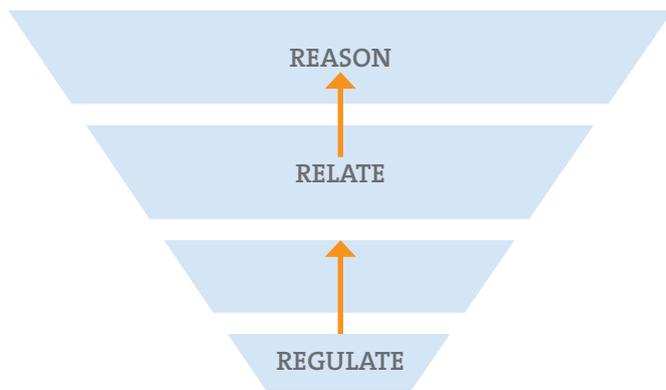
E = Evolve

**Adapted from Signs of Safety Framework, Safe and Together Model and the Neurosequential Model of Therapeutics.*

4.2. Engage

Our clients are less visible and more vulnerable in the context of the coronavirus. Partnering with families (Signs of Safety Framework, Safe and Together Model) helps to keep them safe and alleviates isolation.

Sequence of Engagement



Source: NME. Dr Bruce Perry: Sequence of Engagement

- **Regulate:** Ensure safety first: can the person speak/communicate safely? If that changes during your interaction how will the person let you know - establish this early in the interaction. Co-regulation - (even virtually) is important.
- **Co-regulation:** your tone, words and overall online presence will support regulation. This is supported by acknowledging and validating fears and concerns, showing you are listening through attending words and continued positive regard.
- **Relate:** The emphasis is one of partnering and support.
- **Reason:** Provide information clearly and transparently.

4.3. Assess

Confirm your framework for risk assessment. This should be MARAM but then complemented by the below considerations and an overall safety rating which is tracked over time.

Ask questions to determine how household functioning has changed given the coronavirus. Start by establishing day to day routines. Consider:

- Abusers (family violence/child abuse) can create isolation and control to abuse without impunity - simply experiencing isolation can be triggering for many survivors;
- Remember the basics of what domestic abuse and child maltreatment is about and what to look out for when someone is choosing to use violence against family members. Times of crisis can mask the reality of what is happening behind closed doors;
- Where someone is controlling another, their opinion about the virus, public safety and the health response takes precedence. This could mean forcing women and children to go out in public and continue business as usual - or for someone (who is overly anxious about the virus) - to be overly protective and force isolation. Sometimes children may not be returned at the end of contact. Custody may be used to try to refuse to provide health information about children at this time.

Safety planning starts with being able to clearly articulate the family's safety concerns.

It is helpful to:

1. Openly discuss and clearly define the safety concern experienced by the family using simple language;
2. Prioritise basic survival needs;
3. Collaboratively assess the family's overall level of safety utilising the following categories:

Critical

(Still requires active service delivery to mitigate risk to child/young person family, placement)

Considerations

- The child, young person, family or care services placement requires high levels of monitoring and oversight due to a high level of concern for the child or young person.
- High risk of family, placement or housing breakdown requiring a high level of support
- Parents have minimal capacity to provide for safety, stability and development needs of children due to risk factors such as mental health concerns, developmental delays, family violence.
- High risk factors present such as high-risk infant, high risk adolescent/young adult, high risk pregnancy, complex disability, parental substance misuse, mental health issues, family violence.
- Without intensive or timely response, the child/young persons' wellbeing is likely to deteriorate, and they are likely to progress further into the statutory system
- Child/young person/ family (including carer or family) has multiple or complex support needs requiring intensive assistance.
- Young person may be at risk of homelessness

Essential service delivery

- Support to children, young people, carers and families within capacity and business continuity.
- Visits still required to sight the child or young person only if needed to confirm safety. This includes care services and family services (visits to be conducted in accordance with health advice).
- Direct care (accommodation and support).
- Provision of flexible funding

Medium

(Requires a lighter touch approach, periodical check ins)

Considerations

- Moderate concern for the wellbeing of a child/ren/young person, including the impact of cumulative harm.
- Moderate concern for placement/housing breakdown.
- Family or carer has one or more significant support needs.
- Moderate to low active monitoring generally required.
- Young person has transitioned from care and is isolated

Essential service delivery

- Maintaining placements/housing.
- Client contact still required but can be managed through non face-to-face contact including phone calls, emails, Skype and other modes of communication.
- Children and young people (dependent developmental stage); parents; carers provided with details how to make contact.
- Provision of flexible funding

Low

(Well-functioning, essentially could self-manage with advice that service reduced)

Considerations

- Low to no risk of placement/housing breakdown. Placement/housing is considered stable.
- Low risk of concern for child or young person's wellbeing.
- Low parental or carer difficulties.
- Minor support needs and/or may be been a one-off crisis
- Active monitoring low or may not be required
- Families or carers have considerable strength and competency.
- Families or carers with protective factors in place, such as existing natural or other professional supports in place.
- Families and carers considered self-sufficient.
- Young person has transitioned from care, is and living independently and is well connected to community supports

Essential service delivery

- Maintaining placements.
- Client contact is non-essential, minimum contact maintained if possible, within business continuity and service capacity. Contact can be suspended at this time.
- Provision of flexible funding



Table 1 shows an example of the simplified Signs of Safety assessment and planning protocol developed by Turnell (2012). The example used in Table 1 demonstrates the areas of concern that may be explored with a mother who has a history of depressive illness and suicide attempts, has recently left a violent relationship, and is struggling with financial difficulties.

When we think about the situation facing this family:		
What are we worried about?	What's working well?	What needs to happen?
Jane's ex-partner John has been violent towards her. Her son, Jack, has witnessed the violence.	Jane has separated from John and has taken out an AVO. Jack reported he feels safer now that John is no longer living with them.	Jane must call the police if John tries to make contact with her.
Jane has a history of depression which she calls "being blue" and has difficulty coping with Jack when she feels like this.	Jane recalls when she was taking her medication and seeing her psychiatrist regularly she felt better and was coping better with Jack.	Jane must be able to cope with her depression and provide good care to Jack even when she is feeling blue. This means: Jane will see her psychiatrist 1x per week Jane will start taking her medication again Worker will help Jane obtain emergency rent assistance.
Jane does not have enough money to pay the rent this month.		

4.4. Goals

Set safety goals

Goal setting is an important aspect of the safety planning process. Safety goals should be targeted towards achieving desired outcomes for the family that demonstrate a reduced risk of abuse/neglect and increase safety and stability (De Panfillis, 2006). The goals should clearly describe the specific actions parents and/or the worker needs to undertake in order to achieve the family's safety outcomes. This means describing the behaviours they should do more of, rather than simply focus on reducing behaviours (what they should do less of). For example, "Jane will call the police if John tries to make contact with her". Effective safety goals can be developed using the SMART acronym, as shown in Box 1.

Box 1: SMART goals

Specific - the family knows exactly what has to be done.

Measurable - goals should be measurable, clear and understandable so everyone knows when they have been achieved.

Achievable - the family should be able to accomplish the goal in a designated time period given their available resources.

Realistic - the family should have input and agreement in developing feasible goals.

Time-limited - time frames for goal accomplishment should be determined based on understanding the family's risks, strengths, ability and motivation to change, and availability of resources.

Source: De Panfilis (2006, p. 65)

Once the worker and family are clear about the safety issues, this will make it easier to develop goals.

Support Needs may include:

- Current supports
- Access to data to maintain connected to Family Life (and other) services
- Vouchers: type? Food, taxi?
- Information provision
- Additional referral.



4.5. Link & Leverage (Strengths)

Wherever possible facilitate a “warm” referral to link families with supports - consider that in the context of the coronavirus existing support services may not operate as normal - ascertain a clear understanding of exactly what external services are able to provide to ensure families don’t slip through the cracks.

What’s working well?

Explicitly identifying the family’s safety concerns can be a challenging conversation for a worker who does not wish to jeopardise engagement. It is therefore important to adopt a strengths-based approach. Continually identify and honour the family for everything they can see that is positive in their everyday care and involvement with their children.

Acknowledge what parents are doing well in the face of the challenges and burden Covid 19 presents, including job loss and access to health care.

The worker’s main task here is to ask the family to come up with their “best thinking” about what they can do to ensure that they and their children stay safe (DCP, 2011). In this way, parents may be much more likely be able to openly discuss the safety issues and work collaboratively to set safety goals. During this process, is important to:

- incorporate the family’s existing personal strengths and resources as much as possible, and record these on the safety plan - e.g., “Jane has separated from John and has taken out an AVO”. This includes other people in their safety network (e.g., friends, relatives, professionals); and
- encourage and complement the activities the family already does to create a safe environment and provide good care of the children.



4.6. Evolve:

Planning for safety is a dynamic process, which is co-created by the family and includes an informed safety network. It must also adapt to the family's progress and changing circumstances as they achieve their safety goals. To follow this it is important to remain curious about the clients experience and what this means to them.

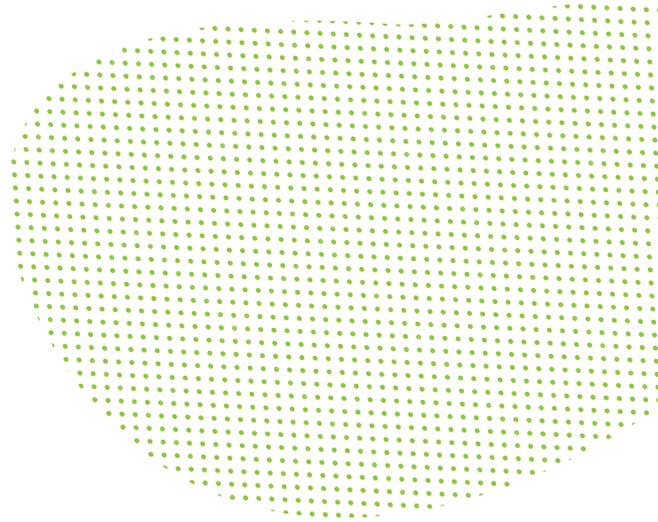
A safety plan is collaboratively created and needs to be "owned" by the family to be meaningful. It should "contain detail around the what, how, who, where and when, and adapt to progress and changing circumstances" (DCP, 2011, p. 28). The plan should be regularly reviewed to adapt to the family's progress as they achieve their safety goals. According to the Signs of Safety Practice Framework (DCP, 2011, p. 29), when reviewing the family's progress workers are encouraged to consider the following questions:

- What changes/actions on the safety plan has the client achieved? Acknowledge and celebrate the family's successes.
- What safety goals are yet to be achieved? What behaviours do we still need to see in order to achieve these goals?
- Does the client/s have some strategies to cope when faced with a crisis? Who will step in and support?
- What needs to be put in place (resources, services, people), by whom and by when, in order for the parent to maintain safety, stability and security for the children?

Reference to practices / forms:

COVID-19 Practice Framework

Safe and Together practice guide & safety planning



APPENDIX 1:

Family Life: Client Safety Planning Template: EAGLE Model: Engage, Assess, Goals, Link and Leverage, Evolve.

Engage:

1. Regulate and establish safety:

“Is it safe for you to talk/communicate with me now”?
 “If it becomes unsafe or difficult for us to continue how will you let me know and how will we get back in touch?”

2. Develop protocol for communication:

Best/safest communication medium (phone/email/text):

Agreed times for communication:

Plan for if client is no longer safe to communicate (could include code word):

This communication plan should be reviewed at each contact

Assess:

What are we worried about?	What’s working well?	What needs to happen	Agreed action (Who, what and when)

Goals: Specific, Measurable, Achievable, Realistic, Time-Limited (SMART)

In addition to the usual goal setting recording processes: complete the following risk profile:

Identified risks	Current situation	Actions required to manage risk	Goal for managing risk - bottom line.
Family violence			
Mental Health concerns			
Problematic Substance Use			
Child well being concerns			
Other			

Risk Rating: Critical, moderate or low.

Link and leverage:

Consider:

- Current supports
- Access to data to maintain connected to Family Life (and other) services
- Vouchers: Food, taxi?
- Information provision

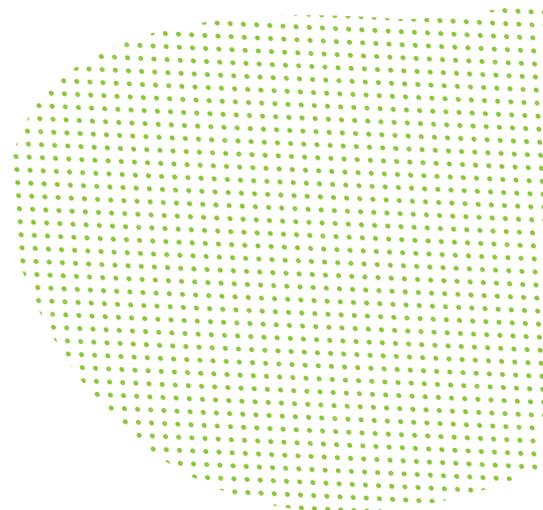
Referral: clarify the current status of service provision prior to initiating referral to another organisation.

Acknowledge, validate and plan how to build on existing strengths.

Evolve:

Review and reflect (follow up sessions):

- What changes/goals related to safety have been achieved?
- What goals have not yet been achieved?
- What strategies does the client have to deal with a crisis?
- Who will step in and support?
- What needs to still be in place (who, what when and how) to maintain safety and stability?





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