

Date:

Safety Plan for: _____(child/children's name)

The following people participated in the development of this Safety Plan:

Name

Relationship to child(ren)

RISK STATEMENT(S):

THE SAFETY PLAN

- **What needs to be put in place to prevent the same or worse from happening to the child(ren) again? (Directly and practically linked to the context of risk in the risk statement(s)).**
- **Who is involved?**
- **What is the contact information for all involved?**
- **What are the details specific to each involved person?**
- **What resources are needed to support this Safety Plan?**
- **Who will provide what resources in support of this Safety Plan?**
- **Where could the gaps occur? (Situation proof, weather proof and time proof)**
- **How can the gaps be closed?**
- **Who will talk with the children about this Safety Plan (depending on age and level of involvement in plan making)?**
- **How long is this Plan in effect?**
- **How will progress/success be tracked?**
- **How will any emerging gaps be tracked?**
- **When is the next review meeting?**

I understand and have helped develop this Safety Plan. I agree with this Safety Plan. I am willing and able to carry out any tasks and/or resource provision that I have responsibility for in this Safety Plan. I understand I will be given a copy of this Safety Plan.

NAME

DATE
