

APPENDIX 14: COMPREHENSIVE SAFETY PLAN

Making a Comprehensive 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 additionally 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) or are there any other court orders or proceedings?

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? (provide details)
How old are they?

Are they able to be left alone for short periods? Yes No N/A
Do they have any particular needs? (provide details)

Do your children attend childcare or school? 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
(provide details)

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] Yes No N/A
(provide details)

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?

Items to take with you – escape bag

What documents, keys, money, 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. Yes No N/A
(provide details)

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?

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)

Action planning of identified risks

Are there identified risks that need action planning:

- ... Should be proactively managed through intervention or risk mitigation planning?
- ... May require collaboration or coordination with other professionals or services to agree to actions?
- ... May require active monitoring by a specialist family violence case management, or in coordination with Victoria Police or other professionals or services?

Identified risk factor	Intervention or risk mitigation plan	Responsible professional or service	Date of review / completed

(add lines as needed)

Information sharing concerns, considerations or views

Is there information that:

- ... Should be proactively shared to support safe engagement (i.e. about identity, experience or needs)?
- ... You would like your views 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

(add lines as needed)

Consent to information sharing

Consent for information sharing and 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)

Date

Worker Signature

Date

Worker (print)

Date

Verbal Consent obtained 'Yes'

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:)

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				

(add lines as needed)

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