

Acute Safety Plan

Purpose: This safety plan aims to identify current areas of concern, identify areas of strength, and outline targeted strategies and resources to support appropriate behaviour within the home, promote healthy relationships and enhance the acute safety and wellbeing of the child or young person.

1. Child/ Young Person's Information	
Child's name:	Rachel Doe
Child's DOB:	20/01/2011
Child's age:	14
Carer/s name:	Joe, Tessa, Freya (House Manager – Will)
Child's placement location:	Armadale

2. Safety Plan Information	
Date of safety plan:	24/05/2025
Person developing the plan:	Samantha Jones
Is this a new plan or a review?	New
If a review – date of last review:	Click or tap here to select date.

3. Cultural Review	
Is the child Aboriginal and/or Torres Strait Islander?	<u>no</u>
Is the child culturally, linguistically and/ or religiously diverse?	<u>no</u>
<i>If you answered yes to either of the above questions, you must consult with an Aboriginal Practice Lead/ Cultural Advisor or appropriate alternative.</i>	

4. Consultation informing the safety plan – list all those who have contributed to the plan	
Child or young person	Rachel Doe
Case Manager or equivalent	Samantha Jones
Team Leader or equivalent	Michael Thompson
Parent, Family or Kin	Melissa Doe
Caregiver	Joe and Tessa
Aboriginal Practice Lead/ Cultural Advisor	Click or tap here.
Therapeutic Practitioner	Hannah Watson
Education support	Fiona Wild
Other	Click or tap here.

****The following pages can be provided to members of the Care Team (carers, educators, family etc), and if appropriate to the child or young person (or a version of the below with simplified language).**

Acute Safety Plan		
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Rachel Doe	25/05/2025	Samantha Jones
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Safety Statement – what are we worried about?
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We are worried about very concerning sexual behaviours displayed by Rachel towards her younger brother over potentially the previous three months while co-sleeping, inclusive of coercion into sexual fondling/touching, potential oral sex and masturbating in an inappropriate environment with brother present.

Strengths – what is working well?
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Child or young person	Rachel enjoys playing basketball and has engaged in a consistent team and has a good relationship with her coach
Care environment	Although rotating carers, Rachel does appear to be building positive connections with carers, particularly Tessa
Family	Increasing regularity in contact with her mum and Rachel looks forward to this. Despite very concerning sexual behaviours, Rachel is very happy to be placed back with her brother.

Domain of safety	Activities/ strategies to enhance safety – what needs to happen?	Who is responsible for implementing and monitoring this?
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<i>Privacy, private spaces, and private activities</i>

Strategies and activities in this section should ensure individuals in the home have safe private spaces and privacy when bathing, toileting, changing and sleeping.	Access to private spaces like bathroom and bedroom for changing and encouragement/education to complete activities like changing in private spaces. Education regarding masturbation being a healthy sexual exploration activity; however, redirection to this being a private activity to be done in private spaces.	Carers on shift (Joe, Tessa, Freya) – with support from house manager (Will) to adjust staffing and provide consistent messages to rotating staff regarding expectations. Tessa to have conversation as the carer with closest relationship to Rachel regarding private and public activities and spaces (including discussing masturbation).
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Domain of safety	Activities/ strategies to enhance safety – what needs to happen?	Who is responsible for implementing and monitoring this?
<i>House rules and boundaries</i>		
<p>Clear and consistent rules, routines, boundaries, and expectations of behaviour should be included here; as well as steps to take when the child or young person requires redirection to follow these rules.</p>	<p>House rules to be consistent and enforced regarding sleeping in own beds/bedrooms, which will likely require multiple carer checks throughout the night if Rachel and her brother are to remain in same placement.</p> <p>Environmental factors (silent alarms to alert carer, brother to be allowed to lock bedroom door) may need to be considered if carer redirection and checks is unable to stop Rachel from attempting to co-sleep with her brother.</p> <p>House rules to be consistently reminded regarding changing/body privacy to encourage Rachel to get changed in the bathroom post showering before walking out into common areas.</p>	<p>Carers (Joe, Tessa, Freya), with assistance from house manager (Will) and case manager (Samantha). Carer staffing to be reviewed to enable carers to increase supervision around adherence to house rules.</p>
<i>Safe play and social interactions</i>		
<p>Play and social and cultural interactions may need to be restricted and/ or supervised proportionate to the level of worry or risk of harmful sexual behaviour occurring again. Be specific about contexts, individuals, and parameters to help guide social interactions.</p>	<p>Rachel and brother to be supervised more closely in the home environment to ensure play is in open areas and line of sight is maintained by carers at all times. Same applied to Rachel playing with other younger children in the home.</p>	<p>Carers on shift (Joe, Tessa, Freya)</p>
<i>Safety online and exposure to sexual content</i>		
<p>Restrictions and rules limiting interactions online, particularly those related to sexual content. This may include supervision, limiting time on devices, using devices in public areas of the home only, restricting search capacity etc.</p>	<p>Conversations to be had with Rachel about her social media access and accessing material online in case she is being exposed to pornography (this remains unknown).</p> <p>Consistent house rules regarding safety online to be applied to Rachel and other children in the home – using devices in public areas where carers can monitor, no use of devices in bedroom after lights out, device controls to be implemented on all devices to limit search capacity.</p>	<p>Case Manager (Samantha) and/or Tessa</p> <p>Carers on shift (Joe, Tessa, Freya)</p>

Domain of safety	Activities/ strategies to enhance safety – what needs to happen?	Who is responsible for implementing and monitoring this?
Cultural safety and connection		
Consider cultural, religious, or spiritual supports and responses that may help to foster a sense of safety and comfort in relation to harmful sexual behaviours and sexual behaviours generally.	Discussion with Rachel’s mother regarding family culture and any religious or spiritual supports that would generally increase Rachel’s emotional supports and connectedness.	Case Manager (Samantha) with Mum (Melissa)
Safety enhancing activities and strategies		
Consider and identify what contexts, people, circumstances etc, may make it more likely the child or young person would display the harmful sexual behaviour. Identify alternative activities, and coping strategies they can use and how they will be supported to implement these.	<p>Work with Rachel to make her feel safe in her own bedroom at night, including use of night lights, regulation activities before bed, music or white noise, therapeutic support to assist with sleep difficulties and nightmares.</p> <p>Education regarding healthy exploration of sexual behaviours and private masturbation to ensure Rachel is provided with age appropriate sexual education and to encourage open and honest discussions.</p> <p>Find ways for Rachel to connect with her brother in healthy ways while being supervised – completing activities they enjoy, supervised contacts with their mother, joining activities (i.e. creating a puzzle together or having sibling time without other residents, while still supervised).</p> <p>Build Rachel’s healthy connections in other relationships to meet her need for connection – one on one time with Tessa, quality activities, supported contact with her mother, building a strong connection with a school staff member and engaging in peer friendships through basketball and trying to strengthen and extend these friendships.</p> <p>Engagement in therapeutic support to address underlying trauma and attachment difficulties.</p>	<p>Carers (Joe, Tessa, Freya) in consultation with mental health practitioner (Hannah).</p> <p>Carer (Tessa), with support from Case Manager (Samantha)</p> <p>Carers (Joe, Tessa, Freya) and Case Manager (Samantha)</p> <p>Carers (Joe, Tessa, Freya), Case Manager (Samantha), school deputy (Fiona)</p> <p>Mental Health practitioner (Hannah)</p>
Safety outside of the home		

Domain of safety	Activities/ strategies to enhance safety – what needs to happen?	Who is responsible for implementing and monitoring this?
If there are alternative environments where the child or young person will spend significant time with other children (i.e., at school, sporting activities), what strategies need to be in place to ensure safety?	Supervision within the school environment to reduce likelihood of inappropriate behaviours (however as yet there have been no concerns, so restricting activities should not be considered). Carers to ensure line of sight supervision while at basketball.	School deputy (Fiona) Carer on shift
<i>Date of next review:</i>	9/06/2025	
<i>Has this plan been given to the child/ young person?</i>	<u>yes</u>	
<i>List all others who have a copy of this plan?</i>	Carers/house manager	