

Mapping examples

Signs of Safety Assessment and Planning Framework

What are we worried about?	What's working well?	What needs to happen?
<p>CPS have reports of five times where Mary (19) has hit and hurt John (18 months) in the past 8 weeks. John needed hospital treatment for a fractured cheek and bruising to head and shoulders after Mary hit him so hard he was knocked into a wall yesterday.</p> <p>CPS are worried because the doctor says it's possible John could be more badly hurt in the future, suffering brain damage, or death from a future incident of this type.</p> <p>Mary doesn't want contact with her family or Gary's and she can think of no friends to help her. Mary has history of 'depression' which she calls being sad.</p> <p>Mary is not taking prescribed medications or attending appointments with psychiatrist.</p> <p>To control herself on one occasion Mary had to leave John unsupervised.</p> <p>Mary describes a history of violence in her family.</p>	<p>Mary open in talking to CPS social worker (SW) Mary clearly loves John; SW has seen that he goes to her, they cuddle, she responds to him being upset.</p> <p>Mary admits hitting John at least 4-5 times in 8 weeks and that she caused the current injuries. Mary is most concerned about her anger and violence making John afraid of her.</p> <p>John meets 'developmental milestones' for size, weight, he's talking and active.</p> <p>John's immediate safety is assured through hospitalisation and imminent alternative placement.</p> <p>Mary wants someone to talk to re. sadness/anger sees this as a cause of the problem.</p> <p>Mary has separated from violent ex-partner Gary, says he's not good for her or John.</p> <p>Mary describes one incident where she did not hit John when she easily could have 'lost it'.</p>	<p>CPS wants John back living with Mary because it's clear she loves and wants him. For this to happen, CPS need Mary and some support people to make a plan that shows everyone including John what Mary will do when she becomes sad and frustrated so she doesn't lose it with John and hurt him or if she can't control herself, who she will ask to come and help.</p> <p>Establish John in foster placement. Contact visits established for Mary and John, focused on Mary doing something different when stressed.</p> <p>Mary starts seeing someone she can talk to.</p>

What are you Worried About?

Wellbeing concerns

Cheree went to see her GP and said that she has relapsed into alcohol use in the last 6 weeks. Cheree says she drinks most evenings so that she falls asleep.

Sandy told Rory he worries “When mummy is grouchy and won’t play and stays in bed” - this is when she is hungover

Worry statement

Early Help and Cheree are worried that Cheree is drinks alcohol most evenings to fall asleep. We are worried that if there was some kind of emergency in the evening or night time that Cheree might be too drunk to keep Sandy safe. We are also worried that, if nothing changes and Cheree keeps increasing her drinking that Sandy might accidentally hurt himself, as used to happen with Victor when he was little, as his mum isn’t awake and/ or sober enough to keep an eye on him

Complicating Factors

Victor, as a child, was on on a Child Protection plan once and a Child In Need plan twice. This was because Cheree used to drink alcohol to excess and, at times, Victor hurt himself due to a lack of supervision. Victor’s father (Damian) was violent towards Cheree and Cheree told social care that she used to use alcohol to block this out. Victor doesn’t know about Cheree’s relapse

What’s Working Well?

Strengths

Cheree separated from Victor’s father and managed to successfully manage her alcohol addition during the course of the Child Protection plan.

Cheree had been free from alcohol use for 7 years until recently.

Cheree self-referred to her GP.

Cheree has accepted Early Help referral. Cheree used to use a range of coping techniques, such as walking with friends, accessing AA groups and going on day trips with Sandy previously.

Victor and Lilly help out with Sandy a lot.

Sandy told Rory he loves “When mummy is happy, has lots of energy and is fun with me” and “Victor and Lilly take me places and buy me chocolate”

Safety

Cheree only drinks when Sandy is in bed i.e. not in the day when he is awake

We want to see Cheree and her network find a way to manage, reduce then stop her alcohol intake and create a safety plan so that Sandy is always looked after by an adult who is sober enough to make sure he doesn’t accidentally come to harm or can react if there is an emergency in the home

Next steps

Cheree to identify as many “safety people” as possible - 1 week
Rory to organise a Family Network Meeting to create a family safety plan - 2 weeks

Intervention plan formed here...