



Introduction to Safety Planning

Newcomers face unique risks and vulnerabilities due to their experiences of forced displacement, exposure to potentially traumatic experiences, and the complex stressors of resettlement. Safety planning can be a necessary or helpful intervention to maintain newcomers' overall safety and wellness. This short guide provides an overview of safety plans and the safety planning process to assist refugee service providers in effectively serving newcomer clients. It accompanies Switchboard's Low-Risk Safety Plan Template, which is intended for low-risk situations.

What Is a Safety Plan?

A **safety plan** is a personalized, structured plan for how someone can manage unsafe situations, crises, or difficult moments in their lives, as well as stay safe or avoid dangerous situations. Safety plans are practical action plans for clients to follow when they are feeling overwhelmed to help them navigate through difficult emotions and dangerous situations.

When creating a safety plan, service providers can use a template or develop a plan from scratch. Templates can provide a helpful structure and ensure that important details are not omitted. They are most useful when they are editable or leave room for flexibility to address each client's unique needs. See Switchboard's Low-Risk Safety Plan Template as an example.

Why Use a Safety Plan with Clients?

Safety plans are essential tools for clients and service providers. They empower clients by providing clear steps they can take when they are unsafe. By helping clients create a safety plan, you offer them a sense of control and a pathway to safety. Safety plans are essential for:

- Preventing crises: Identifying and addressing warning signs early
- Managing risk: Reducing the risk of harm by having a plan in place
- Empowering clients: Providing clients with coping strategies and support networks

What Is Your Role in Safety Planning?

As a refugee service provider, you should consult with your supervisor to understand expectations around safety planning.

If safety planning is within the scope of your role, your first step is determining if a client is ready for safety planning or if they need a higher level of support. If a client is able to engage in safety planning, your role is to guide, support, and empower them. You are responsible for helping them identify potential risks, explore their options, and develop a plan that is both practical and realistic. Additionally, be sure to regularly revisit the plan and make adjustments as necessary.

Service providers should develop safety plans together with clients, not for them. Clients should be actively engaged in the safety planning process, collaborating on developing the plan with their service provider.

Safety plans should be created with both children and adults to manage safety concerns.

When Should a Safety Plan Be Created?

Safety plans can be created for many situations, including mental health concerns, domestic violence, and emergency response planning. You can also make a safety plan with a client who feels overwhelmed and is generally low risk, but who could still benefit from the practical support provided by a plan.

Safety plans are intended to be proactive and preventative. You should create a safety plan with a client when risk factors initially emerge. Revisit safety plans during periods of increased distress or as unsafe situations develop or change.

Sample Times to Consider Safety Planning:

- Suicidal ideation
- Other mental health crises
- Domestic violence
- Abuse of a child, elder, or disabled person
- Active substance use interfering with responsibilities or endangering client's health
- Trafficking
- Youth runaway risk or frequent truancy
- Youth online safety concerns or suspected grooming
- Self-harm, such as cutting or burning oneself
- Feeling increasingly frightened by a partner, caregiver, or other individuals
- History of substance use and experiencing triggers or cravings

- Increased worrying and racing thoughts
- Increased hopelessness, sadness, or irritability
- Youth experiencing feelings of being unloved, unwanted, or misunderstood by caregivers
- Emergency response planning (fire, tornado, earthquake, mass shooting, etc.)
- A particular threat or other dangerous situation(s)

Note: The list above is for illustrative purposes only. Individual client situations present varying levels of risk. Safety planning may not be appropriate if a client is in immediate danger, at high risk of harm to self or others, unable or unwilling to engage in the safety planning process, or unable or unwilling to maintain a safety plan after leaving your office. Follow your agency's safety policies if a client may be experiencing any of the above situations.

Common Elements of a Safety Plan

Safety plans often contain several common elements. At a minimum, they should include important phone numbers for individuals and agencies available 24/7 if the affected person needs help, feels unsafe, or is in danger. This includes instructions on using 9-1-1 if needed and appropriate. **Common elements of a safety plan include the following:**

- Recognizing warning signs: Exploring the earliest possible warning signs that something may be becoming unsafe or dangerous
- Prevention: Describing what can be done to stay safe or prevent a dangerous situation from occurring. Planning before the onset of difficult emotions or a crisis can prepare a client for these difficult situations in advance.
- Ensuring environmental safety: Discussing potential environmental dangers and ways to minimize risk. This may involve removing or securing dangerous items or weapons.
- Coping strategies: Identifying strategies to decrease distress and improve functioning
- Identifying natural supports: Identifying family, friends, community- and faith-based organizations, support groups, and more that a person can depend on to support staying safe or that can assist if things become unsafe or dangerous
- Identifying professional supports: May include crisis hotlines, local emergency services, professional organizations, law enforcement, medical care, current providers, and more

Action planning: Details a specific set of actions both to stay safe and to do if things become unsafe or dangerous.

Safety Plan Formats

Safety plans are typically written documents. They should be written in the client's native or preferred language and incorporate visuals whenever possible. However, there are times when a written safety plan is not feasible, such as when a client is not literate or when a written plan could be discovered by an unsafe or abusive person, increasing the risk of harm.

After creating a safety plan with a client, it can be recorded as an audio file, written in notes, or uploaded to the client's mobile device for safekeeping, in addition to a copy being stored in the client's casefile. If storing on a mobile device, consider additional security such as storing with a password or in apps with data security.

How to Introduce and Use a Safety Plan

When introducing the safety planning process to clients, use a strengths-based and trauma-informed approach to include clients' voice and choice (see Switchboard's summary What is the evidence for strengths-based and trauma-informed approaches?). Inform clients that you are concerned about their safety and that this is a tool to rely on when in a crisis or not feeling their best.

Safety planning should involve supervisors or team leads whenever possible for additional perspective and guidance. Productive conversations about safety planning are often even more valuable than the document itself.

- Collaborative approach: Work with the client to create the safety plan, ensuring it is personalized and reflects their specific needs and circumstances
- Ongoing review: Regularly review and update the safety plan with the client, especially after any significant changes in their life or mental health
- Encourage accessibility: Make sure the client knows where to find their safety plan and encourage them to keep it in an easily accessible place, if safe.
- Build confidence: Reassure the client that using the safety plan is a strength, not a sign of failure. It's a proactive step toward maintaining their well-being.

Conclusion

Safety planning is a collaborative process where service providers work with clients to create personalized plans for managing crises. Safety plans should be realistic, practical, and easy to remember. They empower clients to navigate difficult moments safely, provide a clear protocol for crisis situations, and ensure that both the client and provider are proactive in managing risks and promoting well-being.

Resources

Switchboard:

- Guide: Preventing Crises and De-Escalating <u>Difficult Situations with Newcomer Clients</u> (2023)
- Webinar: <u>Safety Planning with</u> <u>Unaccompanied Refugee Minors</u> (2021)
- Guide: <u>Traumatic Stress Among Children and Youth: Responding to Abuse</u>, <u>Exploitation and Trafficking</u> (2024)
- Guide: <u>Fundamentals of Gender-Based</u>
 Violence (GBV) for Refugee Service Providers:
 The What, Why and How of Safety Planning
 (2020)

International Rescue Committee (IRC):

- eLearning: <u>Safety Planning in Resettlement</u>.
 Asylum and Integration Settings (2022)
- eLearning: <u>De-escalation in Resettlement.</u>
 Asylum and Integration Settings (2021)
- eLearning: <u>Empathic Communication in</u> <u>Resettlement</u>, <u>Asylum and Integration</u> <u>Settings</u> (2021)
- eLearning: <u>Suicide Prevention in</u>
 <u>Resettlement, Asylum and Integration</u>

 <u>Settings (2021)</u>
- eLearning: Responding to Intimate Partner Violence in Resettlement, Asylum and Integration Settings (2022)

U.S. Committee for Refugees and Immigrants (USCRI)

Guide: <u>Safety Planning with Foreign National</u>
 <u>Children and Youth Survivors of Trafficking</u>
 (2021)

The IRC received competitive funding through the U.S. Department of Health and Human Services, Administration for Children and Families, Grant #90RB0052 and Grant #90RB0053. The project is 100% financed by federal funds. The contents of this document are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services, Administration for Children and Families.

