

TOOL



THE ALLIANCE
FOR CHILD PROTECTION
IN HUMANITARIAN ACTION

Safety Planning¹

Safety planning is part of the case management process and is a tool for both the child and the case worker to keep the child safe from harm. During the initial assessment of the child's situation, the case worker will have determined if the child is safe or not. If during the assessment it is determined that the child is **not safe**, the case worker should develop a safety plan with the child. For a child who is not safe, an action plan must be in place before the child and caregiver leave the meeting. A safety plan can be developed as part of the case planning with the aim to reduce hazards or risks in the workplace and to prevent child labour. Safety planning should always be undertaken by a trained case worker, in line with case management guidelines.²

COMPONENTS OF A SAFETY PLAN MAY INCLUDE THE FOLLOWING:

1. Help the child to identify risks and hazards related to the work, including their sense of personal safety. This can be done through a conversation, or through more creative, child-friendly activities. Risk mapping is one such activity, whereby the child draws on a map of their home and work, the routes from home to work and around work, including identifying people who make them feel safe/unsafe, and where those people are found. Body mapping is another activity, where a child can indicate how their work affects their body and mind.

Sample questions include:

- How long do you work each day?
- Do you have breaks?
- Do you have time to go to school?
- Do you carry out any jobs that cause you injury or pain?
- Where do you feel safe and unsafe – in which places, or on your way to work?
- Have you been injured recently? How?
- When you were injured, what happened next? Who helped you?
- Does anyone hurt you while you are working?
- Does anyone at home hurt you or harass you while you are working?
- What do you do after work?

Specific safety risks related to children's work can include but are not limited to:

- physical pain, injuries or other negative consequences of work;
- physical or sexual abuse;
- psychosocial distress or mental health conditions;
- negative impact on school attendance and performance, and free time;
- risks related to peer groups and other people including older boyfriends or girlfriends, anti-social peer groups or gangs;
- dangers or risks that the child may experience during or on the way to work.

2. Identify steps to decrease risks and actions to take in risky situations. Ideas should come from the child, the caregiver and the case worker. Sample questions include:

- When you experience this risk, what can you do to stop it?
- When you have a problem, who do you talk to?
- Who do you trust in the family / at work / in the community?
- Where do you feel safe?

For example, actions could include:

- making sure that the child does not walk alone to and from work;
- making sure that the child does not walk alone at night;
- practising how s/he will respond when strangers approach them.

3. Document safety actions and potential referrals in a personal safety plan that is agreed upon with the child (and caregivers where appropriate). This plan can contain:

- safety actions;
- one or more safety persons at home, in the workplace or in the community who can help the child in case of a risky situation;
- potential harm reduction strategies to address occupational health risks for children; and/or
- potential urgent/immediate services that the child requires, including medical, psychosocial and legal or justice services – ensure that all referrals are agreed upon with the child and their caregiver and that informed consent/assent³ is appropriately documented.

HANDLING AN IMMEDIATE CRISIS SITUATION

If a child appears to be in active crisis (very upset with active suicidal thoughts and plan, is threatening and/or exhibits out of control behaviour, or appears to be in danger), case workers should follow these steps:

- A. The case worker should stay calm and reassure the child that it was good to share their concern and that they want to help them. Case workers should never yell, judge or get angry with the child.
- B. The case worker should explain to the child that they would like to talk with their supervisor immediately. They should try to speak with their supervisor while the child is still with them. Decide, or agree on a plan before the child leaves.
- C. If the case worker cannot get in touch with their supervisor and the child does not have someone who can be with them, the case worker should arrange for the child to be referred immediately to a safe and supervised place until they can contact their supervisor. This may require the case worker to stay with the child if there are no other options.

¹ This tool was developed based on: CPWG (2014). Inter-agency Guidelines for Case Management and Child Protection; UN Children's Fund (UNICEF) (2012). Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings, First Edition, <https://www.refworld.org/docid/532aa6834.html> [accessed 27 September 2020]; and child labour case management resources from IRC Lebanon.

² UNICEF (2012). Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings, 2012, First Edition, available at: <https://www.refworld.org/docid/532aa6834.html> [accessed 27 September 2020]

³ For context-specific guidance on informed consent/assent, follow guidelines in context. For general guidance, see: Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings, First Edition, <https://www.refworld.org/docid/532aa6834.html> [accessed 27 September 2020]