

Safety mapping and safety planning with young people

[Redthread](#) is a charity that embeds specialist youth workers in health settings, and currently works in hospital emergency departments across London and the Midlands. When a young person presents at hospital Redthread workers use this as an opportunity in young people’s lives to develop safety plans with them to help them feel safer in their community. They also do case work with young people, subject to consent, supporting them across a range of different areas.

In this document, Redthread provides an overview of how they conduct safety mapping and safety planning with young people and shares a case study example.

Safety mapping and safety planning

Redthread workers conduct safety mapping with young people to understand where they feel safe or at risk in their community. Redthread has incorporate ideas from the [safety mapping tool](#) on the CS Network to help professionals inform their risk assessments and build safety plans with young people.



Professionals first begin to gauge how safe a young person feels and what potential risk they might be facing by having an initial conversation with them, either in hospital or after they have been discharged. They ask the young person whether there is anyone or anywhere that makes them feel unsafe.

Practitioners use a scale of 1-10 and ask the young person: *how safe do you feel **right now*** and to score themselves on the scale:

Very Unsafe			Quite Safe				Very Safe		
1	2	3	4	5	6	7	8	9	10

This question can be expanded. Practitioners ask young people to score how safe they feel:

- At home
- At school, college or work
- On their route to school, college or work
- In their local area
- With their friends
- Online/social media

If practitioners already have some knowledge about the young person, they can tailor some questions by making them more specific, such as including a youth club they go to or refer to certain peers.

The scores can then be explored with the young person: *Why have you given a score of 2/10 for your school?*

Practitioners discuss with the young person what they think they can do to feel safer and what they, as practitioners, can do to support the young person to feel safer. This then informs the safety plan and risk assessment.

Case Study – Safety planning with ‘Adam’

This case study was written by Alex Honnan-Macdonald, a Redthread Youth Practitioner to share her experience of safety planning with a young person in a London borough. A fake name has been given to the young person in order to protect their identity.



Adam, 13 years old, presented at the local hospital after being assaulted at school by another student in his class. The incident involved a metal comb that are banned items throughout schools in the borough.

I asked Adam how safe he felt at home and at school and Adam gave himself a 10 for both.

I asked how safe Adam felt on his way to and from school and he gave himself a 4/10. I asked why Adam gave himself 4/10 and he said that his bus goes through the other student's area and they have older brothers who Adam was worried about.

Adam and I spoke about taking a different route to school; Adam decided that walking to school and avoiding the area completely would be safest for him.

I asked how safe Adam felt in his area and he said 8/10. I asked how safe he felt in other areas of the borough, and he said he can't go to certain areas because of where he is from. Adam had experienced being asked 'where you from?' by other young people when hanging out and it had worried him. He told me: 'That's just how it is'.

When asked if anything had ever happened to him Adam said that he has been asked before where he was from but he hasn't been hurt. I asked what did he do in that situation, he said he ran home. I asked what else could he do in that situation, he wasn't sure – we spoke about going into a local shop where he could call his Mum.

At 13, Adam has learned the 'social rules' relating to certain areas of the borough in which there are rivalries and he feels he isn't safe to be in certain areas because of where he lives. Adam is not 'gang'-affiliated, nor does he have associations, but he is affected by existing rules and norms at play between young people in his borough and he has learned these rules from his peers and online.

Adam was interested in football and basketball and having something to do after school as he was just 'hanging out' around his local area.

I went away and found three youth clubs and discussed these with Adam. We looked at a map on my iPhone and I asked him to have a think about these different clubs. These were the different options we discussed:

- **Youth Club 1** – small youth club, closest to Adam's home and school, easiest route. However, in an area where Adam did not feel safe to go and was close to where perpetrator lived
- **Youth Club 2** – large youth club, lots of staff and activities but Adam felt it was too far from his home
- **Youth Club 3** – smaller youth club, not offering sports everyday but within a 'safe' area and easy to get to

I liaised with an organisation that provide sports provision throughout the borough, including at **youth club 3**, and shared this information with Adam.

Adam wanted to go to **youth club 3** and we went together for Adam's first visit; we mapped out the journey which Adam felt safe to do by himself. Adam was introduced to staff and we safely registered him with both the youth club and the organisation.

Outcomes

- By first meeting Adam at his hospital bedside, the Redthread youth worker was able to use this moment to develop a trusted relationship with Adam, working in a trauma-informed way.
- Prior to Adam's discharge, the Redthread youth worker worked with Adam's clinician at the hospital to ensure that his discharge was done in a safe way.
- The Redthread practitioner obtained consent from Adam to continue supporting him with safety planning in his community. They worked alongside Adam to develop a safety plan, mapping out the network of professionals around Adam and understanding where and how he felt safe or unsafe in his community.
- The process of safety mapping has strengthened the relationship between Adam and his worker and has helped to build Adam's resilience and feel safer in his community.
- Having a safety plan gave Adam the confidence to navigate a safe route from home to the youth club, enabling him to enjoy social activities with his peers within a community context in which he felt safe. This has reduced his isolation in the community and increased his wellbeing.
- Adam has also developed trusted relationships with the youth club workers which act as community guardians for him and his peers.