Signs of Safety MASP Mapping Template:

Name of cyp/ family: **Completed by / agency:**

What are we Worried about? *including Complicating Factors*	What's Working Well? *(strengths and demonstrated safety)*	What Needs to Happen? *(Next steps)*
Concerns about wellbeing	***Existing Strengths***	***Goal – what will it look like to be safe enough to continue at an EH threshold***
Complicating Factors		***Next steps (What do you think needs to happen?***

Scaling Question: On a scale of 0 – 10 where 0 is that you are so concerned that you need to reconsider the status of the case and 10 is outcomes for the family are progressing well

0 ◄——————————————————————————————► 10

0 = No signs of safety (Referrer to populate with own statement)	**10 = Lots of signs of safety (Referrer to populate with own statement)**