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FAMILY SAFETY FRAMEWORK

Final Evaluation Report

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Executive Summary

This report outlines the results of the evaluation of the trial phase of the Family Safety Framework. The evaluation was conducted by the Office of Crime Statistics and Research (OCSAR) during 2008.

Description of the Family Safety Framework

The Family Safety Framework (FSF) was developed under the auspice of the South Australian Government's Women's Safety Strategy and Keeping them Safe – Child Protection Agenda, to drive the development of improved, integrated service responses to violence against women and children in South Australia.

The Framework involves an agreement across Departments and Agencies for a consistent understanding and approach to Domestic and Family Violence that has a focus on women's and children's safety and the accountability of offenders. Specifically, the FSF provides for cases of domestic/family violence assessed as imminent high risk using a common risk assessment tool to be referred to a local Family Safety Meeting (FSM), attended by a range of agencies. The purpose of the meeting is to share information under the auspice of a specially developed Information Sharing Protocol and to implement a Positive Action Plan for each referral.

The agencies involved in the Information Protocol are:

- South Australian Police (SAPOL)
- Department for Families and Communities (DFC)
- Attorney-Generals Department
- Department of Health
- Department of Correctional Services (DCS)
- Department of Education and Children's Services (DECS)
- Non-government women's domestic violence services

Cabinet approved a trial of the Family Safety Framework in three sites - two metropolitan regions and one non-metropolitan region. The Framework commenced in the Holden Hill Local Service area in August 2007, in the South Coast Local Service area (predominantly Noarlunga) in September 2007 and in the Far North Local Service Area (Port Augusta) in January 2008.

The pilot phase of the FSF has been managed by the Office for Women, in conjunction with the FSF Implementation Committee made up of representatives from participating agencies. This role included oversight of the Initiative, development of the practice manual, training of staff in each of the pilot regions and monitoring of the pilot sites. SAPOL undertook responsibility for the administrative lead for Family Safety Meetings during the trial period.

No additional resources were provided to agencies to participate in the FSF.

The goal of the Family Safety Framework (FSF) is:

To provide coordinated, appropriate and consistent responses aimed at enhancing victim safety, reducing re-victimisation and increasing perpetrator accountability.

- The intended outcomes of the FSF are:
- Improved responses to women, children and young people
- Improved responses to men who use violence
- Consistent responses across government, non-government and community agencies developed as part of a collaborative process.

Evaluation of the Family Safety Framework

The evaluation sought to:

- Determine the extent to which the FSF was implemented and operated as intended.
- Identify the strengths and weaknesses of the model in relation to providing better responses to women, children and young people
- Assess the extent to which the FSF is achieving its goal and intended outcomes; including whether the FSF makes a difference to the safety of women and children in high risk domestic violence situations;
- Identify any issues that need to be addressed if an eventual state-wide rollout of the FSF is to be considered

Key Findings

Meetings and referrals:

- Between August 2007 and September 2008, a total of 45 Family Safety Meetings involving 67 referrals were held at the trial sites of Holden Hill, Noarlunga and Port Augusta. These figures included:
 - 17 meetings involving 28 referrals at Holden Hill
 - 22 meetings and 34 referrals at Noarlunga
 - 6 meetings and 5 referrals at Port Augusta
- Women referred to Family Safety Meetings up to 30 September 2008 ranged in age from 17 to 51 years, with a mean age of 32 years. This was consistent across Holden Hill and Noarlunga. The three ages recorded for women referred to the Port Augusta FSM ranged from 25 to 36, with a mean age of 30 years. Nearly one-third of women referred (28%) were aged 17 to 25 years.
- Five referrals (7%) involved an Aboriginal victim. There were also two referrals where the perpetrator only was Aboriginal.
- Four referrals involved women from a culturally and linguistically diverse background, including Jordan, Romania, Thailand and Africa (specific country unspecified).

- Nine in ten of the women referred to a Family Safety Meeting had at least one child aged less than 18 years. The 67 referrals involved at least 125 children, with over one-third (47 or 38%) aged under 5 years.
- Just over three-quarters (76%) of the families referred to a Holden Hill or Noarlunga FSM up to 30 June 2008 were known to Families SA. For three women, at least one child was under a Care and Protection Order prior to the FSM.
- Six Child Protection Notifications at Noarlunga and one from Holden Hill were made as a direct result of the Family Safety Meeting.
- The mean Risk Assessment score across all sites was 93, which was well above the 45 required for a classification of 'high risk'. Just under half of the referrals had an extremely high score of 100 or more.

Referring agencies

- For all sites combined, DV services accounted for approximately one-third of all referrals (34%), while SAPOL was responsible for just under one-third (28%). Health services accounted for 16% of referrals overall, but all of these were at the Noarlunga site.
- There were clear differences in the referral patterns at each site. At Holden Hill, most referrals were received from the Central Domestic Violence Service (12), followed by SAPOL (8) and Correctional Services (6). In contrast, Health and Southern Domestic Violence Services each accounted for one-third of all Noarlunga referrals (11 each), followed by SAPOL (6) and Families SA (3). Conversely, there were no Health referrals at Holden Hill, and only one referral from Correctional Services at Noarlunga.
- All referrals in Port Augusta were made by SAPOL.

Actions from Family Safety Meetings

A wide range of actions were generated from Family Safety Meetings, including:

- DV Services general support/liaison and/or assistance with emergency housing
- SAPOL actions in relation to safety plans, restraining orders, warrants, advising victim regarding police bail and court outcomes (11 Restraining Orders were granted up to 30 September 2008)
- Joint visits to victim by SAPOL and DV Services
- Enrolment in Families SA programs (Strong Families Safe Babies)
- Monitoring/altering of bail conditions, preventing phone calls from custody, prison status checks
- Flagging of various systems e.g. SAPOL, Department for Correctional Services, DV services, and Families SA, to ensure immediate responses upon contact by the victim
- Housing needs assessments, bond assistance for private rentals and public housing transfers
- Liaison with schools re safety of children
- Installation of security screens and provision of duress alarms, including financial assistance
- Mental health assessment and referral
- Placement on CAMHS waiting list
- Engaging a Disability Consultant to work with participant.

SAPOL and DV Services undertook actions in just over half of all referrals (54% and 52% respectively), followed by Families SA (37%) and Correctional Services (30%). Health Services and DECS were involved in actions for approximately one-quarter of all referrals.

Overall, the analysis of FSM referrals and corresponding actions emphasised the complexity of domestic violence cases and the need for consistent and integrated multi-agency responses.

Feedback from victims referred to a Family Safety Meeting

Five victims consented to an interview as part of the evaluation of the Framework. It was found that:

- Three of the four victims who had past experiences with agencies as a result of domestic violence reported that the support and responses were improved under the FSF.
- All participants felt that they were safer now due to:
 - Restraining Orders (participants felt the Order had laid the ground rules for behaviour, that perpetrator would be accountable for his behaviour and there would be consequences if the perpetrator breached the Order);
 - Receiving accommodation at a shelter, where the perpetrator does not know the address;
 - Provision of a duress alarm; and/or
 - Knowing their case was highlighted on SAPOL and DV systems so that if the participant made contact the agency knew who she was and would act immediately.
- None of the victims experienced any further DV incidents between the time of the meeting and the time of the evaluation interview. All indicated that they would recommend involvement to others.

Feedback from stakeholders

Fifty interviews were conducted between February and March 2008 with representatives at the metropolitan sites and the Implementation Committee, and during September 2008 for Port Augusta representatives.

Overall, stakeholders were generally satisfied with the implementation and operation of the Family Safety Framework, with 47 of 50 respondents supporting the continuation and roll out of the Initiative.

Strengths of the FSM model

The major strengths of the model were identified as:

- The clarification and common understanding of information sharing processes under the Information Sharing Protocol, which enabled agencies to provide/receive a much broader range of information essential to the development of appropriate responses.
- The shift to an integrated response to domestic violence, where all agencies are 'at the table' compared with the previous fragmented 'silo' approach.

- Having a consistent risk assessment tool, which represents an agreement/common understanding of high risk factors for domestic/family violence and which subsequently forms the basis of consistent responses by different agencies.
- Enhancing the accountability of agencies to respond to domestic violence through the development, monitoring and documentation of Action Plans as part of the FSM process.

Positive outcomes of the operation of FSF included:

- The wide range of agencies now meeting to discuss women's safety, including agencies that were not traditionally involved and/or were apprehensive regarding the sharing of information.
- Building up networks and relationships with benefits for clients outside of the Family Safety Meeting process.
- Responses to victims of domestic violence that are quicker, more coordinated and more relevant.
- Improved understanding of agency roles and responsibilities.
- Raising awareness of gaps in knowledge of domestic violence, particularly for agencies that do not traditionally focus on the issue.

Major challenges for the FSF model in achieving its aims were identified as:

- The implementation of the Framework as a pilot in three sites only. Uncertainty about the continuation and roll out of the FSF to other regions appeared to be a critical factor that limited the dissemination of the Family Safety Approach. This, in turn meant that some representatives had difficulties in accessing information from within their own agencies.
- Inconsistent boundaries between agencies, which added a level of complexity in determining the eligibility of some referrals at the trial sites. However, this issue will be resolved in the near future with the move to standard boundaries.
- Lack of additional administrative/project support to organise and document FSMs. This was regarded as a significant burden on SAPOL as the coordinating agency.
- For some agencies, the lack of funding for high level representatives to attend regular FSM meetings was a major concern. While participation was maintained throughout the pilot phase, some representatives felt that ongoing involvement may be compromised without additional resources.
- The limitations of the existing options to deal with perpetrators and ensure their accountability. However, increasing perpetrator accountability in relation to high risk cases requires increased consequences through a legislative reform process.

Achievement of goals and intended outcomes

The Family Safety Framework achieved the majority of its goals and intended outcomes.

Goal: To provide coordinated, appropriate and consistent responses aimed at enhancing victim safety, reducing re-victimisation and increasing perpetrator accountability

Status: Three out of four elements achieved

As demonstrated by the successful implementation of Family Safety Meetings, involving the participation of a wide range of agencies from the government and non-government sector in information sharing and in the development of coordinated Action Plans for victims of domestic violence, the FSF has achieved the goal of coordinated, appropriate and consistent responses for women referred to meetings.

In addition, the actions developed and implemented by the FSM were clearly aimed at enhancing victim safety and reducing re-victimisation, through the coordination of alternative accommodation, the development of safety plans, the provision of security devices, and the provision of information regarding perpetrator movements.

However, FSM actions were generally not aimed at increasing perpetrator accountability. This was due in part to difficulties in locating perpetrators, but was also linked to constraints within existing systems such as a lack of a legislative base to enforce accountability and attendance at programs, coupled with a lack of programs to deal with men who use violence.

Intended Outcome 1: Improved responses to women, children and young people**Status: Achieved**

There was general agreement from stakeholders and victims that the FSF had achieved or was working towards achieving improved responses. This was the result of greater information sharing and closer working relationships developed at Family Safety Meetings, which had increased knowledge about victims and improved liaison between agencies outside the meeting process. This, combined with the accountability mechanism of the meeting process, had contributed to faster and more relevant responses.

Intended Outcome 2: Improved responses to men who use violence**Status: Not achieved**

Analysis of FSM activities and feedback from stakeholders indicated that the FSF has not improved responses to men involved in domestic violence. This was primarily due to the limitations of the existing options to deal with perpetrators and ensure their accountability (including the lack of a legislative base to support actions).

Intended Outcome 3: Consistent responses across government, non-government and community agencies developed as part of a collaborative process**Status: Achieved at the local Family Safety Meeting Level only**

Good working relationships and consistent responses as part of a collaborative process have been developed across government and non-government agency representatives involved in the Family Safety Meeting process. However, there was no evidence that these relationships and responses had extended far beyond the representatives and their immediate teams, primarily because the Initiative was in the trial phase and there was insufficient commitment to promoting an approach that may not continue.

Evidence of enhanced victim safety and reduced re-victimisation**Status: Achieved**

The analysis of the risk/safety outcomes revealed positive results for women referred to a Family Safety Meeting, particularly given that most of the women involved in a FSM were considered to have an extremely high risk of injury or death at the time of referral.

Overall, the majority of women and families referred to a meeting benefited from the concurrent information sharing by agencies and the coordination of actions, leading to more holistic and rapid responses.

In addition to a more rapid and holistic response to victims of domestic violence, there was evidence that at least nine women and their families had reduced risk as a result of actions that are unlikely to have occurred without the FSM process.

Risk reduction

- 21 of the 34 (62%) with sufficient information available were assessed as Lower Risk as a result of actions and approaches now possible under the Family Safety Meeting process, including a more rapid and holistic response and the provision of information and services.
- Only one woman was officially re-referred to a FSM, suggesting that the level of risk for the majority of women was contained or reduced.

Re-victimisation after referral:

- 33 of 44 (75%) referrals that remained in South Australia had no SAPOL record of re-victimisation for at least three months after referral. Of these, 22 (50%) had no additional records from Families SA or DV Services that may suggest re-victimisation.
- 7 referrals (16%) had police records indicating minor to moderate domestic violence (e.g. that the perpetrator had breached a Restraining Order or bail conditions and/or had in some way made contact with the victim) including four with additional records from Families SA suggesting continuing violence.
- 4 referrals (9%) had SAPOL records or DV Service information that a serious incident of domestic violence had occurred after referral (e.g. an assault on three victim and one family member of a victim). Two of these referrals also had Child Protection Notifications after referral.

In the context of the previously high levels of violence experienced by women referred to a FSM, the figures indicate a relatively low level of serious domestic violence incidents following referral.

Recommendations

Overall, the Family Safety Framework has demonstrated enhanced information sharing, collaborative relationships and consistent and coordinated approaches aimed at improving responses to women and children who are victims of domestic violence. Analysis of the risk and safety outcomes for victims is also indicative of improved outcomes for victims.

In addition, there is overwhelming support from agency representatives for the continuation of the Framework, despite some concern regarding adequate resourcing.

In line with these findings, the following recommendations are made:

Recommendation 1:

That the Family Safety Framework be continued and expanded across South Australia.

Recommendation 2:

That in any state-wide roll-out of the Family Safety Framework, consideration be given to:

1. greater consultation with agencies prior to the nomination of representatives and initial training;
2. greater flexibility in the provision of training, including an online training tool;
3. provision of training on risk assessment to a wider range of workers;
4. provision of information on the roles and responsibilities of each agency;
5. the involvement of a wider range of non-government agencies in the Family Safety Meeting process
6. more direct representation at Family Safety Meetings by Child Youth Health and the Child and Adolescent Mental Health Service (CAMHS);
7. the most effective form of Family Safety Meeting that provides for timely responses from all relevant agencies, while minimising the time commitment for representatives, including consideration of what agencies need to attend meetings, what agencies need to provide information only, and what agencies need to be informed of actions and outcomes arising from meetings;
8. the development of a clear definition of the role of the Family Safety Framework and its relationship to the child protection processes managed by Families SA;
9. how the FSF will blend with currently existing groups for interagency information sharing and cooperation, to prevent duplication and to enhance the implementation and operation of the FSF;
10. the development of creative responses to increase the accountability of perpetrators;
11. the provision of resources to support the operation of the Framework, particularly in relation to the provision of project/administrative support to coordinate and document Family Safety Meetings;
12. the provision of clear and simple information to victims regarding the Family Safety Meeting process and the scope of services provided by relevant agencies; and
13. issues specific to the implementation and operation within centres outside of the metropolitan area, including low staff levels, distances required to attend meetings, flexibility regarding availability of training and the need for links with agencies in towns outside of the meeting site to cater for the high mobility of families.

Introduction

This report outlines the results of the evaluation of the trial phase of the Family Safety Framework. The evaluation was conducted by the Office of Crime Statistics and Research (OCSAR) during 2008.

The Family Safety Framework (FSF) was developed under the auspice of the South Australian Government's Women's Safety Strategy and Keeping them Safe – Child Protection Agenda, to drive the development of improved, integrated service responses to violence against women and children in South Australia.

The FSF involves an agreement across Departments and Agencies for a consistent understanding and approach to Domestic and Family Violence that has a focus on women's and children's safety and the accountability of offenders. Specifically, the FSF provides for high risk cases of domestic/family violence to be referred to local Family Safety Meetings, which are attended by a range of agencies. The purpose of the meetings is to share information and implement a Positive Action Plan.

Cabinet approved a trial of the Family Safety Framework in three sites - two metropolitan regions and one non-metropolitan region. The trial phase commenced in August 2007 and involved agencies from the Holden Hill, South Coast (Noarlunga) and Far North (Port Augusta) police Local Service Areas.

Implementation of the FSF trial phase was managed by the Office for Women and overseen by the FSF Implementation Committee, reporting to the Whole of Government Reference Group for the Women's Safety Strategy.

Structure of this report

This report consists of the following sections:

1. An overview of the Family Safety Framework, including a description of goals, intended outcomes, elements and processes
2. Evaluation aims and methodology
3. Evaluation results
 - 3.1. Family Safety Meeting activity up to 30 September 2008 including the number of meetings, the number of referrals, types of referring agencies and actions taken;
 - 3.2. The risk and safety outcomes for women and children involved in the FSF;
 - 3.3. Feedback from interviews with victims whose cases were referred to a Family Safety Meeting;
 - 3.4. Feedback from interviews with FSF stakeholders, including agency representatives involved in Family Safety Meetings and representatives on the FSF Implementation Committee;
 - 3.5. Key findings and achievements
4. Recommendations

1. Overview of the Family Safety Framework

Introduction

Violence against women and children is a long-standing and complex social problem that had only begun to be addressed in the later decades of the last century. Until the early 1990's, the focus of services engaged to respond to incidents of domestic violence was on accessing safe accommodation.

From the 1990's onwards, there has been an increasing focus on the need for agencies to collaborate and coordinate their service responses to domestic violence. A recognition of the importance of working with perpetrators of domestic violence further emphasised the need for collaboration of services and coordination of responses.

Complementing these developments is the recognition of the importance of working with extended families and communities in responding to Indigenous family violence and the need to provide holistic services that respond to the needs of the whole family, rather than separate family members.

In addition, the growing body of research, both Australian and international, has highlighted the connection between domestic violence and child abuse. This research has shown that violence against mothers can have deleterious effects on children who witness the abuse, or may become inadvertently caught up in the violent incidents against their mothers. The effects of domestic violence on children can be wide-ranging and can impact on their self-esteem, relationships and behaviour.

Finally, a review of homicide cases has identified the lack of information sharing amongst agencies as a significant factor contributing to homicide/suicide in families where there is domestic violence.

This information formed the rationale for the development of a *Family Safety Framework* which is intended to drive the development of improved, integrated services to violence against women and children in South Australia.

Goal and intended outcomes

The goal of the Family Safety Framework (FSF) is:

To provide coordinated, appropriate and consistent responses aimed at enhancing victim safety, reducing re-victimisation and increasing perpetrator accountability.

The intended outcomes of the FSF are:

- Improved responses to women, children and young people
- Improved responses to men who use violence
- Consistent responses across government, non-government and community agencies developed as part of a collaborative process.

Target population and eligibility criteria

The Family Safety Framework targets cases assessed as high risk of harm and focuses on the immediate safety of women, children and young people.

Family Safety Framework

The Framework includes the following key elements:

1. The Family Safety Agreement (FSA)
2. The Family Safety Meeting (FSM)
3. Use of a common risk assessment tool to assess high risk of serious injury or death
4. A protocol for information sharing
5. Ongoing monitoring and evaluation

Each of these is outlined briefly below.

Family Safety Agreement (FSA)

The Family Safety Agreement (FSA) outlines the processes, procedures and policies that will enable agencies in a particular region to better support women and children who are victims of violence and men who use violence through an integrated and coordinated approach.

Under the agreement, each department Chief Executive identified an individual within their department to undertake the responsibility for implementation of the agreement state-wide. This person is responsible for:

- Attending state-wide meetings to progress the work of the Framework;
- Facilitating the implementation of FSA processes and procedures across regions;
- Advocating for the FSA within their department and regions; and
- Identifying who within the agency is the relevant person to attend the FSM in each region at the local service level, should this be required.

Protocol for Information Sharing

The Family Safety Framework is dependant upon agreement to share information about women, children and young people who are experiencing violence and perpetrators of violence.

The scope of the information sharing protocol is to clarify, as far as possible, each party's responsibilities and duties in relation to information sharing, the circumstances under which information can be shared for the purposes of a Family Safety Meeting (FSM), and what information is required to be shared and what is not.

Under the Protocol:

- no exchange of information, especially personal information, should take place until all parties to the exchange have signed up to the Agreement (unless there are exceptional circumstances).
- the requirement to share information must be proportional to the level of risk to the woman, child or young person. This will be determined by the agency concerned and should be supported by a risk assessment process. Information should only be shared in relation to cases of high risk. A high level of risk must be established by applying both clinical and actuarial assessment. Where an agency identifies the need to share information regarding an individual's safety, the agency will complete the Family Safety Meeting Risk Assessment Form and a Family Safety Assessment Referral and send

them to the FSM leader. Agencies will then prioritise actions identified as a result of the joint assessment of the victim's situation.

- while it is recognised as good practice, is not necessary to inform the victim that information will be shared with other agencies for risk assessment purposes.
- Any agency receiving confidential information from another agency must keep such information confidential and ensure that care is taken to avoid any disclosure to parties outside the bounds of the Agreement.
- appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal information and against accidental loss or destruction of, or damage to, personal data. Each agency will be responsible for the safeguarding of information in accordance with the Information Privacy Principles, and when information is no longer regarded as being relevant, the agency will be responsible for its secure disposal.

The signatories to the Information Protocol are:

- South Australian Police (SAPOL)
- Department for Families and Communities (DFC)
- Attorney-Generals Department
- Department of Health
- Department of Correctional Services (DCS)
- Department of Education and Children's Services (DECS)
- Non-government women's domestic violence services

Common Risk Assessment

In order to determine if a case meets the criteria for referral to a Family Safety Meeting, a formal risk assessment is carried out by the agency or service that receives initial contact from the victim or a person acting on behalf of the victim.

The Family Safety Meeting Risk Assessment Form serves as a guide to ensure that agencies are operating according to consistent guidelines when assessing clients for possible referral to a FSM. Specifically, it provides an assessment of key risk factors that are associated with the potential for serious injury or death of the victim/s. (Refer Appendix 1). The tool consists of a 40 point checklist in relation to:

- The victim's perception of risk within the previous month, including specific fears for themselves, children.
- Historical patterns of behaviour - previous convictions or abusive behaviour, jealousy, increase in intensity of abuse.
- Specific factors associated with an incident - use of weapon, threats to kill.
- Aggravating factors - drugs, alcohol, financial.
- Other factors - pregnancy, separation, child access.

Each item ticked on the checklist is scored, with scores of 45 or more indicating high risk (maximum score of 181).

The Risk Assessment tool also requires consideration of the *immanency* of the threat to the victim before a referral is made. Where serious threat to life or health is currently occurring and needs to be prevented or lessened immediately, or serious threat *will* occur if not lessened or prevented immediately, referral to a FSM is indicated. If a case is not currently assessed as high risk or is high risk but does not meet the criteria for immanency, the victims should still be referred to services that are available in relation to their current needs.

Finally, the actuarial assessment provided by the Risk Assessment Form is combined with the professional judgment and experience of the individual practitioner involved in the case to

determine an overall level of risk. Practitioners considering making a referral are also responsible for considering whether a referral under child protection procedures should be made to the Child Abuse Report Line (CARL).

Family Safety Meeting (FSM)

A Family Safety Meeting is a local meeting where relevant agencies gather on a regular basis to share information and implement a Positive Action Plan in relation to high risk cases of domestic and family violence. In general, FSMs are scheduled fortnightly in each of the trial regions, with some flexibility if there are no new referrals. A referral of a particular case to a FSM is triggered by the identification of a high risk situation by any participating agency.

The purpose of the FSM is to facilitate effective information sharing to enable a positive action plan to be developed which will increase the safety of women, children and young people. More specifically, the aim of the FSM is to:

- Determine whether the offender poses a significant risk to the woman, child or young person.
- Jointly construct and implement a multi-agency positive action plan that includes risk management, provides professional support and reduces the risk of further harm.
- Support a Criminal Justice System response to offenders.
- Reduce repeat victimisation.
- Reduce re-offending.
- Improve agency accountability.
- Improve support for staff involved in high risk family violence cases.

During the FFS trial phase, coordination and administration of the FSM was undertaken by the SAPOL representative within the region. The meetings were also chaired by the SAPOL representative. Agency representatives at the FSM are expected to have the authority within their agencies to prioritise the actions that arise from the FSM and to be able to commit resources to ensure there is a rapid response to high risk cases.

Ultimately, responsibility for actions that result from the FSM rests with individual agencies. The FSM is expected to complement internal organisational procedures regarding safety and risk, and accordingly, each organisation is responsible for taking whatever steps they deem necessary in relation to high risk cases prior to attending the FSM.

Where a victim has been the subject of a FSM, permission to release information obtained at the FSM meeting will be sought from FSM members prior to its release. Personal information about children and families held by all agencies is subject to legislation and would not normally be disclosed without the consent of the subject. However, the law does permit the disclosure of confidential information if it can be established that it is in the public interest to do so.

The following agencies currently participate in Family Safety Meetings at the trial sites:

- Women's Domestic Violence Service (or relevant service for women).
- Families SA
- SAPOL
- Department for Correctional Services
- Department of Health (Drug and Alcohol Services SA (DASSA), community/women's health, nursing and/or hospital staff)
- Housing SA
- Department for Education and Children's Services (DECS)

In practice, a formal risk assessment is carried out by the agency that receives the initial contact from the woman and or other service in relation to an incident of family violence. Agencies who undertake a risk assessment and identify that the woman, child or young person is at high risk forward the risk assessment form to the FSM Coordinator for that Local Service Area. Upon

receipt of a risk assessment form and the FSM Research Form that fulfils the criteria of high risk and immanency, the FSM Coordinator forwards the relevant information to each of the service agencies involved in the meeting, at least 3 days before the next regular meeting is scheduled. Participating agencies are responsible for the security of the FSM forms.

To ensure that information shared between parties at the meeting will not be used outside of that meeting for any other purpose than to enact the Positive Action Plan developed in relation to a specific case, all members of the FSM were initially required to sign a confidentiality form at each meeting. However, it was later agreed that this was not necessary, given that representatives are bound by the Family Safety Agreement which sets out information sharing guidelines.

In cases where a response is required within 24 hours, an *emergency FSM* can be called. An emergency FSM is only called when a victim is assessed as Very High Risk and the risk of harm is so imminent that agencies have a duty of care to act at once, rather than waiting for the next FSM. Urgent actions agreed upon as a result of an emergency FSM must be executed immediately and the emergency FSM case should be prioritised on the next FSM agenda so that the Chair can review the action list and present the case to all the attending agencies.

Consultants

In early 2008 Aboriginal Cultural Consultants were made available to each of the three trial sites, to provide advice on the best way to implement agreed actions in a sensitive manner for Aboriginal referrals.

It was also arranged that Disability SA would engage with the process if any family member had a disability.

Staffing and resources

The pilot phase of the FSF has been managed by the Office for Women, in conjunction with the FSF Implementation Committee. This role included oversight of the Initiative, development of the practice manual, training of staff in each of the pilot regions and monitoring of the pilot sites. As indicated, SAPOL had responsibility for the administrative lead for Family Safety Meetings during the trial period.

No additional resources were provided to agencies to participate in the FSF.

Location and commencement

Cabinet approved a trial of the Family Safety Framework in three sites - two metropolitan regions and one non-metropolitan region. The Framework commenced in the Holden Hill Local Service area in August 2007, in the South Coast Local Service area (predominantly Noarlunga) in September 2007 and in the Far North Local Service Area (Port Augusta) in January 2008. Approval was granted in October 2008 for the trial sites to continue operation until the evaluation has been completed and a decision is made regarding the future of the Initiative.

2. Evaluation Aims and Methodology

Aims

The Office of Crime Statistics and Research conducted a process and outcomes evaluation of the Family Safety Framework during 2008.

In broad terms the process evaluation sought to:

- Determine the extent to which the FSF was implemented and operated as intended. This includes strengths and weaknesses of these processes and deviations from the model and their impact (if any);
- Contribute to monitoring, fine-tuning and improving the performance of the FSF throughout the pilot;
- Identify the strengths and weaknesses of the model in relation to providing better responses to women, children and young people
- Determine whether the FSF changed stakeholders networks and efficiency in working on lower risk cases; and
- Identify any issues that need to be addressed if an eventual state-wide rollout of the FSM approach is to be considered

The outcome evaluation sought to establish the extent to which the specified outcomes of the FSF have been achieved. In broad terms the outcome evaluation assessed:

- the extent to which the FSF is achieving its goal and intended outcomes; whether or not the model adopted by FSF makes a difference to the safety of women and children in high risk domestic violence situations;
- whether or not systems improvements have resulted from the FSF. That is, whether the FSF leads to a more integrated and coordinated approach across government and non-government agencies; and
- the knowledge gained from the trials.

Methodology

A mixed method approach was used in order to appropriately address questions concerning the operation and effectiveness of the FSF.

This included the use of both qualitative and quantitative forms of data collection as follows:

- Semi-structured interviews with stakeholders (ie agency representatives on FSMs, the Implementation Committee and state-wide group), and women whose cases have been referred to a FSM.
- Analysis of minutes, action lists and other documentation created as part of (or for the purposes of FSMs)

- Criminal justice data relating to pre and post offending amongst men whose partners (or ex-partners) have been referred to a FSM
- Participant observation at FSMs
- Analysis of Families SA data for children linked to FSMs

Ethics approval

Ethics approval for the project was obtained from the Department for Families and Communities Human Research Ethics Committee and the Aboriginal Health Research Ethics Committee.

Exemption from the relevant Information Privacy Principles was also granted to OCSAR to allow for the collection of data to conduct the evaluation.

Reporting

Key deliverables for the evaluation included:

- Regular verbal and/or written reports to the Implementation Committee as to the progress of evaluation activities; and
- A final report to the FSF Implementation Committee.

3.1 Family Safety Meetings and Referrals

The following section provides an overview of Family Safety Meeting activity over the three trial sites. Information for this analysis was obtained from Family Safety Meeting documentation, including Referral forms, Risk Assessment Forms, Action Plans and the minutes of meetings.

Number of meetings and referrals

Between August 2007 and September 2008, a total of 45 Family Safety Meetings involving 67 referrals were held at the trial sites of Holden Hill, Noarlunga and Port Augusta.

Table 1 illustrates the number of meetings and referrals by trial site. As shown, Noarlunga met more frequently than Holden Hill or Port Augusta.

Table 1:
Number of Family Safety Meetings and referrals by trial site August 2007 to September 2008

Trial site	First meeting date	Number of meetings to 30 September 2008	Number of referrals to 30 September 2008
Holden Hill	August 2007	17	28
Noarlunga	October 2007	22	34
Port Augusta	February 2007	6	5
Total		45	67

As part of the pilot, the trial sites were initially required to schedule fortnightly meetings. For the most part the Noarlunga site adhered to this principle, meeting twice in eight of the 12 months it was in operation up to September 2008, with three months in which there was only one meeting and one month where no meetings were held.

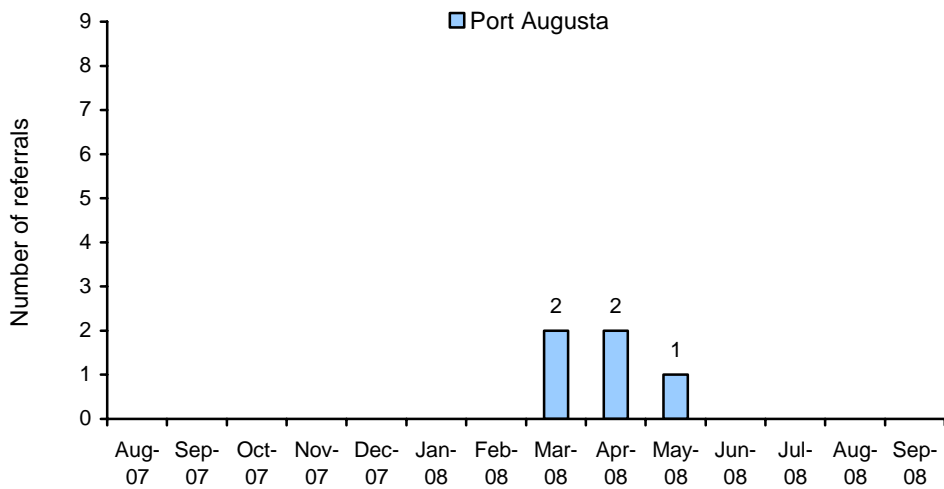
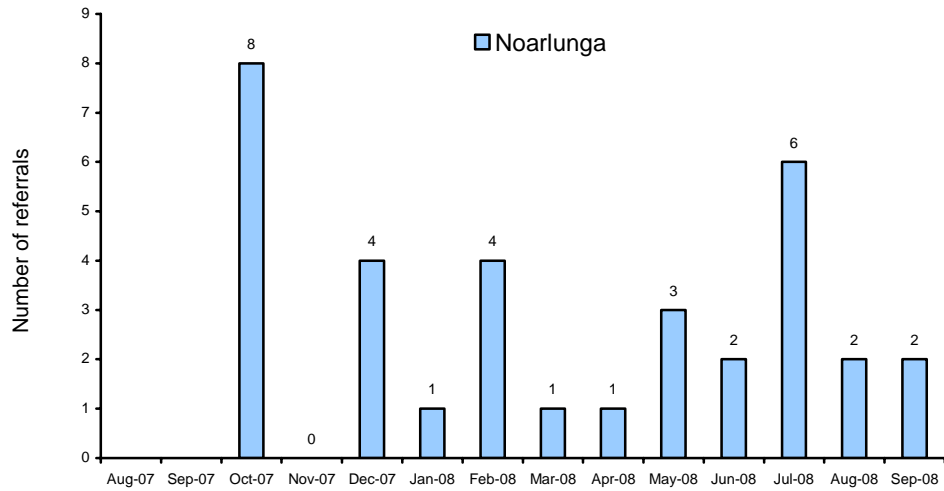
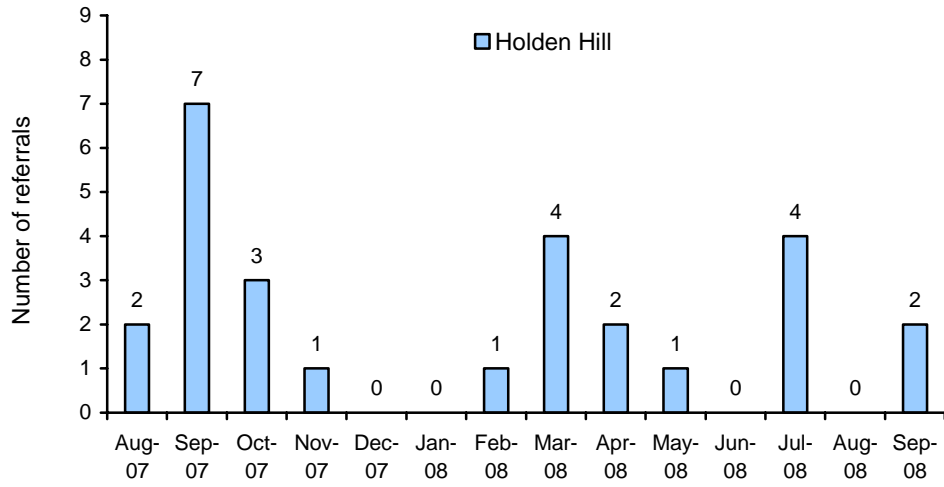
In contrast, the Holden Hill site met twice for six of the first 12 months of operation and once for three months. There were three months in which no meetings were held.

Port Augusta Family Safety Meetings were held between February and May 2008 (two in February, one in March, two in April and one in May).

In general, scheduled meetings were cancelled where there were no new referrals and no new issues to discuss regarding existing referrals.

Figure 1 shows the number of referrals at each site by month. As indicated, the number of referrals varied widely, ranging from 0 to 8, but generally in the range of 0 to 4. The number of referrals in the metropolitan sites was maintained throughout the first 12 months of operation, with approximately equal numbers in first six months compared with the second six months. Holden Hill had 13 referrals in the first six months compared with 15 in the second six months of operation, while Noarlunga had 18 in the first six month period and 16 in the second.

Figure 1: Number of FSM referrals each month from August 2007 to September 2008



Age of victims referred

Women referred to Family Safety Meetings up to 30 September 2008 ranged in age from 17 to 51 years, with a mean age of 32 years. This was consistent across Holden Hill and Noarlunga. The three ages recorded for women referred to the Port Augusta FSM ranged from 25 to 36, with a mean age of 30 years.

Table 2 shows the age breakdown by trial site. Age was not recorded for one woman from Noarlunga and two women from Port Augusta. Overall, the age distribution was evenly spread between the three youngest age groups, with a small number of women aged 45 or more. However, when individual sites were compared, women referred to the Holden Hill FSM tended to be younger (over one-third in the 17 to 25 years age group), while Noarlunga referrals tended to be older (over one-third aged 35 to 44 years).

Table 2:
Age of women referred to Family Safety Meetings August 2007 to September 2008 by trial site

Age group (years)	Holden Hill	Noarlunga	Port Augusta	Total	
				No.	%
17 to 25	10	7	1	18	28
26 to 34	8	11	1	20	31
35 to 44	8	13	1	22	34
45 to 51	2	2		4	6
	28	33	3	64	100

Aboriginality/Ethnicity

Overall, seven referrals involved an Aboriginal person (including two where the perpetrator only was Aboriginal).

Two of the women referred to Holden Hill and two perpetrators (four separate referrals) were Aboriginal. There were also two Aboriginal referrals at Noarlunga and one at Port Augusta.

An additional four referrals were from a CALD background – from Jordon and Romania at Holden Hill and from Thailand and Africa at Noarlunga. It was reported by DV services involved with the Holden Hill referrals that these women were particularly apprehensive regarding cooperation with SAPOL.

Number of children involved

The overwhelming majority of women referred to a Family Safety Meeting had at least one child aged less than 18 years.

- In Holden Hill, 24 of the 28 referrals involved children (86%). Of the total 40 children involved, half (19) were aged under 5 years.
- In Noarlunga, 31 of the 34 referrals involved children (91%). Out of a total of 70 children, one-third (22) were aged under 5 years.
- All five of the Port Augusta referrals involved children, although exact details of numbers and ages were not recorded. It is estimated that at least 15 children were involved, of which one-third (6) were aged less than 5 years.

Involvement with Families SA

The link between referral to a Family Safety Meeting and Child Protection was analysed for all Holden Hill and Noarlunga referrals up to 30 June 2008 (n=46).

Prior involvement

Just over three-quarters (76%) of the families referred to a FSM were known to Families SA. For three women, at least one child was under a Care and Protection Order prior to the FSM.

In Noarlunga, 21 of the 22 referrals up to 30 June 2008 that involved children (95%) had at least one Child Protection Notification for at least one child, prior to the FSM referral. The number of Notifications per referral ranged from 1 to 21, with eight Noarlunga FSM cases each having at least six prior Notifications.

At the Holden Hill Trial site, two-thirds (14 or 66%) of the children involved in cases referred to a FSM had at least one prior Child Protection Notification, ranging from 1 to 10 Notifications per referral, with five having at least six prior Notifications.

Involvement as a result of a FSM

Six Child Protection Notifications at Noarlunga and one from Holden Hill were made as a direct result of the Family Safety Meeting.

Involvement after the FSM

In Noarlunga, 12 of the 22 referrals involving children (55%) had at least one Notification between the time of the official FSM and 30 September 2008, compared with seven of the 21 Holden Hill referrals involving children (33%).

Risk assessment scores

Risk assessment scores were available for 56 of the 67 referrals up to 30 September 2008. As shown in Table 3, the mean score across all sites was 93, which was well above the 45 required for a classification of 'high risk'. Overall, just under half (26) of the 56 referrals had an extremely high score of 100 or more.

However, there were differences in referral scores according to trial site. The mean score for Noarlunga was lower than that of the other two sites (86 compared with 99 and 103), as was the percentage with a score of 100 or more (approximately one-third, compared with two-thirds for Holden Hill and Port Augusta).

Table 3:
Summary of Risk Assessment Scores by Trial Site

Trial Site	No. of referrals with score	Mean score	Range	No. with scores 100+
Holden Hill	24	99	50-147	13 (54%)
Noarlunga	27	86	44-140	10 (37%)
Port Augusta	5	103	61-130	3 (60%)
Total	56	93	44-147	26 (46%)

Substance abuse and mental health issues

Two of the women referred were reported as having problems with alcohol, while six had drug abuse issues.

Mental Health was involved in actions for 11 referrals. These actions included the perpetrator and children as well as the woman referred.

Referring agencies

Table 4 shows the referring agencies by trial site and the overall proportion of referrals by each agency.

For all sites combined, the DV services accounted for approximately one-third of all referrals (34%), while SAPOL was responsible for just under one-third (28%). Health services accounted for 16% of referrals overall, but all of these were at the Noarlunga site.

There were clear differences in the referral patterns at each site. At Holden Hill, most referrals were received from the Central Domestic Violence Service (12), followed by SAPOL (8) and Correctional Services (6). In contrast, Health and Southern Domestic Violence Services each accounted for one-third of all Noarlunga referrals (11 each), followed by SAPOL (6) and Families SA (3). Conversely, there were no Health referrals at Holden Hill, and only one referral from Correctional Services at Noarlunga.

All referrals in Port Augusta were officially made by SAPOL. However, feedback from representatives indicates that at least one referral may have originated from a Health agency.

Table 4:

Number of referrals by agency and trial site

Referring Agency	Holden Hill	Noarlunga	Pt Augusta	%
DV Services	12	11	0	34
SAPOL	8	6	5	28
Health*	0	11	0	16
Correctional Services	6	1	0	11
Families SA	1	3	0	6
Housing SA	0	2	0	3
DECS	1	0	0	2
Total	28	34	5	100

* Health referrals at Noarlunga were from Southern Primary Health at Noarlunga and Woodcroft, and the Southern Women's Community Health Centre.

Actions from Family Safety Meetings

A wide range of actions were generated from Family Safety Meetings, including:

- Further checks on information not available at the time of the meeting regarding contact with agency (victim, perpetrator or children)
- DV Services general support/liaison and/or assistance with emergency housing
- SAPOL actions in relation to safety plans, restraining orders, warrants, advising victim regarding police bail and court outcomes (11 Restraining Orders were granted up to 30 September 2008)
- Joint visits to victim by SAPOL and DV Services
- Engagement with Families SA
- Enrolment in Families SA programs (Strong Families Safe Babies)
- Monitoring/altering of bail conditions, preventing phone calls from custody, prison status checks
- Flagging of various systems e.g. SAPOL, JIS-DCS case notes, DV services, Families SA, to ensure future immediate response and to inform Correctional Service Officers that DV may be an issue
- Housing needs assessment, offer of bond assistance for private rentals, public housing transfers
- Liaison with schools re safety of children (preparation in case of perpetrator visit)
- Liaison with schools to monitor and respond to problem behaviour
- Provision of educational packs for temporary home schooling
- Installation of security screens and provision of duress alarms
- Provision of financial assistance for duress alarm
- Mental health assessment and referral
- Placement on CAMHS waiting list
- Engaging a Disability Consultant to work with participant.

Table 5 shows the percentage of referrals for which each agency undertook at least one action. Overall, SAPOL and DV Services undertook actions in just over half of all referrals (54% and 52% respectively), followed by Families SA (37%) and Correctional Services (30%). Health Services and DECS were involved in actions for approximately one-quarter of all referrals.

Again, there were differences according to the trial sites. Holden Hill referrals were more likely to result in action from DV services, Correctional Services and SAPOL compared with Noarlunga referrals, while Families SA, Health and DECS were less likely to be involved. At Port Augusta, SAPOL was involved in actions for all five referrals, Health for one referral and DECS for three.

Table 5:
Percentage of cases involving actions by agency and trial site

Referring Agency	Holden Hill	Noarlunga	Pt Augusta	Total
	%	%	%	%
DV Services	64	50	0	52
SAPOL	61	6	100	54
Health	14	11	20	22
Correctional Services	36	1	0	30
Families SA	32	3	0	37
Housing SA	14	2	0	13
DECS	18	0	60	24
No. of referrals	28	34	5	100

Overall, the analysis of FSM referrals and corresponding actions emphasised the complexity of domestic violence cases and the need for consistent and integrated multi-agency responses.

3.2 Risk and Safety Outcomes

This section discusses the outcomes of the Family Safety Framework in relation to reduction of risk and further incidents of domestic violence.

The following analysis is based on referrals to the Holden Hill and Noarlunga trial sites before 30 June 2008 (n=46) to allow at least three months for follow-up of outcomes up to 30 September 2008.

There is no single measure that can give a definitive answer as to whether or not women and children were safer as a result of actions or approaches under the Family Safety Framework. However, there are a number of indicators that can be used to build up a general picture, as discussed below.

Indicator 1: Individual assessment of cases

Using information from FSM meeting observation and minutes, Referral forms, Action Plans; victim feedback; and additional advice from DV Services, the risk and safety outcomes for each woman referred to a FSM up to 30 June 2008 was assessed.

In general, the safety assessment was based on information recorded at the time the case was concluded by the FSM and removed from the agenda. For 25 of the 46 referrals, additional information was provided by DV Services as at October 2008.

The referrals were classified into three main outcome categories: *Lower Risk*, *Remaining High Risk* and *Insufficient Information*, as detailed below.

Outcome 1: Lower Risk

The criteria for 'Lower Risk' was evidence of one or more of:

- being in secure housing (either at a DV service or with family)
- the perpetrator was in custody (temporarily or long term)
- the perpetrator was not aware of victim's location
- the victim had been provided with security screens and/or personal duress alarm
- there were orders (bail, restraining) in place and there had been no recent threats or incidents of violence
- the victim moved away from the area

Overall, 21 of the 46 referrals up to 30 June 2008 were classified as *Lower Risk* at the time the case was closed at the FSM. These referrals included 34 children.

Impact of the FSF?

The 21 referrals in the *Lower Risk* category were then assessed as to whether or not decrease in risk could be attributed to the actions under the Framework.

It as found that:

- a number of the criteria for safety had been enacted prior to referral. For example, 13 women were residing in DV Service accommodation at the time of referral and three of these women had an existing Restraining Order.
- While some actions were already in place to minimise risk, analysis of FSM documentation revealed that the majority of women and families referred to a meeting benefited from the concurrent information sharing by agencies and the coordination of actions, leading to more holistic and rapid responses.

This shift can be seen more clearly when contrasted with current domestic violence approaches where there is no access to a FSM process. The current system outside of the FSF presents numerous potential entry points for victims of domestic violence to access services, including SAPOL, DV Services, Families SA and Primary Health Care. However, once linked with a service or agency, there is no guarantee that the victim will be connected with the wider range of services required to respond effectively to domestic violence. In many cases the victim has the primary responsibility for negotiating access to services, but even with the assistance of the first contact agency, this is likely to occur in a fragmented and cumulative fashion, depending upon that agency and that worker's understanding of the services available (for example, legal services or mental health).

In addition, agencies tend to work independently or bi-laterally, and from the narrower perspective of their agency role with little or no knowledge of the wider circumstances of the woman, her family or the perpetrator in relation to health, accommodation, child protection issues or agencies tend to work with high numbers of clients.

In contrast, FSM documentation illustrates that broad range of agencies (with the additions of Housing, Correctional Services, DASSA, Mental Health and DECS) were *concurrently* informed of the victim and her family from a number of perspectives. These agencies then worked together to form a faster, more coordinated and consistent response, with relevant services 'wrapped around' the victim according to their individual needs.

Case 1 illustrates the information sharing and level of coordination provided by the Family Safety Meeting.

Case 1: The victim was subjected to violent assaults and threats to kill her and her child, but was too scared to leave the relationship. As a result of the Action Plan developed at the Family Safety Meeting, SAPOL arrested the perpetrator on a Court Warrant and removed him from the premises. SAPOL also commenced an investigation for evidence to enable action to be taken against the perpetrator. The victim was placed in a motel by DV Services and Housing SA (awaiting DV accommodation), and Correctional Services provided information regarding bond breaches, court dates and charges, but agreed not to contact the perpetrator to avoid escalation of risk. A warning was placed on the Families SA and DV services systems so that immediate assistance could be provided to the victim when she made contact. Upon contact, Families SA were able to provide support to the victim and her child.

- In addition to a more rapid and holistic response to victims of domestic violence, there was evidence that at least nine women and their families in the *Lower Risk* category had reduced risk as a result of actions that are unlikely to have occurred without the FSM process.

These actions included:

- The fast-tracking of housing by Housing SA: two new and one transfer;
- The provision of duress alarm, with financial assistance offered by Families SA;
- A joint visit to the victim by SAPOL and DV Services to encourage action;
- The victim/perpetrator being flagged on a number of agency systems (eg SAPOL, DV Crisis Line, Correctional Services) so that a quick response could be obtained;
- The provision of a Restraining Order when one had been refused several times previously;
- Provision of information to schools to enable plans to be put in place to deal with perpetrator attendance at school and possibly violent behaviour;
- The provision of timely and accurate information from Correctional Services to the DV service regarding court dates, bail outcomes and reporting conditions, to enable victims to take precautionary action, such as leave the house;
- Actions by Correctional Services to extend the supervision of a perpetrator in a more distant location; and
- General close monitoring/coordinated effort by FSM agencies leading to the timely removal of children from high risk situations.

The impact of the Family Safety Meeting process is illustrated in Case Studies 2 to 6 below.

Case 2: This woman was at constant risk from her partner who had a substantial criminal history and criminal (biker gang) connections. The initial actions with her case generally involved support from DV services and SAPOL/Correctional Services monitoring the bail/court outcomes of the perpetrator. Two months after her case was removed from the FSM agenda, she was referred again as the perpetrator had attended her house in breach of his bail and restraining order. There was also an unreported assault. As a result of the re-referral, the woman was given priority for Housing SA housing and was eventually provided with a house in a safer location. She also received assistance for a mobile phone and duress alarm through Families SA. This victim was classified as *Lower Risk* as a result of the activities undertaken for the second referral. While the perpetrator has continued to make contact with the victim at school and at 'handover' for access visits, there were no reports of any further assaults or attendance at her residence up to 30 September 2008.

Case 3: This woman was referred to a FSM by DV Services who were concerned regarding her partner's life threatening physical violence. Her risk was also exacerbated by her pregnancy. However, the woman believed that 'things would be different' once the baby was born. This case was monitored closely by the FSF who were concerned that the victim was choosing to stay with the perpetrator. As a result of a coordinated FSM effort, the child was removed soon after birth and placed with her grandparents. The woman has since separated from the perpetrator and moved in with her parents and there have been further incidents. In this case, the FSM partners were able to act quickly to ensure the safety of the baby and to work with the victim until she was ready to leave the perpetrator.

Case 4: In this case the woman and her children were at high risk of injury or death due to the extremely agitated and threatening nature of the perpetrator. He continued to breach a restraining order by making contact and in one incident had thrown a knife at the victim. As a result of the FSM, a duress alarm financed by Families SA was provided to the victim. The perpetrator was also flagged on the system by DCS and the circumstances of the perpetrators reporting to his Case Manager were modified to enhance the victim's safety (he was required to report at a regional centre). The woman also undertook Safety Planning with the Domestic Violence Service. The DV service

reported that, upon the closing of the case, the women indicated that her risk had reduced significantly. She had not had recent contact with the perpetrator and the duress alarm had assisted her to feel safe.

Case 5: In this case the victim was at risk from her ex-partner who also had biker gang connections. As a result of the meeting process Correctional Services provided information regarding the perpetrators court dates and outcomes and bail conditions and she was fast-tracked for a housing transfer. The perpetrator was eventually jailed for four years. DV services indicated that the sharing of information by Correctional Services was extremely useful in enabling the victim to make appropriate safety plans.

Case 6: One victim reported that prior to referral she had been unable to obtain SAPOL support for a Restraining Order against the perpetrator, despite several approaches. Once her matter was referred to the Meeting, SAPOL investigated the circumstances of the victim and an application for a Restraining Order was made and subsequently granted.

Outcome 2: Remaining High Risk

A woman was considered to be in the *Remaining High Risk* category if she met the following criteria:

- She had re-connected/re-united with the perpetrator (including the withdrawal of charges or Restraining Orders);
- She was still in the relationship or making contact with perpetrator, minimising perpetrator behaviour and reluctant to make complaints, apply for a restraining order or engage with any services.

In total, 13 of the 46 women referred to a FSM up to 30 June 2008 (and involving 21 children) were assessed as *Remaining High Risk*. These matters included:

- Two cases where the victim was asked to leave DV accommodation because the perpetrator was visiting or living at the residence. In one case, the perpetrator was unknowingly bailed to the DV accommodation of the victim. It is possible that these circumstances may impact upon victim's willingness to engage with DV services in the future.
- Another victim asked to leave DV services accommodation due to high levels of debt associated with serious substance abuse. The woman eventually left the state, but remained vulnerable, with reports of domestic violence and child abuse continuing (as advised by Families SA, from Victorian Child Protection Authorities).
- One victim who chose to re-unite with the perpetrator, but worked with DV services to plan her return and maximise her safety. However, the victim was still in contact with DV services and had advised of several minor incidents since her return.

These results are not unexpected, given the complex nature of domestic violence and that, for a range of reasons, victims may remain with or return to an abusive partner on many occasions. However, they highlight the fact, even though consent is not required for a matter to be referred, the impact of FSM actions (other than those aimed at the perpetrator) is limited to the extent of the cooperation of the victim.

That said, even minimal contact with the FSF may have had some benefit. Despite the continuing high risk levels for these 13 women, it was evident from the FSM documentation that some level of rapid response and services had been provided under the FSF. A number of the women had experienced periods of lower risk after their matters were referred, either through the operation of Restraining Orders or being housed in safe accommodation, as well as being

provided with information about perpetrator court and custody release dates. One victim was identified by a Correctional Services Case Manager on a home visit to a client, as a result of greater awareness of domestic violence through the FSF. While the victim eventually chose not to engage in services, she was provided with information that may assist her in the future.

In addition, where a victim chooses to remain or reunite with an abusive partner, FSM agencies still have the ability (and obligation in relation to public safety) to coordinate responses to ensure the safety of children, including the removal of children to prevent their ongoing exposure to domestic violence.

It is also acknowledged that legislation and resources may be required to deal more effectively with perpetrators and to relieve victims of the primary burden of ensuring their own, and their children's safety.

Outcome 3: Insufficient information

There were 12 cases with insufficient information to determine changes to their level of risk. For example, in one case the woman refused the fitting of security screens, but was still receiving text messages from the perpetrator. SAPOL agreed to check whether this contact was in breach of the perpetrators bail conditions and the case was removed from the agenda. In another case it was noted that the victim had been encouraged to apply for a restraining order, that she was engaged with DV services and receiving assistance regarding substance use, but no further actions or outcomes were reported.

However, six of the 12 cases were considered to be low risk in that they had relatively low Risk Assessment Scores (between 44 and 85, with three under 50) and were not considered high risk overall by FSM representatives. Each of these referrals were discussed briefly at one meeting only, with minimal action required (e.g. brief phone call to victim). No further information was available regarding safety outcomes.

Summary of Indicator 1

Of the 46 referrals up to 30 June 2008:

- there were 12 cases with insufficient information to assess changing levels of risk. Six of these were regarded as relatively low risk in any case, resulting in minimal FSM involvement.
- 21 of the 34 (62%) with sufficient information available were assessed as *Lower Risk* as a result of actions and approaches now possible under the Family Safety Meeting process, including a more rapid and holistic response and the provision of information and services.
- 13 of the 34 (38%) with sufficient information were assessed as *Remaining High Risk* after referral, primarily due to the decision to reunite/ reconnect with the perpetrator, and/or reluctance to engage with SAPOL or DV services.

Overall, the individual assessment of women referred to a FSM highlights the complexities of responding to domestic violence. As part of addressing the physical safety of women and children, FSM representatives must deal with housing needs, substance abuse issues, child protection concerns, Family Law Court matters and mental health problems, all within the context of varying levels of victim readiness to engage.

Indicator 2: Number of re-referrals

Another way to assess the risk levels of women referred to a FSM is whether or not individuals whose cases have been actioned and who have been removed from the agenda are re-referred to a Meeting. A re-referral would indicate that the level of risk has either not been reduced, or an immediate reduction at the time of the meeting has not been sustained.

In the first 13 months of the Framework, up to the end of September 2008, there were only three women out of 46 referred prior to 30 June 2008 whose cases were returned to a Family Safety Meeting for attention. One was re-referred due to serious concerns about the safety of the woman, as the perpetrator had attended her house and there was a recent, unreported assault. As a result of a number of 'secondary actions' involving re-housing and the provision of a duress alarm, the woman's risk was reduced, although not entirely eliminated.

The second woman's case was raised informally at a FSM some 3 months after it was removed, due to ongoing fears communicated to the referring agency that the perpetrator may attempt access to a child. However, the matter was not raised again either formally or informally and there was no indication that there had been any DV incidents. In the third case, the matter was re-referred to the FSM due to concerns regarding a situation where the perpetrator had been bailed (for non DV related offences) to reside at the victim's residence, which was a DV community house. The victim was asked to leave the property. While the victim's level of risk was high due to her re-connection with the perpetrator, there was no indication that there had been any further incidents since that re-connection.

There are a number of limitations to using re-referrals as an indicator of reduced risk. There were three referrals before June 30 2008 where the victim moved away from the area and it would not be expected for their cases to be returned. A further four referrals involved women who were reluctant to engage with SAPOL or DV services and who may be less likely to contact or come to the attention of services if there were future incidents. There were also six referrals that, despite a high Risk Assessment Score, were not considered high risk overall by FSM representatives. Given the general assessment that these were low risk cases, it is possible that these referrals would also be less likely to be re-referred to a FSM.

However, even if these 13 referrals are discounted, only one case was returned to a meeting due to genuine concerns regarding increased risk, representing 3% of cases (1 of 33). This suggests that the level of risk for the majority of women referred to a Family Safety Meeting was contained or reduced.

Indicator 3: Reported or recorded re-victimisation

In contrast to Indicators 1 and 2, which provide an assessment of *risk levels* for women referred to a Family Safety Meeting, Indicator 3 provides information on safety *outcomes* in terms of whether or not there were any further occurrences of domestic violence. For this analysis, information was obtained from SAPOL regarding any incidents recorded by police against perpetrators and involving victims or victim's families, up to 30 September 2008. The data were classified into three groups: no incidents; incidents involving contact, property damage/breaching of bail /restraining orders; and incidents involving assault.

Data were also provided by Families SA regarding Child Protection Notifications made after referral for the children of the women referred. For the purposes of this analysis, any allegations of Child Abuse Emotional were classified as potential domestic violence incidents. Information as to the safety outcomes for women involved in the FSF was also sought from Southern and Central Domestic Violence Services, who advised of one further incident of domestic violence other than that indicated by SAPOL or Families SA.

Table 6 shows the number of women referred to a Holden Hill or Noarlunga FSM before the end of June 2008 according to the outcomes recorded by SAPOL and Families SA. The two women

who moved out of South Australia were excluded from the analysis, reducing the total number of referrals in the analysis to 44.

As shown:

- Three-quarters (33 or 75%) of the 44 referrals did not have any domestic violence incidents recorded by SAPOL, up to 30 September 2008.
- Seven referrals (16%) had minor to moderate indications of continuing domestic violence, including 'drive-bys', approaching the victim, text messages or property damage.
- Four referrals had one serious domestic violence incident involving assault by the perpetrator after referral, representing 9% of the 44 referrals. Two of the four assaults occurred against victims (more precisely a victim and the mother of a victim) in the *Remaining High Risk Category*, three weeks and seven months after referral respectively. A third victim, who was classified as *Lower Risk* when her case was closed by the meeting, was assaulted five months after the original referral. The fourth victim reported to DV services that she had been assaulted some three months after the original referral, prompting a re-opening of her case and a number of actions to increase her safety, including new housing and security measures (Case 2 refers).

It is possible, however, that incidents of domestic violence may not come to the attention of police. For example, despite being assessed as high risk at the time of referral, 19 of the 44 referrals were not known to SAPOL prior to the FSM. Families SA data indicate that 17 of the 44 women in the analysis were linked to at least one Child Protection Notification for Emotional Abuse after referral to a FSM (excluding referrals made as a result of a FSM), suggesting that some form of domestic violence was continuing.

Of the 33 referrals that did not have any incidents of violence occurring after the FSM, Families SA Child Protection records indicate allegations regarding continuing domestic violence incidents for 11 cases. As a result, 22 of the 44 (50%) referrals did not have any incidents recorded for at least 3 months after the Family Safety Meeting by either SAPOL or Families SA.

Table 6:
SAPOL and Families SA recorded incidents up to 30 September 2008 – Noarlunga and Holden Hill trial sites

Most serious incident recorded by SAPOL against perpetrator after FSM referral	Families SA Child Protection Notifications		Total
	No	Yes	
No incidents recorded	22	11	33
Contact/Breach/property damage	3	4	7
Assault	2*	2	4
Total	27	17	44

*includes one incident not reported to police but disclosed to DV Service.

When compared with level of risk analysis, for the 22 cases with no incidents reported or recorded it was found that:

- ten cases were in the *Lower Risk* category,
- three were in the *Remaining High Risk* Category (indicating that it is possible to have no incidents but still have high levels of risk); and
- nine were in the *Insufficient Information* category (supporting the previous conclusion that individuals within this category were generally low risk in any case)

Conversely, three of the four assaults were in the *Remaining High Risk* category, and one was classified as *Lower Risk* (as a result of actions from a second referral).

Summary of risk and safety outcomes analysis

Overall, the analysis of the risk/safety outcomes revealed positive results for women referred to a Family Safety Meeting, particularly given that most of the women involved in a FSM were considered to have an extremely high risk of injury or death at the time of referral.

In terms of risk reduction:

- 21 of the 34 (62%) with sufficient information available were assessed as *Lower Risk* as a result of actions and approaches now possible under the Family Safety Meeting process, including a more rapid and holistic response and the provision of information and services.
- 13 women (38% of those with sufficient information) were assessed as *Remaining High Risk* after referral, primarily due to the decision to reunite/ reconnect with the perpetrator, and/or reluctance to engage with SAPOL or DV services. This is not unexpected, given the complex nature of domestic violence.
- Only one woman was officially re-referred to a FSM suggesting that the level of risk for the majority of women was contained or reduced.

In terms of further incidents of domestic violence after referral:

- 33 of 44 (75%) referrals that remained in South Australia had no SAPOL record of re-victimisation for at least three months after referral. Of these, 22 (50%) had no additional records from Families SA or DV Services that may suggest re-victimisation.
- 7 referrals (16%) had police records indicating minor to moderate domestic violence (eg that the perpetrator had breached a Restraining Order or bail conditions and/or had in some way made contact with the victim) including four with additional records from Families SA suggesting continuing violence.
- 4 referrals (9%) had SAPOL records or DV Service information that a serious incident of domestic violence had occurred after referral (eg an assault on three victims and one family member of a victim). Two of these referrals also had Child Protection Notifications after referral.

3.3 Feedback from Victims

The following section summarises the feedback from interviews with victims whose cases were referred to a Family Safety Meeting.

Permission to contact forms were provided to Family Safety Meeting Representatives for distribution to persons referred to a meeting. These forms explained the evaluation process and provided for the persons involved to fill out their name and contact details and give consent to be contacted directly by the Office of Crime Statistics and Research (OCSAR).

Five permission forms were received by OCSAR. The participants were contacted and consent was obtained for an evaluation officer to conduct a face-to-face or telephone interview regarding their experiences of the Family Safety Framework process.

Overall, five interviews were conducted, including four in person and one via telephone contact. All persons interviewed had been referred to the Holden Hill Family Safety Meeting. Three of the participants interviewed had been referred to the Family Safety Meeting by Domestic Violence services and two were referred by SAPOL.

The participants were asked a range of questions concerning;

- Their understanding of the Family Safety Meeting process;
- Their history and situation just prior to the referral;
- Whether or not they knew that they were going to be referred and whether they agreed;
- What they thought the outcomes of the referral might be;
- What happened after the meeting;
- If they had prior contact with services, whether there was any difference in response now, compared with previously;
- Whether they felt safer now;
- Recommending referral to others; and
- What could have been done differently

Understanding of the FSM process

While the participants were aware of and agreed to the referral, all had fairly limited knowledge of the FSM or the meeting process. Three participants indicated that they understood that there would be a meeting involving several agencies, but were not aware of the range of agencies. However, it is likely that lack of knowledge and understanding may be primarily due to the stress they were under at the time of referral rather than a lack of information provided by the referring agency.

Expectations of referral

One participant, who had been advised previously that she did not have sufficient cause for a Restraining Order, hoped that as a result of the process she would be taken seriously and that an Order could be made. Another hoped that she and her children could become safer through the referral and that the services would keep up to date with each other. Two participants advised that they did not know what to expect, with one noting that she had not accessed services before.

After the meeting

Most victims indicated that they had been receiving support from SAPOL or DV services immediately prior to referral to the Family Safety Meeting, with support continuing afterwards, including contact with additional services. One victim reported that DV services assisted in preparing a Restraining Order application, which was subsequently approved, including the condition that the perpetrator cannot contact the victim or any of her family, except to discuss the children by SMS. The participant indicated that the perpetrator has 'backed off' since the order was granted and has been civil.

Another victim, whose ex-partner had stalked her and who had repeatedly breached his bail conditions reported that she had received considerable support from both SAPOL (Family Violence Unit) and DV services both before and after her case was referred. She advised that DV services had visited several times, that she had attended a meeting regarding how to protect herself. SAPOL had also responded quickly when she had reported her ex-partners behaviour (his bail was breached and he was remanded in custody for 5 weeks).

A third victim reported that she had been assigned a DV services worker and has been given contact details for emergency housing. She has had a duress alarm installed, with the first month funded by SAPOL.

Another reported that DV Services and the police visited and discussed the possibility of applying for a Restraining Order. She found them very respectful and caring and the fact that they did not push her 'encouraged and supported her' to be able to do it. She was also contacted by Victims of Crime and had attended their classes.

A fifth victim was consulted regarding an application for a Restraining Order, but declined fearing that it may make matters worse. Instead she negotiated handover of the children for visits at a location away from home, which helped in the short term. However, the perpetrator has since made a successful private application for a Restraining Order against her and gained custody of the children. The victim noted that she has only had contact with DV services and believes that SAPOL and Families SA have been no help to her. [Note: this case is an example of the complexity of domestic violence cases, particularly in relation to the safety of children. The case was re-referred to the Family Safety Meeting by DECS following reports from the children's school regarding concern about the behaviour of both parents].

Differences in service response compared with previous experience

Some of the victims reported previous, negative experiences with an agency. One reported trying to apply for a Restraining Order through SAPOL but being discouraged from applying, or not taken seriously. One victim phoned SAPOL in an emergency (she had recently returned to the family home and her partner) which resulted in the victim being evicted and made to leave without her children (including one who was still being breastfed) because the perpetrator was listed as the tenant. Another victim indicated a negative history with Families SA, while a fourth victim reported that she had phoned SAPOL and the DV hotline in the past but had received little assistance.

Three of the four victims who had past experiences with agencies as a result of domestic violence felt that the support was better this time around in that the agencies were able to respond more quickly in organising a Restraining Order or assisting with emergency housing. One victim reported that the service was more 'on the ball' since getting into the system again. One of the four victims with previous experience did not report any difference in service provision.

Feeling safer

All participants felt that they were safer now due to:

- Restraining Orders (participants felt the Order had laid the ground rules for behaviour, that perpetrator would be accountable for his behaviour and there would be consequences if the perpetrator breached the Order);
- Receiving accommodation at a shelter, where the perpetrator does not know the address;
- Provision of a duress alarm; and/or
- Knowing their case was highlighted on SAPOL and DV systems so that if the participant made contact the agency knew who she was and would act immediately.

In particular, one victim reported having the confidence to stay at home.

"I'm standing my ground this time and not running."

Another felt safer:

"Knowing I've got that support. I know I can call the police anytime".

None of the victims experienced any further DV incidents between the time of the meeting and the time of the evaluation interview. All indicated that they would recommend involvement to others. As noted by one participant:

"Definitely. They are more likely to get help and where they need it".

Suggested changes/improvements

The victims were asked if anything should be changed or added to improve the operation of the Framework. Suggestions included:

- Clarification on the role and scope of DV support workers and what support they could receive from agencies;
- Information on what services are available for children in DV situations; and
- Greater feedback in relation to the perpetrator, including location, changes to bail conditions and court outcomes. In particular, one participant noted that she had requested information on the registration number of the perpetrator's new car so that she could be aware if he was following her again, but had been refused for privacy reasons.

A discussion of this issue with SAPOL representatives revealed mixed views as to the appropriate response in this situation, with one reporting that it was consistent with Family Safety Framework principles to provide any information which could improve the safety of the victim, and the other reporting that it was not appropriate to provide such information. However, if the victim noticed a car that appeared to be around constantly, police could check the registration number and take action if necessary.

One participant also suggested that assistance be provided for longer term positive outcomes, including:

- assistance in finding employment to financially independent of the perpetrator; and
- assistance to find permanent housing given that shelters are only able to provide short term accommodation.

Summary of victim feedback

Very few participants (5 from 69) gave consent to be contacted by the Evaluation team. This is not surprising given the sensitive and traumatic nature of domestic violence. It is acknowledged therefore that the responses provided above may not be representative of the experience of other women referred to a Family Safety Meeting.

Overall, however, the responses from the five women who did participate in an interview are indicative that the Framework is having positive outcomes in relation to better and faster responses from agencies and greater feelings of safety.

The responses also indicate the need to ensure that victims are well informed about the Family Safety Framework process, the scope of the assistance available from agencies and individual workers, and the type of information that they can receive regarding the perpetrator. Consideration also needs to be given to clarifying what information can be provided regarding the perpetrator and to ensure consistent responses.

3.4 Feedback from Representatives

This section of the report provides an overview of feedback obtained during semi-structured interviews with agency representatives on the FSF Implementation Committee and representatives attending the Family Safety Meetings at Holden Hill, Noarlunga and Port Augusta.

Overall, 50 interviews were conducted between February and March 2008 for the metropolitan representatives and during September 2008 for Port Augusta representatives. The following agencies were involved:

- SAPOL
- Families SA
- Department of Health (including Hospital, Community Health, Mental Health and Drug and Alcohol Services SA)
- Department for Correctional Services (Community Corrections)
- Department for Education and Children's Services
- Southern Domestic Violence Services
- Central Domestic Violence Services
- Housing SA

The information included in this section builds upon two evaluation briefing papers and verbal feedback provided to the FSF Implementation Committee and the Women's Safety Strategy Whole of Government Reference Group between March and October 2008. In particular, it has been expanded and updated to include issues discussed at the FSF Implementation Committee and responses from informal follow-up interviews held with the Chairs of the metropolitan sites, representatives from Southern and Central Domestic Violence Services and the Manager, Policy from the Office for Women during September and October 2008.

In line with the aims of the evaluation, respondents were asked a range of questions regarding the implementation and operation of the Family Safety Framework and Family Safety Meetings, as well as their views on the impact and outcomes of the pilot.

Implementation

Overall, respondents were positive about the implementation of the Family Safety Framework, particularly with regard to documentation and training. However, a number of issues were identified, as discussed below.

Consultation

Some concern was expressed regarding a perceived 'top down' approach during the implementation of the Initiative. Several stakeholders across all pilot sites felt that there was little or no consultation within their own agency prior to the implementation of the FSF pilot. Most criticism related to not being informed by their own agencies about the FSF until they were nominated as a representative and required to attend a training day. Some stakeholders felt that there should have been more consultation and briefing with senior management prior to implementation. Others indicated that they would have been interested in providing feedback on the Framework as part of the development phase.

Documentation

Respondents were generally very positive about the documentation provided to them prior to the commencement of the Initiative. The Family Safety Framework Manual was considered to be a comprehensive and useful resource by the majority of representatives interviewed. However, some representatives suggested that the manual was too large and that a smaller, more practical style manual would be useful for new representatives and for staff who would not be attending Family Safety Meetings but who may be making referrals or providing information for a referral. It was also noted that short information pamphlets would help representatives disseminate information regarding the Family Safety Framework approach within their agencies.

Training

Positive feedback was also received about the training provided for representatives prior to the commencement of Family Safety Meetings, with the majority of representatives reporting that they had received sufficient training to undertake their role. A number of representatives indicated that the training should have been extended to those individuals who would not attend meetings but would most likely be in the position of identifying high risk clients, with particular emphasis required on conducting a risk assessment (see Risk Assessment below).

It was also noted that the training focused on information sharing and how to conduct a meeting and that it would have been useful to have included some discussion regarding the role and function of each agency with regard to domestic violence. In addition, the possibility of representatives visiting SAPOL Family Violence sections to gain further understanding of their role and responsibilities was discussed at the Implementation Committee.

Almost all representatives from Port Augusta who attended initial training in December 2007 or the refresher training in 2008 gave positive feedback in relation to the content of the training and information provided on the FSF approach. However, it was noted that the first training day was organised on short notice at a busy time of the year and a number of nominated representatives were unable to attend. As a result, these representatives did not feel adequately briefed prior to implementation. It was suggested that more training days should have been offered to enable all appropriate agency representatives to attend.

The development of an online training package was suggested as an economical and efficient means of providing ongoing staff training and up to date information.

Assumption of shared values and understandings

In addition to the need for more information on the roles and responsibilities of agencies involved in the Framework, it was also suggested that the implementation process did not sufficiently acknowledge the different frameworks and values operating within each agency, particularly with regard to responses to domestic violence. It was noted that there was an assumption of shared values and understandings of the FSF protocols as a result of the training, but that this was not tested or discussed prior to the first meetings. As a result, meetings immediately commenced consideration of referrals, without any prior relationship building or discussion to enable the development of a common understanding of risk and safety.

There was a training day, but I think that's different to the representatives actually sitting at the table....we didn't have an opportunity to have some time to develop some of those protocols or talk about our understanding of those...Do we have a shared understanding here?...And how does that shared understanding fit within the context of our organisations? What are the commonalities? What are the differences? How are we going to negotiate those?...you are dealing with imminent risk so you're all under a lot of pressure to get it right...so it would have helped us

to have one or two sessions that brought us together without the pressure of dealing with referrals...

Dissemination of Family Safety Framework approach within agencies

While most representatives praised the cooperation, information sharing, and coordinated responses between individuals who attended the Family Safety Meetings, there was general agreement that the Family Safety Framework approach had not filtered through to all staff in each agency. While most agencies already had some established protocols or working relationships with partner agencies, it was noted that no additional protocols had been developed between and within agencies and that the Framework was generally reliant on informal working relationships based on individuals rather than agencies as a whole.

Most representatives advised that they provided an overview of the Framework at local team meetings and some had taken up offers of assistance by the Office for Women to provide information and support to staff within their agency. Others had conducted a more formal training session. However, these appeared to have had varying degrees of success, with some representatives indicating that during these sessions they were challenged on the general concept of the Framework. It was noted that not requiring consent was a substantial practice change for some workers, while others were very concerned that sharing information would lead to the inappropriate removal of children. One representative reported having to frequently confirm with senior management the ability to share information due to a lack of knowledge at senior levels of the protocols set up under the Framework.

It was also reported that it had been difficult to encourage interest from some agency staff in an initiative that was not linked to funding for additional services, and where there was a feeling that responding to domestic violence was not their core business.

In response to these issues, some stakeholders felt that a longer lead-in time between training or representatives and the start of formal meetings would have been useful, to give representatives time to plan and conduct training/information sessions within their own agency. Alternatively, a few stakeholders questioned the requirement of representatives to be responsible for disseminating information about Framework within their agencies, suggesting that training from outside the agency would be more authoritative and therefore more effective.

Overall, it was found that dissemination of information to staff within an agency varied, depending on factors such as:

- whether the representatives felt that their agency was likely to be referring cases;
- the size of the agency (with larger agencies having more difficulty);
- the level of familiarity with the Family Safety Framework and domestic violence. Some stakeholders felt they were still learning themselves or that information on the Framework should not be provided without updating staff about approaches to domestic violence;
- the difficulty for some representatives in informing staff outside of their regional boundary or division within the agency; and
- resources and level of individual commitment.

It was also noted that the pilot status of the initiative and uncertainty about whether or not it would be continued/rolled out to other regions was a critical factor that limited dissemination of the Family Safety approach.

Agency representation

Most stakeholders agreed that appropriate agencies were currently participating in the Family Safety Framework and more specifically within the meetings. However, some felt that additional representatives should be included. Specifically, given the diversity of agencies within the Department of Health, it was suggested that the meetings would benefit from having direct representation by Child and Youth Health (CYH) and the Child and Adolescent Mental Health Service (CAMHS) in addition to current health representatives. Disability SA was also seen as an important inclusion within the Framework. While acknowledging the availability of cultural consultants for relevant referrals, some stakeholders also felt that more direct representation should be provided for Aboriginal groups.

Several stakeholders commented that there were a number of other Non Government Organisations (NGOs) active in the area of domestic violence who would be very useful FSF partners, including Anglicare, Centacare and Southern Junction. The involvement of Centrelink was also suggested, although it was acknowledged that current protocols regarding information sharing did not extend to Commonwealth agencies.

Risk Assessment

There were mixed views amongst the representatives regarding the use and value of the Risk Assessment Form. Some representatives were concerned about using an assessment tool that was not validated. Others commented that they had substantial experience in the area of domestic violence and as a result they felt their own professional judgement was more useful than the tool in determining risk levels. Others felt that the tool was a useful guide, but that it should be used in conjunction with professional judgement.

While one stakeholder praised the tool for assessing safety based on incidents, rather than subjective assessments of risk, it was still felt by some that there could be different interpretations of risk depending upon the agency completing the tool. A small number of respondents did not agree with the scoring assigned to the elements within the tool.

Most stakeholders agreed that the tool had improved since the refinements were made in the first few months of the Initiative (specifically in relation to assessing risk for both the last month and the last six months and specifically including checkboxes for level of immanency). It was felt that the refinements, particularly regarding immanency, had reduced the number of referrals that were not imminent high risk.

While the majority of representatives reported that they had received sufficient training in the use of the Risk Assessment Form, a substantial number indicated the need for operational staff to be formally trained, particularly around ways to obtain the sensitive personal information in a general conversation rather than asking each question directly. Formal training was also suggested for those workers who may not have a high level of knowledge around domestic violence but who may be a first point of contact with a referring agency and who therefore need to understand the relevance of particular risk factors.

Most representatives did not indicate any issues with the form regarding the assessment of risk for Aboriginal women, there was some concern regarding women from non-English speaking backgrounds. For example, the Form includes some behaviours (such as financial control) as abusive, when for some cultures this may be considered standard practice. It was suggested that cultural consultants need to be called in at the time of an assessment, rather than at a Family Safety meeting, to ensure the correct assessment of risk.

Despite some issues being raised, the development of a consistent Risk Assessment Form that represented an agreed understanding of domestic violence across a wide range of agencies, was seen to be a considerable achievement.

Referral process

There was general agreement from stakeholders across all three trial sites that the referral process was easy to follow. However, a number of issues were identified, as discussed below.

Quality and depth of information provided

Some concerns were raised regarding the quality and depth of information provided, for example: missing dates of birth, inaccurate spelling of names or not providing the full names of women, children and perpetrators can create additional work for the Chair who must provide the details to ensure the agencies can undertake their research in time for the meeting. It was also noted that some referrals did not include sufficient background (e.g. incident based) information as to why the person was being referred, to enable a true assessment of whether or not the case met the risk criteria. In these cases, often the outcome at the meeting would be to refer back to the agency to elicit more information.

Suggestions to address this issue included:

- clear guidelines should be developed around the essential minimum information required:
and
- referrals should go to the Chair via the agency representative, who could assess whether or not the form was completed correctly and request further information if necessary before forwarding it on.

Eligibility based on location

Some issues were identified regarding referral eligibility according to location. It was noted that women involved in a domestic violence situation may have to leave the area to access safe alternative accommodation. It was questioned whether a woman who had recently moved to a trial site area to access safe accommodation should be referred to a meeting, given that most of her prior agency contact would have been in a different area (which may or may not be included in a trial site). While a state-wide rollout of the FSF should enable women to access a FSM at some location, the question remains as to what basis referrals should be allocated to regions (for example: current location of victim, location of offender or location of domestic violence incidents).

The fact that the trial areas were based on SAPOL LSA boundaries that were not consistent with the boundaries of other agencies also impacted upon the eligibility of women presenting at some services. However, it was noted that forthcoming move to standard regions would overcome this issue.

Understanding of imminent risk

There was general agreement across all sites that not all referrals had been at the appropriate level, with many referrals at the high risk but not necessarily imminent stage. This was particularly an issue at the Port Augusta and Noarlunga sites, while Holden Hill representatives felt that it had occurred in the early days of the pilot as a result of inexperience. While concerns regarding immanency were addressed to some extent with the inclusion of additional criteria on the Risk Assessment Form in November 2007, it was suggested that this issue was, in part at least, linked to differences between agencies in the basic understanding of the nature of risk and that these differences need to be recognised and addressed early in the FSF process.

Low number of referrals in Port Augusta

Within Port Augusta some concern was expressed regarding the low number of referrals (five between February and September 2008), given that domestic violence was still a concern in the region. Reasons suggested by stakeholders as to the lack of referrals included:

- a lack of knowledge of FSF and the procedure for referral by operational staff in agencies;
- a failure to target/include certain agencies in implementation who would be in contact with victims (e.g. youth and NGO agencies, GPs in hospitals);
- differences in agencies understanding of the issue of consent and whether it was required before a case could be referred to the meeting (some clients are reluctant to have police involved and will not provide consent); and
- previous experience and knowledge of the families involved. In these cases it was considered that they were inappropriate for referral as all the information was already known in relation to which agencies they were engaged in and their histories. However, although referrals to the FSF were not made, the agency had still provided a response to the incident, such as home visits, counselling, child protection measures, and criminal charges.

Family Safety Meetings

Conduct of meetings

There was general praise by the representatives for the professional way the Family Safety Meetings had been conducted and documented.

One issue identified early in the stakeholder interview process was that some meetings tended to become case conferences rather than high level discussion regarding actions to respond to imminent risk. There was a concern that if this practice continued, high level representatives may start to disengage from the process. However, given that the meetings represent a new opportunity to share information, this is likely to be an ongoing challenge which will be resolved by appropriate training in the purpose of meetings and the roles of representatives. It was also noted that the relationships developed as a result of the FSF and the spread of the FSF approach may encourage the development of another tier of cooperation outside of the meeting process.

Frequency of meetings

There were mixed views regarding the appropriateness of fortnightly meetings. A number of stakeholders indicated that the time devoted to meeting that may last up to two hours, plus travelling, was a considerable commitment, with some reporting that they shared the role with a colleague so that they only had to attend meetings monthly.

It was also questioned whether or not fortnightly meetings were the most appropriate way to deal with cases of imminent risk, suggesting that immediate contact (face to face or via teleconference) with relevant agencies might be more effective. Specifically, the use of a model similar to the Child Protection Strategy Discussion between Families SA and SAPOL was suggested.

The frequency of meetings was also an issue in Port Augusta, where, given the low number of referrals some stakeholders expressed the view that a fortnightly meeting was not necessary. It was suggested that, once working partnerships had been established, a meeting was not required to respond to a referral and it was really a matter of "knowing who to contact". As with the metropolitan sites, the use of a Strategy Discussion meeting, with attendees tailored

according to the agencies appropriate for the referral was seen by some stakeholders as more suitable than a fortnightly meeting. However, it was also suggested that there was need for a formal protocol for assessing whether or not an emergency meeting was required.

The alternative view was that a model involving ad hoc meetings with agencies relevant to the referrals may result in some agencies being “left out of the loop”, which would then result in a decline in information sharing, or possibly the unintentional exclusion of relevant agencies. While the ability to tailor a group to respond to a specific client was seen as valuable, particularly for urgent cases, it was emphasised that all agencies need to remain involved and informed for each referral, even though they may not, at the present time, be able to contribute information or actions. One stakeholder expressed the view that it was very valuable to have all the professionals around the table with their wide array of experience, and that even if some representatives were not directly involved with the case, they could contribute to creative thinking about responses to make women and children safer.

It was also noted that the FSF model does provide for emergency FSMs to be held for cases of very high risk, but that this option had not been utilised.

Overall the majority of stakeholders agreed that it was appropriate to schedule fortnightly meetings, to ensure that the issue of high risk domestic violence is kept on the agenda, but that the meeting should be cancelled if there were no new referrals or significant reviews to conduct. There was some concern regarding the Holden Hill experience in late 2007 when meetings were only scheduled when there were new referrals. Under this arrangement, some representatives felt that the Framework was too easily forgotten, and that unless the process becomes embedded in work practices it may be lost.

I think the issue is that people have to see this as part of their work and I don't think we are there yet.

Requirement to attend meetings

Following on from discussion regarding the use of Strategy Meetings involving a core group of representatives, the question was raised whether all agencies involved in the FSF need to attend all regular Family Safety Meetings. It was suggested that not all agencies perform the same role at meetings and that the requirement to attend could be based upon who is providing information, who is taking action and who needs to be informed about what is taking place after the meeting.

However, as discussed, this type of arrangement has the potential to marginalise some agencies and it would need clear guidelines and careful monitoring to ensure that all agencies remain fully engaged in the Framework.

Time commitment

It was reported that the time taken for meetings generally ranged between one and two hours, depending upon the number of referrals and the complexity of the matters discussed, which could influence the number of agencies involved and the type of actions required.

Some agencies within Port Augusta commented that the time commitment was a particular concern given that they only have a small number of staff and that the representative may be located in a regional centre outside of Port Augusta, necessitating considerable travelling time to attend.

In addition to meeting time, representatives reported that they spent between 10 minutes and several hours conducting research on each referral prior to a meeting, depending upon whether or not the person was known to them, the level of contact that they had and whether or not they

had to travel to access relevant files. For those representatives who are dependant on others to provide certain information, it may be several days before a research task is completed.

Alternatively a number of representatives across all sites indicated that searching for past contact and incidents was part of their core business when a women presents to their service, so that the research time impact of Family Safety meetings was negligible.

The view was also expressed that the FSF deals with cases where there is a real concern of imminent injury or death. As such, there is a need to balance the time commitments for each agency against the benefits of reducing the risk to women and children.

Information sharing

A number of representatives reported initial issues with regard to information sharing at the Family Safety Meetings, primarily due to lack of knowledge about the Framework and subsequent concern from some agencies regarding their authority to provide information without the consent of victims. In contrast, it was also reported that too much information was presented by some representatives at the early meetings. However, these issues appear to have been addressed over time.

Another issue involved representatives who did not have any direct contact with or information to report about certain victims (e.g. where children were not involved). It was reported that these agencies felt uncomfortable attending a meeting where sensitive information regarding such individuals was being disclosed. Discussions had been held regarding the conduct of meetings such that matters involving children would be discussed first, so that the relevant representatives could then leave the meeting. However, this arrangement was not always feasible.

It was also noted that the lack of dissemination regarding the Family Safety Framework had, initially at least, impacted upon some representative's ability to obtain information from within their agency because not all agency staff were unaware of the requirement to share information. There was at least one occasion where a meeting representative could not report any information on a referral because the relevant person within the agency was unwilling to provide it.

However, despite these initial concerns, representatives were generally very positive about the level of information sharing at Family Safety Meetings and as a part of the Family Safety process. While some agencies such as SAPOL and Families SA indicated that that they were already sharing information in relation to child protection issues prior to the pilot, the FSF had provided opportunity for discussion in relation to domestic violence. Others, notably the non-government domestic violence services, felt that the Initiative had opened up relationships and information sharing to their sector.

At the beginning there was the issue of sharing information with a non-government organisation which then was dealt with.... We have found that its made a huge difference for our relationship with police - Housing SA, Families SA.....a genuine real commitment. It goes back to that stuff around understanding what we do and how we fit into that whole system and how we want to get to the same outcome. It's about working together. I know the staff have said to me on a number of occasions how they have just rang the police about something and they have had a really good response.

There was a lot of information sharing, some of which was of more value than others. There was a general willingness to disclose information, it wasn't as if people were hiding behind any agency boundaries; I think there was quite a

substantial commitment to the concept of everyone putting in their information and building up a picture of what was really happening.

Consistent agency representation

Representatives from all sites reported substantial changes in agency representation over the trial period.

While Noarlunga representation was reported as relatively consistent at the Implementation Committee in February 2008, by June 2008 only three original representatives remained. One Port Augusta stakeholder commented that some agency representatives varied due to the small number of staff within each agency and the fact that some agencies were located outside of Port Augusta and may have difficulty in attending regularly. Holden Hill representatives reported that there had been considerable change of attendees, primarily due to restructures and staffing changes within particular agencies.

It was noted that staff changes were 'real life' and it was unrealistic to expect the same person every fortnight. Therefore, to ensure consistent approaches, it was necessary for agencies to make sure those co- attendees, proxies and new representatives were properly briefed prior to the meetings. Under the Framework, this is the responsibility of the current or outgoing representative.

However, there were mixed views as to whether proxy representatives had been adequately prepared for meetings. Some stakeholders felt that a number of proxies had been 'shoved in' without any information and were not able to contribute much to the meeting, whereas other representatives did not report any issues. It was also suggested that meetings make time for 'introduction/re-introduction' between representatives at regular intervals.

Appropriate authority

While stakeholders agreed that the majority of meeting representatives had sufficient authority to carry out their roles within the Framework, it was noted that lack of sufficient authority had impacted upon the ability of some representatives to obtain information regarding referrals.

A number of stakeholders felt that the requirement for a representative at Manager level was not necessarily an advantage. Aside from the additional resources involved in having senior officers attend fortnightly meetings, a number of representatives felt that their lack of operational knowledge was a disadvantage. Some felt that it would be more useful to have persons with first-hand knowledge of clients at the meeting and if necessary, delegate authority to them.

My personal view would be that if it continues I would want to move it away from management level to supervisor level, for two reasons; firstly, its quite an operational meeting as such, and I think supervisors are much more operational than managers; and secondly, we've got more supervisors than managers so at least the load would be shared.

It was also noted by one stakeholder that the actions arising from the meeting were generally not high level and did not require Manager level authority to undertake.

However, the alternative view was expressed by a number of stakeholders that the requirement for Manager level representation ensures high level knowledge of, support for, and engagement in, the Initiative.

Positive Action Plans

There was general agreement that positive action plans were developed for the majority of referrals. However, while most stakeholders felt that the actions were adequate, it was reported that some were not achievable or delayed (for example, providing housing, or fitting safety screens to windows), due to lack of resources within the services, or blockages in trying to obtain information within some agencies.

A number of stakeholders noted that the actions involved tasks that the agencies would normally undertake, irrespective of the Family Safety Meeting (for example, DV Services liaising with a victim to encourage her to report to police). However, the ability to 'flag' a woman at the DV Crisis Service to enable prompt service when she makes contact, and the conduct of joint visits involving SAPOL and DV services were seen as innovative responses arising from the Framework. Other actions included Correctional Services removing a victim's name from a phone list so that the perpetrator could not contact her from custody, and providing a flag on the JIS system indicating that the person was a domestic violence perpetrator, so that when required to supervise the offender, Correctional officers were aware of the need to work with and challenging his attitudes.

Within the Port Augusta trial site it appeared that the majority of actions focused on information gathering and sharing, rather than undertaking specific actions such as finding alternative accommodation. However, the majority of representatives reported that this information sharing had enabled a number of positive outcomes, including gaining knowledge of which agencies victims are engaged with, enabling schools to be more responsive to and supportive of children who may be victims of, or witnesses to domestic violence, and gaining an appreciation of the contribution each agency can make.

It was also reported that the actions developed at the meetings generally focused on what the victim could do to make herself and her children safe, rather than on the perpetrator and making him accountable (see also increasing perpetrator accountability under Achieving goals and intended outcomes below).

Overall role of Family Safety Meetings within the FSF

A number of representatives indicated the need to clarify the role of Family Safety Meetings within the overall Framework. Some felt that meetings were primarily about information sharing, and did not focus on actions. Others noted that steps had often been taken prior to meetings to reduce the risk of the victim, and that the meeting should be more about review of prior actions and accountability for those actions.

One stakeholder questioned the authority/priority of actions agreed at Family Safety Meetings. In particular, should the actions recommended at meetings have the authority to impact upon agency activities, and potentially to override existing agency decisions?

Clients most likely to benefit from referral to FSM

Stakeholders were asked whether there were any particular types of clients for whom the FSF would work best for, or alternatively, was unlikely to succeed with.

A number of stakeholders commented that the model was more appropriate for clients who were ready to make changes to their situation, although the complex nature of domestic violence and the frequency with which victims returned to perpetrators was recognised. Alternatively, the FSF was considered less likely to impact successfully on clients who did not want to engage, who had long histories of domestic violence or dysfunction, or where the perpetrator was not linked to any agencies or could not be found by police. One respondent expressed the view that clients with a child protection or police history, or drug/mental health

issues may be difficult to support as their complex histories may impact upon the way agencies view their ability to make changes.

Questions were also raised regarding the FSM's responsibility in cases where the woman is coerced into returning to the perpetrator. In particular, does the FSM have a responsibility to monitor these cases, where possible? How can the FSM improve the safety of women and children in these situations?

Children in the FSF

A number of representatives expressed concern regarding the apparent invisibility of children within the FSF. For example, the situation may be considered serious enough to be referred to a FSM, but they are not necessarily fast tracked or dealt with by Families SA if the case does not rate as Tier 1.

It was also questioned where the Strategy Discussions between Families SA, DECS and SAPOL fit in to the Framework and, in particular, whether the FSM had enhanced or replicated that process. It was noted that children are incorporated into the FSF and yet there exists a different avenue for safety concerns around children (e.g. the Child Abuse Report Line), so it is not clear what role the FSM has in these cases. It was suggested that the DV models within each agency need to complement the FSF, so that each agency has a clear understanding of how to manage cases involving children. In particular, protocols need to come together to articulate when to take the welfare of the child as paramount, how counselling and support fits in and the role of Families SA.

Impact of the FSF on agencies

Stakeholder responses indicated that the impact of the FSF on agencies varied widely.

Most representatives from Port Augusta reported minimal impact upon their agencies in terms of time spent preparing for, attending meetings and following up actions, with some agencies noting that it was core business in any case. A small number of agencies indicated it had increased workloads, for example, the resources used to go through risk assessment forms to identify high risk cases for referral. Positive impacts included developing links and partnerships with other agencies, information sharing, gaining an appreciation of what each agency could contribute and being able to use information to provide better responses and support to victims and their children. However, it was also felt that the Initiative was still in its early stages within Port Augusta and that more operational time was required to evaluate its full impact and outcomes.

Within the metropolitan sites:

- SAPOL representatives indicated that the coordination and documentation of meetings and action plans was a considerable time burden. In addition, the time required to conduct research on referrals could also be significant, as most victims and/or perpetrators were known to them and may have substantial records to search. The estimated time commitment was approximately one day per fortnight. However, it was also noted that for high risk clients, under SAPOL's new Domestic Violence Policy, some of that preparation may have already been completed. One SAPOL representative indicated that the Initiative had resulted in better relationships with agencies on an individual level, while another felt that they had previously had good relationships and this had not changed.
- Families SA respondents also indicated that, in addition to attending meetings, the time required to conduct background research on clients could be substantial. However, the general sense was that the Framework had provided for broader information sharing from

Families SA but had not had any impact upon already well established agency practices in relation to domestic violence and child protection.

- DECS stakeholders indicated that the major impact of the Initiative was on individual representatives in relation to the time commitment to attend meetings. Two representatives noted that involvement in the Framework had enabled them to be more effective in that schools could be made aware of situations and provide more relevant support to children affected by domestic violence.
- Women's Domestic Violence services indicated that the Initiative had meant additional work for them in relation to the preparation of referrals, attending meetings and implementing actions, but acknowledged that much of this work in relation to assessment and actions would have been carried out regardless of the Framework. On the positive side, it was reported that having developed additional relationships and contacts, there was a time-saving element in being able to go straight to those contacts for clients within and outside the Framework.
- Housing SA also reported on the time impact of preparation for meetings, but felt that they had made some good links with other agencies and they are now aware of who to contact when required.
- Mental Health representatives indicated that, while there had been few of their clients who had come through the FSF, those that have had positive outcomes due to a better understanding of the issues for these clients due to the information received from other agencies. More direct links with other agencies that can help was also reported, with time saved because there was no requirement to negotiate with other agencies to become involved.
- In Health generally it was reported that practices have not changed as a result of the Framework (primarily because they were already appropriate), but that it had raised awareness of the issue of risk in certain teams.
- DASSA reported that involvement in the Initiative had raised awareness of the issue of domestic violence within their agency and the need to address this issue with clients. It was noted that the majority of perpetrators identified within a referral were DASSA clients, and that there was a need to broaden their practices beyond drug and alcohol concerns to look at how these men are conducting themselves in their relationships with women and children. It was also reported that contact at meetings had strengthened the relationship between DASSA and the Women's Sector.
- Representatives from the Department for Correctional Services reported that the FSF had driven some responses that would not have happened in the past. For example, changes had been made to JIS and internal procedures, including the development of a warning screen on the JIS for a domestic violence perpetrator; and the case noting of someone as being part of a FSM so case managers would be able to respond more appropriately. It was also noted that involvement in the pilot had provided more opportunity to receive information about the victim, which had contributed to a greater sense of accountability to the victim and therefore a better balance in case management.

Adding value to existing services/identifying and addressing gaps

Although a number of representatives felt that the FSF had not substantially changed responses to domestic violence, either in the type of responses available or in the provision of additional services, a majority of representatives at metropolitan sites reported that the FSF had added value to, and addressed gaps in existing services through the facilitation of information sharing and closer working relationships.

...it has created a culture of working together and partnerships. It has strengthened working relationships between agencies and has had a flow on effect were agencies are talking to each other about clients not connected to FSM. This ensures a coordinated response to service delivery to women and children.

The biggest gap that it addresses is the sharing of information, because I know that when we're with clients, for us to get information out of other agencies is really difficult unless you've got all those signed consents and...so I think to get information from other agencies and access services in imminent cases then I think it's a good strategy.

Given the market that we're talking about, women at risk of serious injury or death, I think it, in the past, like a lot of services that have been fragmented and difficult to coordinate....I think it's a significant improvement on the landscape for women... I don't think it fills a gap in a sense that it adds a significant resource in there, but it does fill a gap in terms of coordination.

Representatives at Port Augusta also acknowledged the value of information sharing, but generally agreed that due to the lack of referrals, the impact upon existing services had been limited and the FSF had yet to achieve its full potential.

Achievement of goals and intended outcomes

While there was a very positive response from all representatives regarding the cooperation between agencies and information sharing components of the Framework, there were mixed responses as to whether or not the FSF was achieving its goal and intended outcomes, as discussed below.

Goal: To provide coordinated, appropriate and consistent responses aimed at enhancing victim safety, reducing re-victimisation and increasing perpetrator accountability

There was general agreement that the Family Safety Framework had provided ***coordinated, appropriate and consistent responses*** for those women referred to Family Safety Meetings, but that this approach had not filtered through to all staff within agencies and for cases outside of the meeting process, with agencies generally still working within their own guidelines. It was noted by one representative that each agency tended to respond in the same way as before the Framework, but they were now aware of each others responses.

A number of representatives highlighted the instance where a perpetrator was bailed to the address of a victim at a DV Service house, as an instance where more coordinated responses are required outside of the meeting process. The perpetrator was in court for unrelated charges and under current systems there was no way for the Magistrate or anyone in the court to know the domestic violence circumstances and to prevent it happening.

There were mixed responses as to whether the FSF had **enhanced victim safety and/or reduced re-victimisation**. Approximately half of representatives felt that the improved responses had enhanced safety, at least in the short term, or was working towards achieving that aim, while one third reported that it was unlikely the Framework would make any permanent difference to women's overall safety without legislation and resources to deal more effectively with perpetrators. It was also acknowledged that many women will return to their partners despite encouragement and assistance from services. A small number of representatives noted that the safety of domestic violence victims may vary considerably from day to day and that any safety measure can only represent a specific point in time.

...you just know that the woman's going to be safe for the time being. We just like to think that the woman's been given every bit of information available and every service that's available for her under the circumstances she's in that she may not have got previously if she had to try and find that out herself....I certainly see that as the strength of the Framework.

Initially you would say that some are kept safe but as a long term thing I am not too sure because that's linked into lots of things to do with the victim's ongoing understanding of DV and getting into other relationships and I don't think we can have hard and fast statistical data to say, 'they're safe, they're not' – it's a life long process. The most we can do is put everything in place for them.

There was overwhelming agreement that the FSF had not increased **perpetrator accountability**. However, it was acknowledged that this was primarily due to constraints within existing systems such as lack of legislative base to enforce accountability and attendance at programs, and a lack of programs to deal with men who use violence.

Linked with this view was the concern that the FSF, like many other initiatives in the field of domestic violence, was still placing the responsibility on women to keep themselves and their children safe.

Its focusing on the women, and in some ways, focusing too hard and making women responsible for the safety of the children, and making them responsible for the perpetrator's behaviour and accountable if they can't keep their children safe from them.

We're often finding ourselves in situations focusing on what the mother can do to protect the children, rather than what the man can do, which isn't satisfactory.

However, while recognising the limitations under existing legislation and work practices, it was suggested that there were options within some agencies to increase perpetrator accountability. For example, Families SA could use their statutory role regarding child protection to put pressure on perpetrators to change their behaviour and to hold them accountable for their actions.

Intended Outcome: Improved responses to women, children and young people

The majority of representatives expressed the view that the FSF was achieving, or working towards achieving, improved responses to women, and to a lesser extent, children. It was felt that information sharing and closer working relationships resulting from the Family Safety Meetings had increased knowledge about victims and improved liaison between agencies, which in turn had contributed to faster and more relevant responses. It was also noted that the meeting process made agencies accountable for the proposed actions.

Examples of improved responses to women, children, and young people included:

- The 'flagging' of a women's name at the Domestic Violence Crisis Service, to ensure that in any future contact a fast response would be obtained.
- Providing women with timely and accurate information about perpetrator court dates, court outcomes and bail conditions to enhance knowledge about perpetrator movements and the effectiveness of safety plans (via information sharing between DCS and Women's Services).
- Providing information to schools to enable improved support to children involved in domestic violence situations and measures to be put in place to manage visits by violent perpetrators.
- Preventing a perpetrator contacting the victim from custody by removing her name from the phone contact list.
- 'Saving' existing Housing SA tenancies for women by providing appropriate information to Housing SA regarding current circumstances
- Providing housing for a small number of extremely high risk referrals, and faster access to Housing SA interviews for others.
- Providing objective and current information about victim drug use, enabling the primary referral service to respond more appropriately (victim had reported she had stopped using drugs to one service, but had disclosed continued use to another).
- Providing objective information to victims about perpetrator behaviour to enable the victim to make more informed choices (victim had been advised by perpetrator that he had made a serious suicide attempt and she was afraid to leave as he threatened he would do so again – the meeting representative was able to advise that there were no hospital records of such an attempt).
- Obtaining a Restraining Order when the victim had previously been told that there were insufficient grounds for such an Order.
- Families SA financial support for the provision of a duress alarm

While recognising some of the achievements of the FSF, a number of representatives felt that the Framework had not significantly impacted upon responses to children involved in domestic violence matters. In particular it was reported that, due to under-resourcing, Families SA were still unable to respond to many matters involving emotional abuse, for example where children were witnessing domestic violence. For the same reason it was also difficult for children to obtain timely access to assessment and counselling from CAMHS.

However, a number of stakeholders acknowledged that there were limitations on what agencies could do under the Framework.

It's a change in our inter-agency work, rather than a change in the structures and processes of that particular agency.

Intended outcome: Improved responses to men who use violence

There was general agreement amongst the representatives that the FSF had not improved responses to men involved in domestic violence. SAPOL representative reported that they continued to respond in line with their Domestic Violence Policy, and some actions had been taken to improve responses by other agencies, such as the warning screen on JIS and the case noting to inform DCS Case Managers. However, many perpetrators are not under the supervision of DCS, or may not be in contact with any agencies. It is therefore difficult to respond to men who are not accessing services and who may not know that the matter has been referred. In addition, in some cases it may be dangerous to the victim for the perpetrator to be informed about their involvement in the Family Safety Process.

Intended outcome: Consistent responses across government, non-government and community agencies developed as part of a collaborative process

As indicated, most representatives felt that the good working relationships and collaborative processes developed at Family Safety Meetings had not extended far beyond the representatives and their immediate teams, primarily because the Initiative was in the trial phase and there was insufficient commitment to promoting an approach that may not continue. There was a general sense that the current operation of the FSF was currently reliant on the goodwill and effort of a small number of individuals.

... I believe we have a long way to go to embed this model in our everyday work; the concern is what happens if someone within an organisation who is committed leaves.

Port Augusta assessment of goals and outcomes

Similar views were also expressed by Port Augusta representatives. It was felt that the FSF had the potential to achieve its outcomes, and that agencies were collaborating and responses were more consistent than they might have been without the Framework. However, due to the lack of referrals, the impact of the FSF was minimal and that more work was required to achieve the overall goals and outcomes. It was also agreed that the Framework had not improved responses to or the accountability of men who use violence.

Suggested changes to the model or operation of the FSF

Representatives suggested a number of changes or issues that need to be clarified within the FSF, as follows:

Implementation:

- More consultation and information to agencies prior to the nomination of representatives and initial training;
- Provision of training on risk assessment to a wider range of workers; and
- Training to include roles and responsibilities of each agency

- Meetings should include representatives from CAMHS, CYH and GPs within regional health services, as well as have more direct links to additional non-government agencies, such as Anglicare and Centacare; and
- The FSF should have a more direct link to Courts to enable the inclusion of more appropriate bail conditions (and preventing perpetrators being bailed to the victim's address). However, it should be noted that a number of representatives felt that Court *representation* was inappropriate.

Level of risk:

- Consideration should be given to broadening the focus to a lower risk level involving persons working with clients and with a more preventative emphasis (while acknowledging resource implications may make this unfeasible).

Meetings:

- Flexibility regarding meetings such as:
 - More use of the 'emergency meeting' provisions under the protocol, involving only agencies relevant to the referral; and
 - Consider not involving all representatives at all meetings.

Resources:

- Provision of resources to agencies:
 - To attend meetings;
 - To conduct research; and
 - Provision of project/administrative support to each Chair to coordinate the meetings and organise documentation.

Types of actions:

- Consideration of strategies and mechanisms to make perpetrators more accountable, including legislation to allow for removal of perpetrator;
- More focus on actions and strategies to support children and perpetrators'
- Development of clear protocols regarding the what each agency is required to do under the Framework; and
- More clarity regarding the authority to act: for example, should FSM proposed actions have priority within agencies?

Nexus between the FSF and Child Protection responses

- More clarity and agreement regarding the connection between responses to domestic violence and responses to child protection. Several stakeholders raised the need for a more effective way to blend existing Domestic Violence and Child Protection processes within the Framework, indicating that there was a lack of clarity/protocols regarding how to manage these processes (for example, where does the FSF fit with the Child Abuse Report Line?)

Regional issues

A number of factors were raised by stakeholders in relation to the regional pilot site and particular issues that should be considered, as follows:

- The impact of time commitments arising from the FSF was heightened by the small number of staff within agencies in regional centres;
- Difficulties in high level representatives attending meetings given that they are often based in other towns (eg Whyalla) overseeing regions;
- The high mobility of families referred to Family Safety Meetings makes it difficult to follow up clients (suggesting need for links with agencies in other towns to be established); and
- Due to high staff turnover in regions, the need for more flexibility/availability of training to ensure that all new staff are appropriately informed

Should the FSF Initiative continue?

Despite a range of criticisms and suggestions regarding implementation and operation, primarily relating to resource issues and lack of focus on perpetrator accountability, the overwhelming majority of representatives across all three trial sites (47 of 50) supported continuation and roll out of the FSF.

Of the three representatives who did not support continuation, one expressed the view that it may not be necessary in a regional area where there are existing links and everything is being done to support victims and perpetrators; another felt that it was not achieving any outcomes that were substantially different from before and therefore did not warrant the resource commitment; and the third felt that without adequate resourcing it would not be sustainable.

Summary of feedback from FSM representatives

Overall, there was considerable support for the Family Safety Framework, and within that, the Family Safety Meeting process. While a number of operational and conceptual issues were raised, and not all intended outcomes were being achieved, representatives were very positive regarding the improved information sharing and coordinated responses and how this had contributed to increased safety for victims of domestic violence.

3.5 Key findings and achievements

The following section summarises the findings of the process and outcome evaluation.

Implementation and operation

In general, it was found that the FSF was implemented and operated as intended in relation to:

- The Family Safety Agreement
- A protocol for Information Sharing;
- The use of a common risk assessment tool; and
- The Family Safety Meeting.

However, while there were no major deviations from the FSF model during the pilot phase, the following variations were identified:

- A number of matters referred to a FSM did not meet the criteria of imminent high risk. This was addressed to some extent by minor refinements to the Risk Assessment Form to specify the level of immanency and by refresher training at trial sites.
- The nomination of FSM representatives at a lower level of authority than that specified by the model. The impact of this variation depended upon the agency. For some agencies, lack of authority appeared to limit access to information, while for others it was felt that a Supervisor, rather than a Manager, was a more appropriate representative as they had more useful operational knowledge.
- Little or no dissemination or take-up of the Family Safety Approach within agencies, beyond the immediate range of the FSM representative. This was seen primarily as a function of the pilot status of the FSF, with some representatives reluctant to communicate or provide training for an Initiative that may not continue. A sense that the FSF was not 'core business' for some staff, or that it was not linked to additional programs and services, combined with the lack of knowledge of the Initiative by middle level management at regional offices, also limited the implementation of the FSF to a wider base.
- Lack of regular meetings at Port Augusta, which was generally attributed to a low level of referrals.

Strengths and weaknesses of the implementation process

FSF documentation and particular aspects of the training process, along with the motivation and energy of key individuals were identified as key strengths of the implementation process.

Conversely, areas for development included:

- consultation with operational staff before commencing the implementation process;
- flexibility in the delivery of training and access to ongoing training;
- training in the risk assessment process;
- opportunities for agencies to inform each other about their role and function;
- opportunities for agencies to discuss their understanding of risk and come to a common agreement prior to the commencement of Family Safety Meetings; and

- improved communication of the FSF within agencies to ensure that all staff are aware of their responsibilities with regard to information sharing, and the option of (and process for) referring clients to a FSM.

Key Strengths of the FSF model in providing better responses to women and children

The major strengths of the model were identified as:

- The clarification and common understanding of information sharing processes under the Protocol, which enabled agencies to provide and receive information that was essential to the development of appropriate responses.
- The shift to an integrated response to domestic violence, where all agencies are 'at the table' compared with the previous fragmented 'silo' approach.
- Having a consistent risk assessment tool, which represents an agreement/common understanding of high risk factors and which subsequently forms the basis of consistent responses by different agencies.
- Enhancing the accountability of agencies to respond to domestic violence through the development, monitoring and documentation of Action Plans as part of the FSM process.

Major challenges for the FSF model in achieving its aims

Major challenges for the FSF model in achieving its aims were identified as:

- The implementation of the Framework as a pilot in three sites only. As indicated, uncertainty about the continuation and roll out of the FSF to other regions appeared to be a critical factor that limited the dissemination of the Family Safety Approach. This, in turn meant that some representatives had difficulties in accessing information from within their own agencies.
- Inconsistent boundaries between agencies, which added a level of complexity in determining the eligibility of some referrals at the trial sites. However, this issue will be resolved in the near future with the move to standard boundaries.
- Lack of additional administrative/project support to organise and document FSMs. This was regarded as a significant burden on SAPOL as the coordinating agency.
- For some agencies, the lack of funding for high level representatives to attend regular FSM meetings was a major concern. While participation was maintained throughout the pilot phase, some representatives felt that ongoing involvement may be compromised without additional resources.
- The limitations of the existing options to deal with perpetrators and ensure their accountability (including the lack of a legislative base to support actions).

Impact on agency processes as a result of the FSF

Overall there was little change with regard to general agency practice as a result of the FSF. The Department for Correctional Services reported that they had developed a warning screen on the JIS for a domestic violence perpetrator; and instigated case noting of an individual as being part of a FSM so case managers would be able to respond more appropriately. DASSA also identified the need to broaden their practices beyond drug and alcohol concerns to assess how men are conducting themselves in their relationships with women and children.

Despite limited practice change by agencies to reflect the FSF approach, the networks generated at the FSM had created some efficiencies, with representatives now able to contact the appropriate person directly to obtain assistance for clients. This benefit was also extended to lower risk clients outside the FSF.

Achievement of goals and intended outcomes

The FSF achieved the majority of its goals and intended outcomes, as discussed below.

Goal: To provide coordinated, appropriate and consistent responses aimed at enhancing victim safety, reducing re-victimisation and increasing perpetrator accountability

As demonstrated by the successful implementation of Family Safety Meetings, involving the participation of a wide range of agencies from the government and non-government sector in information sharing and in the development of coordinated Action Plans for victims of domestic violence, the FSF has achieved the goal of coordinated, appropriate and consistent responses for women referred to meetings.

In addition, the actions developed and implemented by the FSM were clearly aimed at enhancing victim safety and reducing re-victimisation, through the coordination of alternative accommodation, the development of safety plans, the provision of security devices, and the provision of information regarding perpetrator movements.

However, there was general agreement from stakeholders that FSM actions were generally *not* aimed at increasing perpetrator accountability. This was due in part to difficulties in locating perpetrators, but was also linked to constraints within existing systems such as a lack of a legislative base to enforce accountability and attendance at programs, coupled with a lack of programs to deal with men who use violence.

Status: Three out of four elements achieved.

Intended Outcome 1: Improved responses to women, children and young people

There was general agreement from stakeholders and victim respondents that the FSF had achieved or was working towards achieving improved responses. This was the result of greater information sharing and closer working relationships developed at Family Safety Meetings, which had increased knowledge about victims and improved liaison between agencies outside the meeting process. This, combined with the accountability mechanism of the meeting process, had contributed to faster and more relevant responses.

The views of stakeholders and victims were supported by the analysis of meeting actions and outcomes, with numerous examples where victims and their children were provided with multi-agency support or support not previously available.

Status: Achieved.

Intended Outcome 2: Improved responses to men who use violence

Analysis of FSM activities and feedback from stakeholders indicates that the FSF has not improved responses to men involved in domestic violence. SAPOL continues to respond in line with their Domestic Violence Policy, and some actions had been taken to improve responses by other agencies, such as the warning screen on JIS and the case noting to inform DCS Case Managers. However, many perpetrators are not under the supervision of DCS, or may not be in

contact with any agencies. It is therefore difficult to respond to men who are not accessing services and who may not know that the matter has been referred. In addition, in some cases it may be dangerous to the victim for the perpetrator to be informed about their involvement in the Family Safety Process.

Status: Not achieved.

Intended Outcome 3: Consistent responses across government, non-government and community agencies developed as part of a collaborative process

The Evaluation found that good working relationships and consistent responses as part of a collaborative process have been developed across government and non-government agency representatives involved in the Family Safety Meeting process. However, there was no evidence that these relationships and responses had extended far beyond the representatives and their immediate teams, primarily because the Initiative was in the trial phase and there was insufficient commitment to promoting an approach that may not continue.

Status: Achieved at the local FSM level only

Evidence of enhanced victim safety and reduced re-victimisation

The analysis of the risk/safety outcomes revealed positive results for women referred to a Family Safety Meeting, particularly given that most of the women involved in a FSM were considered to have an extremely high risk of injury or death at the time of referral.

In terms of risk reduction:

- 21 of the 34 (62%) with sufficient information available were assessed as *Lower Risk* as a result of actions and approaches now possible under the Family Safety Meeting process, including a more rapid and holistic response and the provision of information and services.
- Only one woman was officially re-referred to a FSM, suggesting that the level of risk for the majority of women was contained or reduced.

In terms of re-victimisation after referral:

- 33 of 44 (75%) referrals that remained in South Australia had no SAPOL record of re-victimisation for at least three months after referral. Of these, 22 (50%) had no additional records from Families SA or DV Services that may suggest re-victimisation.
- 7 referrals (16%) had police records indicating minor to moderate domestic violence (eg that the perpetrator had breached a Restraining Order or bail conditions and/or had in some way made contact with the victim) including four with additional records from Families SA suggesting continuing violence.
- 4 referrals (9%) had SAPOL records or DV Service information that a serious incident of domestic violence had occurred after referral (e.g. an assault on three victim and one family member of a victim). Two of these referrals also had Child Protection Notifications after referral.

In the context of the previously high levels of violence experienced by women referred to a FSM, the figures indicate a relatively low level of serious domestic violence incidents following referral.

Status: Achieved

Issues to be addressed for a state-wide rollout of the FSM approach

The key issues identified were:

Implementation

To ensure a more effective implementation phase, consideration should be given to:

- More consultation and information to agencies prior to the nomination of representatives and initial training;
- Greater flexibility in the provision of training, including an online training tool
- Provision of training on risk assessment to a wider range of workers; and
- Provision of information on the roles and responsibilities of each agency.

Meeting operation and representation

Consideration should be given to the most effective form of meeting that provides for timely responses from all relevant agencies, while minimising the time commitment for representatives.

This may include:

- Meeting formally on a less frequent basis (e.g. monthly), but with the option to conduct Emergency Meetings/Strategy Discussions as required;
- The use of tele-conferencing; and
- Refining meeting representation according to the best combination of information provision, dissemination and required actions. In particular:
 - Which agencies need to attend meetings?
 - Which agencies can provide useful information to guide the development of Action Plans, but do not necessarily need to attend?
 - Which agencies need to be informed about the FSM proposed actions and outcomes?

Consideration should also be given to more direct representation from Child and Youth Health (CYH) and the Child and Adolescent Mental Health Service (CAMHS).

The nexus between the FSF and Child Protection

There is a need for a clear definition of the role of the Family Safety Framework and its relationship to the child protection processes managed by Families SA.

Specific questions include:

- What role does the FSF have in relation to safety concerns for children given that this is primarily managed by the Child Abuse Report Line?
- Where do the Strategy Discussions between Families SA, DECS and SAPOL fit in to the Framework? Do they enhance or replicate the FSM process?

Other interagency forums

Consideration should be given to what forms of interagency information sharing and cooperation currently exist (or may exist in the near future) to ensure that:

- the FSF does not duplicate or complicate existing processes; and
- where possible, these forums (and the established networks) are used to enhance the implementation and operation of the FSF.

Increasing perpetrator accountability

While acknowledging the limitations of the FSF in relation to increasing perpetrator accountability, consideration should be given to the development of creative responses to this issue within the authority of Framework partners. For example, Families SA could use their statutory role regarding child protection to put pressure on perpetrators to change their behaviour.

Resources

Strong consideration should be given to the provision of project/administrative support to each Chair to coordinate the meetings and organise documentation.

Consideration should also be given to what resources can be provided to agencies to participate in the process, or, in the absence of dedicated funding, what efficiencies can be achieved in terms of time commitment (see Meeting Operation above) to reduce the burden on agencies.

Information to victims

There is a need to ensure that victims have a clear understanding of the FSM process and scope of services that can be provided by Family Safety agencies.

Regional issues

In implementing the FSF within regional centres, consideration should be given to:

- the small number of staff within agencies in regional centres;
- difficulties in high level representatives attending meetings given that they are often based in other towns (e.g. Whyalla) overseeing regions;
- the high mobility of families likely to be referred to Family Safety Meetings and the subsequent need for links with agencies in towns outside of the meeting site); and
- the need for more flexibility/availability of training to ensure that all new staff are appropriately informed

4. Recommendations

Overall, the Family Safety Framework has demonstrated enhanced information sharing, collaborative relationships and consistent and coordinated approaches aimed at improving responses to women and children who are victims of domestic violence. Analysis of the risk and safety outcomes for victims is also indicative of improved outcomes for victims.

In addition, there is overwhelming support from agency representatives for the continuation of the Framework, despite some concern regarding adequate resourcing.

In line with these findings, the following recommendations are made:

Recommendation 1:

That the Family Safety Framework be continued and expanded across South Australia.

Recommendation 2:

That in any state-wide roll-out of the Family Safety Framework, consideration be given to:

1. greater consultation with agencies prior to implementation;
2. greater flexibility in the provision of training, including an online training tool;
3. provision of training on risk assessment to a wider range of workers;
4. provision of information on the roles and responsibilities of each agency;
5. the involvement of a wider range of non-government agencies in the Family Safety M process
6. more direct representation at Family Safety Meetings by CYH and CAMHS;
7. the most effective form of Family Safety Meeting that provides for timely responses from all relevant agencies, while minimising the time commitment for representatives, including consideration of what agencies need to attend meetings, what agencies need to provide information only, and what agencies need to be informed of actions and outcomes arising from meetings;
8. the development of a clear definition of the role of the Family Safety Framework and its relationship to the child protection processes managed by Families SA;
9. how the FSF will blend with currently existing groups for interagency information sharing and cooperation, to prevent duplication and to enhance the implementation and operation of the FSF;
10. the development of creative responses to increase the accountability of perpetrators;
11. the provision resources to support the operation of the Framework, particularly in relation to the provision of project/administrative support to coordinate and document Family Safety Meetings
12. the provision of clear and simple information to victims regarding the Family Safety Meeting process and the scope of services provided by relevant agencies; and
13. issues specific to the implementation and operation within centres outside of the metropolitan area, including low staff levels, distances required to attend meetings, flexibility regarding availability of training and the need for links with agencies in towns outside of the meeting site to cater for the high mobility of families.

Concluding comments

The findings of the Evaluation confirm the complexity of domestic violence cases and the need for consistent and integrated multi-agency responses.

A number of refinements and suggestions have been made to improve the continuing operation of the Framework, and to assist in any state-wide implementation process.

Overall, however, the Family Safety Framework represents a significant achievement in information sharing, cooperation and collaboration between government and non-government agencies to improve responses to victims of domestic violence within South Australia.