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# Practice Manual

## Family Safety Framework

**Important:**

If you are working with someone who requires an **emergency or immediate response** to be safe, follow your agency guidelines and/or contact the South Australia Police for emergency or immediate assistance.

A referral to a Family Safety Meeting under these circumstances is **NOT** an appropriate response to immediate threat of harm or an emergency.

# Acknowledgement of Country

Aboriginal people have made and continue to make a unique and irreplaceable contribution to the state of South Australia.

The Government of South Australia acknowledges and respects Aboriginal people as the state's first people and nations and recognises Aboriginal people as traditional owners and occupants of South Australian land and waters.

The Government of South Australia acknowledges that the spiritual, social, cultural and economic practices of Aboriginal people come from their traditional lands and waters, and that Aboriginal people maintain cultural and heritage beliefs, languages and laws that are of ongoing importance today.

# Contents

Acknowledgement of Country .....	2
Background.....	5
Purpose.....	5
Overview.....	5
What is the Family Safety Framework and when to use it.....	5
When NOT to make a Referral to a Family Safety Meeting.....	6
Family Safety Framework Snapshot.....	6
Common Risk Assessment: DVRA .....	6
Information Sharing .....	6
Multi-Agency Family Safety Meetings.....	7
Eligibility, risk assessment and referral.....	10
Referral eligibility .....	10
When NOT to make a referral to a Family Safety Meeting .....	11
Risk assessment .....	11
Maintaining confidentiality and safety .....	13
Referral .....	13
The Family Safety Meeting (FSM) .....	16
Developing a Positive Action Plan .....	17
Information sharing .....	18
Privacy Committee support .....	18
Information Sharing Guidelines .....	18
Consent to share information.....	19
Not having consent to share information .....	19
Ensuring the person at risk understands their information will be shared .....	20
Roles of agencies .....	21
Role of SAPOL (Family Safety Meeting Chair) .....	21
Role of Office for Women (Administration) .....	23
Role of FSM agency representatives .....	24
Record Keeping.....	24
Agency record keeping .....	25
Audit, retention, and deletion of information .....	25

Audit of Security ..... 26

Deletion of Information ..... 26

Attachment 1: A Guide for workers conducting risk assessments and referrals ..... 27

    Appropriate environment ..... 27

    When talking to the person about their experiences of domestic violence..... 27

    Filling out the Domestic Violence Risk Assessment..... 27

    Filling out the referral ..... 27

    Submitting the risk assessment and referral online ..... 28

Acronyms..... 29

## Background

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 improved, integrated service responses to violence against women and children in South Australia. The state-wide implementation of the Family Safety Framework was completed in November 2013.

Information about people at serious risk of harm from domestic, family or sexual violence can be shared between agencies in accordance with the Information Sharing Guidelines for promoting safety and wellbeing -

<https://www.dpc.sa.gov.au/responsibilities/information-sharing-guidelines>.

Pivotal to the Framework is the Family Safety Meeting (FSM). FSMs are locally based in 17 State Government regions in South Australia. FSMs are chaired by SAPOL.

## Purpose

The Family Safety Framework (FSF) seeks to ensure that services to families most at risk of violence are provided in a more structured and systematic way, through agencies sharing information and taking responsibility for supporting these families to navigate the system of services to help them.

The Family Safety Framework Practice Manual is available to help. It has been developed by the Office for Women. The purpose of the Practice Manual is to provide employees within each participating agency with a clear set of practice roles and responsibilities on each core component of the Framework.

This Practice Manual should be used as a companion document to your agency's policy, procedure and guidelines that authorise and guide your participation in the Family Safety Framework or interaction with making referral through the Family Safety Portal.

## Overview

### **What is the Family Safety Framework and when to use it**

The Family Safety Framework is underpinned by 17 multi-agency Family Safety Meetings, held in local SAPOL areas.

Agency representatives meet to discuss and develop coordinated responses for people experiencing domestic, family or sexual violence that have been assessed as being at high risk of serious injury or death. This risk must be ongoing and/or escalating and judged as likely to occur soon.

Family Safety Meetings facilitate coordinated and informed multi-agency responses that mitigate risk to the person and their children.

## When NOT to make a Referral to a Family Safety Meeting

If you are working with someone who requires an **emergency or immediate response** to be safe, follow your agency guidelines and/or contact South Australia Police for emergency or immediate assistance. A referral to a Family Safety Meeting under these circumstances is **not** an appropriate response to immediate threat of harm or an emergency situation.

## Family Safety Framework Snapshot

The essential elements of the Family Safety Framework are:

### Common Risk Assessment: DVRA

- To provide effective and consistent assessment of risk, a common Domestic Violence Risk Assessment (DVRA) is used. This is part of completing a referral on the Family Safety Portal – <https://familysafetyportal.sa.gov.au/>.
- The DVRA prompts information about known risk and vulnerability factors to determine the level of risk and likelihood of harm occurring or escalating.
- The DVRA provides an indicative risk score and is the first consideration in a referral being submitted to the Family Safety Meeting. Professional judgement is the second important consideration when considering the level of risk and referral to a Family Safety Meeting. The experience and perception of risk by the person at risk and the referrer are critical in supporting a referral.

### Information Sharing

- The Framework requires participating agencies to share information about the perpetrators of domestic, family or sexual violence and people experiencing domestic, family or sexual violence which is assessed as high risk and where the risk of serious harm is ongoing and/or escalating and judged as likely to occur soon.
- The Family Safety Framework facilitates information sharing about people experiencing domestic, family or sexual violence in order to prevent or lessen a threat to a person's life or safety.
- The Information Sharing Guidelines provide guidance for when consent to share information is and is not given, and outline the process and professional judgements that should underpin decision-making in both these circumstances.
- All agencies participating in the Framework must adhere to Information Sharing Guidelines (ISG). Your agency should have policies and procedures for sharing

information under the ISG. You can also use this link to access the South Australian Government's Information Sharing Guidelines - <https://www.dpc.sa.gov.au/responsibilities/information-sharing-guidelines>.

- Agencies are responsible for maintaining the confidentiality and security of information presented at the Family Safety Meeting (FSM) in keeping with the Information Privacy Principles as well as your own agency's policy and procedure for accessing and handling confidential information.
- A User Agreement, describing the terms and responsibilities of FSM representatives must be accepted by all representatives before they can be approved to join a FSM.

## Multi-Agency Family Safety Meetings

### Aims

The overall aims of a Family Safety Meeting are to:

- Determine whether the perpetrator poses a significant risk to the 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 to the person.
- Support a Criminal Justice System response to perpetrators.
- Reduce repeat victimisation.
- Reduce re-offending by the perpetrator.
- Improve agency accountability.
- Improve support for agency staff involved in high-risk domestic violence cases.

### Your role

Your role in the Family Safety Meeting is to facilitate, monitor and effectively share information to enable appropriate actions to be taken to increase the safety of people at risk.

Each agency participating in the Framework must register an agency representative and proxy to attend each scheduled FSM.

On successful registration, the FSM agency representative will be granted access to the meetings and relevant FSM case information on the Portal.

The Portal stores information relating to each FSM referral, including all agency information provided by representatives, Positive Action Plans, and outcomes.

When a new referral has been accepted to the FSM agenda, representatives will be prompted via email to access the portal and provide any relevant agency case information and suggest actions for a Positive Action Plan.

Representatives will also be prompted via email to update case information and action progress on prior cases before attending their next scheduled meeting.

For more information about how to use the Portal, please refer to the Family Safety Portal User Guide.

## Meetings

- Family Safety Meetings (FSM) occur fortnightly and may occur sooner at the direction of the Chair.
- A SAPOL Officer Chairs each meeting, co-ordinating the meetings and monitoring actions of each of the cases as well as assessing and accepting referrals onto the agenda.
- There are currently 17 FSMs operating state-wide.
- Referrals to a FSM are generally made by practitioners or agency workers who are working with the person at risk, their children, and/or the perpetrator of the domestic family or sexual violence.
- The FSM results in a multi-agency Positive Action Plan designed to support the reduction of risk for each person/family discussed.
- It is the responsibility of each agency on the FSM to complete the actions assigned to that agency in the Positive Action Plan.

## Meeting Process overview

The process of the Family Safety Meeting (FSM) is as follows:

### 1 Risk Assessment

Any practitioners or agency staff concerned about potential harm to a person at risk or their children, will conduct a risk assessment using the Domestic Violence Risk Assessment Form (DVRA) located in the Family Safety Portal - <https://familysafetyportal.sa.gov.au/>

### 2 High-Risk Cases

The worker must submit a referral when:

- a person is assessed as being at high risk of experiencing serious harm (the risk is ongoing and/or escalating); and
- the harm is judged as likely to occur soon.

Both the completed DVRA and FSM Referral Form are submitted through the Portal to the SAPOL Family Violence Investigation Section (FVIS) or SAPOL FSM Chair.

The person at risk should be informed of the referral where it is safe to do so. (see *Consent to Share Information* on page 19)

### 3 Referral becomes a case on the Family Safety Meeting

On receipt of the referral and Domestic Violence Risk Assessment (DVRA), SAPOL will further assess the referral and determine if the case is appropriate to be placed on the Family Safety Meeting agenda.

- When a referral is accepted on the FSM the referrer will receive advice through a system-generated email.
- If the case is not appropriate for the FSM, the referrer will receive an email informing them that the referral has not been accepted and the reason/s why.
- Should SAPOL require more information to consider the referral, a request for further information will be emailed to the referrer.

### 4 Escalation of non-accepted referrals

If a referral is not accepted for the FSM, the referrer can contact the Chair for further discussion.

In the absence of mutual agreement, the referral will be added to the appropriate FSM for a resolution by FSM representatives at the next available meeting date. In these circumstances, the referrer is encouraged to escalate within their own agency for support and guidance as required.

### 5 Information collection

FSM representatives will receive an email notification of any new case/s in their approved region and will be requested to provide a summary of relevant case notes to be entered into the Portal. Representatives are encouraged to suggest potential actions for their agency ahead of the meeting which can be considered at the meeting.

### 6 Information sharing

*Before the FSM:* Agency representatives must enter relevant case information into the Portal, and ensure all actions have been addressed and recorded.

*At the FSM:* All representatives of the FSM have access to case information for their region or regions via the portal. At each meeting all cases listed on the FSM are discussed and all information relevant to the case shared in order to inform a Positive Action Plan.

*After the FSM:* At the conclusion of an FSM a meeting report will be available for representatives to download for their own Agency records.

### 7 Positive Action Plan

*Development:* During the meeting, actions are proposed, discussed and agreed. Those actions are then added to a Positive Action Plan for the person at risk. (See *Consent to Share Information* on page 19)

*Responsibility:* FSM representatives are responsible for progressing actions assigned to their agency between meetings and must provide action updates into the portal prior to the next meeting.

The person at risk should be informed of the outcomes of the FSM and the Positive Action Plan where it is safe to do so. The worker/practitioner/clinician supporting the person should also provide an update after each meeting where it is safe to do so (See *Consent to Share Information* on page 19).

## 8 Monitoring

All cases presented at Family Safety Meeting (FSM) are reviewed by meeting representatives to determine if the case/s continue to present high risk. Where the high risk is ongoing, cases stay on the FSM agenda and representatives continue to provide updated case information and proposed actions. If the representatives assess that a case is no longer deemed to be high risk, the case may be removed from the agenda. Removing cases from FSM agenda is performed by the Chair.

The Chair will record on the Portal the reason that the case has been removed. The referrer of the case will be notified.

The person at risk should be informed of the outcomes of the FSM and the Positive Action Plan where it is safe to do so. (See *Consent to Share Information* on page 19)

# Eligibility, risk assessment and referral

## Referral eligibility

People of all genders are victims of domestic family or sexual violence (DFSV) in Australia and people of all genders are perpetrators of DFSV. However, the majority of victims of DFSV in Australia are women and the majority of perpetrators are men<sup>1</sup>.

Eligible people for referral to the Family Safety Framework (FSF) include those people experiencing DFSV:

- who are within an intimate relationship, including same sex relationships.
- who were previously involved in an intimate relationship (ex-partners), including same sex relationships.
- who are relatives according to Aboriginal traditional or contemporary social structures.

Some cases, such as elder abuse, may fall outside these examples but may still be considered at a Family Safety Meeting.

It is expected that anyone experiencing DFSV receive a comprehensive, thorough and effective response from agencies tasked with supporting their safety and wellbeing.

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<sup>1</sup> Australian Bureau of Statistics, 2016, Personal Safety Survey.

Anyone over 18 is eligible for support through the FSF where a referral is appropriate. Considerations in the decision to make a referral to a FSM are that the person is:

- experiencing domestic, family or sexual violence that is assessed as high risk and where the risk of serious harm is ongoing and/or escalating and judged as likely to occur soon; and
- where additional collaborative and informed responses (through the work done at the Family Safety Meeting) is required to mitigate and reduce risk and harm.

### **When NOT to make a referral to a Family Safety Meeting**

If you are working with someone who requires **an emergency or immediate response** to be safe, follow your agency guidelines and/or contact the South Australia Police for emergency or immediate assistance.

### **Risk assessment**

The assessment of risk and safety underpins the decision to refer to the Family Safety Meeting (FSM). At the FSM each agency shares information relating to the case and, when considered collectively at the FSM, a more comprehensive understanding of the client's risk is established.

It is critical in addressing high risk that pertinent risk-related information is gathered from more than one source. This is to enhance the safety of the person at risk and any children involved.

There are some commonalities related to risk in cases where domestic homicide has occurred. These relate to:

- Nature of the abuse – for example, emotional, physical, sexual, controlling behaviour.
- Historical patterns of perpetrator behaviour – for example, previous convictions or abusive behaviour, jealousy, increase in intensity or nature of abuse.
- The person's perception of risk – for example, specific fears for themselves, children, pets.
- Specific factors associated with the violence – for example, use of weapon, threats to kill, strangulation, coercive control.
- Reinforcing factors which inhibit pro-social behaviour – for example, drugs, alcohol, financial or mental health issues.
- Other factors – for example, pregnancy, separation, child contact, cultural vulnerabilities, legal processes underway.

The Domestic Violence Risk Assessment (DVRA) is South Australian common risk assessment based research on intimate partner homicide. It is important to be aware that this is a tool which indicates risk and vulnerability factors identified by a worker at a

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point in time and assists in decision making regarding action to be taken to improve safety.

The DVRA provides a common understanding of risk across referrers. Professional judgement is a critical contribution to the DVRA, and referrers should include victim's perceptions of risk and apply their professional judgement to a referral rather than rely solely on a risk score. The DVRA provides a consistent way to assess risk across multiple agencies and identify if an individual should be referred to a Family Safety Meeting.

The DVRA is not intended to replace agencies' existing risk assessment forms or procedures but is a practical tool that will assist and inform the type and urgency of responses to a person at risk (and their family) and case planning as well as any decision to make a referral to a Family Safety Meeting (FSM). Risk is dynamic and workers need to be alert to the fact that risk can change very suddenly.

Risk assessment is carried out by the agency, or individual worker, that is engaged with that person or receives information of an incident or pattern of domestic violence.

The questions contained in the risk assessment tool are not intended to be asked directly but form a guide in talking with a person at risk about their experiences of violence and abuse.

- It is important to **obtain as much information** in response to all the questions on the form as is safe / relevant to do so.
- It is also important to **actively consider professional judgement** in relation to cases and make referrals as required rather than being guided only by the overall risk score.

### Professional Judgement

On some occasions a risk assessment may not reach the high-risk threshold of 45. This may be because:

- The person at risk does not indicate/disclose experiences consistent with many of the risk assessment questions.
- The person at risk is relaying a single incident of domestic family and sexual violence (DFSV) but there is a history and DFSV circumstances known to the worker.
- The account of the person at risk is inconsistent with the worker's observations.
- A full interview/assessment is unable to be completed.
- The worker has difficulty gaining this information due to language barriers, cultural barriers, distress of the person at risk, or any other reason.

If a worker is unsure of the level of risk, where possible, advice should be sought from a supervisor or manager.

If a worker believes that the risk score does not reflect the case's true risk level the worker can exercise professional judgement to refer to a FSM.

The Domestic Violence Risk Assessment (DVRA) should not be used as the sole basis for safety planning, but rather in conjunction with other information about the person and

their situation. It is important to listen to their experiences of violence and abuse and to take in to account their own assessment of risk and safety.

Evidence shows that in many cases the victim survivor is the best judge of their level of risk, because they are most familiar with the patterns of behaviour of the person committing DFV against them.

## Maintaining confidentiality and safety

When the perpetrator feels under scrutiny or pressure, violence and efforts at collusion can escalate. It is critical that the person at risk can confidentiality seek information, advice, and support for domestic violence related issues. It is important that there is no risk that the perpetrator or their friends, families, associates, or workers become aware of the at-risk person's disclosure.

Care should be taken to avoid exposing the person at risk to any situation where they may be further abused, controlled, or manipulated by the perpetrator.

The interests of the person at risk and the perpetrator of domestic violence are different. It is generally regarded as good practice for different workers, teams, or agencies to deal with the person at risk and the perpetrator separately to avoid any collusion with the perpetrator or any real or perceived conflict of interest. This can be particularly relevant in small communities.

Where possible, the same worker/team should NOT see both the person at risk and the perpetrator.

## Referral

1. The Portal provides online access to the Domestic Violence Risk Assessment (DVRA). Completion of this risk assessment is the first step towards making a referral to the FSM. Should the risk score be calculated as **high (45 or over)** the referrer will be prompted to complete and submit a referral to the Family Safety Meeting.
2. If the risk score is **below 45** but the referrer considers the person is at high risk of serious injury or death, they can elect to exercise their professional judgement and continue to complete and submit a referral.
3. Should the referrer consider the risk is standard or moderate, they will be able to save the DVRA as a draft in the Portal. This can be edited later to continue to the referral process should the person's risk level increase.

## What constitutes a high-risk referral?

All agencies should review the list of risk factors on the Domestic Violence Risk Assessment (DVRA) and identify what information their agency holds about any of the risk indicators. It is important that referrals to Family Safety Meetings meet a high-risk determination as indicated above.

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If a case is not currently assessed as high-risk, the person should still be supported by the agency worker and (where necessary) be referred to appropriate services. Local SAPOL Family Violence Officers can be notified of anyone at standard or medium risk of domestic violence through other means of communication as necessary. Workers are encouraged to telephone and talk to SAPOL staff, as appropriate, regarding victims of domestic violence who do not meet the high-risk threshold required to be referred to a Family Safety Meeting.

### Family safety referral through the Portal

Once the user has completed the online Domestic Violence Risk Assessment (DVRA) and a level of risk requiring a multi-agency response is established, the next requirement is to make a referral. The worker will need to complete and submit the Family Safety Framework (FSF) Referral via the Portal.

If the completed risk assessment calculates a risk score of 45 or over the user will be prompted to continue to complete the referral to the Family Safety Meeting (FSM). If the score is under 45 the user can continue to complete a referral complimented by their **professional judgment**.

When completing the referral online the referrer will be asked to provide the following information:

- Offender Details (if known)
- Children Details (if known)
- Other Household Members (If known)
- Reasons for referral
- Background and risk issues
- Identify if the person being referred is aware of the FSM referral
- Identify if the person being referred has given consent (or not) for the referral
- If consent has not been given, an explanation as to why this isn't possible.
- Indicating if a Cultural Consultant been involved (or not) in the process
- Indicating if a Disability Consultant been involved (or not) in the process
- Identifying if a Child Protection Notification been made. If yes, any additional details about who by and on what date.

### Other risk factors categories

To complement the standard Domestic Violence Risk Assessment (DVRA), there are further, **more focussed risk indicators**. These are not mandatory to making a referral, and will not contribute towards risk score, but will assist further assessment by providing nuanced information to the Chair and the FSM members. This will provide more individualised information in terms of additional factors for consideration.

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The additional focussed risk considerations are associated with the following:

- Aboriginal and Torres Strait Islander women
- Culturally and Linguistically Diverse people (CALD)
- Rural and remote locations
- Under 25 years of age
- Disability
- Over 60 years of age
- LGBTIQ+
- Perpetrator.

### Finalising a referral

Please note:

1. A knowledge of the history and dynamics of the relationship, including domestic violence incidents, should be provided as part of the referral. This may include uploading supporting documentation to the Portal as part of the referral process. Answering as many of the Other Risk Factor questions will assist in the assessment of risk and help the FSMs response.
2. The Family Safety Framework referral form should contain as much information as is reasonably available regarding:
  - identifying details (names, dates of birth, addresses, contact phone numbers for all individuals on the referral)
  - the nature of safety concerns
  - presenting high-risk indicators
  - agency involvement
  - recent safety planning.

### Submitting the risk assessment and referral online

#### Registered Portal User

Click *submit* at the end of the referral and it will be submitted to the Chair of the FSM for consideration. An email will be sent to the referrer, confirming the submission.

An additional email may be sent to the referrer, requesting additional information to support SAPOL's assessment of the referral.

The referral outcome will be sent to the referrer's registered email address.

## Guest User

Guest referrers must ensure they have verified their email address. Once verified, they will be able to click *submit*, and the referral will be submitted to the Chair of the FSM for consideration. An email will be sent to the referrer, confirming the submission.

An additional email may be sent to the referrer, requesting additional information to support SAPOL's assessment of the referral.

The referral outcome will be sent to the referrer's provided email address.

## If a case is not assessed as high risk

The purpose of the FSM and the permission to share information is based on the assessment of risk of harm to the person at risk and/or their children.

If the person is not assessed as at high risk of harm following a risk assessment and professional judgement, then workers should follow their own agency procedures / policies and ensure that the person receives any services and support they need.

# The Family Safety Meeting (FSM)

The FSM is a regular, formal meeting of representatives from agencies concerned with family safety. The purpose of each meeting is to allow agencies to:

- share information, so that a comprehensive picture of a person's risk can be established; and
- jointly construct a Positive Action Plan for each person identified as being at high risk, using all available agency resources, to increase that person's safety.

FSMs are held fortnightly and can be held sooner if a case requires emergency attention. Additional meetings are called at the discretion of the Chair.

At the FSM, each agency and non-government representative identifies their agency's ability to enhance the safety of the person/s at risk, develop actions and ensure those actions are completed.

Each agency representative must come to the FSM with any relevant historical information their agency has on file in relation to a person/s at risk on the agenda. This ensures a comprehensive, up-to-date picture of the person's situation and risk factors. Information about the perpetrator and their relevant history and circumstances should also be shared. In sharing and combining this information, the FSM comprehensively assesses the situation of the person at risk and develops strategies to maximise that person's safety. The person/s at risk does not attend the meeting, nor does the perpetrator.

After the initial meeting and development of a Positive Action Plan, cases are subject to ongoing review and risk management assessment at the FSM until the high risk has been

mitigated. A case may be on the FSM agenda for a number of meetings to mitigate risk to a level that can be acceptably managed without a multi-agency approach.

Agencies have responsibility to undertake actions assigned to them at the FSM. Responsibility is not transferred to the FSM.

The FSM is not intended to replace internal organisational procedures regarding safety and risk. The FSM actions complement usual agency work with people at risk. Each organisation is responsible for adhering to their own organisational procedures before attending the FSM in relation to high-risk cases. This includes maintaining agency records and appropriate documentation and complying with reporting requirements.

## Developing a Positive Action Plan

Only accurate information that is directly relevant to the safety of the person at risk and their children should be shared by the attending agencies. This falls into four main categories:

1. Basic demographic information including any pseudonyms used and whether there are any children and their ages.
2. Information on key risk factors or vulnerabilities including, where appropriate, professional knowledge, assessment and judgement on the risks faced.
3. Any relevant history of domestic violence or other associated behaviour (child abuse, sexual assault) by the perpetrator or person at risk.
4. The 'voice' of the person at risk. This may be provided by the practitioner working directly with the person at risk (or their agency representative). Referrers may request, or be invited, to attend the FSM to speak to their experience with the family. Evidence shows that in many cases the victim survivor is the best judge of their level of risk, because they are most familiar with the patterns of behaviour of the person committing DFV against them.

Information sharing at Family Safety Meetings is strictly limited to the aims of the meeting. Representatives must agree to this, as stated in the user agreement, before joining a FSM. Information gained at the meeting must not be used for other purposes without reference to and approval from the person/agency that originally supplied it.

### Positive actions to decrease risk

Examples of FSM agency actions include:

- Information checks
- Domestic Violence Services support/liaison
- SAPOL actions, safety plans, Intervention Orders, warrants, advising person at risk about police bail and court outcomes and dates

- Joint visits, for example SAPOL and Domestic Violence Services
- Liaison with school staff regarding children's safety
- Monitoring of bail conditions, prison status checks
- Flagging of high risk on any client systems and records
- Housing needs assessment, bond assistance
- Provision of home safety audits, security screens and duress alarms
- Mental health, drug/alcohol assessments and referral.

## Information sharing

### Privacy Committee support

The Privacy Committee of South Australia oversees the administration of the Information Privacy Principles and has supported the sharing of information to prevent or lessen a serious threat to the life or health of victims of domestic violence and their families. This is supported by the Information Sharing Guidelines (ISGs).

### Information Sharing Guidelines

Information sharing through the Family Safety Framework is supported by the Family Safety Framework Information Sharing Protocol (**Information Sharing Protocol (Appendix 9)**), **the Information Sharing Guidelines and the Privacy Committee**.

Family Safety Meeting representatives should be familiar with and consider their agency's policy and/or procedure regarding the use or activation of the Information Sharing Guidelines.

The Information Sharing Guidelines (ISGs) provide a mechanism for information sharing between agencies when it is believed a person is at risk of significant harm and adverse outcomes can be expected unless appropriate services are provided. The ISGs apply for both government and non-government organisations.

A PDF copy of the ISGs can be found at:

[https://www.dpc.sa.gov.au/data/assets/pdf\\_file/0009/45396/Information-Sharing-Guidelines.pdf](https://www.dpc.sa.gov.au/data/assets/pdf_file/0009/45396/Information-Sharing-Guidelines.pdf) (PDF 1.5 MB)

### When can/should you share information in relation to the Framework?

If the worker has identified that a person or their children is at risk of harm, the first step is to assess risk using the Domestic Violence Risk Assessment (DVRA) and continue to a referral to a Family Safety Meeting, as appropriate.

A client's informed consent to share information must be sought in all situations where it is **considered reasonable and practicable to do so**.

The primary concern is the client's safety. As such, consent is not a requirement for referral to the Family Safety Meeting.

If you are not able to seek consent, consent is not given, or it would be unsafe to seek consent, the Information Sharing Guidelines enable information to be shared.

If there is a threat to safety and wellbeing of a person and you do not have consent to share information, please refer to the Information Sharing Guidelines and/or speak with your manager or an appropriate person.

Remember that if there are mandatory child protection notifications processes in place, workers are legally mandated to adhere to them.

### **Sharing Information to support an FSM to provide a multi-agency response and develop a Positive Action Plan**

Agencies authorise workers to participate in the Framework and the Family Safety Meeting. This supports a worker's role related to information sharing when there is high risk.

In order to undertake a multi-agency response and develop a Positive Action Plan for a person at risk and their children, the other agencies at the FSM need to know information from each agency. FSM representatives must be specific in the information that they provide the other agencies, and it must be related to the identified risk to safety of an individual or family.

### **Consent to share information**

Gaining consent is a critical part of any process in deciding to share information. With consent you can disclose information.

### **Not having consent to share information**

If an FSM representative does not have consent from the person at risk to share information, it is important to consider what might occur should information not be disclosed.

If an agency/worker considers that the person at risk and/or their children are at risk of significant harm, then they need to disclose their concerns regarding risk and share information.

If a worker is unsure, they should first speak with their supervisor or line manager and consult the ISGs.

If the worker is still unsure, they can contact the FSM Chair in the region for further clarification in relation to the risk assessment.

It is important to ask for consent. However, if a worker has serious concerns for the safety of the person at risk, or other family members, it is best practice to tell the person

at risk that information may be shared, even without their consent. Workers should explain what they will share and why.

## **Ensuring the person at risk understands their information will be shared**

Where possible, it is important that the person at risk is informed about their risk and that their information will be shared at a Family Safety Meeting (FSM).

### **Checklist for use when sharing information without consent**

If a worker has come to the decision that the client's case should be taken to a Family Safety Meeting but has not received consent, they must record that decision and the reasons for making it during the referral process. These are always very difficult decisions and ones where the worker may be concerned about the impact that they will have on the trust that the client has placed in them.

It is important for a worker to inform the client of the following:

- That they have serious concerns for their safety.
- That they will be recommending their case to the FSM.
- That they will be sharing information with the range of agencies attending the FSM.
- That they will only be sharing information that is relevant to their risk status and that would contribute to collaborative action in the reduction of that risk for them and their children; and
- Inform their client of the potential outcomes of this meeting.

Once a worker has attended an FSM they should contact the client, only if it is safe to do so, and inform them of the outcomes of the meeting and any immediate interventions.

### **Can telling the client increase their risk?**

In some instances, telling the client that the worker is going to share the information that they are at high risk can jeopardise their safety. It is important to remember the key issue here is for the perpetrator not to be aware of any impending interventions. If the perpetrator is aware, this may result in an escalation of violence or the sabotaging of interventions or help seeking.

### **Record keeping in relation to information sharing**

Agency workers should follow their own agency's policy and procedure in relation to recording this decision.

## Roles of agencies

### Role of SAPOL (Family Safety Meeting Chair)

Within each region, the SAPOL representative is responsible for the management of referrals, coordination and chairing of the Family Safety Meeting (FSM). Where possible, this role of Chair is to be filled by the Officer in Charge, Child and Family Investigation Sections in metropolitan districts.

In country regions, the responsibility rests with the Officer in Charge of the local Criminal Investigation Branch (CIB) or their delegate, which is generally the Family Violence Intervention Officer.

All referrals are submitted through the Portal to the relevant SAPOL representative or Chair.

### Receiving and processing referrals

- The Chair receives notification of new referrals by secure email sent through the Family Safety Portal.
- On receipt of a new referral, the Chair or responsible SAPOL Officer is responsible for considering the referral and determining a course of action:
  - a) accepting the referral onto the FSM (which will generate an email to the referrer informing them of this)
  - b) transferring the referral to the appropriate FSM region
  - c) requesting further information from the referrer
  - d) rejecting the referral. A rationale for the rejection must be included in an email notification to the referrer.

### Assessing Referrals

- This assessment is to ensure that a referral to the Family Safety Framework for a person at risk is appropriate, in that the person is:
  - experiencing domestic, family or sexual violence which is assessed as high risk and where the risk of serious harm is ongoing and/or escalating and judged as likely to occur soon, and
  - where additional collaborative and informed responses (through the work done at the Family Safety Meeting) is required to mitigate and reduce risk and harm.

### Where a referral is not accepted

- A referral may not meet the required threshold for a number of reasons. Considerations for non-progression of a referral onto a Family Safety Meeting (FSM) may include:

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- Several agencies are known to be currently involved and are providing protection against further harm which has served to significantly reduce risk.
- That the Domestic Violence Risk Assessment (DVRA) has been incorrectly completed.
- Where a referral is not accepted on to the FSM agenda, a rationale must be provided to the referrer indicating why (this will be included in the return email generated by the Portal). This is critical as the referrer will then remain responsible for managing the identified risk without the information sharing and support of a multi-agency response. The rationale regarding the non-acceptance of the referral will contribute to that referrer developing safety mitigation plans in the community.

### If the referrer wishes to discuss the decision

- If the referrer wishes to discuss the decision not to include the referral as high risk, the referrer should contact the relevant FSM Chair. If a referrer is unsure of who the FSM Chair is for the relevant region, they can contact the relevant SAPOL Child and family Investigation Section or [DHSFamilySafetyPortal@sa.gov.au](mailto:DHSFamilySafetyPortal@sa.gov.au).
- Should there still be uncertainty about the status of the referral, the relevant SAPOL Chair will instruct the referrer to upload the referral as a new referral to the region through the Portal and will accept the referral onto the meeting for the Family Safety Meeting representatives to decide whether the case meets the threshold for an FSM. In comments when accepting the referral, the SAPOL officer should note that acceptance and management of the referral needs to be decided by FSM representatives.

### Family Safety Meeting

- Chair the FSM according to the run sheet.
- Approve any proposed actions agreed to by the FSM representatives.
- Add and approve actions agreed to by the FSM representatives to another agency if that agency does not have a representative at that meeting.
- Review actions agreed at the last FSM and make note of any outstanding actions.
- Summarise actions at the end of each case discussion and ensure that all agencies are clear on new actions agreed upon for follow up.
- Review each case on the FSM and seek agreement from the representatives at that meeting to determine if the case should continue on the FSM or if it should be closed (removed from the FSM).
- Following agreement from FSM representatives, close any cases and document the reasons for closure.
- Complete and forward any completed Court Information Forms (CIF) to the relevant Prosecution Section for inclusion with a prosecution file for a person at risk. CIFs

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should be completed if a Family Safety Meeting identifies specific safety concerns which should be brought to the attention of a presiding magistrate.

- Notify FSM representatives when the meeting record will be closed to ensure that all FSM representatives have updated all relevant case notes and action details including adding any new actions agreed on at the meeting.
- Record any other business including details of attendance at the FSM by students or other authorised visitors.
- Close the meeting. This will then generate a meeting report that can be downloaded by all FSM representatives from the Portal.

### **Role of Office for Women (Administration)**

The Department of Human Services (DHS) Office for Women are both the administrators of the Family Safety Meetings and the policy holders of the Family Safety Framework. Their administrative responsibilities include:

#### **General Operations**

- Ensuring that the Family Safety Portal is fully operational and functional for the effective administration of the FSMs.
- Provide training, support, and instructional materials on how to use the portal for FSM representatives, proxies, and Chairs.
- Facilitate technical support for the portal.
- Support the FSMs to continue to operate if there are any technical issues affecting the normal operation of the portal.
- Investigate and ensure that all referrals submitted to an “unknown” FSM region are appropriately allocated to the relevant FSM for review and assessment by the Chair.
- Ensure that after each of the 17 FSMs is held each fortnight a meeting report is saved to the DHS secure records management system (Objective).

#### **Security**

- Vet and action all applications for new representatives, proxies, or Chairs to each of the 17 FSMs.
- Run regular audits of the FSM membership and remove access for representatives, proxies or Chairs who no longer require it.
- Manage and coordinate any security breaches by notifying agencies and suspending accounts where necessary.
- Vet and action any requests for a new agency/service to be added to an FSM.

## Reporting

- Provide reports to the Ministers, relevant agencies and governance groups as requested, on the operational status of the Framework (including the Portal), as well as to specific regions or individual agencies.
- Provide reports to the coroner or any other legislated body on specific cases that were involved with the Framework.
- Provide security reports to the Chief Executive and/or Minister.
- Provide reports to the FSM Chairs of the 17 meetings on the efficacy of that region including agency engagement.

## Role of FSM agency representatives

Each Family Safety Meeting agency representative must have the authority within their agency to prioritise the actions that arise from the FSM and to be able to make an immediate commitment of resources to ensure there is a rapid response to high-risk cases.

### The Agency FSM representatives will:

- Update their agency on the status of the cases on the FSM.
- Gather relevant information from their agency on all referrals on the FSM agenda.
- Update the portal with relevant information on all referrals to the FSM.
- Attend all FSMs and provide a proxy if the representative is unable to attend.
- Attend all FSMs, even if the agency has no prior history of involvement with individuals/cases for consideration.
- Contribute to the discussion and development of a multi-agency Positive Action Plan by proposing actions for that agency, even where there has been no agency involvement in the past.
- Propose, respond, and follow up any designated actions in a timely, efficient manner (RAPID RESPONSE).
- Behave in a respectful manner towards other FSM representatives.

## Record Keeping

All information on the Portal is classified as '*Official: Sensitive Personal Privacy*' and must be stored securely on the Portal to meet those privacy obligations. Each agency, party to the Family Safety Framework, has policies in place to support authorised FSM representatives to comply with the requirements of the Family Safety Portal User Agreement.

The risk of this level of confidential information being breached is a high risk to potential escalation of violence and endangering the lives of women and children.

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The responsibility to maintain privacy and confidentiality of this level of sensitive information is paramount. The responsibility sits with DHS as custodian of the Portal and equally with each agency in terms of providing a policy environment which supports representatives to navigate this level of information security.

Each agency is responsible for the development of internal policies and procedures regarding records storage and management that adhere to the requirements of handling information classified as 'Official: Sensitive (Personal Privacy)'.

The responsibility for handling this level of confidential information means that FSM representatives must be aware of and incorporate their participating agency's directives in terms of handling and storing this level of information.

FSM representatives are subject to their own agency's policies and procedures in relation to the sharing and storing of information.

### **Agency record keeping**

It is important that each agency's procedures are followed regarding storage of confidential information concerning clients.

It is an expectation that Family Safety Meeting representatives will be proactive and:

- Follow Agency protocol regarding actions and communications about a client in case notes/ case file.
- Initiate any internal "flagging" on agency databases stating that the individual has been referred to an FSM (whether person at risk, perpetrator, or children).
- Make sure that Domestic Violence Risk Assessment (DVRA), referral and any other information that relates to that client is in their case file.
- Do not store any information that relates to any of the other cases that were presented at the FSM within a client's file. An individual record can be downloaded from the Portal for inclusion in or upload to the client's file.
- If the service does not have a file for a person at risk whose case is raised at an FSM, but the agency has actions that require priority attention, the FSM representative will create a client file for that person in order for the information to be stored by their agency. Once the agency has contacted the person at risk, a worker will inform them that a file has been created and then the worker will proceed under usual agency obligations.

### **Audit, retention, and deletion of information**

- Each agency will undertake to ensure that they will responsibly collect, process, store, and disclose all information for the purposes of the Framework.
- Agencies will ensure that all information held is accurate, relevant, and fit for the purpose for which it is intended.

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- Agencies will retain copies of referrals, action plans and minutes for whatever period is in keeping with the agency's client records management guidelines.
- Each agency will be responsible for the safeguarding of information in line with the Information Privacy Principles. When the information is no longer regarded as being relevant, the agency will be responsible for its secure disposal.
- Each agency will be responsible for ensuring that information is only accessed on a need-to-know basis by their staff in line with the user agreement and requirements of the '**Official: Sensitive (Personal Privacy)**' classification.
- Case information should only be communicated through the Portal unless the Portal is not operational, and the FSM representative has received instructions from Office for Women or the FSM Chair to exchange information for the FSM in some other way.

### **Audit of Security**

All information held for the purposes of the Framework must be securely stored in line with the requirements of an Official: Sensitive security classification and the Family Safety Portal User Agreement.

Agencies must regularly conduct audits of their FSM representatives (no less than annually) making sure that only those that require access to the Portal as a representative of that agency are included as a representative of that required region.

It will be the responsibility of each agency to ensure their representatives resign from the FSM when they no longer represent that agency. Agencies should also notify Office for Women when representatives need to be removed that have not removed themselves or if they identify any other security breaches.

### **Deletion of Information**

Information cannot be edited or deleted from the Portal by users. Should a mistake be made by a representative the following steps should be taken:

1. If the mistake is minor and does not impact the ability of the FSM to form an action plan to reduce the risk of harm to the person at risk or their children, a correction should be made to the meeting notes (if the error occurred in meeting notes), contact notes (if the error was contact info) or by putting a comment on the action (if the error was in an action).
2. If the error is major (will impact the ability of the FSM to form an action plan) / cannot be rectified by a correction, the representative should email Office for Women at [DHSFamilySafetyPortal@sa.gov.au](mailto:DHSFamilySafetyPortal@sa.gov.au) as soon as possible to ensure that the error is corrected. The representatives should also inform their direct management.

# Attachment 1: A Guide for workers conducting risk assessments and referrals

## Appropriate environment

- Create a space where the person at risk will feel safe and there is privacy.
- Talk with the person without the perpetrator or any children present (use an interpreter where needed).

## When talking to the person at risk about their experiences of domestic violence...

- Familiarise yourself with the Domestic Violence Risk Assessment (DVRA) so you can 'talk' through assessment in appropriate language.
- Listen, validate, and believe.
- A good starting point may be to establish the level of fear that the person is experiencing and their own prediction of what they think the perpetrator might do. Conduct a thorough assessment of risk if they are very fearful for their safety or their children's safety. Evidence shows that in many cases the victim survivor is the best judge of their level of risk, because they are most familiar with the patterns of behaviour of the person committing DFV against them.
- Make efforts so that they feel supported and explain that you are asking for information because you are concerned for their safety. Emphasise the unacceptability of violence.

## Filling out the Domestic Violence Risk Assessment

- The worker must complete the DVRA. This is to be completed either during or after discussions with the person at risk. **Do not ask the person at risk to fill out the form.**
- If the assessment indicates that the person is not at high risk with a **score lower than 45**, use professional judgement to further assess the level of threat to determine an appropriate risk level (see Professional Judgement on page 12).

## Filling out the referral

- Referrals should include as much information as possible.

## Submitting the risk assessment and referral online

### Registered Portal User

Click submit at the end of the referral and it will be submitted to the Chair of the FSM for consideration. You will receive an email confirming your submission.

You may receive an email request to provide additional information to support SAPOL's assessment of the referral.

You will be notified of the outcome of your referral via your registered email address.

### Guest User

You will need to make sure you have verified your email address. Once verified you will be able to click *Submit*, and your referral will be submitted to the Chair of the Family Safety Meeting for consideration. You will receive an email confirming your submission.

You may receive an email request to provide additional information to support SAPOL's assessment of the referral.

You will be notified of the outcome of your referral via the email address provided.

# Acronyms

## **CIB**

Criminal Investigation Branch

## **CIF**

Court Information Forms

## **DFSV**

Domestic Family and Sexual Violence

## **DHS**

Department of Human Services

## **DVRA**

Domestic Violence Risk Assessment

## **FVIS**

Family Violence Investigation Section at SAPOL

## **FSF**

Family Safety Framework

## **FSM**

Family Safety Meeting

## **ISG**

Information Sharing Guidelines

## **SAPOL**

South Australia Police