



Government of South Australia
Office for Women

officeforwomen



FAMILY SAFETY FRAMEWORK Practice Manual

UNDER REVIEW

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Foreword

The Family Safety Framework (the Framework) has been developed by the Office for Women in conjunction with other key South Australian Government agencies.

Homicide case reviews have identified the lack of information sharing amongst agencies as a significant factor contributing to homicide/suicide in families where there is domestic and family violence.

The intention of the Framework is to improve upon this by providing action based, integrated service responses to families experiencing domestic violence who are at high risk of serious injury or death.

The Family Safety Framework Practice Manual 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. The Practice Manual is divided into four sections:

1. The Strategic Overview document - for Managers, Team Leaders and senior staff.
2. Family Safety Framework Modules - for all staff working directly with women, men and children within a broad context of domestic and family violence. These 9 Modules outline the main operational components of the Family Safety Framework:
 - The Family Safety Framework process;
 - Risk assessment;
 - Information sharing;
 - Roles of Agencies;
 - Family Safety Meetings;
 - Family Safety Meeting transfers;
 - Information For Victims;
 - Record keeping; and
 - Safety Considerations in High Risk Cases
 - Information Provided to Courts
3. Frequently Asked Questions (FAQs).
4. Appendices: Forms and further supporting documentation.

The Office for Women would like to acknowledge Co-ordinated Action Against Domestic Violence (CAADA), United Kingdom, as the original source of material that has been adapted for the Family Safety Framework Practice Manual.

The Family Safety Framework Practice Manual is available online at <http://www.officeforwomen.sa.gov.au/womens-policy/womens-safety/family-safety-framework>

FAMILY SAFETY FRAMEWORK Strategic Overview

UNDER REVIEW

STRATEGIC OVERVIEW

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UNDER REVIEW

INTRODUCTION

Violence against women and children is a long-standing, complex social problem that only began to be addressed in the later decades of the last century. Services engaged and responded to women (and often children) individually with the focus being on accessing safe accommodation, where ever that may be.

From the 1990's onwards there has been an increasing focus on the need for agencies to collaborate and to coordinate their service responses to families where domestic violence may be occurring. The emergence of the importance of working with those who use domestic violence (usually men) further emphasised the importance of collaboration of services and coordination of responses. These responses, at times referred to as 'second generation responses', involved the following:

- recognition of the complexity of reducing and preventing domestic violence;
- recognition of the need for multi-sectoral collaborative approaches which are led from the macro level by governments, in partnership with the community;
- development of a continuum of service responses which addresses not only the safety of women and children, and perpetrators taking responsibility for their violence, but also aspects from prevention, early intervention, criminal justice responses, crisis, recovery and rehabilitation; and
- recognition of the particular importance of working with children as a preventive intervention.

Complementing these developments is the recognition of the importance of working with extended families and communities in responding to Aboriginal family violence and the need to provide holistic services that are positioned around the whole family rather than responding to each family member separately.

In addition, the growing body of Australian and international research over the last twenty years acknowledges the connection between, and the co-existence of, domestic violence and child abuse¹.

Both Australian and international research have shown that the perpetration of violence against mothers can have wide-ranging adverse effects on children, including impacts on their self-esteem, relationships and behaviour². Children may also be at risk of abuse from the perpetrator of domestic violence through becoming inadvertently caught up in the violent incidents against their mothers, or the perpetrator may engage in similar acts of violence against their children³. Moreover, research has indicated that the majority of children living in circumstances of domestic violence witness their mothers being abused⁴. Children are deleteriously affected by witnessing both the incidences and effects of domestic violence perpetrated against other family members which can be viewed as emotional or psychological abuse of the child⁵.

Finally, homicide case reviews by the South Australian Coroner's Court have identified the lack of information sharing amongst agencies as a significant factor contributing to homicide/suicide in families where there is domestic violence.

1 Bowker, Arbitell & McFerron, 1988; Stark & Flitcraft, 1988; Jaffe, Wolfe & Wilson, 1990; Goddard and Hiller, 1993; Stanley & Goddard, 1993; James, 1994; Farmer & Owen, 1995; Gibbons, Conroy & Bell, 1995; O'Keefe, 1995; Tomison, 1995, 2000; Eeastal, 1996; Irwin & Wilkinson, 1997; Humphreys, Hester, Hague, Mullender, Abrahams & Lowe, 2000; Laing, 2000a; Irwin, Waugh & Wilkinson, 2002; Gorin, 2004

2 Jaffe & Sudermann, 1995; Hester & Pearson, 1998; Parkinson & Humphreys, 1998; Gorin, 2004

3 (Hester & Pearson, 1998)

4 Strauss, 1992; Abrahams, 1994

5 Abrahams, 1994; Carroll, 1994; Brandon & Lewis, 1996; Gorin, 2004

In 1999, Mark Goddard was convicted of the murder of his wife Patricia after he stabbed her four times in the chest and abdomen. Patricia's post-mortem examination revealed 38 areas of previous injury and two areas of deep bruising to her scalp. In the five months before her death, her employer and six different agencies, including health, housing and police services were aware of the problems and the abuse she was suffering. These agencies had never informed anyone else about their concerns. We cannot know if Patricia's life could have been saved but we do know that a far more comprehensive risk assessment could have been carried out if information had been disclosed to other agencies.

(Safety and Justice: sharing personal information in the context of domestic violence – an overview, Crown copyright 2004)

MOVING FORWARD

Integrated responses have been identified as *coordinated, appropriate, consistent responses aimed at enhancing victim safety, reducing secondary victimisation and holding abusers accountable for their violence*.⁶ This definition makes clear the important point that integration is a means to achieving the primary goal of enhancing victim safety, and the secondary goal of increasing perpetrator accountability, rather than integration being the key goal in itself. These responses involve agencies such as the police and corrections, child protection, health and community services providing a consistent service response to families and communities.

Intervention Orders (Prevention of Abuse) Act 2009

On 1 December 2009, new legislation was passed by the South Australian Parliament to give police and courts greater powers to prevent and address domestic violence. The legislation commenced on 9 December 2011. The *Intervention Orders (Prevention of Abuse) Act 2009* replaces restraining orders with Intervention Orders. Intervention Orders can be used to protect people from abuse by restricting what the perpetrator does as well as by requiring the perpetrator work towards rehabilitation. The Framework will be a significant part of the integrated model for intervention responses in South Australia. A copy of the legislation can be found [here](#).

The legislation has widened the legal definition of domestic abuse in South Australia and this definition also guides the application of the Framework.

The National Plan to Reduce Violence Against Women and their Children

Nationally the focus on domestic violence and sexual assault has been highlighted with the commitment by the Council of Australian Governments (COAG) to the development of a *National Plan to Reduce Violence against Women and their Children* (the National Plan). The National Plan draws on the recommendations of *Time for Action*⁷. It brings together the efforts of all levels of Government, the non-Government sector and the wider community. It identifies how the combined work of police, courts, legal systems, health and community services and education can contribute to a reduction in the levels of domestic violence and sexual assault. The National Plan provides a national context for the development of work already being undertaken in South Australia. A copy of the National Plan is available [here](#).

⁶ Mulroney, *Australian Domestic and Family Violence Clearinghouse Topic Paper: Trends in Interagency Work*, 2003.

⁷ *Time for Action: The National Council's Plan for Australia to Reduce Violence against Women and their Children, 2009 – 2021*.

FAMILY SAFETY FRAMEWORK

It is important that the whole community has the right to live safely, free from all forms of violence. The Framework is a key way in which women's safety can be supported by a strategic and pro-active approach to address domestic violence in South Australia.

The Framework will work towards better safety outcomes for the whole family by providing guidelines for each region and organisation about strategies to enhance the safety of women, children and young people through integrated service responses. While the Framework has been developed within a victim/perpetrator construct, importantly it recognises that situations where violence against women and children occur can involve:

- a continuum of victimisation;
- victims as perpetrators;
- victimisation across generations; and
- the increasing escalation of violence.

This Framework articulates a commonality of approach and practice across services for cases assessed as high risk. It positions the immediate safety of women, children and young people as critical at all times. The commonality of approach and practice involves agreement about:

- definition of risk/s;
- what constitutes breaches to the safety of women, children and young people; and
- how these breaches of safety will be managed by services.

The Family Safety Framework is supported through endorsement by State Cabinet and the Privacy Committee of South Australia. The model operates within a context of limited confidentiality with the Information Privacy Principles clearly indicating that where an individual is at risk of serious injury or death you are obliged to act.

The Framework respects the role and functions of each agency and does not aim to replace existing processes within the South Australian Criminal Justice System. The Framework also recognises the role of Federal jurisdictions such as the Family Court and Australian Government agencies such as Centrelink in responding to families when violence against women and children occurs.

The Framework includes a common risk assessment process to ensure consistency in the assessment of high risk cases and Family Safety Meetings (FSM) held at the local level focussed on individual high-risk cases. Information relevant to these high risk cases is shared between agencies in order to develop a Positive Action Plan to support the safety of at risk families.

Initially the Framework was implemented in three regions within South Australia in 2007 in the Holden Hill, Noarlunga and Port Augusta police local service areas.

In 2008 an evaluation of the Framework was conducted by the Office of Crime Statistics and Research within the Attorney-General's Department. The evaluation gave broad support to the Framework and noted the important contribution and collaboration of agencies involved, with SAPOL taking a lead role.

The evaluation found that the majority of victims were assessed as safer as a result of the FSM intervention. Specifically, 62% of victims went from high to low risk and three quarters

(75%) of referrals that remained in South Australia had no SAPOL record of re-victimisation for at least three months after referral.⁸

The Family Safety Framework Implementation Committee

The implementation of the Framework is supported by a high level state-wide committee nominated by Chief Executives of the participating departments.

The Family Safety Framework Implementation Committee, chaired by the Office for Women, is comprised of senior representatives from key agencies involved in the Framework. The committee maintains an oversight of the activities of the Framework and supports resolution of barriers that may be caused by lack of participation or coordination between systems and provides a problem solving role for unresolved case matters.

Legislation

The Framework is supported by the following South Australian Legislation:

- *Intervention Orders (Prevention of Abuse) Act 2009*
- *Children's Protection Act 1993*
- *Summary Procedure Act 1921*
- *Problem Gambling Family Protection Orders Act 2004*
- *Evidence Act 1929*
- *Correctional Services Act 1982.*

⁸ Office of Crime Statistics and Research, South Australian Attorney General's Department, *Family Safety Framework – Final Evaluation Report*, November 2008

SNAPSHOT

The essential elements of the Family Safety Framework are:

1. Common Risk Assessment

- The Domestic Violence Risk Assessment Form is used by all agencies.
- The Form (see Appendix 1) can be used as a guide to assure consistency of assessment and referral to a FSM.
- The Form uses known risk factors to compute the probability of harm occurring.
- Risk assessment also relies on a judgement of the *imminency* of serious harm or death due to domestic violence.

2. Protocol for Information Sharing

- The Framework is dependent upon agreement to share information about people who experience severe domestic violence and the perpetrators of domestic violence.
- In all circumstances the overriding objective of agencies must be to safeguard the person at imminent risk of death or serious injury due to domestic violence.
- All agencies participating in the Framework must adhere to information sharing protocols.
- A Confidentiality Agreement is signed by all attendees at every FSM.
- Agencies are responsible for the safeguarding of information presented at the FSM in keeping with the Information Privacy Principles.

3. The Family Safety Meeting

- The role of the FSM is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase the safety of victims.
- A FSM will generally occur on a fortnightly basis
- Each agency participating in the Framework will identify a high level agency representative to attend regular FSMs.
- Referrals to a FSM can be made by any agency participating in the Framework, via the SAPOL FSM Chair, who has the coordinating role in the Framework.
- Referral pathways will also be established to allow referrals to be made by agencies not directly or regularly involved in the Framework.
- The FSM will generate a multi-agency Positive Action Plan to support the reduction of risk for each person/family referred.

1. COMMON RISK ASSESSMENT

Risk assessment is an important element of the Family Safety Framework (the Framework). Research indicates that the existence of certain behaviours or indicators such as jealousy, strangulation, sexual assault and separation pose a higher risk for victims. Previous research has observed that a history of domestic violence is common in intimate partner homicides and that in some cases the homicide incident is the culmination of numerous prior incidents of domestic violence. In 2003-04 a prior history of domestic violence was recorded in 31 out of the 71 intimate partner homicides (44%).⁹ In six intimate partner homicides, a current or expired legal Intervention Order was also in place.¹⁰ Clearly the assessment of risk is a key factor in any prevention of future homicide or serious harm to both the victim and any children within the relationship.

In order to determine if a case is to be referred to a Family Safety Meeting (FSM), a risk assessment is required of key risk and vulnerability factors that are associated with the potential for serious injury or death for the victim/s.

In order for the FSM process to work effectively a common understanding of risk amongst the participating agencies is required. Research indicates that there are commonalities of risk in cases where domestic homicide has occurred.

These relate to the:

1. Nature of the abuse – e.g. emotional, physical, sexual
2. Historical patterns of behaviour – e.g. previous convictions or abusive behaviour, jealousy, increase in intensity of abuse
3. Victim's perception of risk – e.g. specific fears for themselves, children, pets
4. Specific factors associated with an incident – e.g. use of weapon, threats to kill, strangulation
5. Aggravating factors – drugs, alcohol, financial or mental health issues
6. Other factors – pregnancy, separation, child contact, culture, disability

As a result a risk assessment tool that can be used across agencies is used to identify what level of risk an individual is at. Those which are assessed as high risk are able to be referred to a FSM where the risk is judged to be imminent. This tool, the Domestic Violence Risk Assessment Form is based on actuarial assessment and involves the use of risk factors to compute the probability of harm occurring. The questions posed in the Form relate to consistent recurring factors across many different risk assessment tools. The assessment results in a score which indicates a level of risk of standard, medium or high. A score may be overridden by the assessor who, by application of professional judgement, deems a victim to be at higher or lower risk than the score indicates.

See Appendix 1: Domestic Violence Risk Assessment Form

⁹ Mouzos, J. (2005: 13) Homicide in Australia: 2003 - 2004, National Homicide Monitoring Program Annual Report.

¹⁰ Ibid

2. INFORMATION SHARING PROTOCOL

The Information Sharing Protocol has been developed to provide guidance to agencies and staff on the importance of sharing information to support the safety of people at high risk and how to manage the processes of information sharing. A single joint approach to the sharing of information is a highly efficient mechanism for enhancing safety and providing a coordinated response to those at high risk.

The Family Safety Framework (the Framework) is dependent upon agreement by agencies to share information about people who experience severe domestic violence and the perpetrators of violence. In all circumstances the overriding objective of agencies participating in the Framework must be to **safeguard the person at imminent risk of death or serious injury due to domestic violence**.

The Framework brings together relevant Government and non-Government agencies and is endorsed by State Cabinet. The model also has the support of the Privacy Committee of South Australia to share information to prevent or lessen a serious and imminent threat to the life or health of victims of domestic violence and their families.

All agencies participating in the Framework must adhere to the Information Sharing Protocol. This includes the signing of a Confidentiality Agreement at every Family Safety Meeting (FSM) and agency responsibility for the safeguarding of information in keeping with the Information Privacy Principles.

In no way is the Framework and the associated FSMs to be interpreted as a blanket approval for agencies to share information in every case involving domestic violence. The sharing of information will only occur in relation to a case of high risk that is being referred to the FSM. A 'high' level of risk must be established before consideration is given to sharing information with partner agencies within a FSM. The use of the Domestic Violence Risk Assessment Form is key to the process of deciding to share information. Through the use of the Form, agencies develop a common understanding of risk and are able to identify the level of risk to a victim and/or her children. When a high level of risk is indicated, this enables the sharing of information.

Ideally consent to share information should be sought and obtained. However, there are occasions when this may not be possible. The decision to disclose information without consent is always difficult. However, the primary reason for disclosure is based on concern for the safety of the victim. Recording of decisions to disclose information with or without consent are important processes to be undertaken.

Information sharing will be based on professional judgement undertaken on the basis of the information available at the time.

See Appendix 11: Information Sharing Protocol.

3. THE FAMILY SAFETY MEETING (FSM)

A FSM operates in each region, with SAPOL as the lead agency and each participating agency nominating a representative. It is generally expected that FSMs will take place every fortnight, or as needed. Their purpose is to combine up to date information relating to a person's situation in order to comprehensively assess their needs and develop strategies to maximise their safety. This includes information about the perpetrator of the violence. FSMs also involve the review and ongoing management of cases as required. FSMs are attended by only the staff relevant to the safety of the victim and/or her children and those working with the perpetrator. Those attending the FSM should have the authority within their agencies to prioritise the actions arising from the FSM and be able to make an immediate commitment of resources to ensure there is rapid response to high risk cases.

The responsibility to take appropriate actions that result from the FSM rests with the individual agencies; it is not transferred to the FSM. The victim does not attend the meeting, nor does the perpetrator. The FSM is not intended to replace internal organisational procedures regarding safety and risk. It is expected to complement these procedures. Each organisation is responsible for undertaking their own procedures prior to attending the FSM in relation to high risk cases.

The aim of the FSM is to:

1. Determine whether the perpetrator poses a significant risk to the victim.
2. Jointly construct and implement a multi-agency positive action plan that includes risk management, provides professional support and reduces the risk of further harm.
3. Support a Criminal Justice System response to perpetrators.
4. Reduce repeat victimisation.
5. Reduce re-offending by the perpetrator.
6. Improve agency accountability.
7. Improve support for staff involved in high risk domestic violence cases.

The FSM is a critical part of the Family Safety Framework and has a focus on the safety of women, children and young people and will include issues relating to the perpetrator. These meetings will:

- Respond to cases involving people at a **high risk** of serious injury or death through domestic and family violence;
- Expect that all who attend will share relevant information within this process and will abide by the policies and procedures in place to ensure confidentiality and privacy;
- Provide an opportunity where individual circumstances will be discussed and multi-agency action plans will be created by the attendees;
- Expect that all agencies will contribute to the discussion and development of a multi-agency action plan, even where there has been no agency involvement in the past.
- Ensure that the multi-agency Positive Action Plan will have clearly defined actions allocated to specific individuals with built-in time scales and review;
- Support a Criminal Justice System response to perpetrators. This will enable Criminal Justice services to identify breaches made by perpetrators and act accordingly, identify if treatment program commitments are being met and respond accordingly;
- Monitor the status of actions/responses;
- Assist in the development of pathways and linkages of key agencies and workers enabling relationship building amongst workers; and

- Provide for an audit trail to all agencies involved.

Benefits of the Family Safety Meeting

- Increased safety of women, children and young people.
- Increased ability to rapidly respond to people at risk of further harm.
- To increase the accountability of perpetrators.
- Shared definitions about violence against women, domestic and family violence and child abuse.
- Shared understanding about impact of violence against women on children and young people.
- Shared points of contact across agencies in relation to domestic and family violence.
- Increased agency accountability.

UNDER REVIEW



PRACTICE MANUAL MODULES

Family Safety Framework

MODULE 1: SNAPSHOT OF FAMILY SAFETY FRAMEWORK PROCESS

The Family Safety Framework (the Framework) is an integrated, interagency approach to supporting people at high risk of death or serious injury due to domestic violence. The model is based on information sharing by agencies and the development of a multi-agency Positive Action Plan in reducing risk.

Pivotal to the Framework is the Family Safety Meeting (FSM). FSMs will be based in State Government regions in South Australia. FSMs will be chaired by SAPOL, with the ability for another participating agency to act as co-chair or proxy. The Victim Support Service will provide the administrative support to all FSMs.

What is a Family Safety Meeting?

A Family Safety Meeting is a local meeting where relevant services will gather on a regular basis (usually fortnightly) to share information and implement a multi agency Positive Action Plan in relation to high risk cases of domestic and family violence. **The victim and the perpetrator do not attend the meeting.**

Aims of Family Safety Meetings

1. Determine whether the perpetrator poses a significant risk to the victim.
2. Jointly construct and implement a multi-agency Positive Action Plan that includes risk management, provides professional support and reduces the risk of further harm.
3. Support a Criminal Justice System response to perpetrators.
4. Reduce repeat victimisation.
5. Reduce re-offending by the perpetrator.
6. Improve agency accountability.
7. Improve support for staff involved in high risk domestic violence cases.

FAMILY SAFETY MEETINGS

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

1	<i>Risk Assessment</i>	Agency worker from participating agencies conducts a risk assessment using the Domestic Violence Risk Assessment Form.
2	<i>High Risk Cases</i>	If the case is assessed as high risk the case is referred to the SAPOL FSM Chair. Both the completed Risk Assessment Form and a Referral Form should be sent preferably at least three (3) days prior to the next FSM. The person at risk should be informed of the referral where it is safe to do so.
3	<i>Referral shared with FSM</i>	Once the Chair has received a referral and considers the case meets the high risk criteria, the Chair will send the Risk Assessment and Referral Form to the Victim Support Service (VSS) staff member. The VSS staff member then emails the information to all FSM agency representatives. Preferably, this should occur at least three (3) days prior to the next FSM.
4	<i>Information collection</i>	Agency representatives collect information on each case. Agencies may use the Information Request Form to bring information to the FSM.
5	<i>Confidentiality</i>	At the start of each meeting, the FSM Chair reminds agency representatives of the confidentiality protocols within the Framework. Each attendee at the FSM must sign the Confidentiality Agreement.
6	<i>Information sharing</i>	Each case presented to the FSM is discussed and all information relevant to the case should be shared at the FSM.
7	<i>Positive Action Plan</i>	After information about the case is shared a Positive Action Plan is drafted using the Positive Action Plan form. Agency workers implement the actions within the Positive Action Plan which are relevant to them. (The victim should be informed of the outcomes of the FSM and the Positive Action Plan where it is safe to do so.)
8	<i>Monitoring</i>	Any cases that were presented at the last FSM should be reviewed. If the case remains high risk it should stay on the agenda and agencies should continue to research/update information regarding the case. If a case is no longer high risk and the Positive Action Plan has been successfully completed to the satisfaction of the FSM the case may be removed from the agenda.

RISK ASSESSMENT

The assessment of risk and safety underpins the way in which agencies will be able to determine whether an individual case will be referred to a Family Safety Meeting (FSM). The benefits of this approach are that each agency will have a piece of the information puzzle, when all the pieces are put together a more thorough understanding of risk is possible. It is therefore crucial to gather risk information from more than one source (where possible), both for the safety of the victim, but also the children, and staff that may be supporting them.

Research in the area of risk assessment indicates that there are some commonalities in relation to risk identified in the cases where domestic homicide has occurred.

These relate to:

- Nature of the abuse – e.g. Emotional, physical, sexual
- Historical patterns of behaviour – e.g. previous convictions or abusive behaviour, jealousy, increase in intensity of abuse
- Victim's perception of risk – e.g. Specific fears for themselves, children, pets
- Specific factors associated with an incident – e.g. use of weapon, threats to kill, strangulation
- Aggravating factors – drugs, alcohol, financial or mental health issues
- Other factors – pregnancy, separation, child contact, cultural vulnerabilities

In order for a FSM process to work effectively a common understanding of risk amongst the participants is required. As a result we have utilised a tool that can be used across agencies in order to identify if an individual is at high risk and should be referred to a FSM.

DOMESTIC VIOLENCE RISK ASSESSMENT FORM (see Appendix 1)

The Domestic Violence Risk Assessment Form is based on SAPOL's Domestic Violence Risk Assessment Form and reflects recent research on intimate partner homicide. The questions posed in the Form relate to consistent recurring factors across many different risk assessments. It is important to be aware that this is a risk indicator tool, and not a full risk assessment. It is a practical tool that will help you to identify which of your clients should be referred to a FSM and where you should be prioritising the use of your resources. Risk is dynamic and workers need to be alert to the fact that risk can change very suddenly.

The Form is not intended to replace agencies' existing risk assessment forms or procedures but provides a consistent, across agency tool, to be used as a reference when referring to a FSM.

Risk assessment will be carried out by the agency that receives the initial contact from the victim, and/or other services in relation to an incident of domestic violence. Workers who are not familiar with using risk assessment tools will be required to speak with the victim and informally address each question. These questions are not intended to be asked directly but form a guide in talking to a victim about her experiences of violence and abuse. It is important to obtain information in relation to each of the questions on the Form. It is also important to recognise your professional judgement in relation to cases.

QUESTION OF IMMINENCY

Once a worker has filled out the Domestic Violence Risk Assessment Form, the table below is provided as a guide in further assessing the imminency of the risk to the victim or family. The table also guides workers in assessing the need to refer the case to a FSM.

LIKELIHOOD	DEFINING THE THREAT	REFERRAL
CURRENTLY OCCURRING	The serious threat to life or health is currently occurring and needs to be prevented or lessened immediately.	FSM
ALMOST CERTAIN	The serious threat to life or health will occur if not prevented or lessened immediately.	FSM
NOT LIKELY (standard or medium risk)	The serious threat to life or health is not likely and can be managed by agencies' usual processes.	Non FSM

Referrals meeting the threshold of imminent high risk

All agencies should review the list of risk factors on the DV Risk Assessment Form and identify what information their agency holds about any of the risk indicators. It is important that referrals to Family Safety Meetings meet the high risk, imminent threshold.

For the purposes of a referral into a FSM, the risk score needs to be 45 or above. In instances where the score is lower but in your professional judgement, the victim is actually at high risk, your referral must include an explanation of the concerns which raise the risk level in your view (see Professional Judgement, below). In addition, an assessment of the imminency must be made, as per the above table.

If a case is not currently assessed as high risk, the victim should still be supported and referred to services that are available in relation to her current needs. SAPOL Family Violence Officers in your region can be notified of any standard risk domestic violence victims through other means of communication. Workers may wish to telephone and talk to SAPOL staff, as appropriate, regarding victims of domestic violence that do not meet the high risk threshold required to be referred to a FSM.

Professional Judgement

On some occasions a victim may not indicate that she has experienced any of the indicators on the Form. However, a worker's professional judgement can determine that this particular case may benefit from further clarification of risk and therefore would warrant referral to a FSM. **Workers who are experienced in the assessment of risk and safety in relation to violence are encouraged to act on their professional judgement and seek further clarification if required.** The Form should not be used as the sole basis for safety planning, but rather in conjunction with other information. It is important to listen to the victim's experiences of violence and abuse and to take in to account her own assessment of risk and safety.

Once you have filled out the **Domestic Violence Risk Assessment Form** and established **IMMINENT RISK** of serious harm or death, you will be required to note this information on the **Family Safety Framework Referral Form** and then email both completed forms to the regional Chair (SAPOL) so the case can go to the next Family Safety Meeting. All referrals must be sent 3 days prior to the next Family Safety Meeting to allow enough time for agencies to conduct their research on the case at hand.

A GUIDE FOR WORKERS CONDUCTING RISK ASSESSMENTS

Appropriate environment

- Create a space where the victim will feel safe and there is privacy.
- Talk to the victim without the perpetrator or any children present.

When talking to the victim about her experiences of domestic violence...

- Familiarise yourself with the Domestic Violence Risk Assessment Form 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 a victim is experiencing and her own prediction of what she thinks the perpetrator might do....keep going with your questions if she is very fearful for her safety or her children's safety.
- Make her feel supported and explain that you are asking for information because you are concerned for her safety. Emphasise the unacceptability of violence.

Filling out the Domestic Violence Risk Assessment Form

- Make sure it is the worker that completes the Form. This is to be completed during or after discussion with the victim. Do not get the victim to fill out the form.
- If the assessment indicates that the victim is at high risk with a score greater than 45, use professional judgement to further assess the level of threat. Consider the QUESTION OF IMMINENCY required for referrals to a Family Safety Meeting.

Filling out the Domestic Violence Referral Form

- Referrals should include as much information as possible – the FSF Referral Form should contain as much written documentation as is reasonably available regarding:
 - identifying details (names, dobs, addresses, contact phone numbers for all individuals on the referral);
 - the nature of safety concerns;
 - presenting high risk indicators;
 - agency involvement; and,
 - recent safety planning.
- A comprehensive account of recent domestic violence incidents should be provided as part of the referral.

Information sharing through the Family Safety Framework (the Framework) is supported by the Family Safety Framework Information Sharing Protocol (Information Sharing Protocol) (Appendix 9).

What supports your decision to share information?

The Framework relies upon both the completion of the Domestic Violence Risk Assessment Form and professional judgement exercised by the worker directly involved in the case. The decision as to whether to share information will be closely linked to the level of identified risk.

The following are some key issues which support workers in their decision making regarding 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 and imminent threat to the life or health of victims of domestic violence and their families. This is supported by the Information Sharing Protocol.

Provision of consent to share information

Gaining consent is a critical part of any process in deciding to share information. With consent you can disclose information. Seeking informed consent from the client for information sharing is the “default” position in all situations.

The victim understands that you will be sharing information

Where possible it is important that the victim is provided information regarding her risk and that her information will be shared at a Family Safety Meeting (FSM). The Client Information Handout: Information for Victims (Appendix 10) explains the process for the client.

Identification of risk

If you believe that the victim and/or her children are at high risk after you have applied the Risk Assessment Form and used your professional judgement, that level of risk enables you to share information. Remember that if there are mandatory notifications processes already in place with regard to children then you should follow them.

Agency Agreement to your participation in Family Safety Meeting

Your agency has agreed for you to participate in the Framework and the FSM. This supports your role in information sharing when there is high risk.

The need for other agencies to know

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

What limits information sharing?

Not having consent to share information

If you do not have the victim's consent to share information, it is important to consider what might happen if you do not disclose.

Do you fear that the victim and/or her children are at imminent risk of serious injury or death? If so, you need to disclose your concerns regarding risk and share information.

If you are not sure first speak with your supervisor or line manager.

If you are still unsure you can contact the FSM Chair in your region for further clarification in relation to the risk assessment.

It is important to ask for consent. However, if you have serious concerns for the victim's safety or that of other family members, you are obliged to tell the woman that you will share information even without her consent and what you will share and why.

If there is no perceived risk

The purpose of the FSM and permission to share information is based on the assessment of high risk of serious injury or death to your client and/or her children. If your client is not assessed as high risk after you have undertaken a risk assessment and used your professional judgement, you do not need to share information. You should undertake any normal processes to ensure that the victim receives any services which she needs.

Checklist for use when sharing information without consent.

If you have come to the decision that your client's case should be taken to a FSM but you have not received, you must record your decision and the reasons for making it. These are always very difficult decisions and ones where you may be concerned about the impact that they will have on the trust that your client has placed in you.

It is important for you to inform your client of the following:

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

Once you have attended a FSM you should contact your client, only if it is safe to do so, and inform her of the outcomes of the meeting and any imminent interventions.

Can telling your client increase her risk?

In some instances telling your client that you are going to share the information that she is at high risk can jeopardise her 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. Therefore, it is not only important to assess whether telling your client may increase her risk but also to not share information with other workers outside the FSM. This would include not sharing information with other workers or other organisations, particularly if the perpetrator is a worker in the public sector (as per normal confidentiality requirements).

What do you need to know to be clear about information sharing?

How to do a Risk Assessment

Many interventions/contacts with clients include an assessment process. This process enables workers to outline the processes to be undertaken. In order to share information at a FSM you must undertake a risk assessment. (Module 2 provides assistance for this.)

Things you should always do:

- You must always seek consent to share information, where it is safe to do so.
- The FSM Confidentiality Agreement is a crucial part of the information sharing process. Signing the Confidentiality Agreement at each FSM reinforces your commitment to the maintenance of confidentiality and that information shared is directly relevant to the risk and safety of the victim and/ or her children.
- Always talk to your manager/supervisor if you have any concerns regarding your decision to share information.

Record keeping if you decide *not to disclose*

If you decide not to disclose you must clearly articulate in your notes why you have chosen not to take this case to a FSM and disclose information.

Record keeping if you decide *to disclose*

Record the decision:

- Clearly articulate the reasons why you have chosen to take this case to a FSM and disclose information. Place a copy of the Risk Assessment Form in your client's case notes.
- Make a decision or enquiries about the amount of information to disclose. You are only required to disclose information that is considered to relate directly to the identified risk of the family in question and if it is considered that the disclosure of that information will tend to reduce the likelihood of the identified risk, that is, death or serious injury.
- You must inform your client, where it is safe to do so, if you are going to take her case to a FSM and disclose information about her or her children and the perpetrator. The only instance when you should not inform your client is when there is risk that her knowing *will increase the risk to her safety*.
- Note in your case notes whether your client was informed and if she was not informed, the reasons why (e.g. that it would increase risk).

Storage of records

It is important that your agency procedures are followed with regard to storage of confidential information regarding clients.

Finally, to reinforce the above information:

It must be clearly understood that each case is to be dealt with on its merits. **In no way is the Framework and the associated FSM to be interpreted as a blanket approval for agencies to share information in every case involving domestic violence.** The sharing of information will only occur in relation to a case of **high risk** that is being referred to the FSM. The Framework can be included as part of your organisation's current limited confidentiality protocols.

Information sharing will be based on professional judgement undertaken on the basis of the information available at the time.

ROLE OF FAMILY SAFETY MEETING CHAIR

Within each region the SAPOL representative is responsible for the coordination and chairing of the Family Safety Meeting (FSM). Where possible, this role of Chair is to be filled by the Sergeant in Charge of the Family Violence Investigation Sections of SAPOL. 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 sent to the SAPOL Chair. Each region can also nominate a Deputy Chair as proxy from another participating agency.

The FSM Chair will:

- Receive all new referrals by secure email.
- Undertake a quality control role to ensure all required forms have been completed and the risk assessment score indicates high risk (45 or higher).
- If a referral is received with a score lower than 45, the reason why the referring party considers the victim to be at high, imminent risk needs to be clearly articulated on the referral form under the section 'Reasons for Referral'. If these criteria are not met, the referring party will be advised by return email that the referral is not going to be forwarded to VSS and the reasons why.
- If, after receiving this advice, the referring party does not agree with the decision of the Chair, they should, in the first instance, make telephone contact with the Chair to discuss their concerns. If the issue relating to the level of risk remains unresolved, the referring agency's professional judgement should be heeded, and the referral should be re-forwarded to SAPOL and will proceed for discussion at the FSM for a group decision about further actions/filing.
- Forward referrals to Victim Support Service for distribution to agency FSM representatives - **3 days prior to next FSM.**
- Read out the Confidentiality Agreement and ensure all present sign the Agreement at every FSM (see Appendix 7).
 - Chair the FSM according to the agenda template (see Appendix 6).
 - Structure the FSM and prioritise cases so that all those attending are able to use the time available as efficiently as possible. This could mean that cases including children are held first so that representatives from child focused services, such as Families SA and the Department for Education and Childhood Development (DECD), can leave once these are completed.
- Review actions agreed at the last FSM and make a record of any actions outstanding.
- Summarise actions at the end of each case discussion and ensure that all agencies are clear of new actions agreed upon for follow up.
- Forward any completed Court Information Forms (CIFs) to the relevant Prosecution Section for inclusion with a victim's prosecution file (see Appendix 8).

ADMINISTRATION ROLE - VICTIM SUPPORT SERVICE

Victim Support Service (VSS) is a state wide, community based not-for-profit organisation which offers a broad range of services to individual crime victims, their families, friends and the wider community. As of 2011, VSS provides the following support to the Family Safety Framework in all regions where a FSM is established:

- Attend all FSMs and record minutes and actions/decisions arising from meeting. *Note: In regions where VSS does not have any staff based, alternative arrangements will be made such as contracting another key stakeholder to take minutes and/or a VSS representative taking minutes via video-conference.*
- Receive all referrals from SAPOL Chairs.
- Distribute all referrals to FSM representatives 3 days prior to the next FSM for information searches to be carried out by agency representatives.
- Send out Agendas prior to FSMs.
- Record and distribute minutes and actions to all agency representatives (see Appendix 9).
- Maintain and distribute local agency representative and proxy details with email addresses.
- Forward a copy of completed Confidentiality Agreement to Office for Women for data collection.
- Maintain the client register of all names of victims of family and domestic violence referred to a Family Safety Meeting.

ROLE OF AGENCY FSM REPRESENTATIVE

Each agency participating in the FSM will identify one person as the agency representative for the FSM. FSMs are attended only by staff relevant to the safety of the victim and those working with the perpetrator. **Those attending the FSM should have the authority within their agencies to prioritise the actions that arise from the FSM and to be able to make an immediate commitment of resources to ensure there is rapid response to high risk cases.**

In the early stages of developing a FSM process it is suggested that each representative from every agency provides the meeting with a brief overview of their organisation. This should cover briefly the services they provide, procedures and their limits. It will assist the group to identify responsibility for actions that are relevant and specific to them. All professionals should have a better understanding of who can best assist high risk victims in their daily role as a result.

The Agency FSM representative will:

- Update their agency on the current status of the Family Safety Framework.
- Gather relevant factual information from their agency on all referrals received.
- Attend regular FSMs and provide a proxy as required.
- Bring relevant factual information on all referrals to the FSM.
- 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, even where there has been no agency involvement in the past.
- Respond and follow up any designated actions in a timely, efficient manner (RAPID RESPONSE).
- Behave in a respectful manner towards other FSM members.

MODULE 5: THE FAMILY SAFETY MEETING

THE FAMILY SAFETY MEETING (FSM)

The FSM is a formal meeting to facilitate the risk assessment process. The purpose is for agencies to share information with a view to identifying particular risks and thereafter jointly constructing a management plan to provide professional support to all those at risk. Such meetings will be held on a regular basis (usually fortnightly or sooner if a case requires emergency attention).

The FSM will have representatives from the key services involved in working with families. Each FSM representative at a meeting will be required to identify what their service can do to enhance the safety of a family and prioritise actions and support plans once they return to work.

A FSM will generally occur on a fortnightly basis. The purpose of the FSM is to combine up-to-date information relating to a victim's situation in order to comprehensively assess her needs and develop strategies to maximise her safety. Similarly, FSMs provide the opportunity to review and consider the circumstances of the perpetrator and the risk associated with his actions. FSMs will also involve the review and ongoing management of cases as required.

The responsibility to take appropriate actions that result from the FSM rests with the individual agencies. It is not transferred to the FSM. The role of the FSM is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase the safety of the victim and her family. The victim does not attend the meeting, nor does the perpetrator. The FSM is not intended to replace internal organisational procedures regarding safety and risk. It is expected to complement these procedures. Each organisation is responsible for undertaking their own procedures prior to attending the FSM in relation to high risk cases.

Referral eligibility to a Family Safety Meeting

Women, men, young people and children are all eligible for support through the Framework if they are at high risk of serious injury or death resulting from family and domestic violence. Both women and men are victims of domestic violence in Australia and both women and men are perpetrators of domestic violence; however, the majority of victims of domestic violence in Australia are women and the majority of perpetrators are men¹¹. This Practice Manual uses gendered language recognising that women are the majority of victims who will be supported by the Framework; however, this does not preclude men from being supported by the Framework.

Eligible people include people experiencing family and domestic violence:

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

Some cases may fall outside these examples but can still be considered at a FSM.

Actions Prior to FSM:

1. A Risk Assessment is conducted and imminent risk is established.

¹¹ Australian Bureau of Statistics, 2006, Personal Safety Survey.

2. The Domestic Violence Risk Assessment Form is completed (See Appendix 1).
3. The referring agency worker will complete the Referral Form (See Appendix 2). This will include accurate information about the victim, any children and the perpetrator including names, dates of birth, and addresses if known.
4. The completed Referral Form and Risk Assessment Form will be emailed to the FSM Chair (SAPOL) – **3 days prior to next FSM.**
5. The Information Request Form (See Appendix 3) may be used by all FSM reps to record information regarding each case going forward to a FSM.
6. Once each agency receives the completed Referrals with the list of cases that will be reviewed they should establish what information is held by their agency about each case. The Information Request Form can be completed by each agency in relation to the cases where they have information. This form will help all agencies to share information in a consistent and time-efficient way and will assist with record keeping.
7. Due to the nature of domestic violence there may be actions that have already been undertaken by agencies prior to the meeting.

The Meeting:

1. Introductions
2. Confidentiality Agreement signed by all attendees
3. Review of previous referrals and action plans
4. New cases discussed based on collected information shared by agency representatives
5. Multi-agency Action Plan developed, agreed upon and recorded (see below)

The Positive Action Plan

Only accurate information that is directly relevant to the safety of the victim and/or her children should be shared by the attending agencies. This falls into 4 main categories:

- Basic demographic information including any pseudonyms used and whether there are any children and their ages;
- Information on key risk indicators (See Appendix 1 for Domestic Violence Risk Assessment Form) including, where appropriate, professional opinion on the risks faced;
- Any relevant history of domestic violence or other associated behaviour (child abuse, sexual assault) by the perpetrator or victim;
- The 'voice' of the victim. This will be provided by the agency working directly with the victim, usually women's domestic violence services. However, another support agency may represent the perspective of the victim on the risks she faces.

Information sharing at FSMs is strictly limited to the aims of the meeting and attendees must sign a declaration to the effect at the start of each meeting. Information gained at the meeting cannot be used for other purposes without reference to the person/agency that originally supplied it.

Examples of FSM agency actions include:

- Information checks
- Domestic Violence Services support/liaison
- SAPOL actions, safety plans, Intervention Orders, warrants, advising victim re police bail and court outcomes and dates
- Joint visits, eg SAPOL and Domestic Violence Services
- Liaison with school staff re children's safety
- Monitoring of bail conditions, prison status checks
- Flagging of high risk on client systems and records
- Housing needs assessment, bond assistance
- Provision of home safety audits, security screens and duress alarms
- Mental health assessments & referral

After the Family Safety Meeting

1. FSM representatives to feedback Positive Action Plan to their agency and fulfil any internal requirements.
2. Implementation of Positive Action Plans by agency staff.
3. Record Positive Action Plan and outcomes in case notes.
4. Agency staff who undertook the Risk Assessment to inform the victim of any outcomes from the meeting, if safe to do so.
5. Report back at next FSM on any actions undertaken from previous meetings.

Emergency FSMs

An emergency FSM is an **exceptional** event. It is only called when a victim is assessed as *very high risk* and the risk of harm is *so imminent* that statutory agencies have a duty of care to act at once, rather than waiting for the next FSM. Referrals are agreed between the referring agency and the lead agency (SAPOL).

The process for calling an emergency FSM is as follows:

1. Initial phone call referral by any agency to SAPOL (and relevant mandated notification process in the event of children being involved).
2. This call should be recorded in agency case notes.
3. SAPOL will contact the other relevant agencies and make them aware of the situation.
4. Only those agencies that can provide an immediate response to the victim's/family's safety will be consulted in the emergency FSM.
5. The FSM should be held as soon as practicable.
6. The initial referring agency must attend so that the details presented at the meeting are accurate.
7. As in every case a basic response will be initiated which could include a tactical response. In cases where a FSM takes place within a matter of hours, this may occur after the FSM in combination with the other actions agreed.

8. Urgent actions 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.
9. Consideration may need to be given to the use of teleconferencing and other technologies if a face-to-face FSM is not possible.

UNDER REVIEW

MODULE 6: FAMILY SAFETY MEETING TRANSFERS

Family Safety Meeting referrals where victim/family has recently moved to new police region

There will be some cases brought forward for referral to a Family Safety Meeting (FSM) where the victim/family has very recently moved from one region (Police LSA) in Adelaide/South Australia to another, usually for safety reasons. In some of these cases, it will be appropriate for the case to be referred back to the region where the family previously resided for initial consideration at a FSM.

The procedure is as follows:

1. Referral is received in the region where victim/family is newly residing.
2. SAPOL Chair (in new region) who receives the referral is to confer with SAPOL Chair in region where victim/family was previously residing.
3. In instances where significant information is held by the previous region, and little or no information is known about the victim/family in the new area, the case will be referred to the previous region and discussed at the FSM in that region.
4. Once a Positive Action Plan is formulated at the previous region's FSM, relevant information and actions may be passed on to services in the victim's/family's new area of residence.
5. The case will then be considered the responsibility of the FSM in the victim's/family's new area of residence for ongoing management.

MODULE 7: INFORMATION FOR VICTIMS

When making a referral to a Family Safety Meeting (FSM) it is important to gain the consent of the victim, where safe to do so. Workers need to explain what a FSM is and why the person is being referred. The victim also needs to be kept informed about any plans and decisions made at the FSM. Below are some FSM information guidelines for discussion with victims who are being referred to a FSM.

A FSM is a meeting that occurs in relation to high risk cases of domestic violence. At the meeting are representatives of key agencies who meet to develop a Positive Action Plan to minimise the risk of further violence or death to a family member.

If you are referring a case to a FSM you need to inform the victim of the referral, where safe to do so. Tell her you are obliged to make a referral where you have assessed that she or her children are experiencing incidents that put them at significant risk of further injuries. Also tell them that their story will NOT be shared with the perpetrator.

What can the victim expect from a Family Safety Meeting?

- Relevant service providers will discuss their case and develop an action plan to minimise the level of risk that is present.
- If children have been present during a domestic violence incident or have been harmed as a result of a domestic violence incident then there may be involvement from Child Protection services.
- Where possible, decisions that are made at the FSM will be reported back to the victim, if it is safe to do so. This will usually be by the worker that had initial contact with the victim.

No consent from victim

If the victim has not given consent you need to let her know that information relating to her high level of risk may still be discussed at a FSM. You also need to record the reasons for a lack of consent on the Referral Form and in the victim's file:

- The worker who has indicated concerns will inform the FSM that the victim has not provided consent for information to be shared. The FSM representatives will discuss this. However, if the determination is made that the victim is experiencing a high risk of further injury it is important that she understands actions may be taken to minimise the risk and increase safety. The worker who referred the case to the FSM will inform the victim of any decisions that are made at the FSM next time she meets with the worker, if it is safe to do so.

See Appendix 10 for Handout: FSM – Information for Victims

MODULE 8: RECORD KEEPING

It is the role of Victim Support Service to keep records of all referrals, actions and minutes of the Family Safety Meeting (FSM).

Each agency will be responsible for the development of internal policies and procedures regarding records storage and management. Below are some guidelines to assist your agency in developing records management procedures for participation in the Family Safety Framework (the Framework).

AGENCY RECORD KEEPING

- Note all actions and communications about a client in their case file.
- Initiate any internal “flagging” on agency databases stating that the individual has been referred to a FSM (whether victim, perpetrator or children).
- Keep the completed Risk Assessment Form and completed Referral Form and any other specific information that relates to that specific client 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.
- If your service does not have a file for a victim whose case is raised at an FSM but you have actions that require priority attention you will create a client file for that victim in order that the information can be stored by your agency.
- Once you have made contact with the victim you will inform her that you have created a client file and then proceed under your agency obligations.

AUDIT, RETENTION AND DELETION OF INFORMATION

Audit of, and Retention 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.
- Agencies will retain copies of referrals, action plans and minutes for whatever period of time 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.

Audit of Security

All information held for the purposes of the Framework will be securely stored as per the terms of the Code of Fair Information Practice. Agencies will dispose securely of all information held and will also conduct regular audits of security arrangements to ensure they are effective.

Deletion of Information

Information should only be deleted if:

- The information has been shown to be inaccurate, in ways which cannot be dealt with by amending the record; or
- It is no longer considered that the information is necessary for SAPOL or the agency's purposes.

UNDER REVIEW

MODULE 9: SAFETY CONSIDERATIONS IN HIGH RISK CASES

This section outlines some important safeguards that agencies can put in place to ensure that safety is the number one priority and that the Family Safety Meeting (FSM) actions do not inadvertently expose women and children to greater risks of violence.

CONFLICT OF INTEREST

When the perpetrator feels under scrutiny or pressure, violence and efforts at collusion can escalate. It is critical that a woman is able to confidentially seek information, advice and support for domestic violence related issues. It is important that there is no risk that the perpetrator or his friends, families, associates or workers become aware of the victim's disclosure. Care should be taken to avoid exposing the victim to any situation where she may be further bullied, controlled or manipulated by the perpetrator.

The interests of the victim and the perpetrator of domestic violence are different and it is generally regarded as good practice for different workers, teams or agencies to deal with victims and with perpetrators 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 victim and the perpetrator.

Questions for agencies to consider

- Does your agency have referral and/or internal procedures in place to ensure that separate workers, teams or agencies deal with victims and with perpetrators of domestic violence?
- Does your agency have an information barrier in place so that all information (verbal and written), documents and files about the victim cannot be shared with people who are working with or related to the perpetrator?

INFORMATION MANAGEMENT AND RECORD KEEPING

All personal information must be dealt with in accordance with information privacy principles (See Module 3). In addition, all Family Safety Framework documents that contain sensitive information require the highest degree of confidentiality and caution must be exercised in how they are dealt with and stored. Incorrect storage or use of this information is unlawful, unethical and unsafe. If it gets into the wrong hands it may result in the escalation of violence endangering the lives of women and children.

Questions for agencies to consider

- Who has access to your client files?
- Are any additional confidentiality and security measures needed for FSM information?
- Should all FSM documentation be stored on client files?
- How will information be stored where individuals are not your agency's client?
- If your service does not have a file for a FSM client you may need to create a file for that client so that the action plan and other documents can be stored securely.
- How will information from your agency about FSM matters be communicated to and from SA Police and other agencies? Do you have secure email? Are there appropriate safeguards in place to ensure security of communications?

MODULE 10: INFORMATION PROVIDED TO COURTS

The FSF **Court Information Form (CIF)** may be used in communicating information about high risk cases to Magistrates Courts. The CIF can be used by FSF agencies as part of a Family Safety Framework Action Plan developed at Family Safety Meetings. The CIF is to be used when agencies at a Family Safety Meeting identify specific safety concerns which should be brought to the attention of a presiding magistrate.

The CIF is to be filled out by the SAPol Chair in collaboration with all Family Safety Meeting agency representatives. The CIF is to be forwarded by the SAPol Chair to the local SAPol Prosecutions Branch for inclusion in the court file.

See Appendix 8: FSF Court Information Form

UNDER REVIEW

PRACTICE MANUAL RESOURCES

Frequently Asked Questions

UNDER REVIEW

FREQUENTLY ASKED QUESTIONS (FAQ)

1. Which agencies need to attend a Family Safety Meeting?

The Family Safety Framework (the Framework) is a whole of Government response to domestic violence. The focus of the Family Safety Meeting (FSM) is to bring together agencies that can best contribute to a Positive Action Plan as part of a rapid response. This requires those services to attend that can provide a timely, coordinated response to victims at high risk of serious harm. The following agencies will regularly attend and be able to refer in to a FSM:

- SAPOL
- Victim Support Service (NGO)
- Families SA
- Community Corrections
- Health representatives (Community/Women's/Aboriginal Health and nursing or hospital staff)
- Adult Mental Health Services
- Education Department
- Housing SA
- Drug and Alcohol Services SA
- Women's Domestic Violence Services (NGO)

Other agencies

Representatives of other relevant Government and non-Government agencies may also be invited to attend the meeting depending on whether those agencies have (or may have) any specific involvement with the victim, her children or the perpetrator. Participation is also dependent upon the agency's ability to contribute to the development of a Positive Action Plan and provide a rapid, crisis response.

Referral Pathways

Agencies working only within a long term, therapeutic approach may need to establish referral pathways in to a FSM. Referral pathways can be set in place in each region to assure that outside agencies can still refer *high risk* cases, as identified.

With appropriate training, the Domestic Violence Risk Assessment Form is able to be used by all agencies that come in contact with victims or perpetrators of domestic and family violence. Outside agencies who have conducted a risk assessment and identified a high risk case, may consider the following referral options:

- Refer directly to the SAPOL Chair in your region. Include completed Form. The SAPOL Chair will invite your agency to attend a FSM in order to discuss the referred case.
- Refer through other participating agencies listed above. This needs to occur in a timely manner. The SAPOL Chair is to keep the referring agency informed of outcomes and the Positive Action Plan.

After an FSM has taken place the referring agency would expect to receive notification of the Positive Action Plan and any outcomes in order to discuss this with the victim, if safe to do so.

Information Sharing Protocol

Importantly, outside agencies that are not a regular party to the Framework must comply with the Information Sharing Protocols and, if attending a FSM, will need to sign the Confidentiality Agreement.

2. Can students, visitors and observers attend Family Safety Meetings?

As a general rule only those core agency representatives who need to be at the FSMs should attend. This is to preserve the confidentiality and safety of individuals and families referred to the meeting.

Exceptions

Students

Only professional students, such as Social Work students, Allied Health or Police Cadets

who have had direct involvement in the case at hand for consideration at an FSM may accompany a referral to a meeting.

Learning opportunities regarding the Framework can be provided to students in other ways, eg access to this Practice Manual, discussion with agency reps and viewing of training DVD.

Other visitors and observers

On occasion, visitors from Office for Women and relevant government Ministers may attend FSMs. On occasion, members of the Family Safety Framework Implementation Committee may also attend FSMs.

Agency representatives from other regions starting up FSMs will be able to attend established FSMs as a learning opportunity to support the state-wide rollout of the model.

3. Who is eligible to be referred to a Family Safety Meeting?

Women, men, young people and children are all eligible for support through the Framework if they are at high risk of serious injury or death resulting from domestic and family violence. Both women and men are victims of domestic violence in Australia and both women and men are perpetrators of domestic violence; however, the majority of victims of domestic violence in Australia are women and the majority of perpetrators are men¹².

Eligible people include people experiencing family and domestic violence:

- who are within an intimate relationship, including same sex relationships;
- who were previously involved in an intimate relationship (ex partners), including same sex relationships; and,
- who are relatives according to Aboriginal traditional or contemporary social practice.
- Some cases may fall outside these examples but can still be considered at a FSM.

4. What does the Family Safety Framework mean for workers?

For workers, what you are already doing in relation to high risk cases of domestic and family violence won't change. However, the Framework attempts to build on the current responses to high risk cases of domestic and family violence and formalise particular procedures aimed at reducing the likelihood of serious harm or death to victims.

The response that is required from you will be dependent on the agency for which you work. You may be required to conduct a risk assessment with clients of your agency and/or you may be required to search for relevant information on the individual(s) that has been referred to a FSM. Only information relevant to a person's level of risk or safety needs to be considered. Your agency's FSM representative will bring this information to the FSM.

The FSM will assess the level of risk and determine a Positive Action Plan that aims to increase the safety of the victim. You will be required to contribute to this within the context of the services your agency is responsible for providing. If there are actions which you are required to take within your agency's mandate, you will be required to act on these as a priority.

If you are a supervisor or manager attending FSMs as your agency representative, then you will be required to brief your staff on the required actions once you return from the FSM ensuring that these are undertaken as a priority. You will also be required to report on these actions at the next FSM. If you are attending as a site representative then you will be required to find out what the outcomes of your service actions were and report on these at the next FSM. **All FSM representatives are expected to attend regular FSMs. Even if your agency has no prior knowledge of a case at hand you are expected to contribute to the development of the Positive Action Plan.**

In terms of your record keeping, you will note all actions and communications about a client in their case file. You will also need to keep the completed Risk Assessment Form and completed Referral Form and any other specific information that relates to that specific client in their case file. You must not store any information that relates to any of the other cases that were presented at the FSM within a client's file. If your service does not have a file for a

victim but you have actions that require priority attention you will create a client file for that individual in order that the information that you are working on will be stored in that file. Once you have made contact with the victim you will inform her that you have created a client file and then proceed under your agency obligations. The information shared at the FSM will be recorded by Victims Support Service and then stored with the regional Chair (SAPOL).

5. What if it's an emergency?

The FSM structure enables you to call an emergency meeting should this be required. This could be undertaken with other members of the FSM via conference call if needed. It could also involve only those agencies that need to respond immediately, such as SAPOL and the local Domestic Violence Service.

An emergency meeting would be called (usually via telephone) if there are urgent responses required over and above the 'normal' SAPOL, Child Protection, Mental Health responses. The Family Safety emergency meeting does not supersede your agency's responsibility to respond to the victim in crisis. You must act according to your agency policy in this situation.

However, to implement the integrated service response of the FSM you should contact the SAPOL Chair and inform them of the situation. The Chair will then contact the Women's DV Service and the referring worker to discuss immediate action. The services that are likely to be involved in this Emergency response would be:

1. Referring agency
2. SAPOL
3. Women's DV Service
4. Child Protection / Corrections depending on the situation

Once the immediate safety needs of the victim are alleviated, the case will proceed to the next FSM. It is at this point that the involvement of other agencies in the provision of integrated service responses to the family will be involved. Just because there has been an emergency meeting does not mean that the case then doesn't go to the following FSM. The only action that is implemented from the emergency meeting will be relating to the immediate safety needs of the victim and her children. This will not be sufficient to reduce the risk of further harm on its own. It is a temporary measure in place until the FSM representatives have met at the FSM and developed the Positive Action Plan.

6. What happens if my client does not want an intervention?

It is important to acknowledge your client's rights to choose whether or not to receive a service. You must include your client's understanding of her own risk and the risk to her children in your assessment. If you still believe that there is high risk to your client and or her children then you are required to act in relation to this risk. In your considerations you must determine if the **actions** that come out of a FSM will put your client and/or her children at further risk. This should be done with the other members of the FSM in order for a complete picture of the case to be assessed. If your client does not want to receive any further support, then you should still inform her of the meeting and the outcomes of the meeting letting her know that these services are available to her should she change her mind. You should encourage your client to consider this. If there is a child protection issue then you are required by law to notify the Child Abuse Report Line.

7. What about consent - when working with the perpetrator?

For the purpose of the FSM you are required to share information about a perpetrator who has been assessed to pose grievous risk to a (ex) partner, children or other family members. Consent would not be sought from perpetrators prior to attending a meeting due to the dangers in alerting the perpetrator of the risk and safety planning for the victim.

The Department for Correctional Services' (DCS) intake process with perpetrators outlines the parameters of the limited confidentiality that they work under. The perpetrator needs to have clear advice that DCS will not be sharing any personal information unless there are concerns about someone's safety. Assessment the victims current risk and safety would form part of intake and case work. The perpetrator should be supported to understand that as part of the case management process DCS may seek information from a variety of sources and this may include the victim or agencies supporting the victim.

Each agency will have their own process of working with perpetrators. You must always remember that a person's right to confidentiality does not sit over and above your duty to inform the potential victim or act in a way that would prevent further injury or serious harm occurring.

8. What about the rights of the perpetrator?

The perpetrator has rights; however, the safety of the victim and/or her children should not be impeded by those rights. If an individual poses a significant threat to someone then there must be action to minimise that threat.

9. What about when you do the assessment with the perpetrator?

The promotion of women's safety and perpetrator responsibility for abuse and violence are the central organising principles against which the effectiveness of the risk assessment tool should be measured. When you are speaking with a perpetrator, consider whether there will be risk and safety implications in what is being said for the victim or her children. Risk assessment should occur over a period of time rather than at specific intervals.

10. What about privacy?

It is clear from all the legislation, and codes that relate to privacy that workers have an obligation to share information where *there is a threat of imminent harm or serious injury or death*.

The Family Safety Framework Information Sharing Protocol (see Appendix 11) is specific to cases where there is a belief that an individual is at high risk of serious injury or death due to domestic violence.

It is important to remember that at a FSM you are not required to share information that is not relevant to risk and safety. Information that relates to an individual's medical condition, past criminal history, past medical history, that is not relevant to the determination of current safety and current level of risk is not required to be provided. The only information that you will be asked to share is that which is directly related to the specific issues that are influencing the victim's level of risk.

Relevant information includes full name, address, date of birth, names and details of children, past presentations with police regarding domestic violence, past child protection notifications relating to domestic violence, past presentations at emergency departments and any injuries sustained in suspicious circumstances, pregnancy, whereabouts of the perpetrator, what supports are available to this woman from her family, community, who the perpetrator is, whether the perpetrator has any weapons, where the children are located etc.

You are not required to bring your case notes. The meeting does not require information about therapeutic content unless the information can contribute to the overall picture of the level of risk of an individual.

Ideally it is important to explain to the victim about the FSM and provide a copy of the Information for Victims Handout (See Appendix 8). However, if you determine that this would increase the risk to a family member then you would be better placed to proceed without consent.

After a FSM, the worker who has direct contact with the victim will contact her (in the safest way possible) to inform her of the outcomes of the meeting and what actions will take place to support her safety.

11. What if I don't have enough information to go on?

In many instances victims will provide relevant information to enable the worker to conduct a thorough risk assessment. However, on some occasions the victim will not identify any of the risk indicators on the Risk Assessment form. Workers can use professional judgement to assess whether a particular case may benefit from further clarification of risk and therefore would warrant referral to a FSM.

If working only with the offender, workers may not have sufficient information to fully complete the risk assessment form. Similarly, professional judgement should be applied where high risk is indicated on the basis of limited information. Workers who are experienced in the assessment of domestic violence are encouraged to act on their professional judgement and or seek further clarification with the Sergeant in Charge of the Family Violence Investigation Section in your Local Service Area or a supervisor within their own organisation in relation to proceeding further.

12. What about child protection?

Keeping them Safe (KTS) and the *Women's Safety Strategy* both acknowledge each other's role in addressing the safety of women, children and young people and the interrelationship of these strategies. This provides organisations with a directive to undertake the commitments that are required to enhance the safety of women, children and young people in South Australia.

This Framework aims to articulate a commonality of approach and practice regarding:

- what constitutes breaches to the safety of women, children and young people;
- definition of risk/s; and
- the management of breaches of safety.

The Framework respects the role and functions of each agency and does not aim to replace existing processes within our Criminal Justice System or the Child Protection System. Child Protection services will be notified in accordance with Mandatory Notification of relevant issues in relation to children and young people at risk of violence or currently experiencing violence or abuse.

13. What if my client is from an Aboriginal or Torres Strait Islander Community?

Aboriginal women are nine times more likely to be the victims of domestic violence related homicide.¹³ It is important that Aboriginal women referred to the meeting have the option of being represented by an appropriate cultural worker. If you have an Aboriginal or Torres Strait Islander client you will be required to identify a cultural consultant from an agency within your local region that could attend the meeting to provide advice to the participants about the cultural relevance of any proposed intervention. You should consider the need for an interpreter in your assessment and consider what role family members may play in supporting the victim's safety. It is important that the Aboriginal or Torres Strait worker is present at the meetings to ensure that the Positive Action Plan is culturally appropriate.

14. What if my client is from a culturally or linguistically diverse (CALD) background?

The purpose of a FSM is to develop a Positive Action Plan that is specific to each individual involved. If you have a client that is from a CALD background you will be required to identify a cultural consultant from an agency within your region that could attend the meeting to provide advice to the participants of the meeting about the cultural relevance of any proposed intervention. You should consider the need for an interpreter in your assessment and consider what role family members may play in supporting the victim's safety.

15. What if my client has a disability?

Women with disabilities experience violence in situations similar to all women. Depending on the residence of the victim (private home, community-based group home etc), violence may be perpetrated by a range of people who may come into contact with the victim. This can include partners or ex-partners, carers, paid service providers or other family members. The *Intervention Orders (Prevention of Abuse) Act 2009* includes in its definition of *domestic abuse* abusive relationships between a carer and the person for whom they care.

Consideration should be given to whether the victim may wish to have an advocate present at any meetings or access to interpreting for women who are deaf. A suitable disability consultant to attend a FSM would need to be accessed through relevant disability services.

¹³ *Homicide in Australia: 2007–08 National Homicide Monitoring Program annual report*, Monitoring report no.13, Canberra: Australian Institute of Criminology, December 2010

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APPENDICES:

Family Safety Meeting Forms and Handout – *Information for Victims*

Up to date forms are available electronically on the Office for Women website.

Please go to

<http://www.officeforwomen.sa.gov.au/womens-policy/womens-safety/family-safety-framework>
for all current forms for Family Safety Meetings.

Appendix 1: Risk Assessment Form



DOMESTIC VIOLENCE RISK ASSESSMENT

An assessment of risk to victims of domestic/family violence must include consideration of:

- the victim's own assessment of their safety and risk levels
- identification of factors which indicate an increased likelihood of reoccurrence of violence
- the professional judgement of the assessor

Victim:

Agency / File No.:

** All fields shaded grey contribute to the risk assessment score irrespective of when the factor occurred. Only put one score per box **

		Presence of factor		
		Yes/No (Y/N)	In past 14 days	> 14 days
SECTION A - OFFENDER				
Behaviour:				
Has threatened to assault/harm the victim	2			
Has threatened to use a weapon (including firearm) against the victim	2			
Has threatened to kill the victim	5			
Has physically assaulted the victim	4			
Has physically used a weapon (including firearm) against the victim during an assault	4			
Has assaulted the victim outside of the home environment	4			
Has breached an intervention/restraining order	2			
Has held a victim against their will in a location or otherwise impeded their freedom	4			
Has used violence/threats of violence against other family members	3			
Has used violence/threats of violence against non-family members	3			
Has harmed or threatened to harm family pets/other animals	3			
Has threatened or attempted suicide	4			
Has a prior arrest for murder/manslaughter/rape or sexual assault	4			
Has a history of domestic violence against a previous partner(s)	4			
Personality Characteristics:				
Is highly controlling/manipulative	3			
Attitude and/or cultural beliefs support violence towards women/children/elderly	3			
Has demonstrated a sudden change in personality or behaviour	2			
Situational Factors				
Has access to firearms	3			
Is unemployed	1			
Drug and/or alcohol misuse/dependency present	4			
Experiences depression or has other mental health issues	2			
Is not taking prescribed medication	2			
Is experiencing financial problems, not normal to the offender	1			
Has witnessed or experienced violence in their 'family of origin' (as a child/during upbringing)	2			
SECTION B - VICTIM		Subtotal (A)		
Perceptions / Beliefs:				
Expresses/indicates through actions that they are afraid of the offender	2			
Expresses/indicates through actions that their level of fear of the offender is extreme (feels terror)	4			
Believes the offender is capable of killing victim/children	5			
Vulnerability Factors:				
Victim reports an escalation in the seriousness and/or frequency of the violence	5			
Victims injuries are not consistent with the explanation/account of the incident	3			
Is isolated (geographic reasons/actions of offender to restrict contact with family or friends)	5			
Is isolated for cultural reasons (lack of support from cultural community)	4			
Experiences depression or has other mental health issues	1			
Verbalised or had suicidal ideas, or tried to commit suicide	2			
Drug and/or alcohol misuse/dependency present	1			
Has a disability or frailty which impairs physical activity/mobility	2			
Has a disability or frailty which impairs cognitive/sensory functioning (deaf, intellectual, dementia)	2			
Is financially dependent on the offender	1			
Is dependent on the offender for their physical care (illness/infirmity/age/dementia/disability)	2			
Is dependent on the offender for their residential status in this country	2			
SECTION C - CHILDREN		Subtotal (B)		
Vulnerability Factors:				
Present at, or witness to, incidents of violence	1			
Under school age (not yet commenced primary school)	2			
Subject to threats of harm from the offender	2			
Subject to actual harm/assault from the offender	4			
Subject of threats to kill from the offender	5			
Offender has access to children (is aware of where they live/attend school/shared care/contact)	1			
Child from another relationship in the home	1			
Perceptions / Beliefs:				
Expresses/indicates through actions that they are afraid of the offender	2			
Refusing or stating unwillingness to have contact with the offender	2			
		Subtotal (C)		

DOMESTIC VIOLENCE RISK ASSESSMENT

Victim: _____

Agency / File No.: _____

** All fields shaded grey contribute to the risk assessment score irrespective of when the factor occurred. Only put one score per box **

		Presence of factor		
		Yes/No (Y/N)	In past 14 days	> 14 days
SECTION D - INTIMATE PARTNERS				
Victim is pregnant or there has been a recent birth in the family (child under 12 months)	5			
There has been a recent separation or the victim wishes to separate	5			
There is an actual or perceived new partner in the victim's life	4			
Offender has strangled or choked the victim during an assault	5			
Offender has used sexual violence or coerced victim into unwanted sexual practices	4			
Offender has stalked the victim	4			
Offender appears obsessed with the victim and/or children	5			
Offender appears jealous, bitter or hostile towards the victim and/or children	2			
Offender has recently been denied or restricted access or contact with children	4			
		<i>Subtotal (D)</i>		
(Add the scores of the 'In past 14 days' column to determine current risk level)		Risk Score Total:		

VICTIMS OWN ASSESSMENT OF THEIR SAFETY AND RISK LEVELS	
1. How frequently and seriously does the offender intimidate, threaten or injure you and/or your children?	
2. Describe the most frightening event/worst incident of violence suffered at the hands of the offender?	
3. How has the offender's behaviour impacted on your safety and the safety of your children?	

Worker's comments as to any other factors / circumstances which may affect the level of risk

OVERALL ASSESSED RISK - PAST 14 DAYS	
Standard 0 - 23	<input type="checkbox"/> ←
Medium 24 - 44	<input type="checkbox"/> ←
High 45 +	<input type="checkbox"/> ←
<p>A score of standard or medium risk may be overridden through the exercise of professional judgement, if you believe a victim to be at a higher level of risk. In these instances, provide a brief explanation in the Worker's comments above.</p> <p>If you select this box, please consider the QUESTION OF IMMINENCY required for referring to a Family Safety Meeting. Take all immediate steps to mitigate the high risk.</p>	
<Agency specific instructions can be added here>	

Worker Name: _____	A _____
Email: _____	P _____
Signature: _____	D _____
Supervisor's Signature: _____	Date: ____ / ____ / ____

FAMILY SAFETY MEETING REFERRAL FORM - GUIDELINES FOR REFERRING

IMPORTANT: Once you have identified that a victim is at risk, you will need to fill out the **Domestic Violence Risk Assessment Form** to help you determine the risk level. If you determine that the victim is at high, imminent risk, complete the Family Safety Meeting Referral Form and securely email both to the Officer in Charge of the Family Investigation Section of your Police Local Service Area. In country regions securely email to the Officer in Charge, CIB.

Family Safety Meeting referrals should include as much information as possible.

The Family Safety Framework Referral Form should contain as much written documentation as is reasonably available regarding:

- identifying details (names, dobs, addresses, contact phone numbers for all individuals on the referral)
- the nature of safety concerns
- elaborate on presenting high risk indicators (*as per Domestic Violence Risk Assessment Form). For example:
 - if offender and/or victim has drug & alcohol or mental health issues identified in assessment, please describe.
 - if offender has access to weapons, provide any additional documentation regarding what kind of weapon/s, where weapon is kept, whose weapon does offender has access to?
- Any relevant agency involvement and support, and
- Recent safety planning - including immediate support prior to case being considered at Family Safety Meeting
- An account of recent domestic violence assaults and incidents should be provided as part of the referral (under 'Reasons for Referral').

ADDITIONAL RISK INDICATORS - ABORIGINAL COMMUNITIES

Use the FSF Referral Form (under 'Background and Risk Issues') to also document the following risk indicators if currently impacting on the safety of victims:

- Is there family feuding?
- Is there wrong skin relationship?
- Is there pay back violence/issues?
- Is there possessive, controlling behaviour and 'jealousing'?
- Is the victim being prevented from participating in cultural ceremony?
- Is the victim worried about the offender's imminent release from prison?
- Has the victim been deprived of their liberty/held against their will, possibly in an isolated location?
- Has the offender used weapons such as rocks, nulla nullas, fire sticks, digging sticks, clubs or metal bars in the recent incident?
- Does the victim live on a homeland – ie isolated location?
- Is the victim living with the offender's family – not on her country?

ATTENTION: OFFICER IN CHARGE OF FAMILY VIOLENCE INVESTIGATION SECTION

FAMILY SAFETY MEETING REFERRAL FORM				DATE:	
VICTIM					
NAME				DATE OF BIRTH	
ADDRESS				PHONE NO	
NESB / ATSI*	YES / NO	IF YES, PLEASE SPECIFY (e.g. language group/s)			
OFFENDER					
NAME				DATE OF BIRTH	
ADDRESS				PHONE NO	
NESB / ATSI*	YES / NO	IF YES, PLEASE SPECIFY (e.g. language group/s)			
CHILDREN					
NAME				DATE OF BIRTH	
NAME				DATE OF BIRTH	
NAME				DATE OF BIRTH	
ADDRESS					
OTHER HOUSEHOLD MEMBERS					
NAME				DATE OF BIRTH	
ADDRESS				PHONE NO	
RISK ASSESSMENT SCORE			DATE OF ASSESSMENT		
Attach completed FSF Risk Assessment Form					
REASONS FOR REFERRAL					
Include documentation of recent domestic violence assaults & incidents. If in your professional judgement, a victim is high risk despite a score lower than 45, include clear reasons why you believe this to be the case.					
Is the person referred aware of the FSM referral?					YES / NO
Has consent been given for referral?					YES / NO
If not, why not?					
BACKGROUND AND RISK ISSUES					
Has a Cultural Consultant been involved in the assessment process?				YES / NO / NOT REQUIRED	
Has a Disability Consultant been involved in the assessment process?				YES / NO / NOT REQUIRED	
Child protection notification made	YES / NO	Notification made by	(name)	On	(time & date)
REFERRING WORKER					
NAME		AGENCY			
TELEPHONE		MOBILE			
ADDRESS		EMAIL			

* Non-English speaking background / Aboriginal or Torres Strait Islander

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RESPONDING TO DOMESTIC & FAMILY VIOLENCE

Positive Action Guidelines for Agency Staff

These guidelines are to be used in conjunction with the *Domestic Violence Risk Assessment Form*. [Copies of the form can be found...]

This is a guide only. Professional judgement should be used in the assessment of risk. A score of standard or medium risk may be reconsidered through the application of professional judgement.

What does the score mean?	What Positive Action do I need to take? [*Additional agency specific guidelines to be developed & inserted below]
<p>High Risk 45+</p> <p><i>There are identifiable imminent high risk factors which are indicators of risk of serious harm or death. The serious threat to life or health will/may occur if not prevented or lessened immediately</i></p>	<ul style="list-style-type: none"> ➤ Take immediate positive action ➤ Speak to your supervisor ➤ Is risk IMMEDIATE? Refer immediately to local Family Safety Meeting (Insert agency specific guidelines) ➤ Email completed DV Risk Assessment Form and FSF Referral Form to SAPol Officer in Charge of Family Violence Investigation Section or SAPol Officer in Charge of CIB in country regions ➤
<p>Medium Risk 24-44</p> <p><i>There are some identifiable indicators of risk of harm. The offender has the potential to cause serious harm if there is a change in circumstances (eg relationship breakdown, drug & alcohol misuse)</i></p>	<ul style="list-style-type: none"> ➤ Take positive action ➤ Speak to your supervisor ➤ Normal agency processes to mitigate risk and enhance safety ➤
<p>Standard Risk 0-23</p> <p><i>No significant current indicators of serious harm</i></p>	<ul style="list-style-type: none"> ➤ Take positive action ➤ Speak to your supervisor ➤ Normal agency processes to mitigate risk and enhance safety ➤

Appendix 4: Case study example

Victim: Jane Last DOB 13/04/1979

Address: 7 Francis St, Harryton

Offender: Tom Last DOB 30/09/1976

Address: lot 4, Range Rd via Little Haven

Children: Kate Last - DOB 16/02/2008) & Simon Ven, 8 years (Simon is from a previous relationship of Jane's) - DOB 02/11/2004

The family have lived on a farming property in regional South Australia. Jane and Tom have been married for 5 years. The couple have recently separated (1 month ago) and Tom is still on the farm whilst Jane is renting in town. As well as the 2 children, Jane is 5 months pregnant. Tom has always been controlling and jealous. He says he doesn't like Jane's family and friends as he says they are too interfering and in the past Jane has been very isolated and dependent upon Tom. There has been a history of put downs and verbal threats to harm Jane but Tom has never carried out any of the threats until recently. As a farmer, Tom does have two rifles on the property.

RECENT INCIDENTS

A week ago, Tom dropped Kate off after a weekend access visit and got into an argument with Jane over money/settlement issues. Tom is having financial difficulties following the separation. On this occasion he grabbed Jane's arms very hard causing bruising and pushed her hard into a wall causing her to bang her head, which was then bleeding. He then pushed her over causing cuts and grazes to her legs. He told Kate he would "top himself" if she did not return to him and sort out her problems. He was shouting and swearing and the children were present during the incident. Both Kate and Simon were crying and very frightened, asking Tom to stop. Kate is now too scared to go and stay with Tom for the next access visit.

This is the second time Tom has been physically violent towards Jane. The first time was just after the couple separated. Tom came over to Jane's house one night and assaulted her, punching her, pushing her to the ground and forcing her to have sex with him.

Jane has not been to the police for either of these incidents but has talked to staff at Kate's Pre-School. Jane says she is extremely frightened of Tom and worried about what he might do to her next time he comes around. Staff at the Pre-School then actioned some immediate safety planning with Jane, including

- Supporting Jane in making a report to the Police regarding the two assaults.
- Supporting Jane to contact the local Domestic Violence Service for emergency accommodation for Jane and the children.
- Conducting a Risk Assessment with Jane and referring to the local Family Safety Meeting.
- Informing staff at Simon's school of recent incidents and high risk factors.

AGENCY INVOLVEMENT

Jane has been isolated from supports and has not had access to services until leaving the relationship. Recently, she has accessed the Harryton Hospital for ante-natal support, where she has talked to a midwife about the domestic violence. She has also talked to the staff at Kate's pre-school. Staff at both these services have made a Child Abuse Report Line (CARL) notification through Families SA to report that the children were present when Tom assaulted Jane.

EXAMPLE ONLY

DOMESTIC VIOLENCE RISK ASSESSMENT



Government
of South Australia

An assessment of risk to victims of domestic/family violence must include consideration of:

- the victim's own assessment of their safety and risk levels
- identification of factors which indicate an increased likelihood of reoccurrence of violence
- the professional judgement of the assessor

Victim:

Jane Last

Agency / File No.:

xxxxxxx

** All fields shaded grey contribute to the risk assessment score irrespective of when the factor occurred. Only put one score per box **

		Presence of factor		
		Yes/No (Y/N)	In past 14 days	> 14 days
SECTION A - OFFENDER				
Behaviour:				
Has threatened to assault/harm the victim	2	Y	2	
Has threatened to use a weapon (including firearm) against the victim	2	N	0	
Has threatened to kill the victim	5	N	0	
Has physically assaulted the victim	4	Y	4	
Has physically used a weapon (including firearm) against the victim during an assault	4	N	0	
Has assaulted the victim outside of the home environment	4	N	0	
Has breached an intervention/restraining order	2	N	0	
Has held a victim against their will in a location or otherwise impeded their freedom	4	N	0	
Has used violence/threats of violence against other family members	3			
Has used violence/threats of violence against non-family members	3			
Has harmed or threatened to harm family pets/other animals	3			
Has threatened or attempted suicide	4	Y	4	
Has a prior arrest for murder/manslaughter/rape or sexual assault	4			
Has a history of domestic violence against a previous partner(s)	4			
Personality Characteristics:				
Is highly controlling/manipulative	3	Y	3	
Attitude and/or cultural beliefs support violence towards women/children/elderly	3	Y	3	
Has demonstrated a sudden change in personality or behaviour	2			
Situational Factors				
Has access to firearms	3	Y	3	
Is unemployed	1			
Drug and/or alcohol misuse/dependency present	4			
Experiences depression or has other mental health issues	2	Y	2	
Is not taking prescribed medication	2			
Is experiencing financial problems, not normal to the offender	1	Y	1	
Has witnessed or experienced violence in their 'family of origin' (as a child/during upbringing)	2			
SECTION B - VICTIM		Subtotal (A)		22
Perceptions / Beliefs:				
Expresses/indicates through actions that they are afraid of the offender	2	Y	2	
Expresses/indicates through actions that their level of fear of the offender is extreme (feels terror)	4	Y	4	
Believes the offender is capable of killing victim/children	5	Y	5	
Vulnerability Factors:				
Victim reports an escalation in the seriousness and/or frequency of the violence	5	Y	5	
Victims injuries are not consistent with the explanation/account of the incident	3	N	0	
Is isolated (geographic reasons/actions of offender to restrict contact with family or friends)	5			
Is isolated for cultural reasons (lack of support from cultural community)	4			
Experiences depression or has other mental health issues	1			
Verbalised or had suicidal ideas, or tried to commit suicide	2			
Drug and/or alcohol misuse/dependency present	1			
Has a disability or frailty which impairs physical activity/mobility	2			
Has a disability or frailty which impairs cognitive/sensory functioning (deaf, intellectual, dementia)	2			
Is financially dependent on the offender	1			
Is dependent on the offender for their physical care (illness/infirmity/age/dementia/disability)	2			
Is dependent on the offender for their residential status in this country	2			
SECTION C - CHILDREN		Subtotal (B)		16
Vulnerability Factors:				
Present at, or witness to, incidents of violence	1	Y	1	
Under school age (not yet commenced primary school)	2	N	0	
Subject to threats of harm from the offender	2	N	0	
Subject to actual harm/assault from the offender	4	N	0	
Subject of threats to kill from the offender	5	N	0	
Offender has access to children (is aware of where they live/attend school/shared care/contact)	1	Y	1	
Child from another relationship in the home	1	Y	1	
Perceptions / Beliefs:				
Expresses/indicates through actions that they are afraid of the offender	2	Y	2	
Refusing or stating unwillingness to have contact with the offender	2	Y	2	
		Subtotal (C)		

EXAMPLE ONLY

DOMESTIC VIOLENCE RISK ASSESSMENT

Victim: Jane Last

Agency / File No.: xxxxxx

** All fields shaded grey contribute to the risk assessment score irrespective of when the factor occurred. Only put one score per box **

		Presence of factor		
		Yes/No (Y/N)	In past 14 days	> 14 days
SECTION D - INTIMATE PARTNERS				
Victim is pregnant or there has been a recent birth in the family (child under 12 months)	5	Y	5	
There has been a recent separation or the victim wishes to separate	5	Y	5	
There is an actual or perceived new partner in the victim's life	4	N	0	
Offender has strangled or choked the victim during an assault	5	N	0	
Offender has used sexual violence or coerced victim into unwanted sexual practices	4	Y	4	
Offender has stalked the victim	4			
Offender appears obsessed with the victim and/or children	5	Y	5	
Offender appears jealous, bitter or hostile towards the victim and/or children	2	Y	2	
Offender has recently been denied or restricted access or contact with children	4	N	0	
			<i>Subtotal (D)</i>	21
(Add the scores of the 'In past 14 days' column to determine current risk level)			Risk Score Total:	66

VICTIMS OWN ASSESSMENT OF THEIR SAFETY AND RISK LEVELS	
<p>1. How frequently and seriously does the offender intimidate, threaten or injure you and/or your children?</p> <p>Tom has physically assaulted the victim, Jane on 2 recent occasions. Prior to these assaults, Tom's abuse has been emotional, psychological and social, with a history of controlling behaviour and jealousy. Jane has also been socially isolated by Tom in the past, prevented from contact with friends and family. Just after the couple separated one month ago, Tom came over to Jane's house and physically assaulted her, punching and pushing her to the ground. Tom also sexually assaulted Jane that night. Jane was also physically assaulted by Tom 1 week ago and sustained a head injury and cuts and bruising</p>	
<p>2. Describe the most frightening event/worst incident of violence suffered at the hands of the offender?</p> <p>Jane has reported that she is extremely frightened of Tom and that his violence towards her is escalating since they separated. The incident where Jane was assaulted a week ago (Date xx/xx/), was the most serious physical assault experienced by Jane. After returning the children to Jane's place, Tom became verbally abusive towards Jane and then assaulted her, grabbing and pushing Jane hard in to a wall, banging her head, causing it to bleed and then pushing her to the ground.</p>	
<p>3. How has the offender's behaviour impacted on your safety and the safety of your children?</p> <p>Jane reports that she is very frightened of what Tom may do to hurt her or the children in the future. Particularly as Tom knows where Jane and the children live. The 2 children, Kate and Simon, were present and witnessed the assault that took place 1 week ago. Both children were very frightened by this incident and Kate has told Jane that she is too frightened to go to her father's place next access weekend.</p>	

Worker's comments as to any other factors / circumstances which may affect the level of risk	
Tom has also verbalised that he will "top himself" and take his life if Jane does not return to him. Jane is aware that Tom has 2 rifles on the farm.	

OVERALL ASSESSED RISK - PAST 14 DAYS	
<p>Standard 0 - 23 <input type="checkbox"/> ←</p>	<p>A score of standard or medium risk may be overridden through the exercise of professional judgement, if you believe a victim to be at a higher level of risk. In these instances, provide a brief explanation in the Worker's comments above.</p>
<p>Medium 24 - 44 <input type="checkbox"/> ←</p>	
<p>High 45 + <input checked="" type="checkbox"/> ←</p>	
<p>If you select this box, please consider the QUESTION OF IMMINENCY required for referring to a Family Safety Meeting. Take all immediate steps to mitigate the high risk.</p>	
<p><Agency specific instructions can be added here></p>	

<p>Worker Name: <u>Jenny Smithton</u></p>	<p>A <u>Hattyton Pre School</u></p>
<p>Email: <u>Jenny.Smithtom@sa.gov.au</u></p>	<p>P <u>0404xxxxx</u></p>
<p>Signature: _____</p>	<p>ho _____</p>
	<p>D _____</p>

<p>Supervisor's Signature: _____</p>	<p>Date: ____ / ____ / ____</p>
---	---------------------------------



Government
of South Australia

EXAMPLE ONLY

URGENT - CONFIDENTIAL

ATTENTION: OFFICER IN CHARGE OF FAMILY VIOLENCE INVESTIGATION SECTION

FAMILY SAFETY MEETING REFERRAL FORM			DATE: 20/10/2014	
VICTIM				
NAME	Jane Last		DATE OF BIRTH	13/04/1979
ADDRESS	7 Francis St, Harryton		PHONE NO	0406****8
NESB / ATSI*	YES / NO	IF YES, PLEASE SPECIFY (e.g. language group/s)		
OFFENDER				
NAME	Tom Last		DATE OF BIRTH	30/09/1976
ADDRESS	lot 4, Range Rd via Little Haven		PHONE NO	
NESB / ATSI*	YES / NO	IF YES, PLEASE SPECIFY (e.g. language group/s)		
CHILDREN				
NAME	Kate Last		DATE OF BIRTH	16/02/2008
NAME	Simon Ven (previous rel'ship)		DATE OF BIRTH	02/11/2004
NAME			DATE OF BIRTH	
ADDRESS	7 Francis St, Harryton			
OTHER HOUSEHOLD MEMBERS				
NAME			DATE OF BIRTH	
ADDRESS			PHONE NO	
RISK ASSESSMENT SCORE		66	DATE OF ASSESSMENT	20/10/14
Attach completed FSF Risk Assessment Form				
REASONS FOR REFERRAL				
Include documentation of recent domestic violence assaults & incidents				
Jane has recently separated from her husband Tom and since separation 1 month ago, there have been two incidents of serious assault and violence towards Jane. Jane has reported that she is extremely frightened of Tom and has future concerns regarding his escalating violence.				
Is the person referred aware of the FSM referral?				YES / NO
Has consent been given for referral?				YES / NO
If not, why not?				
BACKGROUND AND RISK ISSUES				
<p>Jane and Tom have been in a relationship for 7 years and have been married for 5 years. Jane has an 8 year old boy Simon, from a previous relationship and she and Tom have a 4 year old daughter Kate. Jane is also 5 months pregnant to Tom. Jane presented to the Harryton PreSchool on Tuesday as highly distressed and crying. Some cuts and bruising to her legs was evident and Jane showed me a large cut to her head also. Jane told me about 2 recent incidents of assault and violence perpetrated by her ex-husband, Tom. A risk assessment was conducted with Jane and a number of high risk indicators have been identified. These include:</p> <ul style="list-style-type: none"> Jane's recent separation from Tom Jane is 5 months pregnant. She has been attending the ante-natal clinic at the Harryton hospital. 2 recent assaults. The most recent assault occurred 1 week ago, when Tom was returning their daughter Kate from an access visit. On this occasion he grabbed Jane's arms very hard causing bruising and pushed her into a wall causing her to bang her head, which was then bleeding. He then pushed her over causing cuts and grazes to her legs. He was shouting and swearing and the 2 children were present during the incident. Both Kate and Simon were crying and very frightened of Tom. 				



EXAMPLE ONLY

URGENT - CONFIDENTIAL

- On this occasion, Tom also told Kate he would kill himself if she did not return to him.
- Another assault occurred approximately 1 month ago, soon after the couple separated, Tom came over to Jane's house and assaulted her, punching her, pushing her to the ground and forcing her to have sex with him.
- Jane had not reported assaults to the Police. I have assisted Jane to make reports on these 2 incidents today 1/12/13
- Jane reports that Tom has access to 2 rifles that are somewhere on the farm property where he lives. Jane thinks they are in one of the farming sheds.
- Tom is aware of Jane's current address and is still in contact with Jane and the children.
- The children are also very frightened of Tom and have witnessed recent assaults. Kate has told mum she does not want to go with Tom for the next access visit on the weekend.
- Tom is suffering from financial problems as part of the separation.

Harryton Pre School staff have taken a number of actions to immediately support Jane. These were:

- To support Jane to report the recent domestic violence assaults to SAPOL.
- To contact the local Domestic Violence (DV) Service re crisis accommodation for Jane and family. DV Service talked with Jane and are supporting her to move out of the rental property and in to the DV Service accommodation.
- A CARL notification was made on (date) regarding the children being present during domestic violence incident.
- School staff have been alerted to the domestic violence incidents and a support and safety plan established for Kate and Simon.

Has a Cultural Consultant been involved in the assessment process?				YES / NO / NOT REQUIRED	
Has a Disability Consultant been involved in the assessment process?				YES / NO / NOT REQUIRED	
Child protection notification made	YES / NO	Notification made by	Jenny Smithton	On	4:30pm 19/10/14
REFERRING WORKER					
NAME	Jenny Smithton		AGENCY	Harryton Pre School	
TELEPHONE	8340 ****		MOBILE	043*****38	
ADDRESS	12 day Ave, Harryton		EMAIL	Jenny.Smithton@gov.sa.au	

* Non-English speaking background / Aboriginal or Torres Strait Islander

DISCLAIMER: "The information contained in this email is confidential and may also be the subject of legal, professional privilege or public interest immunity. If you are not the intended recipient, any use, disclosure or copying of this document and or its attachments is unauthorised. Please advise us by reply and then delete it from your system."

Appendix 5: Information Request Form

The Family Safety Meeting SAPOL Chair will then email all referrals to Victim Support Service, who will ensure that all members of the FSM receive information about a pending FSM referral via email **3 days prior to the next meeting**.

The Information Request Form can be used internally by FSM reps. It can be sent to other agency workers to fulfil the information search within your agency. Completed Information Request Forms can also accompany the FSM rep to the next meeting where the case will be discussed.



URGENT

Family Safety Framework Information Request Form

DATE:

TO:

Please return this form to (FSM representatives name):

You have been sent this form as information in relation to **The Family Safety Framework**. You will be required to search for information within this agency. Our agency has been approved to share information about women, children and young people who have been **identified as at high risk of serious harm or imminent death** from domestic and family violence.

Due to the urgency of this situation, **you are required to respond immediately to this request** and provide the FSM representative with any information that this agency has in relation to the family. **A response is required by email within 24 hours.**

You are required to search through the organisations records/client files to identify if the individual/s in question has attended this service. If so you must make note of the relevant information so it can be shared at a Family Safety Meeting. You should also record in the case notes that the case will be the subject of a FSM and that you have provided information as requested. You may also make a copy of the research form for the client case notes.

**FAMILY SAFETY MEETING
INFORMATION REQUEST FORM FOR NEW REFERRAL**

STRICTLY PRIVATE AND CONFIDENTIAL

Your name:

Tel:

Email:

1. Research all information, files and databases using NAME, DOB OR/AND ADDRESSES of ALL individuals concerned. Confirm basic contact information, ages of all concerned and number of children.

	Perpetrator	Victim	Child	Child
Name				
DOB				
Address				

Any other information, including extra Children:

2. Contact all relevant officers or support/key workers in your team and request current, accurate information and their professional opinion about the individuals concerned. Record this here.

3. Note records of last sightings, meetings or phone calls

4. Note recent attitude, behaviour and demeanour, including changes:

5. Highlight any relevant information that relates to any of the risk indicators on the completed Risk Assessment Form

6. Identify any other concerns your agency may have about the victim. Clarify any areas of discrepancy or inaccuracies of information on the agenda and or referral (e.g. information missing, more than one individual/alias names, conflicting information, more/less children than on agenda)

Appendix 6: SAMPLE Family Safety Meeting Agenda

Region(e.g. STURT / RIVERLAND) FAMILY SAFETY MEETING

AGENDA

When: day & time
Where: venue details

"We would like to acknowledge this land that we meet on today is on the traditional lands for the Kaurna people and that we respect their spiritual relationship with their country. We also acknowledge the Kaurna people as the custodians of the Adelaide region and that their cultural and heritage beliefs are still as important to the living Kaurna people today."

Chairperson welcomes representatives.

Apologies:

1. Introduction of all Attendees:

2. Chair reads out Confidentiality Statement:

Only those participating agencies to the information sharing protocol are able to attend a Family Safety Meeting. Please note that meetings are not to be attended by students or temporary staff on work experience, unless directly involved with the referrals.

3. Confidentiality Statement to be signed by all attendees:

4. Review of Existing Cases:

**Please update your client information/agency contacts with the client for each meeting.*

4.1 **Provide full names and DOBs of victim/offender/children/other relevant parties & Township (optional for country FS Meetings)**

e.g. **Victim: Mary Smith (DOB 1/1/70) & Offender: Michael Smith (DOB 12/3/68)**

Children: Jay Smith (DOB 1/2/93)
Luke Smith (DOB 7/11/95)

Township (optional): Barmera

Risk Assessment Score at time of referral:

List Actions from previous meeting

5. Review of New Cases

5.1 **Provide full names and DOBs of victim/offender/children/other relevant parties. Referring Agency & risk score when referred to meeting & Township (optional for country FS Meetings)**

e.g. **Mary Smith (DOB 1/1/70) & Michael Smith (DOB 12/3/68)**

Children: Jay Smith (DOB 1/2/93)
Luke Smith (DOB 7/11/95)

Township (optional): Barmera

Referred by: SA Police

Risk Assessment Score at time of referral:

Please note – a brief summary is NOT required. Family Safety Meeting participants are to read referral form.

6. Other Business

Chair to record and summarise actions of each new case prior to closing the meeting.

7. Chair to close meeting:

NOTE:

All Agenda points are to be completed at every FSM meeting.

FSF INFORMATION SHARING PROTOCOL

Participating agencies

SOUTH AUSTRALIA POLICE

DEPARTMENT FOR COMMUNITIES AND SOCIAL INCLUSION

ATTORNEY GENERAL'S DEPARTMENT

SA HEALTH

DEPARTMENT FOR CORRECTIONAL SERVICES

DEPARTMENT FOR EDUCATION AND CHILD DEVELOPMENT

WOMEN'S DOMESTIC VIOLENCE SERVICES

VICTIM SUPPORT SERVICE

OTHER RELEVANT NON-GOVERNMENT SERVICES (STATE FUNDED)

Appendix 7: FSM Confidentiality Agreement

REGION: _____

DATE: _____

THE CHAIR OF THE MEETING REMINDS ALL ATTENDEES OF:

- THE INFORMATION SHARING PROTOCOLS AGREED TO UNDER THE FAMILY SAFETY FRAMEWORK, AND
- THAT MEETINGS ARE BASED ON A FUNDAMENTAL COMMITMENT TO ENHANCING PHYSICAL AND PSYCHOLOGICAL SAFETY AND TO TREATING ALL INDIVIDUALS WITH RESPECT AND DIGNITY.

The information discussed by agency representatives at the Family Safety Meeting is strictly confidential and should not be disclosed to agencies or their employees who are not party to the Family Safety Framework. All agencies should ensure that the minutes are retained in a confidential and appropriately restricted manner. The minutes will aim to reflect that all individuals who are discussed at the Family Safety Meeting are treated with fairness and respect and without discrimination. All work undertaken in these meetings is informed by a commitment to equal opportunities for all individuals in our community irrespective of race, gender, sexuality and ability.

THE PURPOSE OF THE MEETING IS AS FOLLOWS:

1. to share information to increase the safety, health and well being of women and children affected by F&DV
2. to jointly construct and implement an action plan that provides professional support to women and children at risk and that reduces the risk of harm
3. to increase perpetrator accountability
4. to reduce repeat victimisation
5. to improve agency accountability
6. improve support for staff involved in high risk F&DV cases.

The responsibility to respond to actions rests with individual agencies. Each agency is responsible for completing the actions allocated to it on the action plan. This responsibility is not transferred to the FSM. The role of the FSM is to facilitate effective information sharing across agencies and to jointly identify appropriate actions to improve safety.

BY SIGNING THIS DOCUMENT WE AGREE TO ABIDE BY THESE PRINCIPLES.

AGENCY core agencies	ARRIVE / DEPART (office use only)	NAME	SIGNATURE	REFERRALS (office use only)
SAPOL				
Families SA				
Housing SA				
Correctional Services				
Dept of Health *Community / Womens / Acute				

Adult Mental Health Services				
Drug & Alcohol Services SA				
Schools / DECD				
Domestic Violence Service				
Victim Support Service				
OTHER AGENCIES (please specify)	ARRIVE / DEPART (office use only)	NAME	SIGNATURE	REFERRALS (office use only)

*Please note that some Dept of Health services including CAMHS and CaFHS are not core agencies at these meetings and should be listed under 'other agencies'.

Number of new cases received at this Family Safety Meeting	
---	--

For Victim Support Service Staff

Please scan this completed form after every Family Safety Meeting and send copy to Office for Women, SA at the following email: arighttosafety@dcsi.sa.gov.au



Appendix 8: Court Information Form

Confidential Information for: [enter name of court]

Information provided by: [enter regional location of Family Safety Meeting]

Victim's Details:

Name: _____

DOB: ____ / ____ / ____

Accused's Details:

Name: _____

DOB: ____ / ____ / ____

Child / Children's Details:

Provide Name / DOB of all children:

Child / Children reside with:

☐ Victim only ☐ Accused only ☐ Shared care ☐ Other:

This victim was referred to a Family Safety Meeting on [insert date] as a 'high risk' victim at imminent risk of death or serious harm. The following actions have been taken by the Family Safety Meeting:

Current concerns / issues:

Family Safety Meeting information for consideration of the Court:

Participating agencies:

SOUTH AUSTRALIA POLICE
DEPARTMENT FOR COMMUNITIES AND SOCIAL INCLUSION
ATTORNEY GENERAL'S DEPARTMENT
SA HEALTH
DEPARTMENT FOR CORRECTIONAL SERVICES
DEPARTMENT FOR EDUCATION AND CHILD DEVELOPMENT
WOMEN'S DOMESTIC VIOLENCE SERVICES
VICTIM SUPPORT SERVICE
OTHER RELEVANT (STATE FUNDED) NON-GOVERNMENT SERVICES

Appendix 9: SAMPLE Family Safety Meeting Minutes

Region(eg STURT / RIVERLAND) FAMILY SAFETY MEETING

Minutes

When: day & time

Where: venue details

*"We would like to acknowledge this land that we meet on today is on the traditional lands for the **Kaurna** people and that we respect their spiritual relationship with their country. We also acknowledge the **Kaurna** people as the custodians of the **Adelaide** region and that their cultural and heritage beliefs are still as important to the living **Kaurna** people today."*

Chairperson welcomes representatives.

Attendees:

Apologies:

1. Introduction of all Attendees:

2. Chair reads out Confidentiality Statement:

Only those participating agencies to the information sharing protocol are able to attend a Family Safety Meeting. Please note that meetings are not to be attended by students or temporary staff on work experience, unless directly involved with the referrals.

3. Confidentiality Statement to be signed by all attendees:

4. Review of Existing Cases:

4.1 **Provide full names and DOBs of victim/offender/children/other relevant parties & Township (optional for country FS Meetings)**

e.g. **Victim: Mary Smith (DOB 1/1/70) & Offender: Michael Smith (DOB 12/3/68)**

Children: Jay Smith (DOB 1/2/93)
Luke Smith (DOB 7/11/95)

Township (optional): Barmera

Risk Assessment Score at time of referral:

Dot point discussion & name of agency

e.g.

- SAPOL: home visit with Mary conducted on 10/12/11. Interim IO in place.
- DVS: regular contact with Mary.
- HSA: Mary is on the waiting list re moving house, she is listed as Category 1.

List any Actions and/or recommendations e.g. Close / Remove from Agenda

5. Review of New Cases

5.1 Provide full names and DOBs of victim/offender/children/other relevant parties. Referring Agency & risk score when referred to meeting & Township (optional for country FS Meetings)

e.g. **Mary Smith (DOB 1/1/70) & Michael Smith (DOB 12/3/68)**

Children: Jay Smith (DOB 1/2/93)
Luke Smith (DOB 7/11/95)
Township (optional): Barmera
Referred by: SA Police
Risk Assessment Score at time of referral:

Dot point discussion & name of agency

e.g.

- SAPOL: home visit with Mary conducted on 10/12/11. Interim IO in place.
- DVS: regular contact with Mary.
- HSA: Mary is on the waiting list re moving house, she is listed as Category 1.

List any Actions and/or recommendations e.g. Close / Remove from Agenda

6. Other Business

Chair to record and summarise actions of each new case prior to closing the meeting.

8. Chair to close meeting:

NOTE:

All Agenda points are to be completed at every FSM meeting.

FSF INFORMATION SHARING PROTOCOL

Participating agencies

SOUTH AUSTRALIA POLICE

DEPARTMENT FOR COMMUNITIES AND SOCIAL INCLUSION

SA HEALTH

DEPARTMENT FOR CORRECTIONAL SERVICES

DEPARTMENT FOR EDUCATION AND CHILD DEVELOPMENT

WOMEN'S DOMESTIC VIOLENCE SERVICES

VICTIM SUPPORT SERVICE

OTHER RELEVANT NON-GOVERNMENT SERVICES (STATE FUNDED)

Notes:

Handout

Information for Victims

UNDER

FAMILY SAFETY MEETINGS – INFORMATION SHEET

WE HAVE SERIOUS CONCERNS ABOUT YOUR SAFETY...

Domestic Violence is a crime that can include assault, sexual assault, harassment, injury and damage to property. It is a crime that our community takes very seriously. It is a policy of this agency to take positive action whenever possible in response to domestic violence.

If you and your family have been identified as being at high risk of serious harm due to domestic violence, then information relating to your level of risk and safety may be referred to a regional Family Safety Meeting.

What is a Family Safety Meeting?

A Family Safety Meeting is a multi agency response to high risk cases of domestic and family violence. These meetings are held regularly and bring together selected agencies who meet to address any issues in relation to the immediate safety of victims of domestic violence. **It is important that you know that information shared at a Family Safety Meeting will be in confidence and will NOT be shared with the offender.** This is done with your safety in mind. Also, information shared will only be in relation to issues of your risk and safety and that of children in your care.

Why are you being referred?

Your case is being referred to enable agencies to discuss the risks posed to your safety and to assist in increasing your safety and wellbeing. The referral may also assist your access to relevant support.

Who attends a Family Safety Meeting?

Professional workers from the following agencies regularly attend Family Safety Meetings:

South Australia Police

Victim Support Service

Correctional Services

Health Services

Families SA / Child Protection Services

Women's Domestic Violence Services

School representatives

Mental Health Services

Drug and Alcohol Services

Housing SA

Do you have to attend the Family Safety Meeting?

No. You and your family are not expected to attend a Family Safety Meeting. The meeting is for workers only.

What can you expect out of the process?

With every case referred to a Family Safety Meeting, an Action Plan is developed at the meeting. This is a plan indicating what agencies can and will do to support you and your family around the risks to your safety. It may also involve actions from those agencies that are in contact with the perpetrator of violence towards you.

Where possible decisions that are made at the Family Safety Meeting will be reported back to you, if it is safe to do so, by the worker that you have initially had contact with.

Your rights

You may not want your case referred to a Family Safety Meeting. Some people are worried that this could make their situation worse. You can let the workers involved know if you do not agree to a referral. As part of our duty of care when life is at serious risk, our agency may still need to go ahead with a referral but we can indicate that you have not given your consent and state what concerns you have on the referral form.

Who can you talk to for further information?

If there are any issues and concerns you have about being involved in a Family Safety Meeting then you can talk to workers at this agency.



Government of South Australia
Office for Women

Appendix 11: Information Sharing Protocol

FAMILY SAFETY FRAMEWORK INFORMATION SHARING PROTOCOL

The Family Safety Framework (the Framework) is dependent upon agreement to share information about people who are at high risk of serious injury or death due to their experience of domestic violence and information about perpetrators of violence. The following protocol sets out the parameters for the sharing of this information for the purposes of a Family Safety Meeting (FSM).

RATIONALE

The need for information sharing arises **to prevent or lessen a serious and imminent threat to the life or health of victims of domestic violence and their families**. The Framework provides a mechanism where relevant Government and non-Government agencies exchange information that will support a more coordinated, rapid response to the risk and safety of domestic violence victims.

ENABLING DIRECTIONS

Cabinet and the Privacy Committee of South Australia have approved information sharing between State Government and non-Government agencies participating in the Framework. All information sharing must be in line with the Information Privacy Principles.

In no way should the Framework and the associated FSMs be interpreted as providing a blanket approval for agencies to share information in every case involving domestic violence. The sharing of information will only occur when it is in relation to a case of high risk that is being referred to the FSM.

FAMILY SAFETY FRAMEWORK INFORMATION SHARING PROTOCOL

Covers the following agencies:

SOUTH AUSTRALIA POLICE
DEPARTMENT FOR COMMUNITIES AND SOCIAL INCLUSION
SA HEALTH
DEPARTMENT FOR CORRECTIONAL SERVICES
DEPARTMENT FOR EDUCATION AND CHILD DEVELOPMENT
WOMEN'S DOMESTIC VIOLENCE SERVICES
VICTIM SUPPORT SERVICE
OTHER RELEVANT NON-GOVERNMENT SERVICES (STATE FUNDED)

1. INTRODUCTION

- 1.1. The purpose of this Protocol is to explain the procedure whereby the participants in the Family Safety Framework (the Framework) and at Family Safety Meetings (FSM) provide information with regard to the Information Privacy Principles (SA), *Children's Protection Act 1993* (SA), *Australian Human Rights Commission Act 1986* (Cth), Information Privacy Principles under the *Privacy Act 1988* (Cth). **It extends to the provision of information relating to people who are at high risk of serious injury or death due to their experience of domestic violence and those who perpetrate that violence.**
- 1.2. The primary legislation is as stated above. A myriad of existing law also seeks to protect all persons who are vulnerable by reason of their gender; age; mental or other physical disability; illness/frailty; inability to take care of themselves or protect themselves against serious harm or exploitation. This legislation does not override existing legal safeguards on personal information.
- 1.3. The manner in which information can be exchanged takes into account the following:
 - (a) The Code of Fair Information Practice
 - (b) The Australian Human Rights Commission Act 1986 (Cth)
 - (c) Information Privacy Principles (SA)
 - (d) Children's Protection Act 1993 (SA)
 - (e) Information Privacy Principles under the Privacy Act 1988 (Cth)
 - (f) The Health Care Act 2008 (SA)
 - (g) The Mental Health Act 2009 (SA)
 - (h) Criminal Law Consolidation Act 1935 (SA)
- 1.4. In addition the Protocol recognises SAPOL General Orders and the Overriding Public Interest Common Law.

2. INFORMATION

- 2.1. Those agencies providing services to women, men, children and young people will be concerned about the need to balance their duties to protect victims of domestic violence from harm and their general duty of care towards other members of the household. Where there are concerns that a person may be at risk of significant harm, the needs of that person must come first. In all circumstances the overriding objective must be to safeguard the person/people at risk.
- 2.2. In addition, there is a need for all agencies to hold information securely. An agency receiving any confidential information or personal data from another agency must keep such information confidential and take steps to prevent unauthorised access or disclosure of the information, and in this regard each agency must ensure the security of such information it receives by ensuring that care is taken to avoid any breach (intentional or otherwise) or disclosure to third parties outside the bounds of this Protocol. Appropriate technical and organisational measures shall be taken against unauthorised or lawful processing of personal data and against accidental loss or destruction of or damage to personal data.

3. PROCESS

- 3.1. This section provides guidance to participants of an FSM regarding the method and responsibility for sharing information.
- 3.2. The FSM is a formal meeting to facilitate the response to high risk cases of domestic violence. The purpose is for agencies to share information with a view to confirming those at a high level of risk and thereafter jointly constructing a Positive Action Plan to provide professional support to all those at risk. FSMs will be held on a fortnightly basis (or sooner if a case requires emergency attention). The referring worker will identify who is at risk on the form that is circulated to all attendees of the FSM.
- 3.3. Representatives of other statutory or voluntary agencies may also be invited to attend the meeting depending on whether those agencies have (or may have) any specific involvement with the family. Referral pathways can also be established in each region to allow for referral from non participating agencies in to a FSM.
- 3.4. The meeting will have administrative support from Victim Support Service (VSS) staff. VSS will be responsible for recording the minutes and actions. The minutes will be copied to all those present at the meeting as soon as possible after the meeting. All agencies should ensure that they have procedures for the receipt and secure storage of the minutes and that this process complies with confidentiality requirements. A copy of the Confidentiality Agreement is to be forwarded by VSS staff to the Office for Women after each FSM.
- 3.5. Agencies who undertake a risk assessment and identify that the victim is at imminent high risk will complete a Risk Assessment Form and a Referral Form and then email the completed forms to the regional FSM Chair (SAPOL).
- 3.6. Upon receipt of a new referral that identifies imminent high risk the FSM Chair will send the Referral Form to VSS by secure email for forwarding to each agency FSM representative (i.e. child protection, women's domestic violence service). This must take place at least 3 days prior to the next FSM meeting.
- 3.7. VSS will email all new referrals to the various agency representatives. Agencies must then look up their information systems for any information relevant to risk and safety for the referred individual or family. This information may be recorded on the Information Request Form, to be brought to the next FSM. Only information relevant to perceived risk and safety needs to be shared at the FSM.
- 3.8. The outcome of a FSM will be the development and management of a Positive Action Plan. Agencies will prioritise actions identified as a result of the joint assessment of the victim's situation.
- 3.9. It is good practice for the agency to inform the victim that their information will be shared with the other agencies at a FSM. However, this may not always be possible. It is also good practice for the agency to advise the victim of the outcomes of the FSM.
- 3.10. Child protection concerns override any issues of consent. The welfare of the child is paramount and agencies must refer to mandatory notification procedures.

4. AUDIT, RETENTION AND DELETION OF INFORMATION

- 4.1. Participating agencies will undertake to ensure that they will collect, process, store, and disclose all information held within the terms of the Code of Fair Information Practice, and the relevant legislation. Agencies will ensure that all information held is accurate, relevant and fit for the purpose for which it is intended. VSS staff will be responsible for recording minutes and actions and agencies will retain copies of these according to their agency information storage and retention policies. 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.
- 4.2. Information should only be deleted if:
- The information has been shown to be inaccurate, in ways which cannot be dealt with by amending the record; or
 - It is no longer considered that the information is necessary for police or the agencies purposes.

ISGs

The Information Sharing Guidelines for Promoting the Safety and Wellbeing of Children, Young People and their Families (ISG) were endorsed by the South Australian Cabinet in October 2008 for implementation in South Australia. They were developed to enable sharing of the warning signs when children are beginning to experience difficulty. This meant that professionals could work closely to collaborate and take action before the problems became entrenched.

In 2013 the South Australian Cabinet directed that the scope of the guidelines should be broadened to include information sharing for *all vulnerable population groups*, including all adults, irrespective of their status as parents or caregivers, where there are threats to safety and wellbeing. This decision enables service providers to apply the expanded guidelines, the *Information sharing guidelines for promoting safety and wellbeing* (ISG), to *all* clients with whom they work and aligns information sharing practice across both adult and child services. To comply with this directive the ISGs have been updated.

The ISGs are overarching principles and practice for all relevant Government and non-Government agencies.

For more information on the ISGs you can go to the Ombudsman SA website

<http://www.ombudsman.sa.gov.au/isg/>