



# Safety is Everyone's Right

Domestic and Family Violence Reduction Strategy 2014-2017

## Family Safety Framework

Northern Territory

# Practice Manual

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## Acronyms/Abbreviations

Acronyms/Abbreviations	Name in full
<b>AGD</b>	Department of the Attorney-General and Justice
<b>Alice Springs Integrated Response</b>	Alice Springs Integrated Response to Family and Domestic Violence
<b>BRADAAG</b>	Barkly Region Alcohol and Drug Abuse Advisory Group
<b>CAADA</b>	Co-ordinated Action Against Domestic Abuse
<b>RAF</b>	Risk assessment form
<b>COAG</b>	Council of Australian Governments
<b>DAIWS</b>	Darwin Aboriginal and Islander Women's Shelter
<b>DCF</b>	Department of Children and Families
<b>D&amp;FV</b>	Domestic and family violence
<b>the Framework</b>	Family Safety Framework
<b>FSMs</b>	Family Safety Meetings
<b>NPY Lands</b>	Ngaanyatjarra Pitjantjatjara Yankunytjatjara Lands
<b>NPY Women's Council</b>	Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council
<b>NGO</b>	Non-government organisation
<b>NT</b>	Northern Territory
<b>OIC</b>	Officer In Charge
<b>FSM Chair</b>	Officer in Charge – NT Police Domestic Violence Unit
<b>the Safety is Everyone's Right Strategy</b>	Safety is Everyone's Right - Northern Territory Domestic and Family Violence Reduction Strategy 2014-2017
<b>WA</b>	Western Australia

### The manual includes:

**Introduction** Some background to the Framework and why it is important

**Modules** Explaining each of the operational components of the Framework, designed to help workers put it into practice, including frequently asked questions

**Attachments** Includes templates, forms, protocols and information sheets

# 1. Introduction

## 1.1 Purpose of the Family Safety Framework

This manual outlines how the Family Safety Framework (the Framework) operates in the Northern Territory.

The purpose of the Family Safety Framework is to provide an action-based, integrated service response to families experiencing domestic and family violence (D&FV) who are at high risk of injury or death.

The Framework was introduced to the Northern Territory (NT) in Alice Springs in 2012, adapted from the model that operates in South Australia. Given the success of the Alice Springs model the Framework will be implemented in Darwin, Katherine and Tennant Creek in 2014-2015.

The Framework is led by NT Police in partnership with:

### Government Agencies in each FSF region

- Department of Children and Families (Child Protection)
- Department of the Attorney-General and Justice
- Department of Correctional Services
- Department of Education
- Department of Housing
- Department of Health (Emergency Department)
- Commonwealth Department of Human Services (Centrelink)

### Non-Government Agencies

#### Alice Springs

- Alice Springs Women's Shelter
- NPY Women's Council
- Central Australian Aboriginal Congress

#### Darwin

- DAWN House Women's Shelter
- Darwin Aboriginal and Islander Women's Shelter (DAIWS)
- Larrakia Nation Aboriginal Corporation
- YWCA D&FV Centre

#### Katherine

- Wurli Wurlinjang Health Services
- Binjari Health Clinic
- Katherine Women's Crisis Centre

#### Tennant Creek

- Anyinginyi Health Aboriginal Corporation
- Barkly Region Alcohol and Drug Abuse Advisory Group (BRADAAG)
- Tennant Creek Women's Refuge

Other agencies may participate in Framework meetings from time to time to enhance the safety of the family as part of an integrated response to D&FV.

The manual outlines the roles and responsibilities of agencies and their employees participating in the Framework.

## 1.2 Acknowledgements

The NT Police and the NT Departments of the Attorney-General and Justice, and Children and Families gratefully acknowledge that this manual was adapted with permission from the South Australian Family Safety Framework Manual prepared by the South Australian Office for Women, which was in turn adapted from the United Kingdom's Co-ordinated Action Against Domestic Abuse (CAADA).

It should be noted that a 2012 coronial inquest in South Australia into a domestic violence related homicide gave overwhelming support for the Family Safety Framework concept (*Death of Robyn Eileen Hayward [2012] SACC*).

The South Australian Family Safety Framework was evaluated in 2008 (Jayne Marshall, Emma Ziersch and Nina Hudson, Office of Crime Statistics and Research, South Australian Attorney General's Department, *The Family Safety Framework Final Evaluation Report*, November 2008).

The evaluation gave broad support to the Family Safety Framework and noted the important contribution and collaboration of agencies involved, with South Australian Police taking a lead role.

The major strengths of the model were identified as:

- The clarification and common understanding of information sharing processes under the information sharing protocol, which enabled agencies to provide and receive a much broader range of information essential to the development of appropriate responses.
- The shift to an integrated response to domestic violence, where all agencies are 'at the table' compared with the previous fragmented 'silo' approach.
- Having a consistent risk assessment tool, which represents an agreement/common understanding of high risk factors for domestic and family violence and which subsequently forms the basis of consistent responses by different agencies.
- Enhancing the accountability of agencies to respond to domestic violence through the development, monitoring and documentation of action plans as part of the Family Safety Meeting process.

Positive outcomes of the operation of the South Australian Family Safety Framework include:

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

The NT can learn from this evaluation and the South Australian experience more generally in implementing the Family Safety Framework.

The Alice Springs Integrated Response to Family and Domestic Violence (Alice Springs Integrated Response), including the Family Safety Framework is undergoing external evaluation with a final report due in mid-2015. Findings and recommendations from this evaluation will further support implementation of the Framework across the NT.

When the Safety is Everyone's Right Strategy is referred to throughout this document it specifically includes the Family Safety Framework component of the Alice Springs Integrated Response project.

## 1.3 Background

### Alice Springs Integrated Response project

The Alice Springs Integrated Response to Family and Domestic Violence project (the Alice Springs Integrated Response) is funded by the Alice Springs Transformation Plan over three and a half years from January 2012 – June 2015, and then under Stronger Futures to continue until June 2017. The project is a joint Australian and Territory Government initiative led by the NT Department of the Attorney-General and Justice (AGD) and NT Department of Children and Families (DCF).

In 2011 the Council of Australian Government (COAG) endorsed a *National Plan to Reduce Violence Against Women and their Children 2010-2022*<sup>1</sup> (the National Plan). The Alice Springs Integrated Response project was a first key step for the NT Government to progress the actions and strategies outlined in the National Plan and contribute to a sustained reduction in violence against women and children in Australia.

The Alice Springs Integrated Response comprises five components: the Family Safety Framework, court support services for victims and defendants, a men's behaviour change program, respectful relationships education for young people, and a community engagement strategy and initiatives

The aims of the Alice Springs Integrated Response are to:

- improve the safety of women and their children; and
- improve accountability of men who use family and domestic violence and support them to change their behaviour.

### Safety is Everyone's Right Strategy

Safety is Everyone's Right - Northern Territory Domestic and Family Violence Reduction Strategy 2014-2017 (Safety is Everyone's Right Strategy) is funded by the NT Government and the Australian Government. Lead agencies implementing the Strategy are the NT Departments of the Attorney-General and Justice, Local Government and Community Services, and the NT Police, Fire and Emergency Services.

The Safety is Everyone's Right Strategy is based on the learning and success of the Alice Springs Integrated Response project.

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<sup>1</sup> *National Plan to Reduce Violence Against Women and their Children*, Commonwealth of Australia, 2011.

The Safety is Everyone's Right Strategy is aligned with the objectives and priority areas of action in the NT Government *Framing the Future* strategic plan<sup>2</sup> and the *National Plan*. It builds on international best practice principles to address domestic and family violence.

Safety is Everyone's Right is a whole-of-government approach that is informed by consultation with stakeholders and in response to recommendations that an integrated response to domestic and family violence be adopted by Australian, state and territory governments.<sup>3</sup> The NT Government and relevant stakeholder groups support the growth of specialised support services for victims and perpetrator behaviour change programs.

The Safety is Everyone's Right Strategy is led by the NT Government which established the Domestic Violence Directorate to coordinate and implement the strategy.

Safety is Everyone's Right aims to:

- increase the safety of victims' and their children;
- reduce the rates of intergenerational trauma caused by exposure to domestic and family violence;
- increase accountability of perpetrators; and
- establish integrated service delivery systems that are sustainable and adaptable.

## 1.4 Definitions

### Domestic and Family Violence (D&FV)

Domestic and family violence refers to acts of violence between people who have (or once had) an intimate relationship or who are family members.

D&FV is usually an ongoing pattern of behaviour aimed at controlling a partner or family member through fear, for example by using behaviour which is violent and threatening. In most cases, a combination of tactics and types of violence are used to exercise power and control over women, children and other family members.

D&FV includes both criminal and non-criminal behaviour.

D&FV may include physical, sexual, psychological, emotional, social or financial abuse, or a combination of these.

**Physical violence** can include slaps, shoves, hits, punches, pushes, being thrown down stairs or across the room, kicking, twisting of arms, choking, being burnt, stabbed or hit with objects or weapons, being kidnapped, locked up or deprived of liberty.

**Sexual assault** or sexual violence can include rape, sexual assault with implements, being forced to watch or engage in pornography, enforced prostitution, and being made to have sex with friends of the perpetrator.

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<sup>2</sup> The *Framing the Future* strategic plan sets out the NT Government's policy that will underpin service delivery for all Territorians [http://www.dcm.nt.gov.au/framing\\_the\\_future](http://www.dcm.nt.gov.au/framing_the_future).

<sup>3</sup> Australian Law Reform Commission Report, *Family Violence – A National Legal Response Final Report*, Report 114 October 2010, Volume 1, pp 43-44.

**Psychological, emotional or social abuse** can include a range of controlling behaviours such as isolation from family and friends, continual humiliation, destruction of property, threats against children or pets, or being threatened with injury or death.

**Financial abuse** can include forcing a person to hand over money, assets, bank cards or ID, unreasonably controlling a person's finances or withholding money needed to live.

Although some aspects of D&FV are not criminal offences, any behaviour that causes the victim to live in fear is unacceptable. **What is a 'family' or an 'intimate relationship'?**

The terms 'family' and 'intimate relationship' are construed broadly for the purposes of identifying D&FV and includes:

- violence between people who are relatives according to Aboriginal tradition or contemporary social practice;
- violence between people who are, or have been, same sex partners;
- violence by a carer towards a person in their care;
- violence against someone that a person lives with;
- violence in a relationship where one person has guardianship of another; and
- violence between young people who are dating regardless of whether they have had sex.

## **Children and young people**

Safety is Everyone's Right focuses primarily on violence between adults who are family members or in an intimate relationship. Violence against children is a form of child abuse and is principally addressed as part of the child protection system.

However, children witness and are exposed to violence against their mothers and other family members at high levels and this causes significant harm. For this reason, they are included in the Framework.

A significant proportion of child protection matters involve D&FV. The coexistence of child abuse and domestic violence is significant and will be recognised and addressed in the Framework.

## **Legislative definition**

The *Domestic and Family Violence Act* (NT) uses the term 'domestic violence' to mean violence against someone with whom the person is in a 'domestic relationship'. It is therefore broadly consistent with the use of the term 'domestic and family violence' as described above.

'Domestic relationship' is defined to include family members, intimate personal relationships, same sex relationships, carer relationships, guardianship relationships, people who live together, and people who are relatives according to Aboriginal tradition or contemporary social practice.



The *Domestic and Family Violence Act* (NT) defines domestic and family violence as any of the following conduct committed by a person against someone with whom the person is in a domestic relationship, including:

- conduct causing harm;
- sexual assault;
- physical assault;
- property damage (including injury or death to an animal);
- intimidation;
- stalking;
- economic abuse; and
- attempting or threatening to commit any of the above.

## **Mandatory Reporting**

The *Domestic and Family Violence Act* (NT) requires all adults to report to police if they reasonably believe that serious physical harm related to domestic and family violence has occurred, or is likely to occur. Failure to report as soon as reasonably practicable is an offence, subject to certain defences.

A failure to notify a police officer under such circumstances constitutes an offence unless, the person believed someone else had already reported the same concerns to the police or the person was involved in the planning or removal of the victim to safety and intended to report their belief to a police officer as soon as practicable or the person believed that reporting their concerns to the police at that time would have placed the victim in further danger of serious or imminent harm.

## **Terminology**

Safety is Everyone's Right uses the terminology 'domestic and family violence' in recognition that the term 'family violence' is more widely used and accepted by Aboriginal people and 'domestic violence' is the term used in the Act.<sup>4</sup>

The newer term 'domestic and family violence' reflects the broad scope of intergenerational interpersonal violence and sexual assault which impacts on women, children and men. It also encompasses spiritual and cultural abuses.<sup>5</sup>

While any person can experience or perpetrate domestic and family violence, in the majority of cases it is carried out by men against women and their children. For this reason, domestic violence, family violence and sexual assault are often referred to collectively as 'violence against women' or gendered crimes.

The Strategy uses the term 'victim' so as not to preclude from protection and support any person who may be experiencing domestic and family violence.

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<sup>4</sup> The Alice Springs Integrated Response refers to family and domestic violence. For the purposes of consistency with the NT wide approach this has been re-phrased to domestic and family violence.

<sup>5</sup> Cripps, K. and Davis, M. (2012). 'Communities working to reduce Indigenous family violence'. *Indigenous Justice Clearinghouse*, Brief 12, June.

## 1.5 Context of Family and Domestic Violence in the Northern Territory

### NT statistics for the year ending August 2014:<sup>6</sup>

NT population is approximately 243,668

- of all assaults (7,099) in the NT over half, 61% (4,331), were domestic violence related;
- on average, 83 domestic violence related assaults were recorded by police each week (4,331 per year);
- there were 334 recorded sexual assaults;
- over half of all assaults (58%) were alcohol-related; and
- The number of NT Aboriginal females hospitalised as a result of assault has risen each year, from 821 in 2008-09 to 1,059 in 2011-12. This represents an increase of 29% over four years (Bath, 2014).<sup>7</sup>

### Alice Springs statistics for the year ending August 2014:<sup>8</sup>

Alice Springs population is approximately 29,067

- of all assaults (1,582) in Alice Springs over half, 60% (944), were DV related;
- on average, 18 domestic violence related assaults were recorded by police each week (944 per year);
- there were 58 recorded sexual assaults; and
- over two thirds of all assaults (69.3%) were alcohol-related.

### Darwin and Palmerston statistics for the year ending August 2014:<sup>9</sup>

Darwin and Palmerston population is approximately 116,694

- of all assaults (2,263) in the Darwin and Palmerston region over one third, 44% (999), were domestic violence related;
- on average, 19 domestic violence related assaults were recorded by police each week (999 per year);
- there were 159 recorded sexual assaults; and
- over half of all assaults (58.2%) were alcohol-related.

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<sup>6</sup> NT Crime Statistics, data through August 2014. Department of the Attorney-General and Justice, October 2014.

<sup>7</sup> Bath, H. (2014). Office of the NT Children's Commissioner, "Update on Assault Hospitalisation Figures relating to the NT, Northern Territory", Review of the Australian Institute of Health and Welfare (AIHW), National Hospital Morbidity Database (NHMD), August. <http://www.aihw.gov.au/hospitals-data/national-hospital-morbidity-database/> accessed on 23 June 2014. The Australian Institute of Health and Welfare (AIHW) maintains the National Hospital Morbidity Database (NHMD), which consists of data compiled from all the jurisdictions in Australia relating to hospital (both public and private) separations. This includes the causes of injury which are coded using the International Statistical Classification of Diseases and related Health Problems, Tenth revision, Australian Modification (ICD-10-AM).

<sup>8</sup> *Op.cit.*

<sup>9</sup> *Op.cit.*

Darwin population is approximately 84,311

- of all assaults (1,817) in Darwin over a third, 40% (733), were domestic violence related;
- on average, 14 domestic violence related assaults were recorded by police each week (733 per year);
- there were 116 recorded sexual assaults; and
- over half of all assaults (59.3%) were alcohol-related.

Palmerston population is approximately 32,383

- of all assaults (446) in Palmerston over half, 59% (266), were domestic violence related;
- on average, 5 domestic violence related assaults were recorded by police each week (266 per year);
- there were 43 recorded sexual assaults; and
- over half of all assaults (53.4%) were alcohol-related.

### **Katherine statistics for the year ending August 2014:<sup>10</sup>**

Katherine population is approximately 11,089

- of all assaults (611) in Katherine over two thirds, 69% (425), were DV related;
- on average, 8 domestic violence related assaults were recorded by police each week (425 per year);
- there were 26 recorded sexual assaults; and
- over three quarters of all assaults (76.4%) were alcohol-related.

### **Tennant Creek statistics for the year ending August 2014:<sup>11</sup>**

Tennant Creek population is approximately 3,663

- of all assaults (457) in Tennant Creek nearly three quarters, 74% (341), were domestic violence related;
- on average, 7 domestic violence related assaults were recorded by police each week (341 per year);
- there were 4 recorded sexual assaults; and
- over three quarters of all assaults (80%) were alcohol-related.

These figures do not include the high proportion of D&FV that is not disclosed or reported to police, and therefore significantly under-represent the true extent of the problem.

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<sup>10</sup> *NT Crime Statistics*, data through August 2014. Department of the Attorney-General and Justice, October 2014.

<sup>11</sup> *Ibid.*

There is evidence that the D&FV that occurs throughout the NT is particularly severe. Violence is often marked by repeated assaults with weapons capable of causing serious harm (for example, tyre levers, rocks, iron bars) and the use of extreme force. Deprivation of liberty is also a feature of some D&FV in NT.

The NT has the highest homicide rate in Australia (8.2 homicides per 100,000 people which is seven times the national average). Of the total number of homicides in the NT, 61% are domestic homicides.<sup>12</sup>

A 2008 review of cases found that women in NPY Lands were more than 60 times more likely to be the victim of a domestic homicide than women in other parts of Australia. The violence included deliberate injuries to the head, face and torso and multiple episodes of trauma in which moderate or severe force was used over an extended period of time.<sup>13</sup>

### **Disproportionate impact**

It is clear that some groups in the community are disproportionately affected by violence. It is evident that Indigenous women experience assault at a much higher rate than the broader NT population.

In addition, there is evidence that Indigenous children are disproportionately affected, with 42% of Indigenous young people report witnessing violence against a mother or step-mother compared to 23 percent of all children.<sup>14</sup>

This is also evident in the profile of people using D&FV services.

### **Women's Access to Services**

A profile of women's access to support services by region is provided below. Worth noting is that only one service is Aboriginal specific and over 2,600 women and children received shelter and assistance for D&FV in a given year. The data does not report on women that could not be accommodated due to unavailability, service guidelines, or could not access these services due to their location or limited transport.

- In 2013 the Alice Springs Women's Shelter crisis accommodation service saw 1062 individual women and children from 84 communities across four states with 95% of service users identified as Indigenous.
- In 2014, Darwin based Dawn House accommodated 301 women and children in the crisis accommodation units with 32% of clients identified as Indigenous, 25% of clients identified as from CALD backgrounds and 43% of clients identified as Caucasian Australian.
- In 2014 Darwin based DAIWS assisted 557 women and children from various remote communities, WA, and the urban community. Aboriginal women and children made up 90% of service users.

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<sup>12</sup> Marie Virueda and Jason Pain (2010), *Homicide in Australia: 2007-08 National Homicide Monitoring Program Annual Report*, Australian Institute of Criminology, Monitoring Reports No. 13, available at [www.aic.gov.au](http://www.aic.gov.au).

<sup>13</sup> Australian Crime Commission (2008), *Domestic Violence Related Homicide Cases in Central Australia*. PowerPoint presentation by Jane Lloyd, available at [www.aic.gov.au](http://www.aic.gov.au). Note that this study covers domestic homicides involving victims and offenders from the cross border region in Central Australia occurring between 2000 and 2008.

<sup>14</sup> Kelly Richards (2011), *Children's Exposure to Domestic Violence in Australia*, Australian Institute of Criminology Trends and Issues Series, June 2011, available at [www.aic.gov.au](http://www.aic.gov.au).

- In the 2014 year the Darwin based Catherine Booth House saw 152 women and assisted a separate 123 women with information and advice, 91% of cases were from the NT and 54% of cases recognised as Indigenous.
- In 2013-2014 the Tennant Creek Women's Refuge - Crisis accommodation service saw 450 individual women and children. The majority of these clients were from communities within the Territory however clients also came from communities across five other states with 98% of service users identified as Indigenous/Aboriginal Persons.
- In 2014 the Katherine Women's Crisis Centre service saw 322 individual women and children from five states and 39 communities with 90% of service users Identified as Indigenous.

It should be noted that due to different service parameters and polices for each service, direct service data comparisons cannot be made. For example some offered short-term accommodation where others offered a mix of both short and medium term accommodation, and the number of shelters available in different regions, direct service comparison of data cannot be made.

## Context

A number of characteristics impact on how D&FV is responded to in the NT context:

**Language:** Many Aboriginal people living in the NT speak English as a second or third language.

**Remoteness:** It can be a challenge to effectively respond to violence in remote communities.

**Major Service centres:** Many people go to Alice Springs, Tennant creek, Katherine and Darwin from remote communities to access a range of services, including D&FV services.

**High population mobility:** There are high levels of frequent short-term mobility for many families.

**Normalising of violence:** Consistently high levels of violence in some communities has led to an acceptance that violence is the normal state of affairs and a reluctance to disclose and report violence.

**Alcohol and drug use:** The association between alcohol and domestic violence in the NT is evident. In the 12 months to June 2014, 61% of assaults in the NT were domestic violence related and alcohol was a factor in 64% of these assaults.<sup>15</sup> Illicit drug use is also a contributing factor.

## 1.6 Values and principles

The Family Safety Framework will be guided by the same underpinning values and principles that guide the overall Alice Springs Integrated Response and the Safety is Everyone's Right Strategy.

These have been adapted from the values and principles in the *National Plan to Reduce Violence Against Women and their Children*.<sup>16</sup>

- Everyone in the NT has a right to be safe and live in an environment that is free from violence.

<sup>15</sup> NT Crime Statistics, data through June 2014. Department of the Attorney-General and Justice, August 2014.

<sup>16</sup> These values and principles have been adapted from the *National Plan To Reduce Violence Against Women and their Children*, Commonwealth of Australia, 2011, and endorsed by the Project Reference Group for the Alice Springs Integrated Response to Family and Domestic Violence.

- D&FV and sexual assault are unacceptable and against the law – all responding agencies agree to actively and consistently reinforce this message and to model respectful relationships and communication.
- Responses to D&FV should prioritise the safety and needs of victims or survivors of violence.
- Children are harmed by witnessing, experiencing or any other exposure to D&FV, children’s safety and well-being is a priority.
- Everyone has a right to access and participate in justice processes that are fair and just.
- Sustainable change must be built on community participation by men, women, children and young people understanding the problems and contributing to solutions.
- Agencies acknowledge past failures and the need for new collaborative approaches to preventing violence against Indigenous women.
- Responding to family violence requires a respectful, timely and co-ordinated approach to women, children and men who are experiencing or have experienced violence.
- Responding to family violence requires a respectful, timely and co-ordinated approach to people who use violence that holds them accountable for their behaviour and encourages their participation in programs to help them change their behaviour.
- Working collaboratively across agencies and sharing information is fundamental to improving the safety and well-being of women and children.

## **1.7 Benefits of the Family Safety Framework**

The benefits of the Framework for high risk cases include:

- improved safety for women and children at high risk of further harm;
- increased ability to rapidly respond to women and children at risk of further harm;
- a reduction in risk of violence for the cases tabled at FSMs;
- increased accountability of perpetrators of violence;
- a reduction in repeat victimisation;
- a reduction in repeat offending;
- more offenders and victims access relevant services in a timely way; and
- a reduction in children’s exposure to D&FV.

The Framework will also lead to improvements in the service system overall and to agency responses to D&FV beyond the high risk cases. It is expected to lead to:

- improved recognition and understanding of D&FV amongst agencies;
- improved communication processes between agencies about D&FV cases;
- improved information sharing across agencies; and
- improved responsibility and accountability of services.

The 2008 evaluation of the South Australia Family Safety Framework 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 75% of referrals that remained in South Australia had no police record of re-victimisation for at least three months after referral.



## 2. Family Safety Framework Modules



The Framework is an integrated, multi-agency approach to supporting women and children at high risk of death or serious injury due to domestic violence. The model is based on the use of a risk assessment form (RAF) to identify high risk cases and support information sharing by agencies and the development of a multi-agency action plans to reduce risk.

Pivotal to the Framework is the Family Safety Meeting (FSM).

**A Family Safety Meeting is a fortnightly meeting of the agencies participating in the Framework to discuss high risk D&FV cases and to agree on appropriate actions to be taken to increase the safety of the woman or family.**

The FSM provides a coordinated process for increasing the safety of women, children and young people identified at high risk of violence by:

- sharing information across agencies;
- agreeing on actions to increase safety; and
- jointly monitoring and reviewing the extent to which those actions have improved safety.

The FSM will generate a specific action plan to support the reduction of risk for each person/family referred to the FSM.

The aims of FSM are to:

- a. determine whether the offender poses a significant risk to the woman, child or young person;
- b. jointly construct and implement a multi-agency positive action plan that includes risk management, provides professional support and reduces the risk of further harm;
- c. support a criminal justice system response to offenders;
- d. reduce repeat victimisation;
- e. reduce reoffending by the perpetrator;
- f. improve agency accountability; and
- g. improve support for staff involved in high risk family violence cases.

The FSM is chaired by the region's Officer in Charge of the NT Police Domestic Violence Unit (the FSM Chair) who co-ordinates and supervises the preparation of the agenda, the listing of cases on the agenda and the circulation of any information prior to the FSM.

Each agency participating in the Framework identifies a high level agency representative to regularly attend the FSMs. Agencies agree to nominate a senior representative who can make decisions on behalf of their agency and to ensure consistency and continuity of representation as far as possible.

Referrals to a FSM can be made by any agency participating in the Framework or other agencies that may have contact with victims and perpetrators of domestic and D&FV during the course of their work.

## The Family Safety Framework Process

The process for the Framework is as follows:

- 1. Risk assessment:** Workers from participating agencies use the risk assessment form (RAF) to assess the degree of risk of any individual or family where D&FV has been identified as an issue (Attachment 1).
- 2. Refer high risk cases to FSM:** If an individual or family has been assessed as at high risk of further violence, the worker refers the case to the FSM Chair by emailing/faxing the completed RAF (Attachment 1) and referral form (Attachment 2). The woman should be informed of the referral where it is safe to do so (see Module 7).
- 3. Police prepare the agenda:** NT Police prepare an agenda for the FSM listing the high risk cases for discussion at the next meeting. They also circulate any relevant information pertaining to the cases to the participating agencies in advance of the meeting. There is capacity for up to five new cases to be discussed at each meeting.
- 4. Gather information on listed cases:** Agency representatives prepare for the meeting by gathering any information or knowledge their agency may have about the specific cases listed within the parameters of the information sharing protocol (Attachment 3). The information request form (Attachment 4) may assist the worker to collect this information.
- 5. Confidentiality:** At the start of each meeting, participating agencies sign a confidentiality declaration (Attachment 5) in relation to information disclosed at the meeting.
- 6. Agree on the action plan:** There is discussion of each high risk case and agreement on a specific action plan to enhance the safety of the individual/family (Attachment 6). The action plan includes what the action is, who is responsible for implementing it, and when it should be completed by.
- 7. Inform the woman:** The worker who conducted the initial assessment should inform the woman about the contents of the action plan where it is safe to do so (Attachment 7).
- 8. Implement the action plan:** Agencies implement the actions in each action plan for which they are responsible by the completion date. There is liaison across agencies outside of meetings where necessary to ensure the effective implementation of actions.
- 9. Review the action plan:** The case remains on the agenda for the next FSM so the action plan can be monitored and reviewed. The case will remain on the agenda for review and monitoring as long as the case remains a high risk case.
- 10. Completion:** A formal decision is taken at the FSM when the risk has been reduced and the case no longer needs to be listed at the FSM. However, if in future the case is again assessed as high risk it can be relisted at the FSM in accordance with the above procedure.

**NB:** This overview is summarised in a two page snapshot at Attachment 8.

## **Introduction**

The Framework relies upon the use of a Risk Assessment Form (RAF) by all participating agencies. The RAF helps workers assess the risk of further harm for women, children and young people experiencing D&FV. It uses known risk factors to identify the probability of harm occurring. It is intended as a guide or checklist to prompt workers to consider relevant factors in each case. It does not replace the use of professional judgement which must be exercised by each worker in accordance with their professional responsibilities. Cases assessed as high risk are referred to the FSM.

## **Why is it important?**

Having a RAF is important because the assessment of risk and safety underpins the way in which agencies determine whether an individual case will be referred to a FSM. Obtaining a more consistent and comprehensive way of assessing risk across agencies will help promote safety for women, children and young people regardless of which agency is their first point of contact.

The benefits of a multi-agency approach are that each agency will have a piece of the information puzzle and 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) for the safety of women, children, young people and also for the workers supporting them.

## **Risk factors for domestic homicide**

Research indicates that there are some commonalities in relation to risk factors in cases where domestic homicide has occurred. These relate to:

- the type of abuse (for example emotional, physical, sexual);
- historical patterns of behaviour (for example previous convictions or abusive behaviour, jealousy, an increase in intensity of abuse);
- victim's perception of risk (for example does the victim have specific fears for herself, her children, her pets);
- specific factors associated with an incident (for example the use of weapon, threats to kill, strangulation);
- aggravating factors (for example drug or alcohol use, financial problems or mental health issues); and
- other factors (for example pregnancy, recent separation from her partner, child contact issues).

In order for a FSM process to work effectively a common understanding of risk amongst the participants is required. The RAF can be used across agencies to identify if an individual is at high risk and should be referred to a FSM.

## **Risk Assessment Form (RAF)**

A copy of the RAF is provided at Attachment 1.

The RAF prompts workers to consider a range of factors that may indicate a risk of further harm. It gives a numerical weight to each factor, to help the worker reach a view about the overall level of risk and threat imminence.

The RAF is a guide to help workers determine when a referral to a FSM should be made. It does not replace the use of professional judgement which must be exercised by each worker in accordance with their professional and ethical responsibilities. In D&FV risk is dynamic and workers need to be alert to the fact that risk can change very suddenly.

The RAF is not intended to replace agencies' existing risk assessment forms or procedures but provides a common tool across agencies to determine when a woman or family should be referred to a FSM.

Risk assessment is normally carried out by the agency that receives the initial contact from the woman or family in relation to an incident of D&FV. 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 woman about her experiences of violence and abuse. It is important to obtain information in relation to each of the items on the RAF. It is also important for workers to use their professional judgement at all times when completing the RAF and to refer to managers or specialists services where uncertain.

### **Which workers should complete the risk assessment?**

It is a matter for each agency to determine which staff within their agency will have responsibility for completing the RAF and making referrals to the FSM. This will depend on the roles and responsibilities of workers, skills and experience of workers and the nature of business undertaken by the organisation (for example, hospital, police, specialist, women's shelter) and other organisational factors.

For agencies that are not specialist family violence services it may be useful to consider:

- ensuring that staff required to complete the RAF have appropriate skills and experience to undertake this role;
- providing suitable training, support, supervision and debriefing to staff undertaking this role both in terms of the use of the RAF specifically and in more generally in responding to D&FV (note that cross-agency training will be provided as part of the Safety is Everyone's Right strategy);
- building the Family Safety Framework risk assessment process into organisational policies and procedures, assessment and case management processes and staff induction and orientation; and
- developing an organisational policy on responding to D&FV so that the use of the RAF occurs within the broader context of how the organisation responds to violence (this should include appropriate strategies to manage high risk situations).

## The risk assessment process

Workers should create a safe place to talk with the woman, without her partner or children present.

Generally it is preferable to open up a conversation with the woman about the D&FV she has experienced rather than sequentially going through the items on the RAF.

It is essential that the worker who completes the RAF during or after discussion with the victim. It is not appropriate to ask or allow the victim to fill out the form.

## To complete the RAF

First, complete page one of the RAF. Each item on page one is given a set risk value score as listed on the RAF (eg 2, 5 or 10). Tick the box if the answer is 'yes'. Do not attempt to give a partial score (eg 4 out of 10). Add up the scores for incidents in the past month (i.e.: those in column one) to arrive at a total score.

The second column (incidents in the past six months) provides broader context and is relevant for the woman's overall circumstances but is not for assessment of high/imminent risk of serious harm or death or for referral to a FSM.

Second, calculate the level of risk by completing page two of the RAF. If the total score is 45 or over then the risk is considered '**high**'. Then use your professional judgement to consider whether there is an '**imminent**' risk as described on the RAF.

As described in the RAF, the risk is imminent if:

- the serious threat to life or health is currently occurring and needs to be prevented or lessened immediately; and
- the serious threat to life or health is likely to occur if not prevented or lessened immediately.

## If the person is assessed as at high/imminent risk

If the person is assessed as being at high/imminent risk, the case should be referred to the FSM Chair for consideration for listing at the next FSM (referral form – Attachment 2).

## If the person is not assessed as at high/imminent risk

If the person is not currently assessed as being at high/imminent risk, the victim/s should still be referred to services that are available in relation to their current needs.

## Professional Judgement

On some occasions a woman may not indicate that she has experienced any of the indicators on the RAF. However, a worker's professional judgement can determine that this particular woman's 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 RAF should not be used as the sole basis for safety planning with women, but rather in conjunction with other information. It is important to listen to the woman's experiences of violence and abuse and to take into account her own assessment of risk and safety.

Further guidance on completing the RAF and making a referral to the FSM is included in the coloured box below.

## Referral to a Family Safety Meeting

Once you have filled out the RAF and established high/imminent risk of serious harm or death, you will be required to note this information on the referral form and then email or fax it to the FSM Chair so the case can be considered for listing at the next FSM. All referrals must be sent three days prior to the next FSM to allow enough time for agencies to conduct their research on the case at hand.

### MANDATORY REPORTING OBLIGATIONS STILL APPLY

Completing the RAF and making a referral to the FSM does not replace the need for agencies to fulfil their mandatory reporting obligations under the law.

Agencies must still fulfil their obligations to:

- report child abuse or neglect to the Department of Children and Families in accordance with *Care and Protection of Children Act* (NT), and
- report serious harm arising from D&FV to NT Police in accordance with *Domestic and Family Violence Act* (NT).

### TAKE IMMEDIATE ACTION IF REQUIRED

Completing the RAF and making a referral to the FSM does not replace the need for agencies to take immediate action where required, for example, to report matters to police or to otherwise take action to reduce the risk to a person's safety.

In some cases the threat to the woman or family may be so imminent that immediate action must be taken to protect the woman in addition to listing the case for discussion at the next FSM.

Threats or immediate safety concerns should be immediately reported to the Officer in Charge of the Domestic Violence Unit or another member of the NT Police.

An emergency FSM can be called in some cases (or alternatively out of session liaison between agencies) can occur to ensure that immediate action is taken to reduce the risk to the woman or family and to maintain their safety (see Module 5 – section on Emergency FSMs)

## A BRIEF GUIDE FOR WORKERS CONDUCTING RISK ASSESSMENTS

### 1. Create an appropriate environment for talking:

- create a space where the woman feels safe and there is privacy;
- talk to the woman without her partner or any children present; and
- develop rapport.

### 2. Open up the conversation and talk with the woman about her experiences of D&FV:

- familiarise yourself with the RAF questions so you can 'talk' through the issues in accessible language without reading from the checklist;
- listen, validate and show you believe what the woman is saying;
- 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 he might do....keep going with your questions if a woman is very fearful for her safety;
- offer the woman support and explain that you are asking for information because you are concerned for her safety – emphasise the unacceptability of violence;
- cultural considerations will mean that appropriate language will be needed when working with people from Indigenous or culturally and linguistically diverse communities; and
- always ask – “do you need an interpreter?”.

### 3. Complete page one of the RAF:

- make sure it is the worker who completes the RAF during or after discussion with the victim, never ask or allow the victim to fill out the form;
- the scores for each item are given a set value as listed on the RAF (eg 2, 5 or 10) – tick the box if the answer is 'yes' but do not attempt to give a partial score (eg 4 out of 10); and
- add up the scores for incidents in the past month (i.e. the ticks in column one) to arrive at a total score.

### 4. Calculate the level of risk with the RAF i.e. complete page two:

- If the total score is 45 or over then the risk is considered '**high**';
- Next use your professional judgement to consider whether there is an '**imminent**' risk as described on the RAF. The risk is imminent if:
  - a. the serious threat to life or health is currently occurring and needs to be prevented or lessened immediately, or
  - b. the serious threat to life or health is likely to occur if not prevented or lessened immediately.

### 5. If the risk is high/ imminent:

- refer the case to the FSM Chair for listing at the next FSM;
- explain to the victim the outcome of the risk assessment and that you will make a referral to the FSM (unless it is unsafe to do so and would increase the risk to her); and
- obtain consent from the victim where possible.

### 6. If the risk is not high/imminent risk:

- the victim should still be referred to services that are available in relation to her current needs.

### 7. Continue to fulfil mandatory reporting obligations:

- report child abuse or neglect to the Department of Children and Families in accordance with *Care and Protection of Children Act*.
- report serious harm arising from family or domestic violence to NT Police in accordance with *Domestic and Family Violence Act*.
- assess whether police need to be immediately notified in the circumstances.

**Important Note:** The use of the RAF does not replace your professional judgement. It is a tool to guide your consideration of the risk factors only.

### **Information Sharing Protocol**

Information sharing through the Framework is supported by the Family Safety Framework information sharing protocol (Attachment 3).

Under the Framework the decision as to whether a case should be referred to the FSM and information shared with other agencies is made on a case-by-case basis relying on professional judgement and use of the RAF.

Obtaining consent and/or an assessment of a person being at high/imminent risk of harm is the trigger for information sharing under the Framework. Irrespective of the Framework process, agencies are encouraged to responsibly and lawfully share information in relation to all cases of D&FV for the purpose of the victim's safety.

### **What supports your decision to share information?**

Your agency has agreed to participate in the Framework and the FSMs and associated information sharing protocol. This supports your role in information sharing when there is high risk.

The Framework relies on the completion of the RAF and professional judgement exercised by the individual practitioner directly involved in the case. The decision as to whether to share information will be closely linked to the level of identified risk of a particular woman, child or young person.

The information sharing protocol under the Framework is in accordance with the information privacy principles in the *Information Act* (NT) which is applicable to NT Government agencies and the *Privacy Act 1988* (Cth), which is applicable to Commonwealth Government agencies and non-government organisations.

The Northern Territory and Commonwealth Information Privacy Principles (see below) allow the disclosure of personal information to occur if it is necessary to lessen or prevent a serious and imminent threat to the individual's or other individual's life, health or safety or to lessen or prevent a serious or imminent threat of harm to, or exploitation of a child.

### **Consent to share information**

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 to explain what information you will share and why. See Module 7, Consent and Victim Information for more detail.

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 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 or a specialist service for further clarification in relation to the risk assessment.



## PERPETRATORS

It is important to remember that the perpetrator must not be made aware of any impending interventions. If he is aware, this may result in an escalation of violence.

Therefore it is important to assess whether telling the woman may increase her risk.

- It is also important to not share information with other workers outside the FSM. This includes other workers or other organisations that may be in communication with the perpetrator (as per normal confidentiality requirements).

## Northern Territory and Commonwealth Privacy Principles

Organisations are entitled to disclose information about a person if they reasonably believe that the use or disclosure is necessary to lessen or prevent a serious and imminent threat to the individual's life, health or safety or a serious threat to public health or public safety.

If the woman, child or young person has been assessed at high and imminent risk of harm then it is likely that this principle would apply to allow an agency to refer the case to the FSM and share information about the case with participating agencies, even if consent had not been given.

(See the Information Privacy Principles 2.1(d) of the *Information Act* (NT), which is applicable to NT Government agencies, and s2(e) of the *Privacy Act 1988* (Cth), which is applicable to Commonwealth Government agencies and some non-government organisations.)

## Child safety and well-being; special arrangements for information sharing

There is an Information Sharing Framework in relation to information sharing about child safety and well-being in the NT (Part 5.1A of the *Care and Protection of Children Act* (NT)).

This entitles prescribed 'information sharing authorities' (including foster carers, police, teachers, principals, child care workers, health professionals, non-government organisation (NGOs) who provide services to children, public servants and lawyers) to share information with each other if they have a reasonable belief that the information would help:

- make a decision, assessment or a plan;
- initiate or conduct an investigation; or
- provide a service to perform a function that relates to the safety and well-being of a child.

**The information sharing framework in relation to child safety came into operation in 2012.**

## **If the case is not high risk**

The purpose of FSMs is to improve safety where there has been an assessment of high and imminent risk of serious injury or death to a woman and/or her children. If your client is not assessed as high risk (using the RAF and your professional judgement) then you do not need refer the case to the FSM or to share information. You should undertake any normal processes to ensure that the woman receives any services and supports she needs to enhance her safety.

## **What do other agencies need to know?**

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

The FSM confidentiality declaration is a crucial part of the information sharing process. Signing the confidentiality declaration at the start of each meeting reinforces your commitment to maintain confidentiality and that the information to be shared is only that which is directly relevant to the high risk to the woman and/or her children.

Always talk to your manager/supervisor if you have any concerns regarding your decision to share information.

## **Record Keeping**

**The decision to share information with other agencies about a woman experiencing D&FV is an important decision. You must keep clear, accurate and contemporaneous records about your decisions and the reasons for your decisions.**

### **Record keeping if you decide not to refer a case to the FSM**

If you decide not to refer a case to the FSM you must clearly articulate in your notes why you have chosen not to refer this case to a FSM and share information about it with other agencies. You should keep the completed RAF on file.

### **Record keeping if you decide to refer a case to the FSM**

If you decide to refer a case to the FSM without a woman's consent you must record the decision, including the following:

- Clearly articulate the reasons why you have chosen to take this case to a FSM and disclose information. Place a copy of the RAF in the client's case notes.
- Make a decision or make enquiries about the amount of information to disclose. You are only required to disclose information that relates directly to the identified risk of the family in question and if it is considered that the disclosure of that information will reduce the likelihood of the identified risk of death or serious injury.

## **Record keeping about communication with the woman**

- You must always inform the woman if you are going to take her case to a FSM and disclose information about her or her children and partner, regardless of whether or not she consents. The only instance when you should not inform her is when there is risk that her knowing will increase the risk to her safety.
- Record in your case notes whether the woman was informed and if she was not informed, the reasons why (for example, that you believed it would increase the risk to her safety).

## **Storage of records**

- It is important that your agency procedures are followed with regard to storage of confidential information regarding clients and conflicts of interest (see also Module 8).

**Overview of Roles**

NT Police as lead agency chair FSMs and coordinate the circulation of meeting papers and information prior to the following FSMs. NT Police will provide secretariat support to FSMs.

The Officer In Charge of the region's NT Police Domestic Violence Unit (the FSM Chair) will chair FSMs. NT Police will appoint a deputy chair to ensure meetings proceed in the absence of the FSM Chair.

Each agency participating in the Framework identifies a high level agency representative to regularly attend the FSMs. Agencies agree to nominate a senior representative who can make decisions on behalf of their agency and to ensure consistency and continuity of representation as far as possible.

Referrals to a FSM can be made by any agency participating in the Framework or other agencies that may have contact with victims and perpetrators of D&FV during the course of their work.

**NT Police role as FSM Chair**

The role of FSM Chair includes:

- receive all new referrals by secure email or fax;
- prepare an agenda for each FSM, listing high risk cases for consideration;
- circulate referral information;
- book meeting times, dates and venue for the FSMs;
- read out the confidentiality declaration and ensure all present sign declaration at every FSM (Attachment 5);
- chair meetings;
- structure the meeting and prioritise cases so that all those attending are able to use the time available as efficiently as possible (for example, this could mean that cases including children are held first so that representatives from child focused services can leave once these are completed);
- review actions agreed at the last meeting and make a record of any actions outstanding;
- ensure that all agencies understand precisely what is meant by any new actions agreed that relate to their agency either directly or indirectly;
- invite input from participating agencies about the functioning of FSMs to contribute to the continuous quality improvement of the operation of the Framework (this should include an annual meeting specifically to reflect on the strengths and areas for improvement of the FSM); and
- oversee an annual audit of a subset of cases that have been considered at the FSMs to identify the characteristics of cases and monitor the extent to which safety was improved and whether this improvement was maintained over time.

## **Role of participating agencies**

The Framework does not replace the existing role or function of agencies in relation to D&FV.

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 agencies at the FSM is to provide a coordinated process for increasing the safety of women, children and young people identified at high risk of violence by:

- sharing information across agencies;
- agreeing on actions to increase safety; and
- jointly monitoring and reviewing the extent to which those actions have improved safety.

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.

## **Roles of Government agencies include:**

### **NT Police**

- detect, investigate and respond to crime;
- increase community safety; and
- chair and coordinate the regional Family Safety Framework and FSMs.

### **Department of the Attorney-General and Justice**

- support victims of crime, witnesses and their families throughout the criminal justice process;
- provide project support as a lead agency to the Integrated Response; and
- support NT Police in running FSMs, as part of its role as a lead agency for the Safety is everyone's Right strategy.

### **Department of Children and Families**

- assess children at risk of harm;
- support families to keep children safe;
- take action to increase the safety of children in accordance with the *Care and Protection of Children Act* (NT); and
- support NT Police in running FSMs, as part of its role as lead agency for the Integrated Response.

## **Department of Correctional Services**

- manage and supervise offenders on community-based supervision orders.

## **Department of Education**

- ensure safe education and support to children experiencing D&FV;
- liaise with individual schools as required.

## **Department of Housing**

- assist people to access safe housing and sustain their tenancy.

## **Department of Health: the regional hospital**

- deliver emergency care and treatment;
- provide health care for women;
- plan and support women for discharge from hospital; and
- liaise with a range of health-related services, including primary health services, mental health services, alcohol and drug services and other services (who may attend meetings if required).

## **Department of Health and other services: Alcohol and Other Drugs; Mental Health; Community Health; including Child and Maternal Health; Women's Information Service; Sexual Assault Referral Centre; Aged and Disability Services.**

- provide specialist health services; and
- refer to other specialist services as relevant to women's safety and support.

## **Commonwealth Department of Human Services (Centrelink)**

- assist clients to access welfare payments.

## **Roles of Non-government agencies (by region) include:**

### **ALICE SPRINGS**

#### **Women's Shelter and Crisis Centres**

- provide short-term crisis accommodation for women;
- assess and support women and their children;
- assist women and their children to develop a safety plan; and
- provide outreach support to women in the community.

#### **NPY Women's Council**

- assess and support women and their children;
- assist women and their children to develop a safety plan; and
- provide outreach support to women from NPY Lands communities.

#### **Central Australian Aboriginal Congress**

- support to families through the Targeted Family Support Service (TFSS);
- provide health care for Aboriginal men, women and children; and
- provide a range of other services to Aboriginal people and families.

#### **Tangentyere Council**

- provide support services and case management to men;
- provide support services and case management to women;
- provide support to children and families;
- provide emergency assistance through the Intervention Case Management Services (ICMS) program; and
- provide a range of other support services to Aboriginal people and families, particularly those living on town camps.

## **DARWIN**

### **Dawn House**

- provide safe and secure crisis accommodation for women with accompanying children; and
- provide counselling and support to women and children and referral services, advocacy, emotional support, budgeting advice, support with legal matters.

### **Darwin Aboriginal & Islander Women's Shelter (DAIWS)**

- provide 24 hour Domestic/Family Violence crisis accommodation for women and children escaping DV/ FV, sexual abuse, and who are homeless;
- provide safe and culturally appropriate services to Aboriginal and Torres Strait Islander women and their children;
- provide Indigenous Men's Outreach Service (counselling and healing programs); and
- provide outreach programs and case management support to women and children through DAIWS FV Outreach Service.

### **Catherine Booth House (Salvation Army)**

- provides crisis accommodation and support for women over 18 without children and not under the influence of alcohol/drugs; and
- a small fee for accommodation may apply.

### **Larrakia Nation**

- preserves and develops Larrakia and other Aboriginal people's cultural knowledge;
- provide outreach services primarily aimed at Aboriginal visitors and homeless people;
- provides early intervention to divert people away from dangerous situations and contact with the criminal justice system;
- provides aged care and emergency relief;
- assists people with travel and accommodation to return to their home communities;
- provides a Night Patrol service; and
- provides a Youth Patrol service.

### **YWCA Domestic and Family Violence Centre**

- provides crisis and medium term support and accommodation to families (women and children, and men and children) through their Domestic and Family Violence Centre; and
- provides a support through a comprehensive case management approach and appropriate referral service.



## **KATHERINE**

### **Binjari Health Service**

- provide a range of culturally appropriate health services to the Binjari Community residents and visitors;
- deliver and or Advocates for a range of men's health program and support services;
- deliver a range of sexual health and chronic disease health program and support services;
- deliver a range of women's, children and maternal health program and support services; and
- provide health promotion and education focusing on child development, nutrition, smoking, substance misuse and physical activity.

### **Wurli Wurlingang Health Service**

- high quality & progressive community controlled aboriginal health service;
- provide culturally appropriate health service to Katherine community;
- deliver support and advocacy programs for women, children and families;
- provide men's health and behavioural change services;
- provide mental health and psychological services;
- provide comprehensive acute clinical services; and
- promote healthy living.

### **Katherine Women's Crisis Centre**

- provide short-term crisis accommodation for women;
- assess and support women and their children;
- assist women and their children to develop a safety plan; and
- provide offsite support to women in the community; and
- assist women and children with travel, food, clothing, rent and bills

## **TENNANT CREEK**

### **Tennant Creek Women's Refuge**

- provide targeted therapeutic services to Aboriginal men, woman and children;
- provide support services and case management to Aboriginal men;
- provide support to families through the Intensive Family Support Service (IFSS); and
- provide a range of other clinical and non-clinical services to Aboriginal people and families.

### **Anyinginyi Health Aboriginal Corporation**

- provide targeted therapeutic services to Aboriginal men, woman and children;
- provide support services and case management to Aboriginal men;
- provide support to families through the Intensive Family Support Service (IFSS); and
- provide a range of other clinical and non-clinical services to Aboriginal people and families.

### **Barkly Regional Alcohol and Drug Abuse Advisory Group**

- provide transitional accommodation;
- provide family programs;
- provide drug and alcohol rehabilitation;
- outreach support; and
- Sobering Up Shelter.

### **CatholicCare**

- assess and support men, women and their children;
- assist men, women and their children to develop a safety plan;
- provide outreach support to men, women and children in the community through a Case Management model and PHaMs model;
- provide counselling to women and children; and
- provide financial guidance to men, women and children.

## **Role of agency representatives**

Each agency participating in the FSM will identify one person as the agency representative for the FSMs.

FSMs are attended only by staff relevant to the safety of women, children and young people 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 Framework;
- gather accurate, relevant, factual and up to date information from their agency on all referrals received;
- attend regular FSMs and provide a proxy if required;
- bring relevant and accurate factual information on all referrals to the FSM;
- attend all FSMs, even if agency has no prior history of involvement with individuals/case for consideration;
- contribute to the discussion and development of a multi-agency 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); and
- behave in respectful manner towards other FSM members.

## **Education and training for workers**

Introduction of the Framework in the NT will be accompanied by training of workers in:

- identifying D&FV;
- how the Framework operates;
- roles and responsibilities of partner agencies in the Framework; and
- good practice in using the RAF to assess risk.

A communication strategy with relevant agencies will also be put in place.

## The Family Safety Meeting

**A Family Safety Meeting (FSM) is a fortnightly meeting of the agencies participating in the Family Safety Framework to discuss high risk D&FV cases and to agree on appropriate actions to be taken to increase the safety of the woman or family.**

As described in Module 1 referrals to a FSM can be made by any agency participating in the Framework or other agencies which may have contact with victims and perpetrators of D&FV during the course of their work.

The meeting 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 then undertake actions as a priority once they return to their workplace.

A FSM will be triggered by agency workers identifying imminent risk of serious harm or death to a victim of D&FV. The purpose of the FSM is to combine up-to-date information relating to a woman, child or young person's situation in order to comprehensively assess their needs and develop strategies to maximise their safety. Similarly, FSMs provide the opportunity to review and consider the circumstances of the offender 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 effective information sharing to enable appropriate actions to be taken to increase the safety of women, children and young people.

The victim does not attend the meeting, nor does the perpetrator.

### Actions Prior to FSM

A risk assessment is conducted and imminent high risk is established.

The RAF is completed (Attachment 1).

The referring agency worker also completes the referral form (Attachment 2). This will include accurate information about the victim, children and offender including names, dates of birth, and addresses if known.

The completed RAF and referral form will be emailed or faxed to the FSM Chair three days prior to next FSM.

The FSM Chair will circulate to agencies referrals listed for the next FSM.

Once each agency receives the referral forms with the list of cases that will be considered they should establish what information is held by their own organisation about each case.

The information request form (Attachment 4) will be used by agencies to record information regarding each listed case where they have information. This form will help agencies to share information in a consistent and time-efficient way and will assist with record keeping. The agency representative can bring the completed information request form to the FSM so that relevant information can be shared with other agencies.

Due to the nature of D&FV there may be actions that have already been undertaken by the partner agencies prior to the meeting.

## **At the FSM**

At the FSM the following occurs:

- introductions of agency representatives;
- the confidentiality declaration is signed by all attendees (Attachment 5);
- review of previous cases (including implementation of the action plans and the safety outcomes for the individual/family);
- discussion and information sharing in relation to new cases; and
- action plan developed and agreed to for each new case, including agreement on the actions to be undertaken, who is responsible and the date to be completed.

## **Information Sharing**

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

- basic demographic information including any pseudonyms used and whether there are any children and their ages;
- information on key risk indicators (listed in the RAF) including, where appropriate, professional opinion on the risks faced;
- any relevant history of D&FV or other associated behaviour (such as child abuse or sexual assault) by the perpetrator or victim; and
- 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 or he faces.

Information sharing at FSMs is strictly limited to the aims of the meeting and attendees must sign a confidentiality declaration 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.

## **Information Sharing in a Statutory Environment**

Where information is provided in a statutory environment, information to which an agency is exposed may raise the prospect of a mandated response. This may occur with information tabled at a Family Safety Meetings, thereby potentially compromising the statutory authority's obligation to observe confidentiality within the FSF process. An example would be where the agency becomes aware that an offender has breached a court order that includes children and which may in turn become a matter for a mandatory intervention by child protection.

In such circumstances the following advice to FSM representatives is:

- A note should be made in the relevant case file.
- The note should explain that an issue was raised at the FSM that requires proper investigation for the purposes of a statutory report.
- The case worker (from Community Corrections or Child Protection) should then contact the relevant agency which revealed the information at the meeting to obtain an authorised statement in respect of the particular statutory matter raised.

There may be occasions where the information provided at a meeting is so cogent and the circumstances require such immediate action that the general proposition is not appropriate. Such circumstances would be immediately identifiable as would be the need for immediate action without recourse to a separate process.

One of the reasons for this advice is to maintain the object and purpose of the Meetings and also to provide some boundaries around the use of any information provided in the Meetings. An additional reason for requiring the independent approach is to ensure the veracity and extent of the information and obtain the best information available. Whatever is provided in a Meeting is liable to be at least “second or third hand” information and possibly much more remote and certainly not the whole of the information available or evidencing the sources of the information. Before taking any action to the detriment of a person even under provisions such as section 26 *Care and Protection of Children Act (2014)* and section 124A *Domestic and Family Violence Act (2014)*, the required level of satisfaction is a belief based on reasonable grounds. “Belief” is a fairly high level. It is difficult to imagine that the reasonable grounds for such a belief could be based on information from another person without fully understanding the facts and the level of assurance of the facts.

## Action Plan

An action plan is developed and agreed to for each new case, including agreement on the actions to be undertaken, who is responsible and the date to be completed. Each current action plan will be reviewed at the next FSM.

A wide range of actions may be appropriate to improve the safety of the victim/family. The actions that are appropriate for inclusion in an action plan will be decided at the FSM depending on the unique circumstances of each case.

## After the FSM

After the FSM agency representatives should:

1. inform relevant staff within their agency of the outcomes of the meeting and the contents of the action plan/s;
2. implement action plans by agency staff;
3. record the action plan and outcomes in case notes;
4. agency staff who undertook the risk assessment should inform the woman of any outcomes from the meeting and the contents of the action plan, if it is safe to do so; and
5. report back at next FSM on any actions undertaken from previous meetings and the outcomes for the safety of the individual or family.

## Emergency FSMs

An emergency FSM is an exceptional event. It is 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 FSM Chair.

The process for calling an emergency FSM is as follows:

1. initial phone referral by any agency to the FSM Chair (and relevant mandated notification process in the event of children being involved);
2. this call should be recorded in agency case notes;
3. the FSM Chair will contact other relevant agencies and make them aware of the situation;
4. only those agencies that can provide an immediate response to the woman/family's safety will be consulted in an 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. a combination of urgent and non-urgent actions may be agreed to at an emergency FSM;
8. urgent actions must be executed immediately following the emergency FSM;
9. non-urgent actions may be carried out as they would following a standard FSM;
10. an emergency FSM case should be prioritised on the next FSM agenda so that the FSM Chair can review the action list and present the case to all the attending agencies; and
11. consideration may need to be given to the use of teleconferencing and other technologies if a face-to-face FSM is not possible.

### **Examples of actions that may be included in FSM action plans include:**

information checks;

- support and liaison from a specialist D&FV service;
- NT Police actions, safety plans, applying for a domestic violence order, warrants, advising the victim of police bail or court outcomes;
- joint visits, for example, by NT Police and D&FV services;
- liaison with school staff regarding children's safety;
- monitoring of bail conditions, prison status checks;
- flagging of high risk on client systems and records;
- support with housing needs or bond assistance;
- mental health assessments and referral;
- financial assistance for security screens or duress alarms; and
- financial assistance for transport to another location.

A wide range of actions, not limited to the above, may be appropriate to improve the safety of the victim/family. The actions that are appropriate for inclusion in an action plan will be decided at the FSM depending on the unique circumstances of each case.

The template of how actions are recorded is provided at Attachment 6.



There is likely to be some cases referred to a FSM where the victim/family has recently moved to your region from another region for safety or other reasons.

The Family Safety Framework Cross Border Referral and Information Sharing Protocol between Alice Springs and South Australia have been developed and are now in use. The protocol will be updated to reflect that the FSF operates on a state wide basis in the NT.

The Protocol can be accessed on the police website: <http://www.pfes.nt.gov.au/Police/Community-safety/Family-Safety-Framework.aspx>.

The Protocol explains the procedure whereby FSF regions provide information to other FSF regions for the purpose of preventing or lessening a serious and imminent threat to the life or health of victims of D&FV and their families.

The Protocol applies only to cases where a referral has already been either assessed by a FSF referring agency as being at high risk of imminent harm or death and or accepted at a FSM in one of the FSF regions.

It is good practice for the FSF region to inform the victim that their information will be shared with another FSF region and to obtain consent where possible. It is also good practice to advise the victim of the outcome of the referral to another region.

The purpose is for FSF regions to share information with a view to identify people mobile or transitory between the FSF regions who are at a high level risk, and to therefore jointly construct an action plan to provide professional support to all those at risk across the two regions. The referring region will identify who is at risk and any relevant children or other family members.

Cross border referral will be made by the FSF Chair in the referring region directly to the FSF Chair of the receiving region. The Officer In Charge of the NT Police Domestic Violence Unit, in a given region, will be responsible for referring a case into a South Australian region. The FSF Chair of the relevant South Australian FSF will be responsible for referring a case into the NT.

**NB: a referral agency in any region may assess and make a new case referral via their FSF Chair directly into a receiving FSF region. I.e.: it is not necessary to wait until a case is assessed as high risk in the home region if the victim is known to be relocating sooner than the next FSM**

## Overview

When making a referral to a FSM, where it is safe to do so, it is important to seek the consent of the victim. 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 guidelines for discussion with victims who are being referred to a FSM.

**If you are referring a case to a FSM, where it is safe to do so you need to inform the victim of the referral.**

## Gaining a woman's consent

If a woman is identified at high or imminent risk of harm you should seek her consent for her case to be referred to the FSM.

Gaining her consent for the referral is a critical part of any process in deciding to share information under the Framework. Seeking informed consent from the client for information sharing is the 'default' position in all situations.

## If the woman does not consent

If a woman does not consent you can still refer the case to the FSM.

If the woman does not give her consent but the case is high risk and you have decided to refer it to the FSM without consent, you must:

- where it is safe to do so, advise the woman of your intentions and reasons;
- record your decision and the reasons for making it; and
- record the reasons for a lack of consent on the referral form and in the victim's file.

The FSM will be informed that the victim has not provided consent for information to be shared. The FSM representatives will discuss this. If the determination is made that the victim may be at imminent and high risk of injury or death the case will still be discussed at the FSM and an action plan developed.

These are always very difficult decisions where a worker may be concerned about the impact that they will have on the trust that a woman has placed in you.

## **In some situations it may not be safe to ask a woman for her consent or to advise her of the outcomes of a FSM.**

In some instances telling a woman that you are going to share the information that she is at high risk can jeopardise her safety. Similarly, in some circumstances informing her of the outcomes might jeopardise her safety. In these cases you will need to use your professional judgement and not ask for the woman's consent or keep her informed.

## Information for victims

An 'Information for victims' document can be found at Attachment 7.

Workers should inform the woman of the following:

- that you have serious concerns for her safety;
- a FSM is a meeting that occurs in relation to high risk cases of domestic violence to help ensure the safety of the woman or family concerned;
- at the meeting are representatives of key agencies who meet to develop an action plan to minimise the risk of further violence or death to a family member;
- that you will be referring her case to the FSM;
- you are seeking the victim's agreement to refer the case to the FSM;
- however, as the worker involved in the case you are obliged to make a referral even without consent, if you have assessed that the victim or any children are experiencing things that put them at significant risk of further harm;
- that you will be sharing information with the range of agencies attending the FSM;
- that you will be sharing only 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;
- her story will NOT be shared with the alleged offender or anyone connected with the alleged offender; and
- as the worker involved in the case, you will tell the victim the outcomes of the meeting and any actions that are agreed to, if it is safe to do so.

It is also be important to advise the victim that there may be involvement from Child Protection services if children have been present during a family or domestic violence incident or have been harmed as a result of D&FV incident.

## Communicating with the woman where you do not have consent

You must always inform the woman if you are going to take her case to a FSM and disclose information about her or her children and partner, whether she consents or not. The only instance when you should not inform her is when there is risk that her knowing will increase the risk to her safety.

### Confidentiality is critical to safety

It is important to remember the key issue here is for the perpetrator not to be aware of any impending interventions. If he is aware, this may result in an escalation of violence and increase the risk to the victim and her family.

It is therefore important to:

- assess whether telling the woman about the referral to the FSM may increase her risk and to avoid telling her if it would do so;
- to not share information with other workers outside the FSM about the woman's referral; and
- to ensure that the perpetrator or anyone in contact with him does not become aware of the woman's referral to the FSM, this includes not sharing information with other workers or other organisations that may be in communication with the perpetrator (as per normal confidentiality requirements).

**Further information about these issues is provided in Module 8.**

## Good communication and respect in relation to Family Safety Meetings

The Framework aims to enhance the safety of people at high risk of violence.

The agencies involved in the Framework need to set a benchmark for good practice in dealing with D&FV that other agencies can follow.

The following are important considerations in how participants should conduct themselves at FSMs and the ways of communicating with women before and after the meetings:

- At FSMs participants will have conversations about individuals at high risk of violence or who have perpetrated violence who are not themselves present at the meeting. It is important that these conversations occur with the utmost respect protecting the dignity and privacy of the individuals concerned with the goal of enhancing safety. It is good practice to speak exactly as you would if the woman was present in the room.
- FSMs deal with clients who have complex lives and may have experienced significant trauma. It is important for FSM participants to avoid making judgments about people's choices or to blame the victim for their circumstances or the violence that has occurred. It is important to avoid derogatory remarks.
- Workers should seek informed consent from a woman about her referral to the FSM unless it is unsafe to do so (for example, because her knowledge of the referral may put her at increased risk of violence).
- A woman should be informed about the outcome of the risk assessment and her referral to the FSM before the meeting takes place. After the meeting the woman should be informed of the outcomes of the FSM and any agreed actions. A woman should be informed that the purpose of the FSM is to increase her safety.
- It is important to recognise a woman's strengths as well as the risks she faces and to avoid treating her solely as a victim. It may be invaluable to a woman to have someone recognise her strengths and agency at a time when she is in crisis.
- A woman's personal agency, rights and decisions must be respected even where a worker may personally disagree with the choice a woman has made or considers that it may endanger her.
- It is critical that a woman's disclosure of violence and her fears for her safety are listened to and believed. Women should never be blamed for the violence that has been used against them.
- Participants at FSMs should communicate with each other respectfully and seek respectful ways of resolving differences between agencies.
- Each participant at a FSM should take responsibility for ensuring that the meeting uses healthy and respectful communication and decision-making processes.

## Module 8:

## Safety Consideration - conflicts of interest, information and records

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Responding to D&FV is unlike dealing with other types of issues. Special safeguards and precautions need to be put in place to maintain safety.

This is because D&FV involves the following types of conduct:

**Physical violence:** violence may result in serious injury or death.

**Psychological violence and control:** this occurs when one or more family member/s uses power, coercion and emotional manipulation to control other family members. This may have been occurring over a long period of time and result in significant fear and trauma in the victim. This long term pattern of abuse disempowers the victims and undermines their self-confidence and sense of their own agency.

**Family and intimate relationships:** often a woman may be reluctant to leave a violent partner for a range of reasons (because she loves him, she is afraid of violent repercussions if she leaves him, she is worried about the children, money, becoming homeless or losing contact with other family members). Sometimes it is a complex mix of all these factors. Sometimes a woman leaves a violent partner and returns to him a number of times. These are complex issues for families (and the agencies who work with them) to deal with.

**Escalation of violence:** when D&FV is disclosed or when a woman leaves her violent partner the violence and abuse often escalates and the risk to the victim is greatly increased. The need for victims to receive support at an early stage and their information to remain absolutely confidential so that any potential escalation of violence can be planned for and managed cannot be overstated.

**Cross-allegations:** sometimes when perpetrators of violence are accused of violence they respond by making cross allegations against the victim as a way of continuing to disempower the victim and avoiding accountability for their own actions.

**Collusion:** sometimes perpetrators of violence seek to convince friends, family members and workers to take their side against the victim. When this occurs it is known as 'collusion'. This is a way to continue to disempower the victim and avoid accountability for their own actions.

**Victim-blaming:** It is common for perpetrators of violence to blame the victim for the violence.

These factors make D&FV a very complex phenomenon to deal with effectively.

This section outlines some important safeguards that agencies can put in place to ensure that safety is the number one priority and that the FSM actions do not inadvertently expose women and children to greater risks of violence. Agencies that are part of the Framework will be asked to outline how they will manage these issues internally so that all participating agencies have the confidence to share information knowing that the safety of victims and families will not be put at risk.

## 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 D&FV related issues. It is important that there is no risk that the perpetrator or his friends, families, associates or workers become aware of the woman'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. This is why, for example, couples counselling or mediation is considered inappropriate in cases of D&FV.

The interests of the victim and the perpetrator of D&FV are different and it is generally regarded as good practice for different workers, teams or agencies to deal with victims and with perpetrators to avoid any collusion with the perpetrator or any real or perceived conflict of interest.

## Questions for agencies to consider

- Does your agency have a policy on how it deals with D&FV?
- 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 D&FV?
- Does your agency have an information barrier in place so that all information (verbal and or written), documents and files about the victim cannot be shared with people who are working with or related to the perpetrator?
- Does your agency have policies and procedures in place to prevent a victim of D&FV being bullied or harassed by the perpetrator or his family and associates?

## Information management and record keeping

The Framework documents include:

- Risk assessment form;
- Referral form;
- FSM agenda, listing the names of cases for discussion at the meeting and Action plans;
- FSM minutes, including the action plans for each case discussed;
- Associated documents; and
- Emailed or faxed communications or file notes about FSM business.

All personal information must be dealt with in accordance with Information Privacy Principles (see Module 3). In addition, all the above Framework documents contain sensitive information requiring 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.

It is the role of NT Police to keep a central and secure record of all the above documents associated with the Framework and FSMs.

However, partner agencies in the Framework will also have copies of documents associated with the cases they are involved in which they need to store securely.

Each agency will be responsible for the development of internal policies and procedures regarding records storage and management associated with the Framework.

Below are some guidelines and questions to assist agencies in developing records management procedures for participation in the Framework.

### **Questions for agencies to consider**

- Who has access to your client files?
- Given the highly sensitive nature of Framework documents is it appropriate for Framework documents to be stored on your client files?
- If you intend to store Framework documents on your client files, is there a need to amend your policies and procedures to ensure added security and confidentiality for Framework information?
- If not, do you need to create a separate Framework file distinct from your general records?
- Are there mechanisms in place to prevent anyone associated with the perpetrator (including workers working directly with him and/or related to the perpetrator) from accessing victim records?
- Where will you store Framework documents (e.g. the agenda and minutes) that relate to multiple cases? It is important to ensure that information relating to other cases presented at a FSM is not stored within any particular client's file.
- If your service does not have a file for a Framework client do you need to create a file for that client so that the FSM action plan and any associated documents can be stored securely?
- How will information from your agency about Framework matters be communicated to and from NT Police and/or other agencies? Do you have secure email or fax? Are there appropriate safeguards in place to ensure the security of communications?

### **Audit and retention of information**

Each agency will undertake to ensure that they responsibly collect, process, store, and disclose all information for the purposes of the Family Safety 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 your 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 (i.e. shredding).

## **Audit of security**

All information held for the purposes of the Framework will be securely stored according to information privacy principles.

Where disposal of Framework information is required agencies will do so by a secure means (i.e.: shredding).

Agencies will 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, and the system containing the information does not allow amendment or annotation of the record to provide an audit trail of changes; or
- it is no longer considered that the information is necessary for police or the agency's purposes and the information is a copy, extract or summary of an original record held elsewhere.



## Principles for how participating agencies work together as part of the Family Safety Framework.

Agencies agree that the relationships underpinning the Framework, as part of the Integrated Response, should be characterised by the following:

1. **Shared vision:** the participant agencies in the Alice Springs Integrated Response and the NT Safety is Everyone's Right Strategy have a shared vision for the NT in which women, children and men live free from violence in safe communities and enjoy and benefit from respectful relationships.
2. **Respectful communication:** the participant agencies model respectful communication and decision-making processes in their interactions with each other.
3. **Disagreement is healthy:** the participant agencies acknowledge that disagreement is a healthy part of working collaboratively together and will ensure that differences of opinion are discussed and resolved in a respectful way.
4. **Acknowledge differences:** the participant agencies acknowledge differences between agencies in terms of the level of resourcing, relative power, roles and responsibilities, philosophical framework and government/non-government status. Partners will endeavour to ensure that all voices are heard and taken account in the decision making process (there is often wisdom in the minority voice).
5. **Sharing information:** the participant agencies are committed to sharing information with each other within a legal and ethical framework to enhance the safety of community members.
6. **Openness and transparency:** the participant agencies are committed to reaching agreements in an open and transparent way.
7. **Lead agencies make decisions and participant agencies inform decisions:** participant agencies acknowledge that the lead agencies (in Alice Springs: NT Police in collaboration with the Department of the Attorney-General and Justice and the Department of Children and Families; and in other regions NT Police in collaboration with the Department of the Attorney-General and Justice) are responsible for leading the Framework within the structures of Government but that in doing so the lead agencies will endeavour to ensure that decisions are informed by the views of the partner agencies.

## Approach to differences

In a collaborative project of this kind different views are a healthy part of the process. Persevering with a collaborative approach and seeking to work through these differences together is an important part of making our responses to D&FV even stronger and the community safer.

Participant agencies are encouraged to resolve differences through discussion and debate where ever possible informed by evidence within the FSM itself.

Participant agencies will be invited on a regular basis to give feedback on the health and effectiveness of the FSM to ensure that they remain relevant, responsive and committed to safety, confidentiality and ensuring that all individuals are treated with respect and dignity.

## Dispute resolution procedure

It is possible that agencies participating in the Framework or in a FSM may disagree about key issues including:

- The process  
For example, if a participant speaks disrespectfully about a victim in a meeting, causing another participant to become concerned, or if one participant believes that confidentiality has been breached;
- An action  
For example, if one participant believes that an action that has been agreed on at a FSM is inappropriate, unethical or unsafe. The listing or prioritisation of cases  
For example, one participant may consider a case referred to the FSM Chair to be a high priority, but it is not listed for discussion at the next FSM meeting due to other cases being considered by the FSM Chair to be an even higher priority.

As the FSM deals with issues of safety, actions must be enacted rapidly. It is therefore important that any disputes between participating agencies are also dealt with promptly and in a way that prioritises safety considerations.

The FSM Chair plays a key role in ensuring that the meeting runs smoothly and in resolving any disputes that may arise, as does the Commander of Police.

The dispute resolution procedure is as follows:

1. **Raise the issue at the FSM:** a participant should first attempt to address the issue by raising it at the FSM itself (or if it relates to the listing of cases, by contacting the FSM Chair to discuss the situation prior to the meeting in question).
2. **Meet separately with the FSM Chair:** if the issue remains unresolved, the participant should seek a meeting with the FSM Chair outside of the FSM to discuss it with them.
3. **Put the complaint in writing:** if the issue remains unresolved, the participant should put it in writing to the FSM Chair as a formal complaint or grievance.
4. **Formal dispute resolution meeting:** in response to this formal letter of grievance, the FSM Chair will:
  - a. seek the views of partner agencies on the issue in question (unless this would be inappropriate in the circumstances); and
  - b. convene a meeting to be chaired by the Commander of Police or his or her delegate in an attempt to resolve the issue, taking into account the views of partner agencies.

It must be acknowledged that the lead agencies have statutory roles and responsibilities regarding how they respond to particular situations.

The lead agencies are committed to trying to resolving disputes openly and transparently taking into account:

- the views of all the partner agencies in the Framework;
- the purpose of the FSM and the commitment to safety; and
- the intended operation of the Framework as articulated in the Family Safety Framework Practice Manual.

The Framework includes careful monitoring and evaluation about how the Framework is operating and its impact on safety. This will occur through:

- collection of data in relation to the cases tabled at FSMs;
- an annual workshop to reflect on and improve the processes associated with FSMs and the Framework more generally; and
- an annual audit of a subset of cases to monitor their characteristics, the FSM actions that were implemented and the safety outcomes to obtain qualitative data about how the Framework is operating. This may also include an analysis of the source of referrals.

The key performance indicators for the Framework include:

- number of cases assessed with the RAF;
- number of high risk cases referred to the FSM Chair (and the source of those referrals);
- number of high risk cases tabled at FSMs;
- agencies report improved communication, information sharing and accountability;
- agencies perceive the Framework is improving safety;
- reduction in risk of violence for the cases tabled at FSMs; and
- number of cases at three month follow-up with no further reports to police of violence or threats of violence.

**1. Which agencies need to attend a FSM?**

The Framework is a whole of sector response to D&FV. The focus of the FSM is to bring together agencies that can best contribute to an action plan as part of a rapid response. The following permanent member agencies will regularly attend and be able to refer into a FSM:

**Government Agencies in each FSF region**

- Department of Children and Families (Child Protection)
- Department of the Attorney-General and Justice
- Department of Correctional Services
- Department of Education
- Department of Housing
- Department of Health (Emergency Department)
- Commonwealth Department of Human Services – Centrelink.

**Non-Government Agencies**

**Alice Springs**

- Alice Springs Women’s Shelter
- NPY Women’s Council
- Central Australian Aboriginal Congress
- Tangentyere Council

**Darwin**

- DAWN House Women's Shelter
- Darwin Aboriginal and Islander Women's Shelter
- Larrakia Nation Aboriginal Corporation
- YWCA D&FV Centre

**Katherine**

- Wurli Wurlinjang Health Services
- Binjari Health Clinic
- Katherine Women's Crisis Centre

**Tennant Creek**

- Anyinginyi Health Aboriginal Corporation
- Barkly Region Alcohol Drug Abuse Advisory Group
- Tennant Creek Women's Refuge

Representatives of other relevant government and non-government agencies may also be invited to attend a meeting depending on whether those agencies have (or may have) any specific involvement with the victim, children or the perpetrator.

Other family and domestic violence sector agencies, for example those who offer long term therapeutic services are able to establish referral pathways into the FSM through any of the above mentioned permanent member agencies.

With appropriate training the Framework RAF is able to be used by all agencies that come in contact with victims or perpetrators of D&FV. Outside agencies who have conducted a risk assessment and identified a high risk case, may consider the following referral options:

- Contact (via email or fax) the FSM Chair. Include a completed RAF. The agency may then be invited to attend the FSM to discuss the referred case.
- Refer through any of the above permanent member agencies.

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

Importantly, outside agencies that are not a permanent member of the FSM's must comply with the information sharing protocols and, if attending a FSM, will need to sign and abide by the confidentiality declaration.

## 2. What does the Framework mean for workers?

For workers, what you are already doing in relation to high risk cases of D&FV won't change. The Framework aims to build on the current responses to high risk cases of D&FV and formalise collaboration across agencies aimed at reducing the likelihood of serious harm or death to victims of violence.

The response that is required from you will be dependent on the service for which you work. You may be required to conduct a risk assessment with clients or your service and/or you may be required to search for relevant information on the individual/s 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 an 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 that 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's representative, you will be required to brief your staff on the required actions once you return from the meeting, ensuring that actions are undertaken as a priority. You will also be required to report on these at the next FSM.

**All FSM permanent member representatives are expected to regularly attend FSMs. Even if your agency has no prior knowledge of a case at hand, you are expected to contribute to the development of the action plan.**

## 3. How and where do I store information from the FSM?

All actions and communication about a client will need to be securely kept in their case file. The completed RAF, referral form and any other specific information that relates to the client is to be kept in their case file. Each client's information must be separate into individual client files and information relating to the FSM kept separate from clients 'regular' information.

Only staff involved in the FSM process should have access to information shared during a FSM (See Module 3 - Information Sharing).

If your service does not have a file for a client but you have actions that require priority attention, you will create a file for that client in order to securely store that information in accordance with information privacy principles (see Module 3). Once you have made contact with the client and informed them of your referral into the FSF, you will also inform them of the fact that you have created a file and proceed under your agency's normal obligations.

All information shared at the FSM will be recorded and stored by the FSM Chair.

## 4. What if it is an emergency case?

See Module 5: Family Safety Meeting section on Emergency FSMs.

## 5. What if my client doesn't want intervention?

It is important to acknowledge your client's rights to receive a service or not. You need to establish your client's level of understanding of their own risk and the risk to their children in your assessment. If you still believe 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 the 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 the 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 her to consider this. If there is a child protection issue, you are required by law to notify the Department of Children and Families. Reports can be made to the 24 hour toll free number 1800 700 250. If there is, or is likely to be violence likely to cause serious harm then by law you are required to make a mandatory report of your concerns to police as soon as possible.

## 6. Does the alleged offender need to consent?

Consent is NOT sought from an alleged offender/perpetrator prior to attending a FSM, due to the dangers in alerting the offender of the risk and safety planning for the victim/children.

For the purpose of a FSM, you are required to share information about a perpetrator who has been assessed to pose a 'high risk' to a (ex) partner, children or other family members.

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. If an individual poses a significant threat to a woman or child then there must be action to minimise that threat.

## 7. What about privacy?

Legislation imposes an obligation on workers to share information where there is a threat of imminent harm or serious injury or death. The Framework information sharing protocol (Attachment 3) is specific to cases where there is a belief that an individual is at high risk of serious injury or death.

It is important to remember that at a FSM you are required to keep confidential any information that is not relevant to the issue of safety. Information that relates to any individual's medical condition, past criminal history or past medical history that is not relevant to the determination of safety and level of risk is not required to be provided. The only information that you will need to share is that which relates to the specific issues that are influencing the woman's level of risk.

Information such as:

- name
- address
- date of birth
- names and details of children

- past presentations (D&FV related) within your agency
- past child protection notifications relating to D&FV
- past presentations to medical facilities as a result of D&FV and/or any injuries sustained in suspicious circumstances
- whereabouts of the perpetrator
- whether any weapons have ever been mentioned/sighted
- where the children are located etc.

It is important to explain to the victim about the FSM and provide a copy of the Information for Victims (Attachment 7). However, if you determine that this would increase the risk to the victim and/or her family then you should proceed without consent (see Module 7).

After a FSM, the worker who has direct contact with the victim/family will contact her in a safe way to inform her of the outcome of the meeting and what actions will take place to ensure her safety.

## 8. What if I don't have enough information to complete the risk assessment?

In many instances individuals may identify relevant information pertaining to their safety that will enable the worker to assess the level of risk posed to that woman. However on some occasions the woman will not identify any of the indicators on the form but based on the worker's professional judgement they may identify that this particular woman's case may benefit from further clarification of risk and therefore would warrant referral to a FSM.

Workers experienced in the assessment of domestic violence are encouraged to act on their professional judgement.

Where you are unsure you should seek further clarification from the Detective Sergeant in charge of the Police Domestic Violence Unit, a supervisor within your own organisation, or from a specialist D&FV service.

## 9. Where can I get additional information and support?

**1800RESPECT, the National Sexual Assault, Domestic Family Violence Counselling Service for people living in Australia provides information and support for isolated workers and service providers. Qualified and experienced D&FV specialist counsellors are available 24/7 on 1800RESPECT or 1800 737 732; on line at: <http://www.1800respect.org.au>.**

The 1800RESPECT service acknowledges that there are common challenges that differentiate rural and remote health practice from urban practice. For example, professional and social isolation has been identified as a major issue affecting health workers in rural and remote areas (White and Fergusson 2001). Staff turnover of health care workers is often high in remote communities (Kelly 1999a).

It is not only rural or geographically isolated health care workers that may feel isolated, often clinicians working in private practice are on their own, and have limited access to advice or debriefing.

**1800RESPECT can help support all isolated workers and service providers to obtain support and specialist advice to help them work with those exposed to D&FV and sexual assault.**

## 10. What if my client is under 18 years of age?

Children and young people are particularly at risk of serious harm as a result of D&FV. There may be cases, particularly when dealing with Aboriginal and Torres Strait Islander clients, where clients are under the age of 18 years. Non-adult clients are to be assessed and referred in exactly the same manner as adult clients, however, consideration is to be given to conducting an assessment in the presence of a supportive adult (if available).

Your requirement to share information during a FSM does not change given the age of the client. It is important to remember your obligation to report any belief of child neglect/abuse to the Department of Children and Families in accordance with the *Care and Protection of Children Act* (NT).

Ensure you include in your referral/assessment details of the relevant supportive parent or care giver, or if the young person is under any sort of care and protection order.



### 3. Attachments

Attachment 1	Family Safety Framework Risk Assessment Form (RAF)	Page 55
Attachment 2	Family Safety Framework Referral Form	Page 59
Attachment 3	Family Safety Framework Information Sharing Protocol	Page 61
Attachment 4	Family Safety Framework Meeting Agenda & New Referrals	Page 65
Attachment 5	Family Safety Framework Confidentiality Declaration	Page 67
Attachment 6	Family Safety Framework Minutes and Action Plan	Page 68
Attachment 7	Family Safety Framework Information for Victims	Page 72
Attachment 8	Family Safety Framework A Snapshot	Page 74
Attachment 9	Family Safety Framework The Process	Page 76

## Attachment 1: Risk Assessment Form (RAF)

### Family Safety Framework

#### Safety is Everyone's Right

*This is a guide – Professional judgement should also be used*

VICTIM Name:  Date of Birth:

Date Form completed:  Total Score

**Instructions:** \* The score is either the maximum indicated or zero (it is not a grading scale)

			Past Month	In the Past
<b>SECTION A:</b>	<b>OFFENDER*</b>	<i>Sub-Total A</i>		
<b>Behaviour</b>				
1.	Has threatened to assault / harm the victim	2		
2.	Has threatened to use a weapon (including a firearm) against the victim	2		
3.	Has threatened to kill the victim	5		
4.	Has physically assaulted the victim	4		
5.	Has physically used a weapon (including a firearm) against the victim during an assault	4		
6.	Has assaulted the victim outside of the home environment	4		
7.	Has breached an intervention / restraining order	2		
8.	Has held a victim against their will in a location or otherwise impeded their freedom	4		
9.	Has used violence / threats of violence against other family members	3		
10.	Has used violence / threats of violence against non-family members	3		
11.	Has harmed or threatened to harm family pets / other animals	3		
12.	Has threatened or attempted suicide / self-harm	4		
13.	Has a prior arrest for murder / manslaughter / rape or sexual assault	4		
14.	Has a history of domestic violence against a previous partner(s)	4		
<b>Personality Characteristics</b>				
15.	Is highly controlling / manipulative	3		
16.	Attitude and / or cultural beliefs support violence towards women / children / elderly	3		
17.	Has demonstrated a sudden change in personality or behaviour	2		
<b>Situational Factors</b>				
18.	Has access to firearms	3		
19.	Has access to weapons	1		
20.	Is unemployed	1		
21.	Drug and / or alcohol misuse / dependence present	4		
22.	Experiences depression or has other mental health issues	2		
23.	Is not taking prescribed mental health medication (depression / anxiety)	2		
24.	Is experiencing financial problems, not normal to the offender	1		
25.	Has witnessed or experienced violence in their 'family of origin' (as a child / during their upbringing)	2		
26.	Has experienced other significant trauma	1		
<b>SECTION B:</b>	<b>VICTIM</b>	<i>Sub-Total B</i>		
<b>Perceptions / Beliefs</b>				
27.	Expresses / indicated through actions that they are afraid of the offender	2		
28.	Expresses / indicated through actions that their level of fear of the offender is extreme (feels terror)	4		
29.	Believes the offender is capable of killing victim / children	5		
<b>Vulnerability Factors</b>				
30.	Victim reports an escalation in the seriousness and/or frequency of the violence	5		
31.	Victims injuries are not consistent with the explanation / account of the incident	3		
32.	Is isolated (geographic reasons / actions of offender to restrict contact with family or friends)	5		
33.	Is isolated for cultural reasons (lack of support from cultural community)	4		
34.	Experiences depression or has other mental health issues	1		
35.	Verbalised or had suicidal idea or tried to commit suicide / self-harm	2		
36.	Drug and / or alcohol misuse / dependency present	1		
37.	Has a disability or frailty which impairs physical activity / mobility	2		
38.	Has a disability or frailty which impairs cognitive / sensory functioning (deaf, intellectual, dementia)	2		
39.	Is financially dependent on the offender	1		
40.	Is dependent on the offender for their physical care (illness/ infirmity/ age/ dementia/ disability)	2		
41.	Is dependent on offender for their residential status in this country	2		

			Past Month	In the Past
<b>SECTION C: CHILDREN</b>		<i>Sub-Total C</i>		
<b>Perceptions / Beliefs</b>				
42.	Present at or witness to incidents of violence	1		
43.	Under school age (not yet commenced at primary school)	2		
44.	Subject to threats of harm from the offender	2		
45.	Subject to actual harm / assault from the offender	4		
46.	Subject to threats to kill from the offender	5		
47.	Offender has access to children (is aware of where they live / attend school / shared care / contact)	1		
48.	Child from another relationship in the home	1		
49.	Expresses / indicates through action that they are afraid of the offender	2		
50.	Refusing or stating unwillingness to have contact with the offender	2		
<b>SECTION D: INTIMATE PARTNERS</b>		<i>Sub-Total D</i>		
51.	Victim is pregnant or there has been a recent birth in the family (child under 12 months)	5		
52.	There has been a recent separation or the victim wishes to separate	5		
53.	There is an actual or perceived new partner in the victim's life	4		
54.	Offender has strangled or choked the victim during an assault	5		
55.	Offender has used sexual violence or coerced victim into unwanted sexual practices	4		
56.	Offender has stalked the victim	4		
57.	Offender appears obsessed with the victim and / or children	5		
58.	Offender appears jealous, bitter or hostile towards the victim and / or children	2		
59.	Offender has recently been denied or restricted access or contact with children	4		
<i>(Max Score 172)</i>		<b>Total Score of Incidents in "Past Month" Column Only:</b>		

OVERALL ASSESSED RISK – Past Month Only				
<b>Standard</b>	0 – 23	<input type="checkbox"/>		
<b>Medium</b>	24 – 44	<input type="checkbox"/>		
<b>High</b>	45 +	<input type="checkbox"/>	If you have ticked this box please consider the issue of 'IMMINENT RISK' required for referring to a Family Safety Meeting	
An assessment of STANDARD or MEDIUM risk <b>DOES NOT</b> negate your responsibility for positive action. You should address the victim/children's needs as per your agencies mandate. Please keep this form in your records.				

IMMANENCY FOR THE REFERRAL AND SHARING OF INFORMATION TO A FAMILY SAFETY MEETING (FSM)			
LIKELIHOOD	DEFINING THE THREAT	TICK	REFERRAL
<b>Currently Occurring</b>	The serious threat to life or health is currently occurring and needs to be prevented or lessened immediately	<input type="checkbox"/>	FSM
<b>Almost Certain</b>	The serious threat to life or health will occur if not prevented or lessened immediately	<input type="checkbox"/>	FSM
<b>Not Likely</b> (standard or medium risk)	The serious threat to life or health is not likely and risk can be managed by agencies usual processes	<input type="checkbox"/>	Non FSM

**Please fill out the *Family Safety Framework Referral Form* first giving consideration to the following examples of when to refer the matter:**

*Consider:*

- \* The relationship and living arrangements for the victim in relation to the offender (ie. Do they live together, do they have separate homes, and how are the parties related?)
- \* If the victim and children (if any) are safe for now but the victim is intending in the **very near future** to return to live or place themselves back into a high risk situation
- \* If the victim and children (if any) are not safe and the victim is still continuing to live with the offender
- \* If the victim is in a high risk category and the offender knows the victim's whereabouts or is currently seeking to locate the victim and children (if any)

**- Please always consult your Team Leader/Manager or your FSF Agency Delegate in preparing a referral**

\* The term 'offender' is used in this document, consistent with police practice and common community usage, rather than to indicate the legal status of the perpetrator.

## SUMMARY

*Please complete using BLOCK or clearly PRINT this section  
Complete the whole form before emailing/faxing to the Chairperson*

Please Tick	Name and date of birth of Victim/s (including children):	Date of Birth:
<input type="checkbox"/> Victim <input type="checkbox"/> Child	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Victim <input type="checkbox"/> Child	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Victim <input type="checkbox"/> Child	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Victim <input type="checkbox"/> Child	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Victim <input type="checkbox"/> Child	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Victim <input type="checkbox"/> Child	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Victim <input type="checkbox"/> Child	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Victim <input type="checkbox"/> Child	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Victim <input type="checkbox"/> Child	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Victim <input type="checkbox"/> Child	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Name and date of birth of **Main Offender**:

**OFFENDER Name:**  **Date of Birth:**

**Date of Risk Assessment:**

**Total Score:**  *"Past Month" Column Only*

**Please Tick**

The victim has given consent to information sharing at the FSM (if known)  Yes  No

*If no consent, record reasons on the Referral Form*

Is the victim/offender from a non-English speaking background?  Yes  No

*If yes, state which:*

Is the victim/offender:  Aboriginal  Torres Strait Islander

*If yes, from which language group/s:*

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:** **Time Sent:**  AM  PM  **Date Sent:**

**Notification By (Name):**

**Mandatory Report of Family Violence:** **Time Sent:**  AM  PM  **Date Sent:**

**Reported By (Name):**  **REF/PROMIS #:**

**Emailed/Faxed to NT Police CHAIRPERSON:** **Time Sent:**  AM  PM  **Date Sent:**

**Sent By Referring Worker (Name):**

**Agency:**  **Phone:**

**Email:**

**Signature:**

**Family Safety Framework**

Once you have identified that a case needs to be referred to a FSM fill out the FSM referral form and securely email or fax, along with the completed RAF to your regional NT Police Domestic Violence Unit (Please ensure you select your CORRECT REGION)

**Alice Springs**

OIC DV Unit (FSM Chair)

PHONE (08) 8951 1891

FAX (08) 8951 1744

Email: [fsfalicesprings@pfes.nt.gov.au](mailto:fsfalicesprings@pfes.nt.gov.au)

**Darwin**

OIC DV Unit (FSM Chair)

PHONE (08) 89990824

FAX (08) 89010322

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**Katherine**

OIC DV Unit (FSM Chair)

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**Tennant Creek**

OIC DV Unit (FSM chair)

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**Safety is Everyone's Right**

**URGENT – CONFIDENTIAL**

**ATTENTION:**

**(FSF Region):**

**NT Police Telephone:**  **Date:**

**VICTIM DETAILS**

**VICTIM Name:**  **Date of Birth:**

**Address of VICTIM:**

State if victim known by any other name or DOB where possible:

**VICTIM Other Name:**  **Date of Birth:**

Please include any cross border knowledge (other States/Territories frequented):

**OFFENDER DETAILS**

**OFFENDER Name:**  **Date of Birth:**

**State Relationship to Victim:**

AND if Offender is known by any Other Name or DOB where possible:

**OFFENDER Other Name:**  **Date of Birth:**

**Address of OFFENDER:**

Please include any cross border knowledge (other States/Territories frequented):

**CHILDREN DETAILS**

State victim / offender relationship to each child and if children known by any other names or DOB's where possible:

Child Name	Child D.O.B.	Alternate names/spelling and D.O.B	Relationship to Victim	Relationship to Offender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Victim Pregnant:**  Yes  No **If Yes, gestation period in weeks:**

**Pre-natal Care Provider (If known):**

**Risk Assessment Score:**

**ATTACH COMPLETED RAF**

(Provide details below about how RAF questions were answered):

Reasons for Referral:

Background and Risk issues:

**ADDITIONAL RISK INDICATORS - ABORIGINAL COMMUNITIES**

In this section please also document the following risk indicators if currently impacting on the safety of victim/s:

- 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?

Is the person aware of the FSM  Yes  No

Has consent been given for the referral?  Yes  No

If Not, Why Not?

Referring Worker Name	<input type="text"/>
Agency	<input type="text"/>
Contact Details	<input type="text"/>
Telephone	<input type="text"/>
Mobile	<input type="text"/>
Email/fax	<input type="text"/>
Address	<input type="text"/>

**DISCLAIMER:** The information contained in this correspondence 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.

## Attachment 3:

## Information Sharing Protocol

### Family Safety Framework

The NT Family Safety Framework (the Framework) is dependent upon agreement to share information about women, children and young people who are at high risk of serious injury or death due to their experience of 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 D&FV victims.

### Enabling decisions

The Chief Executive Officer of each respective NT Government agency and the equivalent position within non-government agencies will approve the information sharing arrangements.

All information sharing must be in line with 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 family or 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.

### Agencies to which the Information Sharing Protocol applies

#### Government Agencies in each FSF region

- Department of Children and Families (Child Protection)
- Department of the Attorney-General and Justice
- Department of Correctional Services
- Department of Education
- Department of Housing
- Department of Health (Emergency Department)
- Commonwealth Department of Human Services – Centrelink.

#### Non-Government Agencies

##### Alice Springs

- Alice Springs Women's Shelter
- NPY Women's Council
- Central Australian Aboriginal Congress
- Tangentyere Council

##### Darwin

- DAWN House Women's Shelter
- Darwin Aboriginal and Islander Women's Shelter
- Larrakia Nation Aboriginal Corporation
- YWCA D&FV Centre

##### Katherine

- Wurlu Wurlinjang Health Services
- Binjari Health Clinic
- Katherine Women's Crisis Centre

##### Tennant Creek

- Anyinginyi Health Aboriginal Corporation
- Barkly Region Alcohol Drug Abuse Advisory Group
- Tennant Creek Women's Refuge



Other agencies also participate in the FSMs where this is necessary to enhance the safety of the family. These agencies are also covered by this protocol provided they sign the confidentiality declaration at the commencement of the meeting.

## **Section 1. Introduction**

- 1.1 The purpose of this Protocol is to explain the procedure whereby the participants in the Framework and the FSMs provide information to other agencies for the purpose of preventing or lessening a serious and imminent threat to the life or health of victims of D&FV and their families. It extends to the provision of information relating to women, children and young people who are at high risk of serious injury or death due to their experience of violence and those who perpetrate that violence.
- 1.2 The primary legislation is the Information Act (NT) which is applicable to Northern Territory Government agencies and the Privacy Act 1988 (Cth) which is applicable to Commonwealth Government agencies and non-government organisations. A myriad of existing law seeks to protect all persons who are vulnerable by reason of their age; mental or other physical disability; illness/frailty; inability to take care of themselves or protect themselves against serious harm or exploitation. This legislation and applicable common law is consistent with existing legal safeguards on personal information.
- 1.3 The manner in which information can be exchanged takes into account the following:
  - *Domestic and Family Violence Act (NT)*
  - *Care and Protection of Children Act (NT)*
  - *Information Act (NT)*
  - *Australian Human Rights Commission Act (Cth)*
  - *Privacy Act 1988 (Cth)*
  - Applicable common law.

## **Section 2. Information**

- 2.1 Agencies providing services to women, men, children and young people will be concerned about the need to balance their duties to protect them from harm and their general duty of care towards other members of the household. Where there are concerns that a woman, child or young person may be at risk of significant harm, the needs of the woman, child or young person must come first. In all circumstances the overriding objective must be the safety of the woman, child or young person. i.e. “keeping the family together” should not be prioritised over the safety of the women, child or young person.
- 2.2 In addition there is a need for all agencies to hold information securely. Any agency receiving any confidential information or personal data from any other agency must keep such information confidential and take steps to prevent unauthorised access or disclosure of the same, 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.

### Section 3. Process

- 3.1 This section provides guidance to participants 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 D&FV. The purpose is for agencies to share information with a view to identifying people at a high level of risk and thereafter jointly constructing an action plan to provide professional support to all those at risk. Such meetings will be held on a fortnightly basis (or sooner if a case requires urgent attention). The referring worker will identify who is at risk on the form that is circulated to all invitees to the FSM.
- 3.3 Representatives of other 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 to allow for referral from non-participating agencies into a FSM.
- 3.4 NT Police, Domestic Violence Unit in each FSF region, will be responsible for convening and chairing the meetings and 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.
- 3.5 Agencies who undertake a risk assessment and identify that the woman, child, or young person is at imminent high risk will complete a RAF and then email or fax this along with the completed referral form to the regional Officer in Charge of the NT Police Domestic Violence Unit who chairs the FSMs.
- 3.6 The FSM Chair will circulate an agenda to participating agencies by secure email or fax listing the imminent high risk cases that have been referred to the FSM along with the completed referral form for those cases. This must take place at least 3 days prior to the next FSM meeting.
- 3.7 Upon receiving the agenda and new referrals, participating agencies must then look up their information systems for any information relevant to risk and safety for the referred individual or family. This information will 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 an action plan for each high risk case. Agencies will agree on actions to improve safety following a joint assessment of the victim's situation. Agencies will jointly monitor and review the implementation of the action plan at subsequently FSMs.
- 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 and to obtain consent where possible. However, this may not always be possible or safe. 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.

## **Section 4. Information sharing about children and young people**

- 4.1 Agencies should be aware that there is a new Information Sharing Framework in relation to information sharing about child safety and well-being in the NT (*Part 5.1A of the Care and Protection of Children Act (NT)*).
- 4.2 The framework entitles certain prescribed 'information sharing authorities' (including foster carers, police, teachers, principals, child care workers, health professionals, NGOs who provide services to children, public servants and lawyers) to share information with each other if they have a reasonable belief that the information would help:
- *make a decision, assessment or a plan;*
  - *initiate or conduct an investigation; or*
  - *provide a service to perform a function;*
  - *that relates to the safety and well-being of a child.*

## **Section 5. Audit, retention and deletion of information**

- 5.1 Audit of and retention of information: Participating agencies will undertake to ensure that they will collect, process, store, and disclose all information in accord with information privacy principles, and the relevant legislation. Agencies will ensure that all information is accurate, relevant and fit for the purpose for which it is intended. NT Police 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 information privacy principles. When information is no longer regarded as being relevant, the agency will be responsible for its secure disposal.
- 5.2 Information should only be deleted if:
- *the information has been shown to be inaccurate, and the system containing the information does not allow amendment or annotation of the record to provide an audit trail of changes; or*
  - *it is no longer considered that the information is necessary for police or the agency's purposes and the information is a copy, extract or summary of an original record held elsewhere.*

## Attachment 4:

## Meeting Agenda and New Referrals

### Family Safety Framework

### AGENDA

When: \_\_\_\_\_

Where: \_\_\_\_\_

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

#### 1. Welcome and Introductions

Chairperson welcomes representatives: Introductions, Attendance & Apologies

#### 2. Confidentiality Statement read & signed by all attendees

Agencies intending to delegate the Family Safety Framework and Family Safety Meeting work to new representatives are reminded that they have made an undertaking to ensure staff are appropriately trained in this process.

#### 3. Risk Assessment Form Usage Statistics

Each Agency to advise how many times the Risk Assessment Form was used in their agency in the past fortnight

**\*\*PLEASE RECORD THIS INFO ON THE CONFIDENTIALITY STATEMENT WHERE INDICATED\*\***

It is part of the MOU reporting procedures for this project. It is not meant to reflect on individual agencies referral rates. If your agency didn't use the form then indicate this with a zero.

#### 4. General Administration

4.1 [Observers listed] (not participating)

#### 4.2 OFFENDER RELEASE DETAILS

SURNAME	NAME	DATE	OUTCOME	FSF VICTIM

4.3 [specific details]

**5. Review of Existing Cases**

5.1

Victim: \_\_\_\_\_ DOB: \_\_\_\_\_

Offender: \_\_\_\_\_ DOB: \_\_\_\_\_

Victims Address: \_\_\_\_\_

Referral date: \_\_\_\_\_ Referred by: \_\_\_\_\_ Consent: Yes  No  Score:

AGENCY	ISSUE / ACTION	OUTCOME / ACTION / RESULT

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

**6. Review of New Cases:**

The following information is needed:

- Contact all relevant officers or support/ key workers in your team and request current, accurate information and their professional opinion about the individuals concerned.
- Note records of last sightings, meeting or phone calls
- Note recent attitude, behaviour and demeanour, include changes
- Highlight any relevant information that relates to any of the risk indicators on the Family Safety Framework Risk Assessment Form (RAF) checklist
- 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 (for example, information missing, more than one individual/alias names, conflicting information more/less children than on the agenda)

Victim: \_\_\_\_\_ DOB: \_\_\_\_\_

Offender: \_\_\_\_\_ DOB: \_\_\_\_\_

Victims Address: \_\_\_\_\_

Children: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Father: \_\_\_\_\_

Children: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Father: \_\_\_\_\_

Address: \_\_\_\_\_

Referral date: \_\_\_\_\_ Referred by: \_\_\_\_\_ Consent: Yes  No  Score:

**7. Other Business:**

Specifically relevant to the FSM e.g.: change of meeting room or to record business to be discussed outside the FSM

**8. Chair to close meeting:**

NOTE: FSF INFORMATION SHARING PROTOCOL - Participating agencies: [listed]

## Attachment 5:

## Confidentiality Declaration

### Family Safety Framework

**Date of Family Safety Meeting:** \_\_\_\_\_ **Chair:** \_\_\_\_\_

**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 D&FV;
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; and
6. improve support for staff involved in high risk D&FV 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.

Name of Attendee	Agency	Signature
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

## Family Safety Framework

### MEETING MINUTES

When: \_\_\_\_\_

Where: \_\_\_\_\_

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

#### 1. Welcome & Introductions

Chairperson welcomes representatives: Introductions, Attendance & Apologies

Present: \_\_\_\_\_

Apologies: \_\_\_\_\_

Non Attendance: \_\_\_\_\_

#### 2. Confidentiality Statement read & signed by all attendees

Agencies intending to delegate the Family Safety Framework and Family Safety Meeting work to new representatives are reminded that they have made an undertaking to ensure staff are appropriately trained in this process.

#### 3. Risk Assessment Form Usage Statistics

Each Agency to advise how many times the Risk Assessment Form was used in their agency in the past fortnight. It is part of the MOU reporting procedures for this project. It is not meant to reflect on individual agencies referral rates.

AGENCY [listed]	RISK ASSESSMENT FORM USED IN THE PERIOD		YTD USAGE
	[date] – [date]		

#### 4. General Administration

4.1 [Observers listed] (not participating)

**4.2 OFFENDER RELEASE DETAILS**

SURNAME	NAME	DATE	OUTCOME	FSF VICTIM

**4.3** [specific details]

**5. Review of Existing Cases**

**5.1**

Victim: \_\_\_\_\_ DOB: \_\_\_\_\_

Offender: \_\_\_\_\_ DOB: \_\_\_\_\_

Victims Address: \_\_\_\_\_

Referral date: \_\_\_\_\_ Referred by: \_\_\_\_\_ Consent: \_\_\_\_\_ Score:   
 Yes  No

**OTHER INFORMATION:** [Listed by Agency]

**GENERAL:**

**REQUIRED ACTIONS:**

AGENCY	ISSUE / ACTION	OUTCOME / ACTION / RESULT

**5.2**

Victim: \_\_\_\_\_ DOB: \_\_\_\_\_

Offender: \_\_\_\_\_ DOB: \_\_\_\_\_

Victims Address: \_\_\_\_\_

Referral date: \_\_\_\_\_ Referred by: \_\_\_\_\_ Consent: \_\_\_\_\_ Score:   
 Yes  No



**OTHER INFORMATION:** [Listed by Agency]

**REQUIRED ACTIONS:**

AGENCY	ISSUE / ACTION	OUTCOME / ACTION / RESULT

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

**6. Review of New Cases:**

**Victim:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Offender:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Victims Address:** \_\_\_\_\_

**Children:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Father:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Children:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Father:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Referral date:** \_\_\_\_\_ **Referred by:** \_\_\_\_\_ **Consent:** Yes  No  **Score:**

**OTHER INFORMATION:** [Listed by Agency]

**GENERAL:**

--

**REQUIRED ACTIONS:**

<b>AGENCY</b>	<b>ISSUE / ACTION</b>	<b>OUTCOME / ACTION / RESULT</b>

**7. Other Business:**

Specifically relevant to the FSM e.g.: change of meeting room or to record business to be discussed outside the FSM

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**8. Chair to close meeting:**

Meeting Closed: [time] \_\_\_\_\_

**NOTE: FSF INFORMATION SHARING PROTOCOL - Participating agencies: [listed]**

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**Family Safety Framework****WE HAVE SERIOUS CONCERNS ABOUT YOUR SAFETY**

*Domestic and Family 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 family and domestic violence.*

**If you and your family have been identified as being at high risk of serious harm due to family and 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 family and domestic violence. These meetings are held regularly and bring together selected agencies who meet to address any issues in relation to the immediate safety of women, children and young people. **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.

**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.

## Who attends a Family Safety Meeting?

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

### Government Agencies in each FSF region

- Department of Children and Families (Child Protection)
- Department of the Attorney-General and Justice
- Department of Correctional Services
- Department of Education
- Department of Housing
- Department of Health (Emergency Department)
- Commonwealth Department of Human Services – Centrelink.

### Non-Government Agencies

#### Alice Springs

- Alice Springs Women's Shelter
- NPY Women's Council
- Central Australian Aboriginal Congress
- Tangentyere Council

#### Darwin

- DAWN House Women's Shelter
- DAIWS
- Larrakia Nation Aboriginal Corporation
- YWCA D&FV Centre

#### Katherine

- Wurli Wurlinjang Health Services
- Binjari Health Clinic
- Katherine Women's Crisis Centre

#### Tennant Creek

- Anyinginyi Health Aboriginal Corporation
- Barkly Region Alcohol Drug Abuse Advisory Group
- Tennant Creek Women's Refuge

Other local service providers may be called upon on occasions to participate, as required.

## 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 it is safe and relevant to do so, decisions made at a Family Safety Meeting will be reported back to you. The worker with whom you initially had contact, will report back to you.

## 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 your concerns on the referral form.

## Who can you talk to for further information?

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

### Family Safety Framework

Family Safety Framework was introduced in Alice Springs in July 2012, and is being introduced in Darwin, Katherine and Tennant Creek in 2014-17.

**The purpose of the Family Safety Framework is to provide an action-based, integrated service response to individuals and families experiencing domestic or family violence who are at high risk of injury or death.**

The Family Safety Framework is a coordinated effort between key agencies in the NT. In Alice Springs it is led by NT Police through the Domestic Violence Unit in partnership with the Department of the Attorney-General and Justice and the Department of Children and Families. In all other NT locations it is led by the NT Police through the Domestic Violence Unit in partnership with the Department of the Attorney-General and Justice;

#### Government Agencies in each FSF region

- Department of Children and Families (Child Protection)
- Department of the Attorney-General and Justice
- Department of Correctional Services
- Department of Education
- Department of Housing
- Department of Health (Emergency Department)
- Commonwealth Department of Human Services – Centrelink.

#### Non-Government Agencies

##### Alice Springs

- Alice Springs Women's Shelter
- NPY Women's Council
- Central Australian Aboriginal Congress
- Tangentyere Council

##### Darwin

- DAWN House Women's Shelter
- Darwin Aboriginal and Islander Women's Shelter (DAIWS)
- Larrakia Nation Aboriginal Corporation
- YWCA DFV Centre

##### Katherine

- Wurli Wurlinjang Health Services
- Binjari Health Clinic
- Katherine Women's Crisis Centre

##### Tennant Creek

- Anyinginyi Health Aboriginal Corporation
- Barkly Region Alcohol Drug Abuse Advisory Group
- Tennant Creek Women's Refuge

Other agencies also participate in the Family Safety Framework and Family Safety Meetings where this is necessary to enhance the safety of the family.

The Family Safety Framework includes the following essential elements.

## **1. Risk Assessment Form**

The Family Safety Framework relies upon the use of a risk assessment form by all participating agencies. The risk assessment form helps workers assess the risk of further harm for individuals, especially women, children and young people who are most at risk of experiencing family and domestic violence. It uses known risk factors to identify the probability of harm occurring. It is intended as a guide or checklist to prompt workers to consider relevant factors in each case. It does not replace the use of professional judgement which must be exercised by each worker in accordance with their professional responsibilities. Cases assessed as high risk are referred to the Family Safety Meetings.

## **2. Protocol for Information Sharing**

The Family Safety Framework relies on agreement between agencies to share information about high risk cases to prevent further harm to individuals and families involved. All agencies participating in the Family Safety Framework adhere to an information sharing protocol. This includes the signing of a confidentiality declaration at every Family Safety Meeting covering all agencies responsible for safeguarding information in keeping with the *Information Act* (NT) and the *Privacy Act 1988* (Cth).

## **3. The Family Safety Meeting**

Agencies participating in the Family Safety Framework will meet fortnightly to discuss high risk family and domestic violence cases and to agree on appropriate actions to increase the safety of the individual/family. This is called a Family Safety Meeting (FSM). The FSM is chaired by the Officer in Charge of the NT Police Domestic Violence Unit. The FSM provides a co-ordinated process for increasing the safety of Individuals and families at high risk of violence by identifying high risk cases, sharing information across agencies, agreeing on actions to increase safety, and monitoring and reviewing the extent to which those actions have improved safety. The FSM will generate a specific action plan to support the reduction of risk for each person/family referred to the FSM.

## **4. Ongoing Monitoring and Evaluation**

The Family Safety Framework includes careful monitoring and evaluation of how it is operating and its impact on safety.

The process for the Family Safety Meetings (FSM) is as follows:



For further information contact NT Police Officer in Charge of the Domestic Violence Unit on:

Alice Springs: Tel: (08) 89 51-18 91

Katherine: Tel: (08) 89 73-96 68

Darwin: Tel: (08) 89 99-08 24

Tennant Creek: Tel: (08) 89 62-09 74