PRACTICE GUIDE 6: RECORD KEEPING

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This practice guide provides information, resources, tools and practice tips about record keeping, including what it is, why it is required, who should do it and how it should be done safely and effectively. Workers must comply with their own agency's requirements for record keeping.

Record keeping applies to universal and specialist workers.

REMEMBER: All adults must comply with their existing legal obligations under mandatory reporting laws – see Practice Guide 4 - Shared Legal Responsibilities.

It is best practice to inform the client of your responsibility to report DFV, and child abuse and neglect, as early as possible in the interaction, provided this does not compromise their safety.

NOTE: IF THE CLIENT (OR ANY OTHER PERSON) IS IN IMMEDIATE DANGER, CONTACT POLICE.

What is record keeping?	Record keeping includes creating case notes, referral forms, safety plans, risk management plans and completed risk assessment tools that are relevant to the worker's engagement with their client. It should be noted on all documents that the information is of sensitive nature and sharing that information needs to be considered in the context of the victim survivor's safety. Record keeping also refers to the secure management and storage of all confidential information.
Why is DFV record keeping important?	Keeping accurate records, and keeping that information safe and secure is a critical part of managing risks to people's safety. Records that workers keep as part of their work practices, such as case notes and emails, are important in keeping the person who commits DFV in view by documenting clearly their patterns of behaviour and how it is impacting on the client and family. This is especially important with DFV, as ongoing records can provide a record of the pattern of behaviour over time. Good record keeping also helps with collaborative interagency work and referrals and is an important way to support applications for intervention orders and breaches or other legal processes. Safe storage of confidential information is essential in DFV situations, because unauthorised or inappropriate disclosures of information could have extremely harmful consequences for a victim survivor's safety and the safety of others.

Who should do DFV record keeping?	All workers have responsibilities to make and securely keep records. Victim survivors may also keep their own documentation. However, documenting could increase risk if discovered by the person committing DFV. If the victim survivor is in the home with this person, you may explore keeping the evidence in a safe place outside of the home. If safe to do so, you can guide the client on documenting their experience of DFV. This might include: • Photographing injuries. • Medical evidence (including of sexual assault by specialist services). • Evidence of financial abuse. • Recording or writing down what was said or done, including details on time, location and specific details including any witnesses. • Noting breaches of orders, such as communication or exclusion orders. • Evidence of stalking, including through apps and technology, telephone or in-person (or from a third party on behalf of the person committing DFV). • Recording evidence of behaviours that led to harm of children or impact of that harm on children. • Clients may want to keep copies of their own safety plans – (See Practice Tool 8: Safety Plan).
When should DFV record keeping occur?	Documenting of DFV screening, risk assessment and management plans can be done with the client or after the conversation with the client has finished. Ideally, documenting should not be allowed to disrupt the flow of conversation and relationship building with the client. A reliable and trusting relationship with a worker can be an important factor in supporting positive outcomes relating to DFV.

How should record keeping be done?

- All services should have a secure client record management systems and appropriate policies and procedures in place which are compliant with legislative and professional body requirements such as for the Australian Association of Social Workers. A client's confidential information must be stored securely and safeguarded against privacy breaches.
- You should follow your service's record keeping policies and procedures.
- This includes reasonable safeguards against loss or unauthorised access, use, modification or disclosure of information. Information should be requested and provided in a secure way so that it is seen only by those who need to be aware of it.

Records kept in relation to DFV risk assessment and management should include:

- DFV related reports to police or statutory authorities you have made.
- Referral and secondary consultation actions you undertake.
- Information you share with other services or workers.
- Risk management actions assigned to you or other workers.
- Copies of any assessments you have done (e.g. completed CRAT) and risk management plans (e.g. completed safety plans).
- Case notes and any other relevant information about the victim survivor or the person committing DFV's circumstances.

ISEs under the NT DFV Information Sharing Scheme have particular record keeping requirements that can be found in the Information Sharing Guidelines. Example record keeping forms have been developed to assist ISEs and are available on the Northern Territory Government website. The use of these forms is not mandated, and ISEs may use their own existing or adapted forms for this purpose.

Keeping client information private and safe

Breaches of privacy can cause harm to the person whose privacy has been breached and may have serious implications for a victim survivor's safety. For example, information that discloses a victim survivor's location can put them at risk from the person committing DFV.

Services must ensure that the person committing DFV cannot access information about a victim survivor or that workers with access to client information do not have a conflict of interest (e.g. the worker has a personal or familial relationship with a victim survivor or person who commits DFV).

This is especially important for people from smaller or interconnected communities, when the staff at a services may be known to the victim survivor and/or person committing DFV.

Case notes	Many services have their own case note protocols. Case notes can be recorded manually or electronically and should at a minimum: • include on each page the name and DOB or other identifying information of the client. This can be handwritten, typed or constitute an electronic tag where an electronic case recording program is utilised • be dated • be recorded as soon as possible after an interaction or event • be typed or clearly readable if handwritten • include the name, signature and profession/role of the author • include the time of contact, particularly where there are a high volume of interactions in a day. • Include documents such as CRAT, a safety plan, information about referrals. • Include the types of DFV disclosed, any high risk factors identified, and any actions including any referrals made with the client (internal or external). Information recorded about a client should be impartial, accurate and completed with care so that: • only details relevant to the provision of support or service are recorded • notes are free from derogatory or emotive language • subjective opinions are qualified with relevant background information, theory or research • there is a focus on the facts • direct quotes from the client are used where possible • Any observations and opinion are supported by assessment tools • Do not record opinions (unless they are founded in evidence), value judgements, unfounded speculations/assumptions, hearsay or misleading information • describe the pattern
Client access to their records	A client may ask for access to their client records. In this case: • You should consult your organisation's polices. • Even where a client has the right to access records, there are some circumstances where it may be appropriate or necessary to refuse access. • A request by a client for access to their client records may have to be dealt with under the relevant privacy and health records legislation. • Where the client records are held by government agencies a Freedom of Information (FOI) Application or a Government Information Access Application may be required. • If you make a decision not to provide a client with access to their record, you should ensure that the client is advised of the right to request a review of this decision through organisational or legal channels.
Related resources	DFV Information Sharing Guidelines and record keeping forms