

Family Safety Framework Operational Guidelines (updated April 2025)

Version

Version	Date	Author	Changes made
1	6 October 2021	Office of Domestic, Family and Sexual Violence Reduction	First version
2	24 January 2023	Domestic, Family and Sexual Violence Reduction Division	Changes made to: <ul style="list-style-type: none"> • Role of FSM Chair • Information Sharing • Mandatory reporting obligations • Actions and information table for NGOs and NT Correctional Services • Step by step process leading up to a meeting • Closing cases • New transferring cases section • Transfer of case template
3	July/August 2024	Domestic, Family and Sexual Violence Reduction Division	Changes made to: <ul style="list-style-type: none"> • Case definitions • Member application processes • Setting up new FSFs • Information Sharing • Updated hyperlinks • Other minor adjustments
4	April 2025	Domestic, Family and Sexual Violence Prevention	Changes made to: <ul style="list-style-type: none"> • Transfer of referrals

Acronyms used in this document

Acronym	Explanation
ACCO	Aboriginal Controlled Community Organisation
CRAT	Common Risk Assessment Tool
DCF	Department of Children and Families
DET	Department of Education and Training
DFSV	Domestic, family and sexual violence
DFV	Domestic and family violence
DHLGCD	Department of Housing, Local Government and Community Development
DOC	Department of Corrections
DVO	Domestic Violence Order
FSF	Family Safety Framework
FSM	Family Safety Meeting
ISO	Intelligence Support Officer
NGO	Non-government organisation
NT	Northern Territory
NTG	Northern Territory Government
NTP	Northern Territory Police

Acronym	Explanation
RAMF	Domestic and Family Violence Risk Assessment and Management Framework
The Act	Northern Territory Domestic and Family Violence Act 2007

Terminology used in this document

Term	Explanation
Active case	A case that is under active consideration and monitoring by an FSM. Active cases are reviewed at every FSM.
At risk	At risk is defined by 2 of the 3 following factors: <ul style="list-style-type: none"> • a victim-survivors assessment of themselves being at risk • the professional judgement of the referrer assessing the victim-survivor being at risk, and/or • a scoring of 17 or under on completion of the Common Risk Assessment Tool (see page 58 of the Risk Assessment and Management Framework).
Closed case	A case that all FSM representatives in attendance jointly assess, with consensus, as no longer at serious risk and can be removed from the FSF. While the role of the FSF is complete, DFV services maintain usual roles and responsibilities for their clients.
Conflict of Interest	A conflict of interest occurs when the private interests of an officer/worker interferes with official duties.
Consensus	All FSM members in attendance agree to a decision or action.
Elevated risk	Elevated risk is defined by 2 of the 3 following factors: <ul style="list-style-type: none"> • a victim-survivors assessment of themselves being at elevated risk • the professional judgement of the referrer assessing the victim-survivor being at elevated risk, and/or • a scoring of 15-27 on completion of the Common Risk Assessment Tool (see page 58 of the Risk Assessment and Management Framework).
FSF Member	Any government agency or non-government organisation actively involved in the FSF.
FSF representative	Representative means the person(s) nominated by a member to participate as their representative(s) in the FSF meetings.
FSM	The fortnightly Family Safety Meetings held in each FSF location.
Imminence	Imminence means you believe that death or serious physical harm could occur within a short time.
New case	A case that has been referred to and accepted by the FSF.
Serious risk	Serious risk is defined by 2 of the 3 following factors: <ul style="list-style-type: none"> • a victim-survivors assessment of themselves being at serious risk • the professional judgement of the referrer assessing the victim-survivor being at serious risk, and/or • a score of 28 or above on completion of the Common Risk Assessment Tool (see page 58 of the Risk Assessment and Management Framework).
Suspended case	Cases are able to be suspended where the perpetrator is in custody (including on remand) and the risk to the victim survivor is no longer serious for this period. (refer to Section 3.1 for further information).

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1. Introduction

1.1 Purpose of these guidelines

The Family Safety Framework Operational Guidelines (the Guidelines) outline how the Family Safety Framework (FSF) operates in the Northern Territory (NT), and the roles and responsibilities of members of the FSF and their representatives who attend Family Safety Framework Meetings (FSM) on behalf of their organisation.

1.2 Overview of the Family Safety Framework

The [Northern Territory's Domestic, Family and Sexual Violence Reduction Framework 2018-2028 Safe, Respected and Free from Violence](#) commits to a number of activities to strengthen the systemic response to domestic and family violence (DFV), including the FSF. The FSF was adapted from the model that operates in South Australia and was introduced in the NT in 2012.

The FSF is a multi organisation, action-based, integrated service response to DFV victim survivors who are at serious risk of injury or death, and operates in accordance with the FSF Guidelines and the [Northern Territory Domestic and Family Violence Risk Assessment and Management Framework \(RAMF\)](#).

The purpose of the FSF is to manage risk and increase safety for DFV victim survivors at serious risk, as well as to increase accountability for people using violence and support them to change behaviour.

The FSF operates in seven locations across the NT: Darwin, Alice Springs, Katherine, Tennant Creek, Nhulunbuy, Yuendumu and Wadeye. Other FSF locations may be developed in the future.

Pivotal to the FSF is the FSM, which is a fortnightly meeting held at a local level. The FSM includes participating service providers from government agencies and non-government organisations (NGOs¹). The purpose of the FSM is to share information and collaborate on risk management actions to improve the safety of victim survivors identified as being at serious risk of DFV related harm or death.

The actions can be wide-ranging and will depend on the circumstances of the victim survivor at the time. Responses can include provision of emergency accommodation, healthcare, counselling, legal assistance, justice responses, flexible support packages, and many other actions.

1.3 Aims of the FSF

The aims of the FSF are:

- a. To determine whether the perpetrator poses a significant risk to the victim survivor (including children).
- b. To jointly construct and implement a multi-agency action plan that manages serious risk and reduces the risk of further harm.

¹ Non-government organisations include those that are Aboriginal Community Controlled Organisations (ACCOs)

- c. To support a criminal justice system response to the perpetrator of DFV and hold perpetrators accountable.
- d. To reduce repeat victimisation.
- e. To reduce reoffending by the perpetrator.
- f. To include the safety and wellbeing of children and young people.
- g. To enable coordinated agency responses to victim survivors, where all agencies are 'at the table' compared with a fragmented 'silo' approach.
- h. To improve agency accountability.

The FSF aligns with the [RAMF](#) which guides workers across the NT DFV service system² in identifying DFV and assessing and responding to DFV risk. The RAMF includes the Common Risk Assessment Tool (CRAT), which is also used to assess cases for referral to the FSF.

Department of Children and Families (DCF) delivers RAMF training, which is available for universal, specialist and statutory workers across the Northern Territory to support them to utilise the RAMF and CRAT. Space at every training session is quarantined for FSF members.

1.4 FSF operations, policy, and members

The Northern Territory Police (NTP) and DCF are the lead agencies of the FSF.

NTP leads the operational implementation of the FSF.

DCF is the policy lead for the FSF. DCF provides funding to NTP to support the FSF operations. Funding is outlined in the FSF Memorandum of Understanding: Schedule 3.

Designated FSF members are:

- i) Department of Children and Families (DCF)
- ii) Northern Territory Police (NTP)
- iii) Department of Corrections
- iv) Department of Health (DoH)
- v) Department of Education and Training (DET)
- vi) Department of Housing, Local Government and Community Development (DHLGCD)
- vii) Relevant Aboriginal Community Controlled Organisations (ACCOs) and non-government organisations (NGOs) in each region where an FSF operates³ Other government agencies, ACCOs and NGOs may be invited by the Chair to participate in the FSF at any time, for any relevant period to facilitate an integrated service response.

² A basic map of the DFV service system can be found on page 10 of the [RAMF](#).

³ Relevant ACCOs and NGOs include women's shelters, women's crisis accommodation, DFV counselling services, DFV outreach and support services, DFV legal services and Men's Behaviour Change Providers. Other ACCOs and NGOs delivering services in the area where the FSF operates may be a member with the agreement of the FSF members

1.5 New organisations/agencies joining an FSF

New organisations/agencies can request to join their local FSF by emailing the FSF generic email⁴. Requests are to be presented at the next FSF for member acceptance by [consensus](#).

If a request to join is not accepted, the FSF Chairs will put a response in writing to the applying organisation. The organisation will be offered a right of reply and may ask for a review of the decision.

The NTP Assistant Commissioner will review the decision and communicate the outcome and reasons via a letter to the organisation.

1.6 Governance

A memorandum of understanding (MOU) exists between DCF, NTP, DET, DoH, DOC and DHLGCD which outlines the roles and responsibilities of each agency in relation to the FSF.

2. FSF members' roles and responsibilities

2.1 NTP responsibilities

NTP leads the operational implementation of the FSF.

NTP have the following responsibilities:

- Appoint the Chair for each FSM. Each FSM is to be chaired by an NT Police Officer at the rank of Senior Sergeant for meetings in Darwin, Katherine, and Alice Springs. In other areas, the Chair will be the Officer-in-Charge or the Detective Sergeant of an investigation area that holds responsibility for the response and investigation of DFV incidents in the relevant region.
- Appoint a Deputy Chair for each FSM to ensure meetings proceed in the absence of the FSM Chair.
- Chair the FSM in each location where the FSF operates.
- Provide administrative and intelligence support for the operation of the FSF in Darwin, Nhulunbuy, Katherine, Tennant Creek, Alice Springs, Yuendumu, and Wadeye.
- Provide FSF data⁵ for each region in the supplied reporting template to DCF on a quarterly basis. The submission will incorporate data from all NT FSF localities into the one reporting template. This is inclusive of the FSF-related referral data and the attendance records of FSF meetings.

⁴ Alice Springs FSF: FSFAliceSprings@pfes.nt.gov.au; Darwin FSF: FSFDarwin@pfes.nt.gov.au; Katherine FSF: FSFKatherine@pfes.nt.gov.au; Nhulunbuy FSF: FSFNhulunbuy@pfes.nt.gov.au; Tennant Creek FSF: FSFTennantCreek@pfes.nt.gov.au; Yuendumu FSF: FSFYuendumu@pfes.nt.gov.au; Wadeye FSF: FSFWadeye@pfes.nt.gov.au

⁵ Data requirements are specified in the MOU Schedule 2

- Provide a biannual report to DCF⁶ in order to contribute to the continuous quality improvement of the FSF.
- Establish and maintain a forum for FSF Chairs to discuss issues, trends and opportunities in the operation of the FSF (led by Superintendent, Northern Domestic Violence and Youth Crimes Division (DVSCD)).
- In partnership with DCF, engage annually with all FSF members to reflect on FSF policy and operations and identify issues and areas for modification or improvement.
- Meet with DCF no less than quarterly to monitor FSF operations, identify issues arising from the operation of the FSF, and implement required improvements, within available resources.

The role of the FSM Chair is to:

- Chair the meeting.
- Review actions arising from the previous meeting and make a record of any actions outstanding.
- Ensure attendance of FSF representatives and report regular non-attendance to the Superintendent Northern DVSCD and DCF, through the quarterly data reporting.
- Keep an accurate record of FSF member attendance that is available upon request by DCF and NTP.
- Ensure all representatives understand precisely what is meant by any agreed actions that relate to their agency either directly or indirectly.
- Provide each representative and their proxy with an induction prior to attending their first FSM, where this is practicable, or otherwise as soon as possible. This ensures attendees at the meeting understand how the FSF works and can effectively participate.
- Provide any FSF Chairs acting in the role in the relevant location with a thorough handover of active cases and induction to FSF.
- Ensure each representative has undertaken RAMF training or is enrolled in the next available training opportunity within three (3) months of becoming an FSF representative.
- Maintain a record of representatives' RAMF training completion.
- Provide the quarterly data submission and the biannual report to the Superintendent DVSCD within the required timeframes, inviting input from participating members, in order to contribute to the continuous quality improvement of the FSF.

NTP FSF Intelligence Support Officer responsibilities:

FSF Intelligence Support Officers (ISO) support the NTP DFV investigation areas of Alice Springs, Tennant Creek, Katherine, Nhulunbuy, Yuendumu, Darwin and Wadeye. The

⁶ Data requirements are specified in the MOU Schedule 2

positions are funded by DCF and employed by NTP. They coordinate all administrative requirements for the FSF including:

- Receiving all new referrals.
- Collating an intelligence profile of the referred case.
- Coordinating the preparation and circulation of the agenda prior to the FSM.
- Inclusion of late referrals under 'other business' in the FSM agenda when received the day prior to the meeting and marked as a new referral for the next fortnight.
- Completing and circulating FSM Minutes.
- Preparing quarterly FSF data for analysis and reporting purposes and providing it to the Superintendent Northern, DVSCD.

2.2 DCF responsibilities

DCF is the policy lead for the FSF.

DCF has the following responsibilities:

- Provide funding for ISOs employed by NTP to support FSF operations.
- Monitor and update these Guidelines and associated documentation to support effectiveness, currency and common understanding of the operation and processes of the FSF.
- Maintain the RAMF including the [CRAT](#).
- Coordinate RAMF training and ensure the training is available to government and non-government organisations who attend the FSF, with places prioritised for FSF members.
- In partnership with DCF, engage annually with all FSF members to reflect on FSF policy and operations and identify issues and areas for modification or improvement.
- Produce a biannual report that is informed by the quarterly data submissions⁷. The intent of the report is to provide a statistical analysis of the FSF referral data and attendance records.
- Meet with NTP no less than quarterly to monitor FSF operations, identify issues arising from the operation of the FSF, and implement required improvements, within available resources.
- Develop, deliver and maintain FSF member induction training.

DCF is also a member of the FSF and as such has the same responsibilities as other agency members below.

2.3 FSF member responsibilities

All Northern Territory Government agencies and NGOs who are members of the FSF have the following responsibilities:

⁷ Data requirements are specified in the MOU Schedule 2

- Appoint a representative and at least one proxy at each of the locations where the FSF operates⁸.
- Ensure the representative consistently attends FSMs or sends the appropriately briefed and experienced proxy to attend in their place.
- Ensure the FSF representative and proxy have received induction before attending the FSM.
- Ensure FSF Induction checklist and declaration is sent to the FSF ISO for record keeping.
- Ensure the representative has the appropriate level of decision-making authority to undertake actions for which their agency has responsibility and to make an immediate commitment of resources to the necessary action(s).
- Ensure the representative has a comprehensive understanding of their agency's services, including procedures, and their limits, in order to assist the FSM to identify responsibility for actions.
- Consider whether to include FSF responsibilities in the appointed representative and proxy representative's job descriptions.
- Undertake probity checks of representatives and proxy representatives prior to their participation in the FSF.
- Maintain an accurate record of the names of their appointed representatives and proxies in each region and provide this information to NTP and DCF upon request.
- Ensure representatives and their proxies are able to meet their responsibilities to the fullest extent without personal bias.
- Participate in an annual reflection process to reflect on the operation of the FSF and identify areas for modification or improvement.
- Encourage, where practicable, participation in the FSF of Aboriginal staff with local knowledge.

All FSF members are encouraged to become Information Sharing Entities (ISEs), however non-ISEs can be FSF members. This is further explained in the section on Information Sharing.

2.4 FSF representative (and proxy) responsibilities

The Chair will provide each new authorised representative and their proxy with an induction into the FSF. This will occur prior to their first meeting, where this is practicable, or otherwise as soon as possible. A checklist for this process is available at Attachment 1.

FSF representatives and their proxies have the following responsibilities:

- Have the appropriate knowledge, experience and authority to actively participate in the FSF on behalf of their agency or organisation, including authority to commit to actions arising from the FSMs.

⁸ Some larger FSF member organisations/agencies may require two representatives, for example, DCF requires a representative from Child Protection and Housing. Some FSFs may benefit from two representatives from FSF member organisations/agencies due to the high number of referrals.

- Undertake RAMF training or be enrolled in the next available training opportunity within three (3) months of becoming an FSF representative.
- Have read these Guidelines and understood their responsibilities.
- Attend all FSMs in their location, or provide an appropriately-briefed proxy.
- Advise the FSF Chair as soon as possible prior to an FSM if they and their proxy are unable to attend and the reason for non-attendance.
- Provide relevant and timely information about the cases listed for an FSM in advance of the meeting and during meetings.
- Participate in open and honest discussions about the cases and contribute to the development of multi-agency actions, even where there has been no agency involvement in the past.
- Complete and report back on progress and outcomes of all designated actions in a timely and efficient manner.
- Update their agency on the current status of the client referred to the FSF.
- Understand and comply with their information sharing obligations under the [Domestic and Family Violence Act 2007](#), the [Information Act 2002](#), the [Privacy Act 1988](#) (Cth), the [Information Privacy Principles](#), and the [Care and Protection of Children Act 2007](#).⁹
- Maintain all information before, during and after the FSM, including FSM minutes, as strictly confidential. Information is not to be disclosed to any person or organisation not party to the FSF (unless that disclosure is lawfully made including under information sharing laws, is required by law, or is required for undertaking FSF actions assigned to the representative).

NOTE: information may be shared with other staff in the representative's agency for the purposes of undertaking FSF actions assigned to the representative.

- Comply with all legal obligations in relation to the secure handling and storage of FSM material so it is safe from unauthorised access or accidental loss. (Each organisation should already have an appropriate information management system in place)¹⁰.
- Always act in the best interests of the victim survivor (including children), with victim survivor safety as the first priority.
- Declare any conflicts of interest (such as a relationship with any of the listed parties) and arrange for an alternate agency representative to attend the FSM when this occurs.

NOTE: NTG employees are bound by the [Code of Conduct for the Northern Territory Public Sector](#). Other members may have their own organisational Code of Conduct. All Codes of Conduct should be used alongside the conduct requirements of these guidelines regarding declaring personal and public interests prior to a meeting or case discussion and acting accordingly.

⁹ For information about lawful and safe information sharing, see the Territory Families, Housing and Communities DFV [Information Sharing](#) webpage.

¹⁰ The [Office of the Australian Information Commissioner](#) provides a [Guide to securing personal information](#) which includes reasonable steps you are required to take under the [Privacy Act](#) to protect personal information from misuse, interference, loss and unauthorised access, modification or disclosure. It also includes guidance on how to destroy information once it is no longer needed.

- Abide by RAMF principles (as outlined at section 2.5 of these guidelines).
- Actively engage by providing feedback on the strength and effectiveness of the FSM when required.
- Comply with conduct expectations outlined at section 2.6 of these guidelines.

2.5 RAMF principles

All FSF members and representatives must abide by the RAMF principles:

- 1 Safety from DFV is the main priority in responding to DFV risk.
- 2 Risk assessment and management is part of a continuum of service delivery, and ongoing responses are needed as risk and needs may change over time.
- 3 The agency and dignity of the person experiencing DFV should be respected by workers partnering with them as active decision-making participants in risk assessment and management, providing this does not compromise safety.
- 4 An integrated response (including systemic collaboration between people, communities, and services) creates better DFV risk responses.
- 5 All DFV is a risk which requires a response.
- 6 Professional support and safety for workers is essential to effective DFV risk assessment and management.
- 7 All risk assessment tools and frameworks must be informed by the evidence.
- 8 Evidence-based risk assessment considers the DFV victim survivor's perception of their own safety.
- 9 Sexual violence within DFV must be specifically considered in risk assessment and management.
- 10 DFV risk responses to priority populations must be culturally safe and free from discrimination based on race, age, gender, sexuality, religious beliefs, or incarcerated status, so that the heightened risk and diverse needs of particular groups are taken into account.
- 11 Risk responses should recognise children as victim survivors in their own right. DFV has serious impacts on the current and future safety and wellbeing of children who experience it (including witnessing DFV).
- 12 Risk responses to Aboriginal people, migrants and multicultural community members affected by DFV must acknowledge the impacts of structural violence, racism and discrimination, colonial practices, and intergenerational trauma.
- 13 People who commit DFV are responsible for harming others and must be held accountable for their behaviour and supported to change. Their current and past behaviours and actions are relevant in assessing and management risk.

2.6 Conduct at Family Safety Meetings (FSM)

All FSM decisions, unless stated otherwise in this document, are to be made by consensus of the attending representatives. Where consensus is unable to be reached, decisions will be accepted by a majority of attending representatives.

FSMs are based on a fundamental commitment to enhancing physical and psychological safety and to treating all individuals with respect and dignity. Representatives at the FSM are expected to model good conduct, which includes consideration of the following:

- Each representative takes responsibility for ensuring that the FSM follows healthy and respectful communication, conflict resolution and decision-making processes.
- FSM conversations occur with the utmost respect, protecting the dignity and privacy of the individuals concerned. Representatives understand that cases involve clients who have complex lives and may have experienced significant trauma. It is good practice to speak exactly as you would if the victim survivor were present in the room.
- Representatives remain impartial, and do not engage in derogatory remarks, judgments of the victim survivor's choices, or victim blaming.
- Representatives do not collude¹¹ with the perpetrator under any circumstance (see definitions).
- Representatives ensure that enhancing safety is the number one priority and that the FSM actions do not expose victim survivors to greater risks.
- Representatives communicate with respect, empathy and compassion, in a culturally safe manner that considers the culture/s and ethnicity/s of the victim survivor and perpetrator.
- Representatives are mindful of their own cultural influences and personal biases and how they may impact decision making processes.
- Representatives recognise and acknowledge victim survivors' strengths and personal agency.

2.7 Dispute resolution procedure

Representatives may disagree about key issues such as the type of actions agreed upon, or whether or not a case should be accepted.

It is important that any disputes between representatives are dealt with promptly and in a way that prioritises safety. The FSM Chair plays a key role in ensuring that the meeting runs smoothly and in resolving any disputes that may arise.

NTP is committed to resolving disputes openly and transparently taking into account the views of all the member agencies, the commitment to safety, and the intended purpose and operation of the FSF.

The dispute resolution procedure is as follows:

1. The representative should first attempt to address the issue by raising it at the FSM itself.
2. If the issue remains unresolved, the representative should seek a meeting with the FSM Chair outside of the FSM to discuss it with them.

¹¹ Through speech, actions or otherwise, reinforcing, excusing, minimising or denying a perpetrator's violence towards a victim survivor(s).

3. If the issue remains unresolved, the representative should put it in writing to the FSM Chair as a formal complaint or grievance.

In response, the FSM Chair will:

- a. seek the views of member agencies on the issue (unless this would be inappropriate in the circumstances); and
- b. convene a meeting to be chaired by the relevant Divisional Superintendent to resolve the issue, taking into account the views of member agencies.

The FSF Chair will ensure the Superintendent of the DFSVD is made aware of the issue and the resolution outcome, and that the process is managed in a timely manner.

2.8 Information Sharing and the FSF

Information sharing is a core component of the FSF process. Representatives on the FSF are entitled to share information they reasonably consider relevant in order for the FSF to function effectively.

The preferred and best basis upon which to share information is with the consent of the person under threat, where this is safe, possible and practical. Where consent is not able to be obtained:

- Information may be disclosed under Information Privacy Principle 2.1 in the *NT Information Act 2002* if the organisation covered by the Act reasonably believes that the use or disclosure is necessary to lessen or prevent a serious or imminent threat to an individual's life, health or safety or of harm to, or exploitation of a child.
- Information can and, in some cases, must, be shared by Information Sharing Entities (ISEs) under Chapter 5A of the [Domestic and Family Violence Act 2007](#), where sharing the information is necessary to assess, lessen or prevent a serious threat to a person's life, health, safety or welfare because of DFV.

NOTE: Persons referred to the FSF have already been assessed as being at serious risk of harm because of DFV.

- Authorised Information Sharers under Part 5.1A of the *Care and Protection of Children Act 2007* may share information that relates to the safety or wellbeing of a child for purposes that are specified under the Act.

The primary information sharing framework to be relied upon for information sharing in Family Safety Meetings is Information Privacy Principle 2.1.

This framework aligns with the purpose of the FSF as to coordinate immediate actions to reduce the risk of serious harm and death from DFV, noting that a person referred to the FSF has been assessed as being at serious risk of harm because of DFV using the CRAT.

Where FSF member organisations are ISEs (see 2.8.1) prescribed under the DFV Act, the DFV Information Sharing scheme allows for information to be shared without consent for the purpose of assessing, lessening or prevention a serious DFV threat. It enables FSF member agencies who are ISEs to share information prior to FSMs in order to comprehensively complete a risk assessment and then make a referral to the FSF.

Further information is available about the NT DFV [Information Sharing Scheme](#); the [NT Information Privacy Principles](#); the [Domestic and Family Violence Act 2007](#); and the [Care and Protection of Children Act](#).

Information that is not necessary for risk assessment or risk management, or where the threshold of serious threat is not reached, must not be shared. Information must not be shared if it could endanger a person's life or physical safety, prejudice a court case, police investigation or coronial inquiry, contravene legal professional or client legal privilege, or enable the identification of a police source or breach a law.

Information obtained at an FSM may only be used for the purpose of assessing, lessening or preventing a serious threat of DFV. Representatives cannot use information received at an FSM as evidence in respect of unrelated matters unless they are required to under their statutory role or otherwise required under the law.

All representatives must understand and comply with their information sharing obligations under the [Domestic and Family Violence Act 2007](#); the [Information Act 2002](#); the [Privacy Act 1988](#) (Cth); the [Information Privacy Principles](#); and the [Care and Protection of Children Act 2007](#).¹²

2.8.1 Information Sharing Entities (ISEs)

FSF members are strongly encouraged to become ISEs to assist in FSF processes and mitigate the risk of serious harm and death from DFV for those referred to the FSF, however it is not mandatory to be an ISE to be on the FSF. More information can be found at [NTG Domestic and family violence information sharing](#).

2.8.2 Sharing information within FSF Member agencies in order to provide information relevant to referrals and to carry out actions as part of FSF

Sharing of information raised in FSMs within member agencies is allowed when the use or disclosure of that information is necessary to lessen or prevent a serious or imminent threat to an individual's life, health or safety. While every case and referral will involve different circumstances and levels of risk, use or disclosure of information as allowed by IPP 2.1 is likely to occur when providing information to the FSM on behalf of your member agency about a new referral and in undertaking actions assigned to your agency.

2.9 Information and actions for agency representatives to contribute to FSMs

Prior to an FSM, representatives will gather the following information:

- Contact all relevant workers in your agency to obtain current, accurate information and seek their professional opinion about the referred clients' needs and safety, and the perpetrator's whereabouts and threat posed.
- Note records of last sightings, meetings or telephone calls.
- Note recent behaviour and situation including changes.

¹² For information about lawful and safe information sharing, see the Northern Territory Government DFV [Information Sharing](#) webpage.

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- Identify any other concerns your agency/organisation may have about needs and safety. Clarify any discrepancies or inaccuracies of information on the agenda or CRAT, including missing information.

The following are examples of the type of information and actions that FSF representatives are expected to contribute at FSMs.

NGO / Agency	Actions / Information
NTP	<ul style="list-style-type: none"> • Defendant's criminal history (noting that a spent criminal conviction cannot be disclosed without the consent of the person to whom the spent records relate unless the NTP reasonably believes that the use or disclosure is necessary to lessen or prevent a serious or imminent threat to the individual's or another individual's life, health, or safety) • Antecedents and recorded prior DFSV involvements of the parties inclusive of Alerts/National Police Reference System • DVO (current and previous) of the parties; including DVO with other parties which indicate pattern of behaviour • Status of investigation / Court dates • Remote station and cross-border enquiries where parties may be linked • Offender / prisoner debriefing • Linking members and FSM outcomes to operational Tasking and Coordination Group / Intelligence Circular / Muster Briefings where appropriate
DCF	<ul style="list-style-type: none"> • Case history regarding violence and patterns of coercive control • Interstate liaison information: cross-border enquiries if parties transition between remote communities • Current status of any open case types, level of intervention and involvement
DOC	<p>Department of Correctional Services will provide accurate and relevant information from the Integrated Offender Management System (IOMS) to assist in assessing and managing risk relating to active, emerging and potential FSF cases.</p> <ul style="list-style-type: none"> • Custodial records and institutional adjustment (security, classification, transfer eligibility), incidents, alerts, visits) • Release dates and court appearances and outcomes • Supervision records • Risk assessments • Treatment reports • Referral information • Case management progress and offender management plans
DoH	<ul style="list-style-type: none"> • Medical records of the parties (e.g. injuries consistent with DFV and/or self-harm) • Whether either or both the parties are on the Banned Drinkers Register
DET	<ul style="list-style-type: none"> • Involvements with the parties • School attendance, enrolment, and truancy records of the child(ren) • Engagement with school counsellors / teachers
DHLGCD	<ul style="list-style-type: none"> • Safe room availability / relocation options • Public Housing Safety Officer / recent complaints about parties or premises

NGO / Agency	Actions / Information
	<ul style="list-style-type: none"> History of the parties' requests to move or previous relocations
NGOs	<ul style="list-style-type: none"> Victim survivor engagement / needs Legal assistance Safety plans Men's Behaviour Change participation, any current orders, and any changes in risk and/or behaviour

2.11 Wellbeing and safety of FSF representatives

FSF representatives will be exposed to traumatic content as part of their role. Undertaking DFV risk assessment and management is not easy. Finding the right responses for people requires skill, determination, creativity and patience, especially in remote and very remote areas. Hearing traumatic stories is often difficult and can have long term effects on workers.

Vicarious trauma is the experience of trauma symptoms that can result from being repeatedly exposed to other people's suffering and the stories of their traumatic events.

Vicarious trauma can include symptoms such as:

- Remembering the traumatic stories when you don't want to, having intrusive images and thoughts
- Having difficulty sleeping or having nightmares
- Feeling wound up, on edge
- Physical difficulties like headaches, muscle tension, fatigue, digestive problems.

The effects of vicarious trauma can be offset if they are acknowledged and addressed proactively by organisations and workers. If representatives are experiencing these symptoms, they should get help from their manager, a counsellor or another support person.

1800RESPECT is the National Sexual Assault, Domestic Family Violence Counselling Service which provides information and support for workers, with specialist counsellors available 24/7 on 1800 737 732 or www.1800respect.org.au.

EASA is a service available to NTG employees for trauma-informed counselling and have locations across the NT. Call 1800 193 123 or esasadarwin@easa.org.au or esaaalicesprings@easa.org.au.

2.12 Mandatory reporting obligations

Referring a serious risk case to the FSF does not replace mandatory reporting obligations.

Mandatory reporting still applies when a victim survivor is involved in the FSF. DFV incidents that meet the threshold for mandatory reporting must continue to be reported to police.

Note that mandatory reports are not to be made via email while also making a referral for the FSF. Mandatory reporting must be completed through the usual channels.

Under [section 124A of the Domestic and Family Violence Act 2007](#), all adults in the NT are required by law to report DFV to the police, if they believe on reasonable grounds either or both of the following circumstances exist:

- a person has caused serious physical harm or is likely to cause serious physical harm to someone with whom they are in a domestic or family relationship and/or
- the life or safety of a person is under serious or imminent threat because DFV has been, is being, or is about to be committed.

It is an offence not to report DFV to the police as soon as practicable after forming the belief, orally or in writing, unless one of the following reasons apply:

- You believe someone else had reported the DFV.
- You were involved in the removal of the victim survivor from DFV and planned to report this as soon as practical after the removal.
- You believed a serious or imminent threat to the life or safety of any person may occur as a result of your reporting.

In addition, it is the law, under the [Care and Protection of Children Act 2007](#) in the NT that all adults must make a mandatory report if:

- they believe a child is being, or has been, harmed or exploited or
- if any child aged less than 14 years has been or is likely to be a victim of a sexual offence or
- if any child aged less than 18 years has been or is likely to be a victim of a sexual offence occurring in the context of a special care relationship or
- a child aged 14 or 15 years has been or is likely to be a victim of a sexual offence and the age difference between the child and the sexual offender is greater than two years.

3. Family Safety Framework operations

3.1 Step by step process of what occurs leading up to, at, and after an FSM

1. **Risk assessment:** Appropriately trained workers will use the CRAT as an evidence-based tool to assess the victim survivor's risk of DFV related harm.
2. **Referral of serious risk cases to FSF:** Appropriate workers will refer victim survivors assessed as being at serious risk using the CRAT to the FSF.
 - a. Referrals are **only for persons who reside in or have strong established ties** to the FSF locations.
 - b. A referral is made by submitting the completed CRAT to the relevant location¹³. A case should only be referred if the completed CRAT meets the overall threshold of serious risk (based on the three CRAT components – numerical score of evidence-based risk factors, the victim-survivor's self-assessment, and professional assessment). When the numerical score based on the risk factors does not meet

¹³ Alice Springs FSF: FSFAliceSprings@pfes.nt.gov.au; Darwin FSF: FSFDarwin@pfes.nt.gov.au; Katherine FSF: FSFKatherine@pfes.nt.gov.au; Nhulunbuy FSF: FSFNhulunbuy@pfes.nt.gov.au; Tennant Creek FSF: FSFTennantCreek@pfes.nt.gov.au; Yuendumu FSF: FSFYendumu@pfes.nt.gov.au; Wadeye FSF: FSFWadeye@pfes.nt.gov.au

the threshold for serious risk, professional judgement of the referrer and/or the victim survivor's own assessment of their level of risk can still lead to the referrer to determine that the referral meets the 'serious risk' threshold and thereby refer to the FSF.

- c. Referrals that do not meet the overall risk threshold of serious risk are not to be forwarded to the FSF. CRATs that do not meet the overall serious risk threshold will be returned to the referrer for further action.
- d. FSF ISOs have responsibility for receipt and actioning of the referral email.
- e. Referrals that are not assessed as [serious risk](#) are not to be forwarded to the FSF or addressed at FSMs.
- f. Workers should inform the victim survivor of the purpose of the FSF and seek informed consent from a victim survivor for their referral to the FSF unless it is unsafe to do so (e.g. their knowledge of the referral may put them at increased risk of violence).

3. Police prepare agenda for FSM:

- a. FSF Chair examines the referrals received and determines which new cases will be added to the agenda for discussion based on the completed CRAT.
- b. **All referrals** (new cases) received no less than 2 business days prior to the meeting will be added to the agenda for discussion, including the completed CRAT.¹⁴
- c. The agenda (including the completed CRATs for new referrals) and previous FSM minutes are distributed to all FSF representatives, allowing for sufficient time to review the information.

4. FSF representatives gather information: FSF representatives prepare for the FSM by gathering relevant information that their organisation holds about the cases listed on the agenda.

5. FSM is held:

- a. **Discussion of new referrals:** All referrals should be discussed by the FSM and a group decision made on whether or not the referral is accepted. This is not up to the Chair alone. The discussion includes sharing information held about the cases by each representative to decide whether to accept the referral or whether another action(s) would be more appropriate for that particular case. It is important that **representatives hold robust, open and transparent discussions** about acceptance or non-acceptance of referrals. If a referral is accepted, it becomes a **new case**.

Note: Referrals that do not meet the overall risk threshold of serious risk are not to be addressed at FSMs.

- b. **Actions for new cases:** Where a referral is accepted, the case is **active** and the representatives agree on actions, including:
 - i. what the actions are
 - ii. who is best placed to be responsible for each action

¹⁴ NOTE if a referral is received within 2 business days of the FSF Meeting, this referral will still be discussed under 'any other business'

- iii. the timeframe by which each action should be completed.

Representatives are required to contribute to actions in the context of the services their agency or organisation is responsible for providing.

- c. **Discussion of transferred referrals:** All transferred referrals should be discussed by the FSM and a group decision made on whether or not the referral is accepted, with consideration of accompanying information sharing provided from the original FSF location.

If a referral is accepted, it becomes an **active case**.

- d. **Actions for transferred cases:** Where a transferred referral is accepted, the case is **active** and the representatives agree on actions, including:
 - i. what the actions are
 - ii. who is best placed to be responsible for each action
 - iii. the timeframe by which each action should be completed.

Representatives are required to contribute to actions in the context of the services their agency or organisation is responsible for providing.

- e. **Review active cases:** Progress on actions for all active cases is monitored and reviewed at each FSM. Representatives will report on actions undertaken and safety outcomes for the victim survivor. Decide if any cases are able to be closed. Decide if any cases are able to be suspended (see point 10 below).
- f. **Review suspended cases:** Cases are able to be suspended where the perpetrator is in custody (including on remand) and the risk to the victim survivor is no longer serious for this period.

Note: This does not include where there is serious risk from family members or the perpetrator, while the perpetrator is in custody. In these situations, the case must remain active until the risk has abated.

The FSM will reassess risk prior to the perpetrator being released. If the risk is assessed as serious due to release, the case will be reactivated.

- 6. **FSM minutes are circulated:** FSM minutes include representatives' attendance, actions allocated to agencies, details of actions, timeframes for implementation and reporting outcomes for the next FSM. Minutes also include details where agencies disagree about the acceptance / non-acceptance of a referral of a new case, a specific course of action or a planned response. Minutes are circulated to all agencies as soon as possible after the meeting.
- 7. **Inform the victim survivor:** The worker who conducted the risk assessment, or the referring agency, should inform the victim survivor about the outcome of the FSM where it is safe to do so (e.g. when actions have resulted in outcomes that have mitigated risk and imminency so that ongoing case management can continue).
- 8. **Actions are implemented:** Each representative implements the actions assigned to them. Where appropriate, they should liaise with other FSM representatives outside of meetings to support effective implementation of all agreed actions. Representatives will record the actions and outcomes in their case notes.
- 9. **Progress is monitored:** Progress on actions for all active cases is monitored and reviewed at each FSM. Representatives will report on actions undertaken and safety outcomes of

the victim survivor. Cases remain active until the victim survivor is no longer deemed at serious risk or where the victim survivor is unable to engage with the various agencies.

10. Case is closed: The case is closed only once **there is agreement by consensus of attending representatives** that the level of risk has been reduced sufficiently and/or imminence of the threat has been mitigated to remove the case from the FSF. The reason for closing the case will be captured in the meeting minutes.

After a case is closed, FSM representatives should continue providing their usual assistance to the victim survivor where appropriate.

Note that the FSM is specifically tasked with developing targeted and time bound actions to immediately reduce serious risk of harm and / or death. FSMs are not designed to undertake longer term case management.

Where a representative has concerns about closing a case, those concerns are to be discussed and recorded.

If the level of risk subsequently increases to serious after a case has been closed, a referring agency may re-refer the case to the FSF.

3.2 Transferring a case to a new FSF location

When a case is required to be transferred to a new location, a Transfer of Case form ([Attachment 3](#)) should be completed by the relevant ISO and sent to the new location's FSF email address.

Both locations must discuss transferred cases as per FSM processes, outlined at 3.1.5, and FSF procedures followed in each location until serious risk has been mitigated as per usual.

3.3 FSF referrals from outside the FSF location

FSF referrals can be made for victim survivors who reside in, or have strong established ties to, an FSF location.

Referrals from outside an FSF location will be assessed on a case-by-case basis and where deemed appropriate by consensus. In these cases, every effort will be made to provide support, considering any limitations in service delivery within the location.

When a case is referred from outside an FSF location, the FSF should refer back to relevant services working in that location to collaborate and respond. Risk management should be implemented as according to the RAMF.

3.4 Emergency FSM

An Emergency FSM is an exceptional event. It is called when a victim survivor is assessed as being at such imminent risk of serious harm and / or death 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. A CRAT referral is emailed followed by an initial phone contact by any agency to the FSM Chair (and relevant mandated notification process in the event of children being involved).

2. The call must be recorded in agency case notes.
3. The FSM Chair will make arrangements for contact with other relevant agencies for awareness.
4. Only agencies and organisations that can provide an immediate response to the victim survivor's safety will be invited.
5. The FSM will be held as soon as practicable; via teleconferencing and other technologies if a face-to-face FSM is not possible.
6. The initial referring agency must attend.
7. A combination of urgent and non-urgent actions will be agreed upon.
 - a. Urgent actions must be executed immediately (at most within a 24-hour period).
 - b. Non-urgent actions must be carried out as per usual FSM agreed action timelines.
8. Minutes from the emergency meeting / response will be distributed to all FSF delegates as soon as practicable and form part of the next FSM.

4. FSF Expansion

4.1 Setting up a new FSF

Establishment of new FSF sites will be considered by DCF and NT Police where:

- There is a service hub (considering the number of existing services and DFSV specialist services in the area, including permanent bases and outreach services).
- There is community acceptance and readiness for an FSF, including capacity and willingness to provide leadership, support and guidance on local and cultural matters
- Relevant service representatives in the location are available and committed to participate in an FSF and have the seniority and authority to make decisions on behalf of their organisation.
- Appropriate resources are available for an ISO.
- There is an appropriate FSM meeting space.
- Members at the new site have access to RAMF training.

Setting up new FSFs is the joint responsibility of DCF and NTP.

Attachment 1: FSF Induction

It is expected that all FSF representatives will have read the RAMF and understand the CRAT and have completed their own agency workplace induction prior to commencing the FSF induction.

Prior to attending their first FSM (where practicable), each representative will be provided with an induction into the FSF by the FSF Chair. This applies to any proxies attending on behalf of the regular representative.

Induction consists of the FSF Chair working through the following checklist with the representative and answering any questions. Where practicable, the representative should be provided with the opportunity to observe an FSM prior to the completion of the induction. Following working through the checklist and observing a meeting, both parties are to sign the declaration and send it to the relevant Intelligence Support Officer for the FSF location attended.

FSF INDUCTION CHECKLIST AND DECLARATION	
Name of FSF representative	
Organisation of FSF representative	
FSF Chair conducting induction	
Checklist	Tick
I have been appointed as the FSF representative (or proxy) for my agency	<input type="checkbox"/>
I have access to, and have read the FSF Guidelines	<input type="checkbox"/>
I understand and will comply with my responsibilities as outlined in the FSF Guidelines	<input type="checkbox"/>
I have access to, and have read and understood the Risk Assessment and Management Framework (RAMF), including the Common Risk Assessment Tool (CRAT)	<input type="checkbox"/>
I have read and agree to abide by the RAMF principles	<input type="checkbox"/>
I have completed training in domestic and family violence fundamentals, or have equivalent knowledge and experience Comments: <i>(details on when / where training undertaken, or if RAMF training is required)</i>	<input type="checkbox"/>
I have completed DFV RAMF training (or am enrolled in the training in the next 3 months)	<input type="checkbox"/>
I understand my obligation to attend all FSF meetings or to send an appropriately briefed and experienced proxy to attend in my place	<input type="checkbox"/>
I understand my obligation to advise the Chair as soon as possible prior to a meeting if I am unable to attend	<input type="checkbox"/>
I have observed an FSM meeting	<input type="checkbox"/>
Signature of FSF representative:	Date:
FSF Chair signature:	Date:

Attachment 2: Meeting minutes template

FAMILY SAFETY FRAMEWORK MEETING MINUTES

CONFIDENTIAL

Meeting location:

Meeting date and time:

1. Welcome and introductions

- Acknowledgement of Country: *'We acknowledge that the land we are meeting on today is on the traditional lands of the (insert name) and pay our respects to elders past and present, and any Aboriginal and Torres Strait Islander peoples in the room today.'*
- FSF representatives attending:
- Non-attendance:
- Apologies:
- Observers/invited guests:
- Confidentiality reminder: *All representatives should be reminded about their information sharing and confidentiality obligations, as per the FSF Guidelines. All information shared before, during and after the FSM, including FSM minutes, are strictly confidential. Information is not to be disclosed to any person not party to the FSF (unless that disclosure is required to provide full information about a case to the FSM for the purpose of determining actions and managing risk, or for undertaking FSF actions assigned to the representative, or when that disclosure is lawfully made including under information sharing laws or is required by law.*

2. Representative inductions – completed and pending

- Name and Agency

3. Review of active cases

Victim survivor name		Date of birth	
Address			
Perpetrator name		Date of birth	
Address			
PID #		IJIS #	
Referred by			
Consent?	Y/N	CRAT score	

5. Perpetrator release details

Perpetrator name	Victim survivor name	Release date	Action required

6. Other business

7. Date for next meeting

--

Attachment 3: Case transfer template

Cases should be transferred as active FSF cases only.

Meeting location:			
Meeting date:			
Details of case being transferred			
Case transferred from (FSF location)		Case transferred to (FSF location)	
Reason for transfer			
Victim survivor name		Date of birth	
Address			
Perpetrator name		Date of birth	
Address			
PID #		IJIS #	
Referred by			
Consent?	Y/N	CRAT score	
Form received in new transfer location by (name):			

Attachment 4: 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.
- REPRESENTATIVES AT THE FSM ARE EXPECTED TO MODEL GOOD CONDUCT AS OUTLINED IN THE FSF GUIDELINES.

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 regardless of their race, gender, sexuality, and ability.

THE PURPOSE OF THE MEETING IS AS FOLLOWS:

1. To determine whether the perpetrator poses a significant risk to the victim survivor (including children).
2. To jointly construct and implement a multi-agency action plan that manages serious risk and reduces the risk of further harm.
3. To support a criminal justice system response to the perpetrator of DFV and hold perpetrators accountable.
4. To reduce repeat victimisation.
5. To reduce reoffending by the perpetrator.
6. To include the safety and wellbeing of children and young people.
7. To enable coordinated agency responses to victim survivors, where all agencies are 'at the table' compared with a fragmented 'silo' approach.
8. To improve agency accountability.

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 it 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 and mitigate risk.

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

Name of Attendee	Rep/ Proxy	Agency	Signature

Attachment 5: Non-Attendance Follow-up

Non-Attendance will be followed up every quarter from the NT Police Quarterly FSF reports, using attendance data by the NT Police Assistant Commissioner.

FSM location:	Quarter in reference: Jul-Sep / Oct-Dec / Jan-Mar / Apr-Jun		
FSF Member:			
FSF Member representative/proxy contact:			
FSF Member: Executive/Leadership contact:			
Details of absence			
Number of meetings held this quarter:		Number of meetings attended this quarter	
Reason for absence provided	Yes / No	Apologies sent	Yes / No / Sometimes
Reasons provided for absences (list reasons in chronological order per meeting)	1. ... 2. ... 3. ...		
Email Template			
Dear _____			
Based on the latest quarterly FSF data for (insert location), it has been noticed that as an FSF member your agencies/organisations attendance has been missed. It has been noted that (number) of Family Safety Meeting (FSM) meetings has not been attended by FSF representative for your agency/organisation.			
In this quarter, (insert quarter), your agency/organisation has been absent from (Number) out of (Number) meetings. There have been (Number) of apologies sent, with the main reasons being (insert reasons provided if any).			
The FSF relies on attendance from all members to ensure an effective inter-agency response to serious risk DFV and imminency of harm or death.			
All members have agreed to provide one FSF representative and one proxy to attend FSMs. It is timely that as an FSF member you refer to the FSF Guidelines for what has been agreed to.			
If there are any further issues you wish to discuss, please contact the FSF Senior Coordinator.			
Kind Regards			
Assistant Commissioner			



Attachment 6: Frequently Asked Questions

What is the Family Safety Framework (FSF)?

The FSF is an action-based, integrated service response to individuals and families experiencing serious domestic and family violence (DFV).

The purpose of the FSF is to increase the safety of DFV victim survivors by providing an integrated service response to serious cases of DFV risk.

The FSF operates in seven locations across the Northern Territory: Darwin, Alice Springs, Katherine, Tennant Creek, Nhulunbuy, Yuendumu and Wadeye.

What is the Family Safety Framework meeting?

Pivotal to the FSF is the Family Safety Framework Meeting (FSM), which is a fortnightly meeting of participating service providers from government agencies and non-government organisations (NGOs). At the FSM, representatives share information and collaborate on risk management actions to improve the safety of victim survivors identified as being at serious risk of DFV-related harm and or death.

The actions can be wide-ranging and will depend on the circumstances of the victim survivor at the time. They can include provision of emergency

accommodation, healthcare, counselling, legal assistance, justice responses, and flexible support packages.

Who can be referred to the FSF?

Any person who has been assessed as being at serious risk of DFV-related harm or death through the Common Risk Assessment Tool (CRAT) may be referred to the FSF.

If the person is not assessed as being at serious risk, the FSF is not an appropriate referral route, and they should be supported through referral to other services that meet their needs.

How are referrals to the FSF made?

Referrals to the FSF are made using the CRAT. The CRAT is for use by specialist and statutory DFV services, and/or by workers with specialist DFV skills and a sound understanding of DFV.

If you are not suitably experienced and trained, or you do not have the time or capacity to undertake a thorough risk assessment of your client, you should immediately refer your client to the FSF representative within your organisation or to a specialist, statutory or trained worker who can appropriately conduct a risk assessment using the CRAT.

For more in depth information about filling out the CRAT and completing risk assessment tasks, please see Practice Guide 2 in the [DFV Risk Assessment and Management Framework](#).

Once the CRAT has been completed and if serious risk is established, you should email the completed CRAT to the FSF Chair in your region so the case can be considered for listing at the next FSM.

Who can make referrals to the FSF?

Referrals to the FSF can be made by any agency or organisation, provided there is a worker trained or able to fill out the CRAT in order to make the referral.

You should consult with your organisation's FSM representative prior to, or immediately after, you have referred your client to the FSF.

Making a referral to the FSF does not replace the need for making a mandatory report of DFV or child abuse and neglect, or to otherwise take action to reduce the risk to your client's safety.

What should a client be told about the referral?

Workers should seek informed consent from a victim survivor for their referral to the FSF unless it is unsafe to do so (e.g.,

their knowledge of the referral may put them at increased risk of violence).

A victim survivor should be informed that the purpose of the FSF is to increase their safety.

If it does not increase risk, the victim survivor should be informed of the outcomes of the FSM and any agreed actions.

A victim survivor's personal agency, rights and decisions must be respected even where a worker may personally disagree with the choices a victim survivor has made.

Who attends Family Safety Meetings?

NT Police chair the FSMs. Representatives from Northern Territory Government agencies in each region participate at FSMs, bringing perspectives from their portfolios including child protection, housing, justice, education and health.

Representatives from local non-government specialist service providers such as women's shelters, legal services, health services also participate in the FSMs and contribute their expertise.

What about mandatory reporting?

Referring a client to the FSF does not replace your obligations for mandatory

reporting of DFV and child abuse, harm or exploitation.

Mandatory reporting still applies, and the incident must be reported as soon as it is safe to do so. **Note that mandatory reports are not to be made via email while also making a referral for the FSF. Mandatory reporting must be completed through the usual channels.**

Under [section 124A of the Domestic and Family Violence Act 2007](#), all adults in the NT are required by law to report DFV to the police, if they believe on reasonable grounds that:

- a person has caused serious physical harm or is likely to cause serious physical harm to someone with whom they are in a domestic or family relationship; and/or
- the life or safety of a person is under serious or imminent threat because DFV has been, is being, or is about to be committed.

DFV must be reported to police as soon as practicable. It is an offence not to report, unless one of the following reasons apply:

- You believe someone else had reported the DFV.
- You were involved in the removal of the victim survivor from DFV and planned to report this as soon as practical after the removal.

- You believed that reporting may result in a serious or imminent threat to the safety of any person.

It is also [the law in the NT that all adults must report](#) to police or child protection if:

- they believe a child is being, or has been, harmed or exploited; or
- if any child aged less than 14 years has been or is likely to be a victim of a sexual offence; or
- if any child aged less than 18 years has been or is likely to be a victim of a sexual offence occurring in the context of a special care relationship.

Registered health practitioners must report if they believe that a child aged 14 or 15 years has been or is likely to be a victim of a sexual offence and the age difference between the child and the sexual offender is greater than two years.

For more information

[Get help for domestic and family violence](#)

