

Family Safety Framework Operational Guidelines

Acronyms used in this document

Acronym	Explanation
CRAT	Common Risk Assessment Tool
DFV	Domestic and family violence
DFSV	Domestic, family and sexual violence
DoE	Department of Education
DoH	Department of Health (including services such as the Sexual Assault Referral Centres)
DVO	Domestic Violence Order
DVSCD	Domestic Violence & Sex Crimes Division
FSF	Family Safety Framework
FSM Chair	Family Safety Meeting Chairperson
FSM	Family Safety Meeting
NGO	Non-government organisation
NTCS	Northern Territory Correctional Services
NTPFES	Northern Territory Police, Fire and Emergency Services
NT	Northern Territory
NTG	Northern Territory Government
OIC	Officer in Charge
PHSO	Public Housing Safety Officer
RAMF	Domestic and Family Violence Risk Assessment and Management Framework
TFHC	Territory Families, Housing and Communities
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.
Closed case	A case that all FSM representatives jointly assess is no longer at serious risk and can be removed from the FSF. Previously the term 'moderated out of the FSF' has been used.
FSF Member	Any government agency or non-government organisation actively involved in the FSF
FSF representative	Representative means the person nominated by a Member to participate as their representative in the FSF meetings

Term	Explanation
New case	A case that has been referred to and accepted by the FSF.
Serious risk	Serious risk is defined by 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	Where the perpetrator is in custody and the risk to the victim survivor is no longer serious for this period of time, the case may be listed as 'suspended'. For these cases, the referring organisation and/or NT Police will reassess risk within 60 days of the perpetrator being due for release from custody. If the risk is assessed as serious due to release, the case will be reactivated.

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1. Introduction

1.1 Purpose of these guidelines

These guidelines outline how the Family Safety Framework (the FSF) operates in the Northern Territory (NT) and the roles and responsibilities of members of the FSF 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 purpose of the FSF is to increase the safety of victim survivors by providing an action based, integrated service response to serious cases of DFV risk.

The FSF operates in six locations across the NT: Darwin, Alice Springs, Katherine, Tennant Creek, Nhulunbuy, and Yuendumu.

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 (NGOs). 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 to:

- a. determine whether the perpetrator poses a significant risk to the victim survivor (including children);
- b. jointly construct and implement a multi-agency action plan that manages serious risk and reduces the risk of further harm;
- c. support a criminal justice system response to the perpetrator of DFV and hold perpetrators accountable;
- d. reduce repeat victimisation;
- e. reduce reoffending by the perpetrator;
- f. enable coordinated agency responses to victim survivors, where all agencies are 'at the table' compared with a fragmented 'silo' approach; and
- g. improve agency accountability.

The FSF aligns with the [Northern Territory Domestic and Family Violence Risk Assessment and Management Framework \(RAMF\)](#), which guides workers across the NT DFV service system 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.

TFHC facilitates risk assessment and management 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 prioritised for FSF members.

1.4 FSF operations, policy and members

The Northern Territory Police, Fire and Emergency Services (NTPFES) and the Department of Territory Families, Housing and Communities (TFHC) are the lead agencies of the FSF.

NTPFES leads the operational implementation of the FSF. TFHC is the policy lead for the FSF. TFHC provides funding to NTPFES to employ four Administration and Intelligence Officers to support operation of the FSF.

Designated FSF members are:

- Department of Territory Families, Housing and Communities (TFHC);
- Department of Education (DoE);
- Department of Health (DoH);
- Department of the Attorney General and Justice (represented on the FSF by Northern Territory Correctional Services (NTCS));
- Other Northern Territory Government agencies may be invited to participate in the operation of the FSF at any time to facilitate an integrated service response; and
- Relevant NGOs in each region are FSF members and are essential to an effective FSF response. Key local NGOs include women's shelters, counselling services, outreach and support services and women's legal services.

1.5 Governance

A memorandum of understanding (MOU) exists between NTPFES and TFHC which outlines the roles and responsibilities of each agency in relation to the FSF.

2. FSF members' roles and responsibilities

2.1 NTPFES responsibilities

NTPFES leads the operational implementation of the FSF.

The FSM is chaired by an NT Police officer at the rank of Station Officer-in-Charge, Senior Sergeant or in their absence, the Officer-in-Charge of the remote or regional police station or the Detective Sergeant of an investigation area with responsibility for the response and investigation of DFV incidents.

NTPFES will appoint a deputy chair to ensure meetings proceed in the absence of the FSM Chair.

NTPFES have the following responsibilities:

- Provide administrative and intelligence support for the operation of the FSF in Darwin (supports Nhulunbuy), Katherine, Tennant Creek and Alice Springs (supports Yuendumu);
- Provide data to TFHC on a quarterly basis. This data includes recording any non-attendance at an FSM by NTG member representatives or their proxy;
- Chair the FSM in each location where the FSF operates;

- Establish and maintain a forum for FSF Chairs to discuss issues, trends and opportunities in the operation of the FSF (led by Superintendent, Domestic Violence and Sex Crimes Division (DVSCD));
- Engage annually with all members to review operation of the FSF and identify issues and areas for modification or improvement;
- Provide quarterly data reports and a biannual report to TFHC in order to contribute to the continuous quality improvement of the FSF; and
- Meet with TFHC biannually (following receipt of the biannual report) to discuss progress in implementing the FSF Review Implementation Plan, trends, issues and required improvements identified through analysis of reports, operation of FSMs including participation of member agencies/organisations and identification of strengths or issues arising and data collection and sharing including future data development.

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 DVSCD and TFHC;
- Ensure all member representatives understand precisely what is meant by any agreed actions that relate to their agency either directly or indirectly;
- Provide each FSF member representative and their proxy with an induction prior to attending their first FSM. This ensures attendees at the meeting understand how the FSF works and can effectively participate;
- Ensure each FSF member has undertaken risk assessment and management training, or is enrolled in the next available training opportunity; and
- Provide quarterly data reports and the biannual report to the Superintendent DVSCD, inviting input from participating members, in order to contribute to the continuous quality improvement of the FSF.

NTPFES Administration (Intelligence) Officer responsibilities:

An FSF Administration (Intelligence) Officer works in the NTPFES DFV investigation areas of Alice Springs, Tennant Creek, Katherine and Darwin. The positions are funded by TFHC and employed by NTPFES. 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;
- Completing and circulating FSM Minutes; and
- Preparing quarterly data in relation to the FSF for analysis and reporting purposes and providing it to the Superintendent, DVSCD.

2.2 TFHC responsibilities

TFHC is the policy lead for the FSF and provides funding for four Administration and Intelligence Officers employed by NTPFES to support operation of the FSF.

TFHC has the following responsibilities:

- Monitor and update these FSF 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 risk assessment and management training and ensure the training is available to government and non-government organisations in each of the locations where the FSF operates, with places prioritised for FSF members;
- Coordinate implementation of recommendations to improve the FSF, including those arising from biannual meetings with NTPFES (held following receipt of biannual reports);
- In partnership with NTPFES, engage annually with all members to review the operation of the FSF and identify issues and areas for modification or improvement; and
- Meet with NTPFES biannually (following receipt of the biannual report) to discuss progress in implementing the FSF Review Implementation Plan, trends, issues and required improvements identified through analysis of reports, operation of FSMs including participation of member agencies/organisations and identification of strengths or issues arising and data collection and sharing including future data development.

TFHC 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:

- Appoint a representative and at least one proxy at each of the locations where the FSF operates;
- Ensure the representative consistently attends FSMs or sends the appropriately-briefed and experienced proxy to attend in their place;
- 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 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 NTPFES and TFHC upon request;
- Ensure representatives and their proxies are able to meet their responsibilities to the fullest extent without personal bias;
- Participate in an annual meeting to review the operation of the local FSF and identify areas for modification or improvement; and
- Encourage, where practicable, participation of Aboriginal staff with local knowledge in the FSF.

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;
- Be familiar with the RAMF including the application and use of the CRAT;
- Have completed or be enrolled in training in DFV fundamentals and risk assessment and management training (workshop two);
- Have read these Guidelines and understood their responsibilities and act in the best interests of the victim survivor;
- 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 reasons for non-attendance;
- Provide relevant and timely information about the cases listed for a 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](#).¹
- Maintain all information before, during and after the FSM, including FSM minutes, as strictly confidential. Information is not to be disclosed to any person not party to the FSF (unless that disclosure is lawfully made including under information sharing laws,

¹ For information about lawful and safe information sharing, see the Territory Families, Housing and Communities DFV [Information Sharing](#) webpage.

is required by law, or is required for 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)²;
- To 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.
- Always act in the best interest of the victim survivor (including children), with victim survivor safety as the first priority;
- 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; and
- 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 takes into account 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.

² 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.

- 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 (which includes witnessing it).
- 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 Risk assessment and management understands that people who commit DFV are responsible for harming others and must be held accountable for their behaviour and supported to change, and that their current and past behaviours and actions are relevant in determining risk.

2.6 Conduct at Family Safety Meetings (FSM)

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 was present in the room.
- Representatives remain impartial, avoid derogatory remarks, judgments of the victim survivor's choices, and victim blaming.
- Representatives do not collude with the perpetrator under any circumstance.
- Representatives ensure that enhancing safety is the number one priority and that the FSM actions do not expose victim survivors to greater risks.
- Representatives work in a culturally safe manner, with respect, empathy and compassion for all cultures. Representatives are mindful of their own culture, influences and personal biases and how they may impact, and ensure appropriate cultural representation and input into 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.

NTPFES 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.
3. If the issue remains unresolved, the representative should put it in writing to the FSM Chair as a formal complaint or grievance.
4. 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 DFSCD is made aware of the issue and the resolution outcome.

2.8 Information sharing

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 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 that a person referred to the FSF has already been assessed as being at serious risk of harm because of DFV;
- 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; and
- 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.

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](#).³

2.9 Information and actions for agency representatives to contribute to FSMs

Prior to an FSM, representatives should 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;
- 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
NTPFES	<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 relates unless the NTPFES 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 the parties and FSM outcomes to operational Tasking and Coordination Group / Intelligence Circular / Musters /Multi-Agency Community and Child Safety Team referrals where appropriate
TFHC	<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

³ For information about lawful and safe information sharing, see the Territory Families, Housing and Communities DFV [Information Sharing](#) webpage.

NGO / Agency	Actions / Information
	<ul style="list-style-type: none"> • Current status of any open case types, level of intervention and involvement • Safe room availability / relocation options • Public Housing Safety Officer / recent complaints about parties or premises • History of the parties' requests to move or previous relocations
DoE	<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
DoH	<ul style="list-style-type: none"> • Medical records of the parties (e.g. injuries consistent with DFV and/or self-harm) • Whether the parties are on the Banned Drinkers Register
NTCS	<ul style="list-style-type: none"> • Court dates • Release from custody in next 60 days and post release requirements • Offender debriefing prior to release • Inmates: <ul style="list-style-type: none"> ○ Listed contacts do not include victim survivor ○ Call logs reviewed ○ Participation in treatment programs
NGOs	<ul style="list-style-type: none"> • Victim survivor engagement / needs • Legal assistance • Safety plans

2.10 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 <http://www.1800respect.org.au>.

2.11 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.

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.

It is an offence not to report DFV to the police as soon as practicable, 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

It is [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 also 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.

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:** The CRAT uses evidence based risk factors along with professional judgement and the victim survivors' self-assessment to assess the risk of DFV related harm.
2. **Referral of serious risk cases to FSM:** Victim survivors assessed as being at serious risk using the CRAT are eligible to be referred 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 location⁴.
 - c. FSF administration support or Station OIC have responsibility for receipt and actioning of the referral email.
3. **Police prepare agenda for FSM:**
 - a. **All referrals** (new cases) received prior to the meeting will be added to the agenda for discussion, including the completed CRAT.
 - b. 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. **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 of the victim survivor. Decide if any cases are able to be closed, based on a reassessment of the CRAT score showing the person is no longer at serious risk (see point 10 below). Decide if any cases are suspended (see point 10 below).
 - b. **Review suspended cases: (see point 10 below):** For any suspended cases that are nearing their release from custody date, the referring organisation and/or NT Police will reassess risk within 60 days of the perpetrator being due for release from custody. If the risk is assessed as serious due to release, the case will be reactivated.
 - c. **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

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

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**.

- d. **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, and
 - 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.

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.
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 after a subsequent CRAT has been completed **and there is agreement by representatives** that the level of risk has been reduced sufficiently (below the level of serious risk) to remove the case from the FSF. 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 holds 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.

The case will not be closed if the perpetrator is in custody and the risk to the victim survivor remains serious. However, if the perpetrator is in custody and the risk to the victim survivor is no longer serious for this period of time, the case may be listed as 'suspended'. For these cases, the referring organisation and/or NT Police will reassess risk

within 60 days of the perpetrator being due for release from custody. If the risk is assessed as serious due to release, the case will be reactivated.

3.2 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. this call should be recorded in agency case notes;
3. the FSM Chair will make arrangements for contact with other relevant agencies and make them aware of the situation;
4. only those agencies that can provide an immediate response to the victim survivor's safety will be consulted;
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 so that the details presented at the meeting are accurate;
7. a combination of urgent and non-urgent actions may be agreed at an emergency FSM;
 - a. urgent actions must be executed immediately following the emergency FSM;
 - b. non-urgent actions may be carried out as they would following a standard FSM;
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.

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 also applies to any proxies attending on behalf of the regular representative.

The 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 retain it as a record.

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 Risk Assessment and Management training Module 2 (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			
<ul style="list-style-type: none"> Acknowledgement of Country: <i>'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.'</i> FSF representatives attending: Non-attendance: Apologies: Observers/invited guests: Confidentiality reminder: <i>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 lawfully made including under information sharing laws, is required by law, or is required for undertaking FSF actions assigned to the representative).</i> 			
2. Representative inductions – completed and pending			
<ul style="list-style-type: none"> 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	

ACTION ITEMS		
Agency	Action	Outcome
Discussion		
Outcome at FSM (remain active, closed, suspended)		
<i>*add more fields as required</i>		
4. Referrals of new cases		
Number of new cases listed for discussion at this meeting		
Victim survivor name		Date of birth
Address		
Perpetrator name		Date of birth
Address		
PID #		IJIS #
Referred by		
Consent?	Y/N	CRAT score
<i>*add more fields as required</i>		

5. Perpetrator release details

Perpetrator name	Victim survivor name	Release date	Action required

6. Other business

7. Date for next meeting

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Attachment 3: 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 six locations across the Northern Territory: Darwin, Alice Springs, Katherine, Tennant Creek, Nhulunbuy, and Yuendumu.

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.

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](#)

