

# **Review of the Family Safety Framework in the Northern Territory 2016-2017**

Summary of Findings and  
Recommendations

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# 1 Introduction

## 1.1 What is the Family Safety Framework?

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

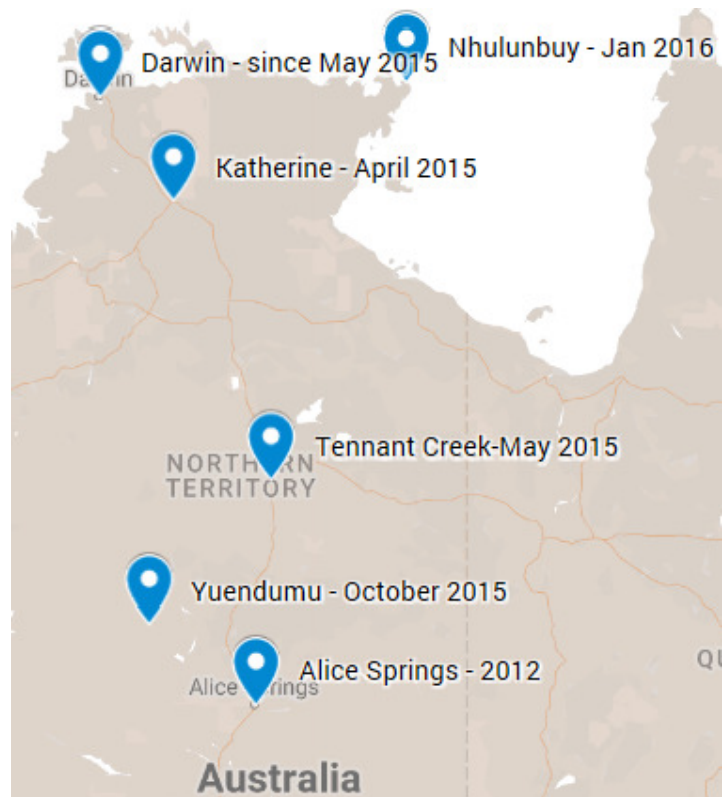
The FSF was introduced to the Northern Territory (NT) in Alice Springs in 2012, adapted from the model that operates in South Australia. Following the success of the FSF in Alice Springs, it was implemented in Darwin, Katherine, Tennant Creek, Nhulunbuy and Yuendumu in stages from April 2015 to January 2016.

The FSF is reviewed annually at each location of operation to provide an opportunity for participating agencies to reflect on practice experience and inform continual improvement of the FSF. This is the first review that incorporates all FSF locations in the Northern Territory.

Key stakeholder groups were invited to participate in face-to-face group reviews conducted in each FSF location and/or make a written submission. This report documents the findings and recommendation from the annual review of the FSF.

## 1.2 Where does it operate?

The Family Safety Framework operates at six locations across the Northern Territory. The adjacent map demonstrates how long the FSF has been in operation at each site.



### 1.3 Who participates in the Family Safety Framework?

The Framework is led by NT Police in partnership with other front line government and non-government agencies.

#### Government Agencies in each FSF region

**NT Police** have the lead role, chair meetings and provide administrative support (with some financial support from Territory Families).

- Territory Families (Child Protection)
- Department of the Attorney-General and Justice, including Correctional Services
- Department of Education
- Department of Housing and Community Development
- NT Health
- Commonwealth Department of Human Services (Centrelink)

#### Community and Aboriginal-Controlled Services

- **Alice Springs & Darwin**
- Community-Controlled Women's Shelters
- Aboriginal-Controlled Women's Shelter
- Faith-based Women's Shelter
- Community-Controlled Urban & Remote Outreach Services
- Faith-based Outreach and Counselling Service
- Aboriginal-Controlled Health Services (Alice Springs only during the review period)
- Aboriginal-Controlled Service Organisations

- **Tennant Creek & Katherine**
- Community-Controlled Women's Shelters
- Aboriginal-Controlled Health Service
- Aboriginal-Controlled Service Organisation
- Faith-based Counselling Service
- Community-Controlled Alcohol & Drug Service

- **Nhulunbuy**
- Community-Controlled Women's Shelter
- Aboriginal-Controlled Health Service
- Faith-based Counselling & Children's Service
- Regional Council

- **Yuendumu**
- Community-Controlled Outreach Service
- Aboriginal-Controlled Youth Service
- Regional Council
- Community-Controlled Women's Centre

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

### 1.4 Purpose of this internal stakeholder review

- to measure whether the stated aims of FSF are being achieved and instigate remedial action if they are not;
- to engage stakeholders in a reflective process focused on ensuring the effectiveness of the model and instigate changes if required;
- to maintain the integrity of the FSF model;
- to identify risks to the model; and
- to identify and report on strengths and successes of the model.

## 1.5 Elements of the FSF that were reviewed

- Risk Assessment Form (Attachment 1 of the Practice Manual)
- Referral process (Attachment 2 of the Practice Manual)
- Information Sharing Protocol (Modules 3, 5, Attachment 3 of the Practice Manual)
- Family Safety Meetings (Module 5, Attachments 4,5,6 of the Practice Manual)
- Monitoring and evaluation (Module 10 of the Practice Manual)
- FSF training



## 1.6 Methodology

In accordance with the review process document the FSF Review Team will examine:

- All review records and reports
- FSF training feedback

The FSF Review Report will be prepared to identify:

- a) Strengths of FSF and how well FSF is achieving its aims,
- b) Emerging threats and risks to the integrity of the model, and
- c) Recommendations.

This report details responses from stakeholders who are involved with making referrals to the FSF, attending fortnightly Family Safety Meetings, and responsible for taking agreed actions following decisions made at meetings.

## 1.7 Stakeholders were asked to consider the following questions:

- i. Do you think the FSF process is meeting its stated purpose (please answer in respect of your client group and where relevant in respect to each of the four main elements of the FSF: Information Sharing; Risk Assessment and Referral process; Family Safety Meetings; FSF training; monitoring and review process)?
- ii. In your experience what is the most effective component of the FSF?
- iii. What, if anything, would you change about the FSF process, and why?
- iv. Has the FSF brought about a change in practice – in your agency; and if relevant between your agency and another/others? Please articulate the particular change/s and how you feel about these.
- v. Has the FSF changed administrative processes in your agency? Please outline any changes.
- vi. What do you estimate the required time investment over a fortnightly period is to practically participate in the FSM?

## 1.8 Abbreviations and acronyms

### Abbreviations

Framework	Refers to Family Safety Framework
Manual	Refers to the Family Safety Framework Practice Manual
Review	Refers to the Family Safety Framework Review (this document)
Strategy	Refers to the NT Domestic and Family Violence Reduction Strategy 2014-2017 Safety is Everyone’s Right
Training	Refers to the Family Safety Framework Training unless otherwise specified
Meeting	Refers to the Family Safety Framework meeting unless otherwise specified

### Acronyms

DFV	Domestic and Family Violence
FSF	Family Safety Framework
LRG	Local Reference Group
RAF	Risk Assessment Form
NGO	Non-Government Organisation

## 2 Summary of key findings and recommendations

### Key Findings:

Generally, stakeholders agree that the Family Safety Framework (FSF) has achieved its aims, has improved outcomes for families, and has enabled a broader and more coordinated service response. The FSF is the critical building block, driver and architecture of change to date. It needs to do more work in future initiatives.

Local knowledge and regional oversight, and the presence of specialist service providers, have proven crucial. However, FSF requires significant administrative support from key agencies, and some agencies reported challenges in developing internal policies and processes for effective participation in FSF. It is also apparent that there are unmet needs, especially for victims living outside the current FSF sites.

The Risk Assessment Form (RAF) has enhanced domestic violence screening practice in several agencies, including supporting the diligence of evidence-based risk assessment and a common language between service providers. However, the risk posed to victims at the time of an offender's release from prison is not adequately captured on the RAF, and better processes are required to ensure that victims are adequately supported at these key times. There are wide disparities in consent rates for referrals to the FSF across locations and this issue requires further investigation.

The information sharing protocol is a key element of FSF. However, stakeholders identified barriers to information sharing such as differing perceptions of risk between agencies (eg some agencies focus more on the RAF score rather than professional judgement or other supporting information), and the NT Privacy Principles requirement that a threat be "imminent" and serious. Proposed amendments to the Domestic and Family Violence Act regarding information sharing may help resolve these issues.

The FSF has increased the accountability and transparency of each agency's involvement with clients. Meetings are most effective when attended by senior representatives with decision-making authority who are able to commit resources to provide speedy, cohesive support. Agencies identified additional agencies who should be invited to participate in FSF meetings to improve the quality and scope of the response including Centrelink, alcohol and other drug services, mental health services, Aboriginal-specific support services and perpetrator intervention services.

Stakeholders expressed concern that the current FSF review process did not include feedback from victims who had received targeted support through the FSF.

The FSF training has supported agencies' engagement and commitment to the FSF and has enabled referrals. There is demand for specialised training by agencies for whom domestic violence is not core business, but who recognise the need to be able to respond to clients. The diversity of frontline services attending FSF training reflects a broad range of skill sets and professions that is not adequately addressed by the FSF training in its current form.

Analysis of reported case studies indicates that victims' safety was not totally reliant on incarceration of the offender when a range of flexible, tailored and safety-focussed interventions were activated. Moderation of risk also depends on services with a flexible, assertive outreach and relational model with a trauma-informed practice and case management approach.

## Key Recommendations:

**Key Recommendation 1** – Continuation of the FSF at the existing six locations and consideration of suitable methods, support and resources required to expand the reach of the FSF (refer to 3.1.1, 3.1.2).

**Key Recommendation 2** – Review FSF meeting representation (refer to 3.4.1, 3.4.2, 3.4.5).

**Key Recommendation 3** – Develop a more systematic and consistent response when offenders are due for release from prison to ensure victims are adequately supported (refer to 3.4.4).

**Key Recommendation 4** – Review of FSF training including: content, format, delivery mode, target groups, scheduling, and frequency (refer to 3.6.1).

**Key Recommendation 5** – Support for agencies to review their internal policies and procedures to ensure appropriate systems and resources are committed for effective participation in FSF (refer to 3.7.1).

**Key Recommendation 6** – Review existing Practice Manual, Risk Assessment Form, referral process, information sharing arrangements, record keeping, and monitoring & evaluation (refer to 3.8.1).

### Note:

**Appendix 1** provides a comprehensive summary of the findings and recommendations for each of the locations that participated in the review of the Family Safety Framework. Further information can be obtained from the location-specific volumes.



## 3 Data overview

### 3.1 Overall effectiveness

Generally, stakeholders agree that the FSF has achieved its aim to provide an action-based, integrated service response to families experiencing domestic violence who are at high risk of injury or death.

Feedback indicates that the FSF has improved outcomes for families experiencing domestic and family violence (DFV), and has facilitated awareness to accomplish a broader and more coordinated response than previously would have been achieved. Local knowledge and regional oversight, and the presence of specialist service providers with a robust practice framework, have proven to be crucial to successful outcomes.

It is apparent that there are unmet needs for DFV victims, especially those who live in communities that fall outside of the current FSF landscape. This issue is discussed separately below under “Options for expansion of the Family Safety Framework. The FSF is also resource-intensive, and requires significant administrative support, particularly for key participating agencies such as NT Police and women’s shelters.

“It can be difficult to measure the effectiveness of FSF when so many relationships continue through so many cycles of violence, and it is so difficult for many victims to leave relationships or stay away from community, especially in smaller remote communities. However, some families may be safer due to the increased network of support enabled by FSF.” – Nyirripi School

### 3.2 Risk assessment and referral process

The Risk Assessment Form (RAF) has enhanced domestic violence screening practice in several agencies, including supporting evidence-based risk assessment and providing a common language to understand and describe risk between different service providers. However, there is still a need to improve understanding of the nature of domestic violence and the associated risks so that the RAF can adequately reflect the level of risk. For example, impending offender release dates by default constitute a serious and imminent threat to victims’ safety, but this scenario cannot adequately be captured on the existing RAF. Better processes are required to ensure that victims are adequately supported leading up to, and in the period immediately after, an offender’s release from custody.

Furthermore there has been significant discussion about referrals being declined because the perpetrator is in custody, even though there may be uncertainty about the offender’s release date. A consequence is that these offenders’ release dates are not being monitored by the FSF for those cases which are not accepted onto the FSF.

The review process highlighted the need for formal processes to recognise and respond to the serious and imminent risk of harm associated with upcoming offender release dates, regardless whether they have previously been accepted onto the FSF, and even if the period of custody was not related to a DFV offence. Potential links and challenges relating to the Victims Register administered by the Crime Victims Services Unit of the Department of Attorney-General and Justice require further investigation.

The following table analyses data provided by NT Police in relation to referrals made to each of the six FSF locations for the review period (note the data for Katherine was not for a full 12 month period):

	Darwin	Alice Springs	Katherine	Tennant Creek	Nhulunbuy	Yuendumu	Territory-wide Total	
<b>Indicator</b>								
Number of meetings held	25	26	18	24	24	25	142	
Number of referrals received	81	118	46	53	29	29	356	
Number of referrals accepted	46	27	37	28	17	26	181	
% of referrals accepted	57%	23%	80%	53%	59%	90%	51%	
Number of re-referrals (previously accepted)	5	32	0	8	0	5	50	
Number of female victims accepted	48	27	34	27	16	28	180	
Number of male victims accepted	1	0	3	1	1	1	7	
Number of children attached to accepted referrals	109	13	65	38	43	28	296	
<b>Breakdown of referrals received from participating agencies:</b>								<b>%</b>
1. NTG - NT Police	18	39	19	19	4	15	114	32%
2. NTG - Health	10	7	3	15	10	1	46	13%
3. NTG - Housing	4	1	1	1	0	0	7	2%
4. NTG - Territory Families	10	0	4	10	5	0	29	8%
5. NTG - Corrections	0	2	1	0	0	0	3	1%
6. NTG - Education	0	0	0	0	0	2	2	1%
7. NGO - Women's Shelter	29	47	13	10	7	3	109	30%
8. NGO - Aboriginal Health Organisation	0	5	2	0	3	1	11	3%
9. NGO - Other	10	15	0	0	0	0	25	7%
10. Centrelink	1	0	0	0	0	0	1	0%
11. Information not supplied on origin of referral	0	2	3	0	0	7	12	3%
<b>Total (may exceed total received due to joint referrals)</b>	<b>82</b>	<b>118</b>	<b>46</b>	<b>55</b>	<b>29</b>	<b>29</b>	<b>359</b>	<b>100%</b>
<b>Findings:</b>								
Average number of accepted referrals per meeting	2	1	2	1	Less than 1	1	1	
% of victims previously accepted onto FSF, re-referred	6%	27%	0%	15%	0%	17%	14%	
Ratio of female to male victims (accepted cases only)	48:1	27:0	12:1	27:1	16:1	28:1	26:1	
Ratio of children affected by DV for every high risk case	3:1	1:1	2:1	2:1	3:1	2:1	2:1	

The above table indicates that:

1. A small number of key agencies make the bulk of referrals to FSF: NT Police, Women's Shelters, the Department of Health and Territory Families together made 83% of all referrals during the review period.
2. Referral acceptance rates vary dramatically across locations (between 23% and 90%). This variation in rates may be influenced by the total number of referrals received in each location and the local process for considering referrals, but proper analysis would require further investigation.
3. There is a much higher proportion of female victims than male victims accepted onto the FSF (average 26:1 across the NT) but the precise ratio varies between locations.
4. For each victim accepted onto the FSF, there are on average between 1 and 3 children affected.
5. Only Katherine and Nhulunbuy have not received any re-referrals of victims who were previously accepted onto the FSF. While Nhulunbuy is the newest FSF location, and therefore the least likely to have received re-referrals during the review period, Katherine is the second-longest operating FSF location, and so is more surprising. An analysis could be conducted to investigate whether there are any systemic reasons for the lack of re-referrals in those locations.

### Victim consent

Almost all FSF Review locations raised the issue of victims' consent for referrals to FSF. For example, the Independent Evaluation of the Alice Springs Integrated Response to Family and Domestic Violence Project recommended that "practices be improved and greater attention given to gaining women's consent so that they are aware of what is intended and the possible consequences, both positive and negative. The aim is to work towards the situation where women clients are more involved in developing and implementing an action plan."

The Darwin and Tennant Creek FSF Reviews noted that NT Police regularly make SupportLink referrals directly to other agencies when declining a case for the FSF, but that the effectiveness of this process may be diminished in locations with lower rates of victim consent. The Katherine FSF Review recommended that victims’ reasons for not consenting to FSF referrals could be investigated in the hope of addressing underlying causes and increasing consent rates. One stakeholder noted that processes (such as FSF) which proceed without the victim’s consent “can exasperate a feeling by the victim that things are happening without their knowledge or control, and that things are happening ‘to them’ and not ‘with them’.” Yuendumu FSF Review suggested that clients “could be better informed about the FSF process so that they have improved awareness of their own risk, and can be empowered to make decisions for themselves.”

There are wide disparities in consent rates for referrals to the FSF across locations as shown in the following table. Note that data on consent rates was available for different time periods for each of five FSF locations, and this data was not requested for Yuendumu.

VICTIM CONSENT RATES FOR REFERRALS TO FSF BY LOCATION				
Location	Time period	Total referrals	With consent	% with consent
Darwin	1/16 to 4/17	109	91	83%
Alice Springs	1/16 to 12/16	118	39	33%
Katherine	4/15 to 4/17	127	78	61%
Tennant Creek	9/15 to 1/17	79	27	34%
Nhulunbuy	1/16 to 4/17	32	17	53%

The issue of victim consent in general, and the reasons for large disparities between the FSF locations in particular, require further investigation.

### 3.3 Information sharing protocol

The information sharing protocol is a key element of the FSF and was almost universally identified as the “most effective element” of the FSF. Agencies identified that information sharing from the different agencies involved in the FSF has helped to highlight the impact of DFV on children. However, ongoing barriers to information sharing include:

- How DFV is understood and defined, for example when the perpetrator is in custody.
- Differing perceptions of the level of risk e.g. based solely on the RAF score, discounting professional judgement or other supporting information.
- NT Privacy Principles requirement for threat of harm to be serious and imminent. The Department of Attorney-General and Justice has advised that it is working on amendments to the Domestic and Family Violence Act to create new provisions for information sharing. This may help to resolve some of the issues reportedly faced by both government agencies and NGOs regarding information sharing about clients experiencing DFV when it does not meet the criteria of being both serious and imminent.

During the review process Darwin stakeholders noted shortcomings in the processing of DVOs that impacted on FSF information sharing and safety for victims. Two stakeholders shared examples where misinformation had jeopardised the safety of clients, including where a FSF client was incorrectly advised that a current DVO was in place, and cases where the court granted DVOs on a Friday but were not served until the following week.

### 3.4 Family Safety Meetings

The FSF has increased the accountability and transparency of each agency's involvement with clients, and provides an opportunity for agencies to receive feedback on client outcomes. FSF meetings are constructive; members include highly skilled DFV professionals who are able to prioritise resources to provide speedy, cohesive support. However, it was identified that consistency and continuity in representation are crucial to the integrity of the FSF. It was noted that inconsistent attendance and participation by agency decision makers at Family Safety Meetings diminishes potential outcomes for clients, especially when allocated action items are not effected as a result. Some agencies identified that declining levels of engagement and participation sometimes resulted in non-completion of allocated action items.

Respondents to the review identified additional agencies who should be invited to participate in FSF meetings to improve the quality and scope of the response including alcohol and other drug services, mental health services, Aboriginal-specific support services and perpetrator intervention services. Agencies specifically noted the withdrawal of Centrelink from FSF meetings due to perceived legislative barriers to sharing information has narrowed the scope of support options for victims.

Timely circulation of Agendas and Minutes was identified as crucial to ensuring the integrity of the FSF meeting process, and to enable agencies to properly prepare for meetings and implement allocated actions.

One agency cited research by Ms. Jeanette Kerr highlighting the issue of a relatively small but very dangerous cohort of persistent DV perpetrators that likely overlaps with perpetrators who are referred into the FSF. The agency agreed with Ms Kerr's recommendation that there is a need to establish a surveillance and supervision process for this cohort and suggested that it would be appropriate to develop a risk assessment tool to identify persistent DV perpetrators and refer them to appropriate agencies. There may also be opportunities for FSF agencies to utilise new alcohol initiatives as a tool to increase family safety.

### 3.5 Monitoring and evaluation

#### *Evaluating the FSF process*

The findings from the Independent Evaluation of the Alice Springs Integrated Response to Family and Domestic Violence Project (ASIR) conducted by the University of New England in 2014/15 are echoed in this review. The Independent Evaluation assessed (in a limited way) improvement to victims' safety through interviews with victims and reviews of relevant service provider records but the evaluators could not identify or single out the impact of the FSF as a contributing factor. Stakeholders in the current FSF review process expressed concerns that the review did not gain feedback from victims who had received targeted support through the FSF, and recommended this be incorporated into future reviews.

Stakeholders also expressed concern that the current review process was not clearly linked to the Key Performance Indicators (KPIs) listed in the FSF Practice Manual. In addition, the current monthly statistical reporting is not consistent with these KPIs. For example, the Practice Manual states that one KPI is the "number of cases at three month follow-up with no further reports to police of violence or threats of violence", but this data has not been specifically requested in the reporting requirements agreement. Some agencies suggested that "tracking" of victim safety could be continued for a longer period, and could include victims who were declined from the FSF as well as those who were accepted onto the FSF, to better assess the impact of the FSF. Both the KPIs in the Practice Manual and the existing reporting requirements would benefit from review and harmonisation. A clearer process and timeframe will be developed for future FSF Reviews. Charles Darwin University and Menzies School of Health Research may be able to assist to identify optimal methods for analysing available data and measuring effectiveness of FSF.

#### *Monitoring and evaluating client safety*

Several FSF Review locations noted the difficulties involved in monitoring client safety when the offender's release date was uncertain and the case was either moderated off the FSF, or not accepted in the first place. One location also raised concerns regarding the potential for cases to be moderated off prematurely if agencies focus predominantly on the completion of allocated tasks, rather than thoroughly reviewing safety outcomes and continuing risk factors for families. Other agencies had concerns about cases which had been moderated off the FSF despite some action items remaining outstanding.

The case studies provided by NT Police from each FSF location were analysed focusing on the reasons recorded for the ultimate moderation of each case off the FSF. The aim was to make some assessment of the effectiveness of FSF by analysing the increased safety measures which had been put in place for the victim during the period the case was on the FSF, up until the time of moderation. In particular, the analysis was designed to discern whether incarceration of the offender was the predominant safety factor justifying moderation of cases off the FSF.

A total of 20 case studies were provided by NT Police from across the 6 FSF locations. One of the reported cases had not yet been moderated off the FSF at the time the report was written, so 19 cases were available to analyse the reasons for moderation of the case. This represents a sample size of approximately 10% of all accepted FSF referrals (181) during the review period, and includes victims with a variety of ethnic backgrounds, family compositions, and some re-referral cases. It is important to note that each location appeared to use a different method to choose which cases it reported as case studies for the FSF Review, and not all locations answered all questions on the case study template, so there is some inconsistency in what data has been reported. Accordingly, some caution is required in drawing firm conclusions on the reasons for moderation from the data provided.

In nine cases (47% of the case studies), the offender was in custody at the time of moderation. In four of those cases, other victim supports were put in place through FSF which arguably further increased victim safety. For example, information sharing enabled other services to locate and engage better with the victim, a new or upgraded Domestic Violence Order was put in place, regular compliance checks were conducted, or safety planning was undertaken with the victim. In the other five cases, the offender’s incarceration was the primary reason for moderation and no other significant increased supports for the victim were recorded in the case study report. For example, in one case the agency which committed to continue to support the victim was the referring agency.

In ten cases (53% of the case studies), the offender was not in custody at the time of moderation. In eight of those cases, a range of primary to tertiary interventions were activated which arguably increased victim safety. For example, the victim was assisted to relocate, the offender was placed under conditions to live away from victim, better engagement was achieved between service providers and the victim, the victim’s housing application was prioritised, a new or upgraded Domestic Violence Order was put in place, regular home visits or compliance checks were conducted, the school counsellor engaged with family members, an Alcohol Protection Order was issued, or referrals were made to SARC or mental health services. In the other two cases, no additional victim supports were reported as having been put in place through the FSF. For example, in one case study services were unable to engage with the family who faced language barriers and were difficult to contact. It is not clear from the case study summary report whether interpreters were used or whether specialist assistance was sought. At the time of moderation, agencies committed to continue to try to contact the family and to make a re-referral if required. This case study appears to reflect an area of unmet need in relation to families with culturally and linguistically diverse (CALD) backgrounds. In one other case study, the case was reported as being moderated because the victim was “heavily engaged with services in providing further DV support” but the only agency recorded as supporting the victim was the shelter which made the FSF referral.

The following diagram provides a visual breakdown of the proportion of reported case studies in which the reasons for moderation included offender incarceration and/or other victim supports:

TOTAL 19 CASES ANALYSED BY REASONS FOR MODERATION			
9 CASES OFFENDER IN CUSTODY		10 CASES OFFENDER NOT IN CUSTODY	
4 CASES ADDITIONAL VICTIM SUPPORTS ENABLED BY FSF	5 CASES NO ADDITIONAL VICTIM SUPPORTS IDENTIFIED	8 CASES ADDITIONAL VICTIM SUPPORTS ENABLED BY FSF	2 CASES NO ADDITIONAL VICTIM SUPPORTS IDENTIFIED

The analysis of the reported case studies appears to indicate that victims’ safety was not totally reliant on incarceration when a range of flexible, tailored and safety-focussed interventions were activated. Moderation of risk also depends on services with a flexible, assertive outreach and relational model with a trauma-informed practice and case management approach.

### 3.6 Family Safety Framework Training

Feedback has overwhelmingly supported the need for specialist training which incorporates a simulated case management environment to practice using the risk assessment framework, referral process, and participate in a mock Family Safety Meeting. The training has supported the ongoing engagement and commitment to the FSF and has been an essential enabler for referrals. There is ongoing demand for specialised DFV training by agencies for whom response to DFV has not been their core business but who recognise the need to be able to recognise and respond to clients who are affected by DFV. The diversity of frontline services who have been a target audience for this training reflects diversity in skills sets and professions that is not adequately addressed by the FSF training in its current form.

A total of 2683 people attended FSF Training across the Northern Territory from July 2014 until June 2017. The agencies with the highest numbers of Training attendees were NT Police, Department of Health and Territory Families (Child Protection), with over 300 attendees each. Department of Housing, Correctional Services, and Catholic Care NT had over 100 attendees each. Full details are available in Appendix 2.

Over the 12 month review period, there were significant variations between agencies regarding the number of their staff attending Training relative to the number of referrals to FSF made by that agency. For example, employees of women's shelters and NT Police made up 11% and 13% respectively of attendees at FSF Training, and each of those groups made over 30% of all referrals to FSF during the review period. In contrast, the employees of the Department of Housing similarly made up 11% of attendees at FSF Training but made only 2% of referrals to FSF. Territory Families (Child Protection), NT Correctional Services and NGOs also had significantly higher proportions of staff attending training than making referrals.

It is suggested that FSF Training could be further developed into separate modules to specifically cater for agencies which make higher and lower numbers of referrals. Separate modules could also cover introductory knowledge of DFV for those who do not already have relevant knowledge or experience. Some modules could be delivered as on-line training modules. There were also multiple requests for shorter "refresher" training sessions for workers who have previously attended the full-day training.

Nevertheless, analysis of all feedback forms completed after each training session demonstrates the average satisfaction rating for the training overall was very high at 91%.

The written feedback from participants largely supported the feedback we received during the review process. Review feedback included the possibility of online training modules comprising at least some of the FSF training, which may assist more remote staff to complete the training.

### 3.7 Changes in practice and administrative processes as a result of implementing of the FSF

Several agencies reported improved DFV screening practices, and greater awareness of staff more generally regarding the impact of DFV on their clients' lives. Agencies also identified the relevance of DFV to the work of agencies for which DFV has not been "core business". Agencies identified that the FSF has brought about a sustained change in practice in terms of agencies collaborating to achieve better outcomes for clients, regardless of whether the client has been accepted on the FSF. Relationships were commonly reported to have improved between government and non-government agencies, and individual agencies gained a better appreciation of the roles and limitations of other agencies. Improved networking and case coordination generally were other benefits. Agencies gaining a clearer picture of holistic outcomes for clients were also reported to improve workers' satisfaction and motivation levels. Joint decision-making was reported to improve a sense of shared responsibility for families, as well as mitigating risks for frontline workers and families.

However, agencies also reported various approaches and challenges to developing internal guidelines and embedding FSF processes into their practice. It is clear that there has been a lack of uniform approach that has contributed to some confusion over roles and responsibilities.

The FSF has "brought a diligence of evidence-based risk assessments...and a common language between service providers...in terms of discussing...and assessing women at risk of violence. This...has been one avenue at raising the competency of people working in the service sector not only to recognise DV more easily, but also to have respect and patience with women living with violence."

– NPY Women's Council



### 3.8 Required resources and time investment to participate in the FSF

The table below analyses the feedback provided from all agencies about the amount of time estimated to be spent on FSF activities by their agency, including preparing for and attending FSF meetings, administrative requirements, and completing actions allocated from FSF meetings.

	Darwin	Alice Springs	Katherine	Tennant Creek	Nhulunbuy	Yuendumu	Territory-wide Total
<b>Population</b>	83,000	30,000	9,000	3,500	3,800	1,000	130,300
<b>Indicator</b>							
Number of meetings held	25	26	18	24	24	25	142
Number of referrals received	81	118	46	53	29	29	356
Number of referrals accepted	46	27	37	28	17	26	181
<b>Findings:</b>							
Monthly total referrals per 100,000 population	8	33	43	126	64	242	515
Monthly accepted referrals per 100,000 population	5	8	34	67	37	217	367
Average number of accepted referrals per meeting	2	1	2	1	Less than 1	1	1
Estimated minimum time investment per annum by all agencies (in hours)	4004	3523	1836	1968	1848	825	14,004
Estimated minimum time investment per annum by all agencies (in working days)	527	464	242	259	243	109	1,843
Estimated minimum time investment per referral (in hours)	49	30	40	37	64	28	39
Estimated minimum time investment per accepted referral (in hours)	87	130	50	70	109	32	77

The above table suggests that:

1. Locations with larger populations tend to have higher total numbers of referrals, and higher total number of hours spent on FSF by participating agencies. However, locations with smaller populations tend to have higher rates of referrals per head of population.
2. There is no clear pattern of which locations invest a greater amount of time per referral than other locations. There is a greater discrepancy between locations as to the time invested per *accepted* referral, which seems to largely reflect the different referral acceptance rates in different locations.
3. When considering the amount of time invested in FSF by agencies, and the amount of administrative support that FSF has received to date, it is helpful to also consider how much time has been saved by the FSF due to agencies collaborating more efficiently in relation to mutual clients (particularly for those agencies for whom DFV is core business). If FSF is also shown to improve victims' safety, then there may be further savings in terms of a reduction in presentations to health services, fewer coronial enquiries etc. There can be considerable difficulty in knowing and measuring the number of DFV incidents that have been prevented by FSF, but the continued collection of baseline data will be essential to enable comparisons over a longer period, combined with qualitative reporting that provides insight into the quality of short term outcomes.

### 3.9 Options for expansion of the Family Safety Framework

#### *Unmet needs*

Currently, families who are living outside the immediate regions where the FSF operates are usually not considered to be eligible for acceptance onto the FSF. In addition, the high mobility of the population means that follow-up case management for clients can sometimes be challenging, in particular when services are unaware of their clients' movements, and when clients change contact details such as telephone numbers. The FSF review process incorporated discussions about unmet needs for clients who live outside the current FSF areas of operation. This has resulted in numerous recommendations for extending the scope of the FSF to reach more communities.

#### *Options for expansion and potential costs*

Options for expansion may include establishment of new FSF sites and expanding the reach of current FSF sites to incorporate victims from remote communities within the region. Establishment of additional FSF sites could be considered where there is a natural service hub that is not replicated elsewhere. In some cases expansion of existing sites may be more reflective of the highly mobile nature of many FSF families and the services delivery models available to support them.

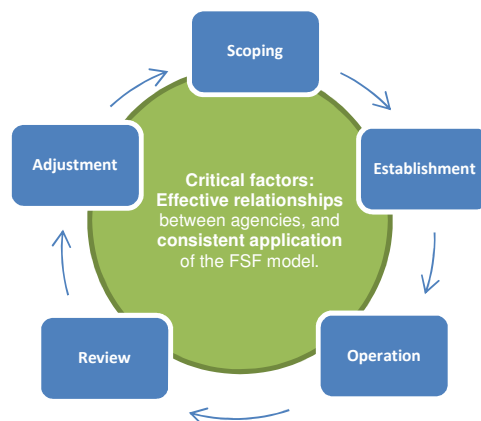
In 2016, the Department of Attorney-General and Justice estimated that it would cost \$320,000 to establish one new FSF site, including the costs of funding a Police Administration Officer and a dedicated Project Officer. At the time of writing there were no costings available for expanding on an existing site.

#### *Process of expansion*

The establishment of the FSF in existing locations involved a process of scoping, establishment, ongoing operation, review and adjustment to ensure the model was adapted to suit local conditions. The FSF is predicated on effective and well maintained relationships across agencies and key stakeholders and the agreement between all agencies to preserve the integrity of the FSF model (see diagram below).

The scoping process is important to identify and map relevant service coverage across communities, including permanent bases and outreach services. This will help to identify potential hubs for regional service delivery models and the opportunities for collaborating through outreach service providers. Service mapping will also assist to identify areas that particularly lack relevant services.

**Diagram 1: Model for expansion of the Family Safety Framework**



### *Resourcing requirements for FSF*

The FSF Review process has highlighted that the FSF is resource intensive for key participating agencies. Analysis of the required time investment to practically participate in the FSF demonstrated that significant administrative support is required, particularly for Police who provide secretariat support and chairing duties for referrals and FSF meetings, but also for other agencies who are required to research information on accepted cases prior to each meeting, and follow up action items after each meeting. Territory Families also employs dedicated Project Officers across the Northern Territory to support the FSF. Stakeholder feedback indicated that the Project Officer roles are crucial to maintaining the integrity of meetings, including coordination of agencies outside of the meeting, and those who may have missed meetings.

Each FSF location requires appropriate meeting space for regular FSF meetings and for FSF training sessions, as well as facilities for teleconference or videoconference (particularly in areas where satellite communities may participate in FSF and participating agencies may not be able to always attend FSF meetings in person). A local airstrip can also be of use for emergency evacuations.

### *Desirable representation at FSF meetings*

The FSF requires participation from a diverse range of professional services to facilitate an effective integrated response that meets the complex and diverse needs of clients who are accepted onto the caseload. Stakeholder feedback suggested that major FSF sites should incorporate representation from the following agencies and services where possible:

- NT Police;
- Specialist services that can provide practical and timely support to victims and perpetrators of domestic, family and sexual violence;
- Correctional Services (information about release dates and conditions);
- Child Protection and family support (intervention) services and programs;
- Health Services (government and non-government);
- Housing Services (NT Government and Regional Councils);
- Schools & early education programs (Department of Education and NGOs);
- Centrelink; and
- Youth services.

### *Community readiness*

The following community features were identified as important before establishing a new FSF operation in a community:

- Community readiness and support for the FSF, as demonstrated through community consultation (consent has been an important theme throughout this review process).
- Demonstrated capacity and willingness to participate and provide leadership, support and guidance on local and cultural matters.
- Willingness to engage in FSF review processes involving all partner agencies.
- Positive, cooperative, respectful relationships between participating agencies.
- Willingness to engage in FSF training.

### *Cultural considerations*

Important cultural considerations were identified in the context of establishing FSF operations in remote Aboriginal communities:

- Consider how the aims, objectives and implementation of the FSF are communicated and understood by communities.
- Consider the use of interpreters to assist with consultations and the translation of materials into relevant local languages. Local and regional communiques about FSF can be part of the broader communication and messaging about the DFSV Reduction Framework.
- Engagement of cultural brokers to ensure culturally appropriate models, as well as culturally secure models for victims.
- Consider working with interpreter services to develop understandings about how victim consent for FSF referrals can be appropriately understood and obtained, as well as other specialist concepts, to improve how the FSF engages with victims and perpetrators.
- Consider how to manage the risk of 'payback' or other cultural repercussions, for example from members of the perpetrator's family to the victim or her children.

## 4 Implementation plan

Appendix 1 details the finding and recommendations resulting from the review of the Family Safety Framework in the Northern Territory. The schedule of recommendations includes details of suggested lead agencies for each recommendation.

Northern Territory Police and Territory Families will collaborate with lead agencies to develop a detailed implementation plan and coordinate the implementation of recommendations. The expected time frame for completion is within 12 months.

Where possible the implementation plan will utilise existing resources. If there are any additional budgetary implications associated with the implementations of recommendations this will require further funding submissions.

## 5 Acknowledgements

With thanks to representatives who participated on behalf of the following agencies and organisations:

NT Government agencies	Non-government agencies	
<ul style="list-style-type: none"> <li>❖ Department of Education</li> <li>❖ Department of Housing &amp; Community Development</li> <li>❖ Department of the Attorney-General and Justice, including Correctional Services</li> <li>❖ Department of the Chief Minister</li> <li>❖ NT Health, including: The Department of Health, Central Australian Health Service, and Top End Health Service</li> <li>❖ NT Legal Aid Commission</li> <li>❖ NT Police</li> <li>❖ Territory Families</li> </ul>	<ul style="list-style-type: none"> <li>❖ Alice Springs Women’s Shelter</li> <li>❖ Anyinginyi Health</li> <li>❖ Barkly Region Alcohol and Drug Abuse Advisory Group</li> <li>❖ Catherine Booth House</li> <li>❖ Catholic Care NT</li> <li>❖ Central Australian Aboriginal Congress</li> <li>❖ Central Australian Aboriginal Family Legal Unit</li> <li>❖ Central Australian Women’s Legal Service</li> <li>❖ Central Desert Regional Council</li> <li>❖ Crisis Accommodation Gove</li> <li>❖ Darwin Aboriginal and Islander Women’s Shelter</li> <li>❖ Dawn House</li> <li>❖ Family Planning NT</li> <li>❖ Kalano Community Association</li> <li>❖ Katherine Women’s Crisis Centre</li> <li>❖ Katherine Women’s Information and Legal Service</li> </ul>	<ul style="list-style-type: none"> <li>❖ Mental Health Association of Central Australia</li> <li>❖ Miwatj Health</li> <li>❖ North Australian Aboriginal Family Legal Service</li> <li>❖ NPY Women's Council</li> <li>❖ Relationships Australia</li> <li>❖ Save the Children (Good Beginnings Program)</li> <li>❖ Tangentyere Council</li> <li>❖ Tennant Creek Women’s Refuge</li> <li>❖ Top End Women's Legal Service</li> <li>❖ Warlpiri Youth Development Aboriginal Corporation</li> <li>❖ YWCA</li> <li>❖ Wurli-Wurlinjang Health Service</li> </ul>

## 6 List of appendices

1. Compilation of all findings and recommendations by location
2. Organisations who have participated in FSF training and information sessions

## 7 Volumes

1. Review of the Family Safety Framework in the Northern Territory 2016-2017:  
Summary of Findings and Recommendations
2. Annual Review of the Alice Springs Family Safety Framework 2016-2017
3. Annual Review of the Darwin Family Safety Framework 2016-2017
4. Annual Review of the Katherine Family Safety Framework 2016-2017
5. Annual Review of the Nhulunbuy Family Safety Framework 2016-2017
6. Annual Review of the Tennant Creek Family Safety Framework 2016-2017
7. Annual Review of the Yuendumu Family Safety Framework 2016-2017

## 8 Appendix 1 – Compilation of all findings and recommendations by location

1. Strengths								
Element of the FSF reviewed	#	Findings	Alice Springs	Darwin	Katherine	Tennant Creek	Nhulunbuy	Yuendumu
Overall effectiveness	1.1.1	The FSF has improved outcomes for families experiencing DFV, including outreach support.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	1.1.2	The FSF enables a universal understanding of what constitutes high risk to a DV victim.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1.1.3	As a result of the FSF there is an overall greater awareness of DFV across staff who work in front line services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1.1.4	The FSF has improved relations between government agencies and NGOs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1.1.5	The FSF has provided a framework for a coordinated response to DFV that previously would have been addressed through a less effective, singular, fragmented response by each agency.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1.1.6	Ancillary benefits of the FSF include increased levels of mandatory reporting and child protection notifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1.1.7	Centralised coordination and support from the Office of Domestic, Family and Sexual Violence Reduction is critical to support the consistency of the Framework, record-keeping and engagement with participating agencies.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk assessment and referral process	1.2.1	The Risk Assessment Form has enhanced domestic violence screening practice in several agencies, including supporting the “diligence of evidence-based risk assessments ... and a common language between service providers.”	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information Sharing Protocol	1.3.1	The information sharing protocol is a key strength of the FSF and has helped to highlight the impact of DFV on children.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1.3.2	Easier access to information about prison release dates, per Independent Evaluation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Strengths								
Element of the FSF reviewed	#	Findings	Alice Springs	Darwin	Katherine	Tennant Creek	Nhulunbuy	Yuendumu
Family Safety Meetings	1.4.1	NT Police are effective at managing referrals and the feedback mechanism.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1.4.2	The capacity to fast-track the allocation of priority housing vastly improves safety outcomes for victims.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1.4.3	FSF meetings are constructive; members are highly skilled DFV professionals who agree on a common understanding of what constitutes high risk to a DFV victim and are able to prioritise resources to provide speedy, cohesive support.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1.4.4	The FSF has increased the accountability and transparency of each agency's involvement with clients, and provides an opportunity to receive feedback on client outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family Safety Framework training	1.6.1	The FSF Training program meets its objectives and is an essential enabler for referrals.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changes in practice resulting from the implementation of the FSF	1.7.1	The FSF has brought about a sustained change in practice in terms of agencies collaborating to achieve better outcomes for client, regardless of whether they have been clients on the FSF.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



2. Emerging threats and risks to the integrity of the model							Alice Springs	Darwin	Katherine	Tennant Creek	Nhulunbuy	Yuendumu
Element of the FSF reviewed	#	Findings										
Overall effectiveness	2.1.1	There is a need for a practical process for escalating serious emerging issues to decision makers who have authority to intervene and make necessary changes to Government policy and processes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.1.2	There are unmet needs for DFV victims who live in communities that fall outside of the FSF.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.1.3	Inconsistency in perceptions about what the FSF can achieve, for example keeping individuals safe from community violence/payback.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.1.4	There are a lack of appropriate perpetrator interventions that could help support the objectives of the FSF.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Risk assessment and referral process	2.2.1	There needs to be a better understanding and recognition of the non-physical forms of DFV.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.2.2	The RAF criteria for DFV episodes occurring in the past month is not appropriate for all circumstances (e.g. when the offender has been in jail and is due for release) and the RAF takes too long to complete.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.2.3	Some referrals are declined because the Risk Assessment Form does not adequately reflect the level of risk when an offender has been in custody, even though a perpetrator's anticipated release date may be uncertain.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.2.4	There is too much emphasis on the RAF score; workers don't necessarily feel empowered to exercise their professional judgement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.2.5	There are vast differences in victim consent rates for referrals to the FSF across regions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	2.2.6	DV remains underreported.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Information Sharing Protocol	2.3.1	The NT Privacy Principles narrow the scope for acceptance of referrals that may demonstrate a serious threat of harm if the threat is not imminent.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Emerging threats and risks to the integrity of the model							Alice Springs	Darwin	Katherine	Tennant Creek	Nhulunbuy	Yuendumu
Element of the FSF reviewed	#	Findings										
Information Sharing Protocol	2.3.2	Some agencies are reluctant to share information about victims where the Common Risk Assessment Form score is below 45.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.3.3	The Department of Education does not have access to information about children enrolled at non-government schools.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.3.4	DVO processing issues in the criminal justice system have impacted negatively on the safety of victims through lack of timely serving of notices and incorrect advice about validity of a DVO.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Safety Meetings	2.4.1	Inconsistent attendance and participation by agency decision makers at Family Safety Meetings diminishes potential outcomes for clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.4.2	Poorly managed expectations of each agency's capacity to act resulting in misunderstandings.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.4.3	Inadequate communication between police and participating agencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.4.4	Inconsistency in FSM processes across regions.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.4.5	Offender release dates are not consistently and systematically addressed as a serious and imminent threat to the safety of victims.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.4.6	FSMs could be conducted in other venues, not the Police Station.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	2.4.7	Clients potentially moderated off the FSF prematurely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Monitoring and evaluation	2.5.1	The current monthly reporting is not consistent with the KPIs listed in the Practice Manual.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Safety Framework training	2.6.1	In its current form FSF training does not adequately address the diverse needs of the agencies participating in the FSF.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Emerging threats and risks to the integrity of the model								
Element of the FSF reviewed	#	Findings	Alice Springs	Darwin	Katherine	Tennant Creek	Nhulunbuy	Yuendumu
Changes in practice resulting from the implementation of the FSF	2.7.1	Lack of uniform approach to integrate the risk assessment process into practice and develop internal guidelines across agencies.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required time investment to practically participate in the FSM	2.8.1	Administration of FSF is resource-intensive and significant administrative support is required for Police and all participating agencies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2.8.2	Growth of the FSF may drive increased demand for NGO services that exceeds capacity (based on current service agreements).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Recommendations									
Element of the FSF reviewed	#	Recommendations	Alice Springs	Darwin	Katherine	Tennant Creek	Nhulunbuy	Yuendumu	Lead agency
Overall effectiveness	3.1.1	Continuation of the FSF at the existing six locations.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NT Police / Territory Families
	3.1.2	Develop a workable model to facilitate successful expansion of the FSF.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NT Police / Territory Families
	3.1.3	Culturally competent and trauma-informed practice to underpin DFV practice.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NT Police / Territory Families
	3.1.4	Local knowledge and regional oversight, and the presence of specialist services, are critical to the success of the FSF.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NT Police / Territory Families
	3.1.5	More programs for perpetrators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NT Police / Corrections / Territory Families
	3.1.6	Consider whether Police to remain as lead agency for the FSF.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NT Police
	3.1.7	FSF could consider links with alcohol initiatives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NT Police
	3.1.8	Consider how Aboriginal staff can participate more in the FSF.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Territory Families
	3.1.9	Consider establishing a forum for FSF chairs to meet and exchange ideas, and further strengthen the framework.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NT Police
Risk assessment and referral process	3.2.1	Development of tailored screening tools for agencies to assess DFV risks.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Territory Families
	3.2.2	Greater attention be given to gaining victim's consent for referrals to the FSF.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Territory Families
	3.2.3	FSF consider referring victims to a legal service for advice.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NT Police
	3.2.4	Consideration be given to accepting high risk victims onto the FSF, even where risk is not deemed to be imminent.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NT Police / Territory Families
Information Sharing Protocol	3.3.1	Expanding discussions and information sharing at FSMs about perpetrators.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NT Police

3. Recommendations										
Element of the FSF reviewed	#	Recommendations	Alice Springs	Darwin	Katherine	Tennant Creek	Nhulunbuy	Yuendumu	Lead agency	
Information Sharing Protocol	3.3.2	Consider developing a “Courts Information Report” which may assist courts when considering bail and sentencing, for example.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attorney-General & Justice Dept	
Family Safety Meetings	3.4.1	Review of core participating agencies membership to the FSF.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Territory Families	
	3.4.2	Develop an MOU between all participating agencies and establish clear processes to manage grievances or conflicts, including non-participation of agencies.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Territory Families	
	3.4.3	Consider use of teleconferencing for FSF remote meetings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NT Police	
	3.4.4	Develop formal processes to recognise and respond to the serious and imminent risk of harm associated with upcoming offender release dates.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrections / NT Police / Territory Families	
	3.4.5	That agencies appoint senior staff as FSF representatives so that the representative holds appropriate decision-making authority within their agency, can commit resources and can identify strategic issues for the agency.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Territory Families	
	3.4.6	Review of the frequency for FSMs at each location, including consideration for special meetings to address the most imminent risks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NT Police / Territory Families	
	3.4.7	Victims could be monitored for a period after being referred to the FSF to continually assess their risk, and as an evaluative tool to measure FSF outcomes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NT Police	
	3.4.8	Develop a tool to identify the most dangerous and persistent domestic violence perpetrators and refer them to appropriate agencies for surveillance and supervision.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NT Police	
	3.4.9	That a “collaborative case management platform” be established for cases alongside the FSF.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NT Police / Territory Families	

3. Recommendations									
Element of the FSF reviewed	#	Recommendations	Alice Springs	Darwin	Katherine	Tennant Creek	Nhulunbuy	Yuendumu	Lead agency
Monitoring and evaluation	3.5.1	The rationale for KPIs and data collection under the FSF to be reviewed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Territory Families
	3.5.2	Future reviews to incorporate the views of victims who received support through the FSF.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Territory Families
	3.5.3	Continued collection of baseline data to enable comparisons over a longer period, combined with qualitative reporting that provides perspective on the quality of short term outcomes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Territory Families
Family Safety Framework training	3.6.1	Comprehensive review of FSF training including: content, format, delivery mode, target groups, scheduling, frequency.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Territory Families
Changes in practice resulting from the implementation of the FSF	3.7.1	Support for integrating FSF into agency operations and practice.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Territory Families
Changes to administrative processes as a result of implementing the FSF	3.8.1	Review of the Practice Manual, in particular the RAF and referral process and sections that deal with information sharing, record-keeping and monitoring and evaluation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Territory Families
Required time investment to practically participate in the FSM	3.9.1	Review of resources required to support the administration and coordination of FSF for key participating agencies, and consideration of resource allocation for practical assistance for victims and perpetrators.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Territory Families

## 9 Appendix 2 – Organisations who have participated in FSF training and information sessions

	Full day training # Participants	Information sessions	Total Attendance
<b>Key participating NTG agencies</b>			
NT Police	167	173	340
Territory Families - Child Protection Services	191	115	306
Domestic Violence Directorate	17	3	20
Department of Correctional Services	85	33	118
Department of Education	75	1	76
Department of Housing	136	21	157
Department of Health	153	185	338
<b>Key participating Commonwealth agency</b>			
Department of Human Services (Centrelink)	44	14	58
<b>Key NGO Women's Shelters</b>			
Alice Springs Women's Shelter (ASWS)	33	0	33
Crisis Accommodation Gove	6	0	6
Salvation Army - Catherine Booth House	8	1	9
DAIWS	34	22	56
Dawn House	14	1	15
Katherine Women's Crisis Centre (KWCC)	13	0	13
Tennant Creek Women's Refuge	7	0	7
YWCA D&FV Centre	20	0	20
<b>Other Key Non-Government Organisations</b>			
Anglicare NT	36	14	50
Barkly Region Alcohol & Drug Abuse Advisory Group (BRADAAG)	2	0	2
Catholic Care NT	66	39	105
Larrakia Nation (Night Patrol)	17	2	19
NPY Women's Council	22	0	22
Tangentyere Council	48	0	48
<b>Aboriginal Health Organisations</b>			
Central Australian Aboriginal Congress	71	1	72
Anyinginyi Health Aboriginal Corporation	11	0	11
Danila Dilba Health Service	4	1	5
Katherine West Health Board	0	1	1
Marthakal Health	0	1	1
Miwatj Health	9	1	10
Sunrise Health Service	4	1	5
Wurli Wurlinjang Health Service	7	0	7

Organisations who have participated in FSF training and information sessions	Full day training # Participants	Information sessions	Total Attendance
<b>Legal Services</b>			
Central Australian Aboriginal Family Legal Unit (CAAFLU)	8	0	8
Central Australian Aboriginal Legal Aid Service (CAALAS)	2	1	3
Central Australian Women's Legal Service (CAWLS)	8	0	8
Darwin Community Legal Service (DCLS)	4	0	4
Domestic Violence Legal Service (DVLS)	5	1	6
Katherine Womens Legal Service (KWILS)	3	0	3
North Australian Aboriginal Family Legal Service (NAAFLS)	15	0	15
North Australian Aboriginal Justice Agency (NAAJA)	13	5	18
NT Legal Aid Commission (NTLAC)	12	7	19
Solicitor, Pelvickor Services	1	0	1
Top End Women's Legal Service (TEWLS)	4	0	4
Ward Keller	1	0	1
Unknown - Legal	0	40	40
<b>Local Governments</b>			
Barkly Regional Council	8	0	8
Central Desert Regional Council	7	0	7
City of Darwin	3	0	3
East Arnhem Regional Council - Sobering up Shelter & Night Patrol	14	4	18
Katherine Town Council	2	0	2
MacDonnell Regional Council	1	1	2
Victoria Daly Regional Council - Night Patrol	2	0	2
West Arnhem Regional Council	1	14	15
<b>Other Non-Government Organisations</b>			
Aboriginal Resource and Development Services (ARDS)	1	0	1
Alice Springs Youth Accommodation and Support Services (ASYASS)	5	0	5
Alzheimer's Australia NT	1	0	1
Amity Community Services	2	0	2
Australian Red Cross	9	0	9
Bagot Women's Group	1	0	1
Belyuen Night Patrol, Iron Bark	1	0	1
Binjari Community Aboriginal Assocoation	3	0	3
Catholic Church	0	1	1
Central Australia Youth Link Up Service (CAYLUS)	2	0	2
Central Australian Aboriginal Alcohol Programmes Unit (CAAAPU)	4	1	5
Central Australian Affordable Housing Company (CAAHC)	5	0	5
Council for Aboriginal Alcohol Program Services (CAAPS)	0	2	2
Drug and Alcohol Services Association (DASA)	1	0	1
Family Planning & Welfare Assoc NT	1	1	2
FORWAARD Aboriginal Corporation	1	0	1
Galupa Marngarr – Suicide Prevention Group	3	0	3



Organisations who have participated in FSF training and information sessions	Full day training # Participants	Information sessions	Total Attendance
<b>Other Non-Government Organisations continued</b>			
Gap Youth and Community Centre	3	0	3
Good Beginnings in Partnership with Save the Children	14	0	14
Headspace	0	10	10
HK Training and Consultancy	6	0	6
Ironbark Employment Services	5	0	5
Jesuit Social Services	3	0	3
Julalikari Council Aboriginal Corporation	1	0	1
Kalano Community Association	5	0	5
Karen Sheldon Training	2	0	2
Katherine Regional Aboriginal Health and Related Services (KRAHRS)	1	0	1
Katherine Regional Alcohol Group (KRAG)	0	7	7
Kids Safe NT	1	0	1
Knuckey Women's Centre, Belyuen	1	0	1
Kungas	4	0	4
Laynhapuy Homelands	0	1	1
Malak Re-engagement centre	1	0	1
Matrix On Board	1	0	1
Melaleuca Refugee Centre	12	1	13
Mental Health Association of Central Australia (MHACA)	2	0	2
Mission Australia	20	2	22
NAPCAN	1	0	1
Nhulunbuy Corporation (NCL)	0	1	1
NT Foster Carers Association	2	0	2
NT Friendship and Support	1	0	1
NT Primary Health Network (NTPHN)	0	1	1
NT Working Women's Centre (NTWWC)	1	0	1
Papulu Apparr-Kari Aboriginal Corporation	1	0	1
Parenting Research Centre, Victoria	2	0	2
Relationships Australia NT	42	0	42
Ruby Gaea Centre Against Sexual Violence	1	0	1
Salvation Army	5	1	6
Save the Children Australia	6	0	6
Somerville Community Services	22	0	22
St Vincent de Paul Society	1	0	1
Stars Foundation	1	0	1
T&J Contractors (contracted to Dept Housing)	2	0	2
The Smith Family	1	0	1
Topsy Smith Hostel	1	0	1
Venndale Rehab	2	0	2
Victims of Crime NT	4	0	4
Waltja	1	0	1
Warlpiri Youth Development Aboriginal Corporation (WYDAC)	6	0	6

Organisations who have participated in FSF training and information sessions	Full day training # Participants	Information sessions	Total Attendance
<b>Other Non-Government Organisations continued</b>			
Yilli Rreung Housing	6	0	6
YMCA	5	0	5
Yuendumu Women's Centre	1	0	1
Zodiac Tenancy Contractor for DHsg	7	0	7
Unknown - NGO	0	11	11
<b>Other NTG Agencies</b>			
Coroner's Office	1	2	3
Courts	0	15	15
Aboriginal Interpreter Service	1	0	1
Department of Local Government & Community Services	1	1	2
Department of Business	1	0	1
Licensing NT	1	2	3
Office of Men's Policy	2	0	2
Office of Women's Policy	5	0	5
Territory Families - Women's Safe Houses	11	0	11
Arnhem Electorate Officer, Legislative Assembly	1	0	1
Other - NTG	0	12	12
<b>Other Commonwealth agencies</b>			
Department of Prime Minister and Cabinet	15	0	15
Australian Defence Force	23	15	38
<b>Tertiary Institutions</b>			
Batchelor Institute (BIITE)	5	0	5
Charles Darwin University	2	0	2
Charles Darwin University (Student)	1	0	1
Flinders University NT	2	0	2
Menzies School of Health Research	2	0	2
<b>Queensland Health Services</b>			
Cairns Diabetes Centre	1	0	1
Cape York Hospital Health	1	0	1
Mabuyag Primary Health Care Centre (Torres & Cape)	1	0	1
Pormpuraaw Primary Health Care Centre (Torres & Cape)	1	0	1
Queensland Health	4	0	4
Wuchopperen Health Service (Cairns)	1	0	1
<b>Community Groups / Members of the public / Unknown</b>	0	152	152
	1741	942	2683