Responding to high risk cases of family and domestic violence: Guidelines for multi-agency case management

SAFETY
Aboriginal women are 35 times more likely to be hospitalised due to FDV
1 in 4 children & 1 in 2 Aboriginal children are exposed to FDV during childhood
Children were present at 7 out of 10 FDV incidents attended to by police
Fewer than 25% of women experiencing FDV were recorded by WA Police

ACCOUNTABILITY
One in four FDV incidents reported by WA Police were resolved in 2 years (2011/12-2012/13)
Incidence of FDV in WA Rose by 30%
Risk of experiencing FDV during pregnancy increased by WA Police

EARLY INTERVENTION
Over 50% of referrals to Child Protection are related to FDV
1 in 4 women experiencing FDV were referred by FDV Response Teams
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## Glossary

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full name</th>
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<tbody>
<tr>
<td>MACM</td>
<td>Multi-agency case management</td>
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<tr>
<td>FDVRT</td>
<td>Family and Domestic Violence Response Team</td>
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<td>DVIR</td>
<td>Domestic Violence Incident Report</td>
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<td>CPFS</td>
<td>Department for Child Protection and Family Support</td>
</tr>
<tr>
<td>‘Agency’</td>
<td>Refers to government agencies and non-government organisations</td>
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</table>
Introduction

In February 2013, Family and Domestic Violence Response Teams (FDVRT) were implemented in Western Australia. The FDVRT are a partnership between Western Australia Police, the Department for Child Protection and Family Support and domestic violence services. There are 17 FDVRTs located across the state. In most regions the teams are co-located.

The aims of the FDVRT are to improve the safety of child and adult victims of family and domestic violence through a collaborative approach that focuses on timely and early intervention following a police call out to a domestic violence incident.

The FDVRTs undertake joint assessment of Domestic Violence Incident Reports and determine through a triage process who is best placed, or most appropriate, to provide a response. In addition, one of the key functions of the FDVRT is to convene multi-agency case management and work in partnership with agencies in the community/region to manage risk and improve safety in high risk cases.

This document sets out the guidelines for multi-agency case management convened by the FDVRT. Included in the document is the strategic context, client pathways, step by step guidelines for the multi-agency case management process and supporting tools and resources.
Strategic context

Family and domestic violence is a widespread issue affecting families and communities all over the world (World Health Organisation, 2000). In Australia, anywhere between one in three (Mouzos & Makkai, 2004) and one in five women (ABS, 2005; 2013) experience violence by an intimate partner or family member and one in four children witness this abuse while they are growing up (Indermaur, 2001). For Aboriginal women and children, the rates of domestic violence are even higher with up to one in two experiencing family violence (Mouzos & Makkai, 2004; AIHW, 2006).

The impacts of family and domestic violence for adult and child victims are pervasive, affecting all aspects of health and wellbeing. Family and domestic violence is the leading cause of: perceived and actual threats to safety for women and children (ABS, 2005; 2013); non-accidental injury and death for women aged between 15 and 44 (VicHealth, 2004); homelessness for women and children (Tually, Faulkner, Cutler & Slatter, 2008); mental health and substance misuse issues for women (Golding, 1999; Keys & Young, 1998); and physical and emotional harm (or risk of) for children (Humphreys, 2007).

The prevalence of family and domestic violence and the pervasiveness of its effects on the health and wellbeing of victims mean that responses can be complex, involving multiple services including child protection, police, courts, corrections, housing and specialist family and domestic violence services. The involvement of different agencies can lead to strong, coordinated and collaborative responses that have the collective capacity to keep victims safe and hold perpetrators to account. However, when agencies do not work together it can exacerbate risk and increase the vulnerability of the client. Domestic violence homicide reviews have repeatedly demonstrated that fragmented or siloed service responses lead to clients falling through the gaps between services; counter-productive information or responses; clients feeling disillusioned, further disempowered and overwhelmed; perpetrators becoming lost or invisible to the system; and agencies making decisions without a full understanding of the risk or other agencies’ involvement (Pence, Mitchell, Aoina, 2007; Ombudsman, 2013; Walsh et al., 2012).

To mitigate these risks and to provide an effective response to family and domestic violence, a key strategy included in Western Australia’s Strategic Plan for Family and Domestic Violence 2009-2013 was to “develop a state wide integrated response to those experiencing family and domestic violence”. This strategy has subsequently been reiterated in Western Australia’s Family and Domestic Violence Prevention Strategy to 2022 and the National Plan to Reduce Violence against Women and their Children 2010-2022. ‘Integrated response’ in this context refers to government and non-government agencies working in a coordinated and collaborative manner to provide holistic, safe and accountable responses to victims and perpetrators of family and domestic violence; streamlined pathways through the service sector and seamless service delivery between agencies.

The integrated response to family and domestic violence is supported and formalised through: across government governance arrangements, strategic policy, formalised partnerships and accountability/monitoring. A summary of each is provided on the following page; note the examples provided are not exhaustive.
Integrated response to family and domestic violence

Governance
The Department for Child Protection and Family Support convenes the Family and Domestic Violence Senior Officers’ Group (SOG). The SOG includes representatives from state and commonwealth government departments that have a role in responding to family and domestic violence and the community sector through the Women’s Council for Domestic and Family Violence Services. The role of the SOG is to plan, implement and monitor policy and strategies to support an integrated response to family and domestic violence.

The SOG contributed to the development of, and is guided by the following strategic plans:
- National Plan to Reduce Violence against Women and their Children 2010-2022;
- Western Australia’s Family and Domestic Violence Prevention Strategy to 2022; and
- Western Australia’s Strategic Plan for Family and Domestic Violence 2009-2013.

Strategic policy
Strategic policies endorsed by the SOG include:
- Family and Domestic Violence Common Risk Assessment and Risk Management Framework, click here for a copy;
- Memorandum of Understanding: Information Sharing between Agencies with Responsibilities for Preventing and Responding to Family and Domestic Violence in Western Australia, click here for a copy; and
- Tripartite Schedule between the Department for Child Protection and Family Support, Department of Corrective Services and Western Australia Police: Collaboration and Exchange of Information Regarding Serious Domestic Violence Offenders, click here for a copy.

Formal interagency partnerships
- Family and Domestic Violence Response Teams;
- Guidelines for multi-agency case management;
- Domestic Violence Outreach and Safe at Home; and
- Family Violence Courts.

Accountability and monitoring
- Fatality Review; and
- Monitoring and Evaluation Framework including data collection and reports to the Council of Australian Governments against progress of the National Plan.

Multi-agency case management
Multi-agency case management (MACM) is a critical feature of an effective integrated response. It provides a platform for agencies to share information, develop comprehensive risk assessments, plan strategies to mitigate risks and work towards child and adult victim safety and perpetrator accountability. MACM is also important for creating transparency and accountability between agencies about their roles and responsibilities in responding to family and domestic violence.
Client pathways: referrals and multi-agency case management

As identified earlier, the FDVRT is only one part of an integrated response to family and domestic violence. To support seamless client pathways through the service system and coordinated actions/activities between agencies, the FDVRT must work closely with other agencies in the region. This may include referral of a client and/or to invite an agency to contribute information to or participate in MACM.

FDVRT and referrals

A member of the FDVRT (police, child protection or domestic violence service) may refer a family or individual to a service or agency in the community. Where practicable warm referral processes should be utilised including: the referring agency making contact with the service in the first instance; providing risk and safety focused client information with the referral (with the clients consent); supporting the client to access the service; and if the FDVRT agency will be continuing to provide services to the client, then the nature of this involvement should be explained and opportunities to coordinate responses and/or share information should be explored.

The FDVRT does not accept referrals, its role is to assess, triage and respond to Domestic Violence Incident Reports (DVIR).

FDVRT and multi-agency case management

The FDVRT is responsible for convening MACM for families identified in DVIRs that are considered to be at high risk of future serious harm. This can occur with or without client consent and may occur on a needs basis or via regular structured meetings. To do this, the FDVRT will contact agencies to contribute information to and/or participate in MACM.

Information sharing

MACM and information sharing is supported by the Memorandum of Understanding: Information Sharing between Agencies with Responsibilities for Preventing and Responding to Family and Domestic Violence in Western Australia, click here for a copy.

Agencies that identify a high risk case

Where agencies conduct a risk assessment and judge a case to be high risk they should consider the following. NB: the responses outlined below incorporate the minimum standard for risk management as outlined in the Common Risk Assessment and Risk Management Framework:

- If there are children involved, agencies should notify the Department for Child Protection and Family Support. This should occur with or without client consent.
- Report to WA Police. Police record all domestic violence matters as a Domestic Violence Incident Report. Therefore reports to police will be assessed and triaged by the FDVRT as they receive all DVIRs. Agencies can report to the police with or without client consent.
- Work with agencies to develop, implement and monitor a multi-agency safety plan. The guidelines for MACM outlined in this document can be used and adapted by agencies to coordinate multi-agency safety planning for their clients.
- Work with the client to develop a personal safety plan.
Guidelines for multi-agency case management

MACM is an integrated, interagency approach to supporting people at high risk of serious injury, harm or death due to family and domestic violence. The approach includes information sharing between agencies and the development of a multi-agency safety plan to reduce the identified risks.

The philosophy for MACM as outlined in these guidelines is to provide short term, coordinated intervention that works to reduce or mitigate the identified risks. The aims of MACM are to:

- determine whether the perpetrator poses a significant risk to the victim;
- jointly construct and implement a multi-agency safety plan that includes risk management, professional support for the child and adult victim and strategies to improve safety;
- support a criminal justice system response to perpetrators;
- reduce repeat victimisation;
- reduce re-offending by the perpetrator;
- improve agency accountability; and
- improve support for staff involved in high risk cases of domestic violence.

MACM does not replace the work of individual agencies nor does it eliminate the need for agencies to work in collaboration outside of the meetings.

Information about roles and responsibilities and the processes for convening MACM are included in these guidelines.
Roles and responsibilities

Family and Domestic Violence Response Team

Through joint assessment and triage, the FDVRT will identify high risk cases of family and domestic violence and convene MACM on a needs basis. A member of the FDVRT will chair the MACM meetings. This role may be rotated or shared between FDVRT partner agencies.

Chairperson

The chairperson will:

- circulate the confidentiality agreement for signature or seek verbal endorsement for meetings hosted virtually;
- chair the MACM meeting according to the agenda (see template);
- structure the MACM meeting to prioritise cases of highest risk and use the time available as efficiently as possible; and
- support the meeting to stay focused on safety and accountability.

Lead agency

A lead agency should be nominated for each case discussed. The lead agency can be any agency present or represented at the MACM meeting. The role of the lead agency is to:

- liaise with the adult victim about the outcomes of the meeting;
- record the safety plan during the meeting and email a copy to the FDVRT and all agency representatives that have an action documented;
- coordinate feedback from agencies about the progress of the action/s; and
- call for follow-up MACM meetings as required.

NB: nomination of a lead agency does not alter the activities of other agencies involved with the family.

Agency representatives

Agencies contacted to participate in MACM of high risk family and domestic violence cases will:

- provide a representative to participate in the meeting;
- share relevant information about the adult and child victim/s and the perpetrator;
- contribute to safety planning;
- undertake any actions designated to the agency through the safety planning process;
- provide feedback to the lead agency about progress of the action and its effect on improving safety or mitigating risk; and
- provide feedback to their agency about the outcome of MACM.

If the agency is unable to provide a representative for the meeting, they will provide relevant information in writing including:

- whether they have current involvement with the adult or child victim or perpetrator;
- information relevant to risk and safety; and
- history of past safety planning and interventions and the success or otherwise of these efforts.

The lead agency may contact the agency representative to seek additional information and/or to negotiate possible actions for the agency to undertake.
Feedback and review
Feedback must be provided to the lead agency about progress of agency actions and their effectiveness towards safety and accountability. Subsequent meetings may be convened to monitor and update the safety plan.

Risk assessment
The FDVRT conduct joint assessment and triage. Case is assessed to be high risk.

Contacting agencies
FDVRT members contact relevant agencies to arrange a case management meeting (this can be face to face, over the phone or via video conference).

Meeting preparation
Agency representatives check their respective client files/databases for current or historical contact with the family. This information is to be brought to the meeting.

Confidentiality
Confidentiality form is signed by agency representatives present or verbally endorsed for meetings carried out over the phone or via video conference.

Information sharing
Participating agencies share relevant information about their involvement with the family.

Safety planning
A lead agency is nominated and a multi-agency safety plan developed. It is the responsibility of the lead agency to draft the Safety Plan.

Feedback and review
Feedback must be provided to the lead agency about progress of agency actions and their effectiveness towards safety and accountability. Subsequent meetings may be convened to monitor and update the safety plan.
MACM meeting preparation

**Step 1. Risk assessment**

The FDVRTs joint assess and triage Domestic Violence Incident Reports (DVIR). The approach to assessment is ‘structured professional judgement’ which includes reference to evidence based key risk indicators and professional judgement. Where possible the FDVRT will incorporate the victim’s assessment of their risk however as initial assessments are made on the basis of the DVIR this will likely not occur until further follow up and contact is able to be made.

‘High risk’ is defined as a person or persons (including children) at high risk of serious injury, harm or death due to family and domestic violence.

**Immediate safety**

The FDVRT will take action to attempt to secure the immediate safety of the adult and child victims they have identified as being at high risk of serious injury, harm or death.

**Client consent**

The FDVRT should attempt to obtain informed consent of the adult victim before proceeding with MACM. If this is not possible, legislation, agency agreements and duty of care allow case management to proceed without consent. A sample consent form is attached. NB: Consent to MACM is different from consent for support/assistance as indicated on a DVIR.

**Step 2. Meeting coordination - contacting relevant agencies**

The FDVRT is responsible for contacting agencies and inviting them to participate in MACM. The agencies invited will vary depending on the unique needs and circumstances of each case. At a minimum, it is anticipated that MACM will involve the FDVRT (police, child protection, domestic violence service), corrections, men’s domestic violence services and women’s domestic violence services.

Identification of relevant agencies should be informed by the adult victim, to identify services and agencies that she and the family are already engaged with.

The FDVRT should inform agencies about whether the adult victim has consented to offers of support or assistance as indicated on the DVIR and/or whether they have explicitly consented to MACM.

**Step 3. Meeting preparation**

Agencies participating in MACM must check their respective client files to identify any previous or current contact with the family. In particular, agencies should consider whether they have information to contribute to assessment and safety planning including:

- whether they have current involvement with the adult or child victim or perpetrator;
- information relevant to risk and safety; and
- history of past safety planning/interventions and the success or otherwise of these efforts.

If the agency is not able to provide a representative for the multi-agency case management meeting, the above information should be provided in writing in advance of the scheduled meeting so it can be used to inform assessment and planning.
MACM meeting is convened

Step 4. Confidentiality

Participating agencies must sign the confidentiality form. For meetings that are not face to face for example telephone based, verbal endorsement is sufficient.

Step 5. Information sharing

The FDVRT will present the case to the MACM meeting. Agency representatives will provide relevant information about their agencies previous and/or current involvement with the family.

Relevant information

In the context of high risk family and domestic violence cases ‘relevant’ information includes: information that relates to the identification of risk or harm to an adult or child; informs the management or mitigation of risk; and/or helps work towards perpetrator accountability.

Information that can be provided includes, but is not limited to:

- basic demographic information;
- information relevant to an understanding of the risk and professional opinion about the level of risk faced;
- factors that might be contributing to risk or harm for example cultural factors, mental health issues, substance misuse or other medical issues;
- relevant history of family and domestic violence or other associated behaviour (child abuse, sexual assault) by the perpetrator or victim;
- criminal histories that (1) have been taken into account in determining the risk for the child and adult victim, and/or (2) indicate a potential risk of harm to a worker who will become involved as a result of information provision or exchange; and
- relevant information provided by the victim or another party who is concerned about the victim.

The FDVRT and agency representatives will use their professional judgement to determine what is ‘relevant’ for the case/s being discussed.

Step 6. Safety planning

Lead agency

A lead agency must be nominated. Part of the role of the lead agency is to record the multi-agency safety plan. See page 8 for more information about the roles and responsibilities of the lead agency.

Review relevant information

To inform safety planning, the following questions should be considered:

- What are the immediate safety concerns for this case?
- What immediate action is required to protect the victim and child/ren?
- What additional information is required to ensure the group has the full picture?
- How will missing information be collected?
- If there was previous agency involvement, was it effective, what was it that worked well and was there anything that could have been improved?
• What was the victim’s perspective on previous agency involvement?
• What does the victim say will assist her to keep her and child/ren safe?

Safety planning
The information shared during step 5 and the review questions considered in step 6 will inform the safety planning strategies put in place.

Participants in the MACM meetings should consider what can be provided to support safety through all possible systems, agencies and networks including criminal justice; legal; advocacy and support; child protection; education; health and housing etc. All actions should be recorded in the Multi-agency safety plan. The safety plan must include who is responsible for the action and the timeframe for its completion.

It is often the case that service intervention and safety planning can increase risk for example separation. The risks posed by any potential safety planning strategies must be considered and additional planning undertaken to mitigate or manage the risks created.

Participants involved with MACM should consider the following key questions throughout the safety planning process.

Does this strategy hold the perpetrator responsible for the violence?

Does this strategy support the safety of the adult and child victim or does it pose risk?

What are the possible consequences of undertaking this action?

Circulating the safety plan
The lead agency will email a copy of the safety plan to the FDVRT and to any agency representatives that have a nominated action.

Step 7. Feedback and review

Following the MACM meeting, agency representatives must provide the lead agency with feedback about progress against the actions nominated for their agency.

Feedback should include:
• whether or not they were successful in completing the proposed action;
• outcome of the action such as whether or not safety was improved; and
• any further additional information related to risk or safety of the adult or child victim.

The provision of feedback will help inform future safety planning and decisions about whether further MACM meetings are required
Multi-agency case management forms

The following forms are attached. Click on the hyperlinks below for electronic copies.

- Risk assessment
- Agenda
- Consent form
- Confidentiality
- Multi-agency safety plan
### Key risk indicators tool

#### RISK ASSESSMENT PROCESS

<table>
<thead>
<tr>
<th>Risk or vulnerability factor</th>
<th>Presence of factor</th>
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<tbody>
<tr>
<td></td>
<td>Yes</td>
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<tr>
<td><strong>Victim</strong></td>
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<tr>
<td>Pregnancy/new birth</td>
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<tr>
<td>Depression/mental health issue*</td>
<td></td>
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<tr>
<td>Drug and/or alcohol misuse/abuse</td>
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<tr>
<td>Has ever verbalised or had suicidal ideas or tried to commit suicide</td>
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<tr>
<td>Isolation</td>
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<tr>
<td><strong>Children</strong></td>
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<tr>
<td>Has the child ever been in the adult victim’s arms when she/he has been attacked</td>
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<tr>
<td>Has the child ever tried to intervene in the violence</td>
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<tr>
<td>Is the child encouraged to participate in the violence towards the adult victim</td>
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<tr>
<td>Is the child scapegoated or used as a control mechanism (eg. hurt or abused when the adult victim does something the perpetrator does not like)</td>
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<tr>
<td>Has the child demonstrated violent/cruel behaviour towards pets or other animals</td>
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<td>Has the child’s development recently regressed (eg. Bed wetting)</td>
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<td>Is the child delayed in reaching significant developmental milestones</td>
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<tr>
<td>Is the child showing signs of trauma</td>
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<tr>
<td><strong>Perpetrator</strong></td>
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<tr>
<td>Use of weapon in most recent event</td>
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<tr>
<td>Access to weapons</td>
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<tr>
<td>Has ever harmed or threatened to harm victim</td>
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<td>Has ever raped or sexually assaulted victim</td>
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<tr>
<td>Has ever tried to strangle the victim</td>
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<td>Has ever tried to kill victim or threatened to kill victim</td>
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<tr>
<td>Has ever harmed or threatened to harm or kill children</td>
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<tr>
<td>Has ever harmed or threatened to harm or kill other family members</td>
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<tr>
<td>Has ever harmed or threatened to harm or kill pets or other animals</td>
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<tr>
<td>Has ever threatened or tried to commit suicide</td>
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<tr>
<td>Stalking the victim</td>
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<tr>
<td>Controlling behaviour</td>
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<tr>
<td>Unemployed</td>
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<td>Depression/mental health issue*</td>
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<tr>
<td>Drug and/or alcohol misuse/abuse</td>
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<td>Obsession/jealous behaviour towards adult victim</td>
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<tr>
<td>History of violent behaviour (not family violence)</td>
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<tr>
<td>RISK ASSESSMENT PROCESS</td>
<td>Presence of factor</td>
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<tr>
<td>Risk or vulnerability factor</td>
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<tr>
<td>Relationship</td>
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<tr>
<td>Recent separation</td>
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<tr>
<td>Escalation - increase in severity and/or frequency of violence</td>
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<tr>
<td>Financial difficulties</td>
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</table>

* Mental health issues such as depression and paranoid psychosis, which focus on the victim as hostile, are high when they are present in conjunction with other risk factors, particularly a previous history of violence. The presence of a mental health issue must be carefully considered in relation to the co-occurrence of other risk factors.
Meeting agenda

Family and domestic violence multi-agency case management

<table>
<thead>
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<th>Region</th>
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<tr>
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Present

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<th>Department / Agency</th>
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Apologies

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Item 1 Confidentiality declaration completed

Item 2 Case management (*information sharing and multi-agency safety planning*)

Item 3 Feedback and review (*if relevant*)

Item 4 Other business
Client consent form for information sharing

Family and domestic violence multi-agency case management

<table>
<thead>
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<th>Client Details</th>
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<tr>
<td><strong>Name</strong></td>
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<td><strong>Address</strong></td>
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| Agency seeking consent |

We ask you for information about yourself so that we can make sure that we offer you the services, protection or support that you may need in order to monitor and manage your safety.

To make sure it is the most appropriate and effective service for you, it may mean sharing this information or obtaining information about you.

We will use your information to help us manage and/or plan services that will help to keep you and/or your children safe. This will be in the form of a **multi-agency safety plan**, the development of which will involve you.

**Declaration**

I agree that information about me and my dependants may be used for the purposes described above.

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Confidentiality declaration

Family and domestic violence multi-agency case management

Date

The Chair of the meeting reminds all concerned about the Memorandum of Understanding for Information Sharing.

Information discussed by the agency representatives within the ambit of this meeting is strictly confidential and must not be disclosed to third parties without agreement of the meeting participants.

Information contained within the Multi-Agency Safety Plan is confidential and must be stored appropriately.

The purpose of multi-agency case management is to:

- share information;
- determine whether the offender poses a significant risk to any particular individual or to the general community; and
- jointly construct and implement a safety plan, and provide professional support to all those at risk.

By signing this document, we agree to abide to these principles.

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<th>Attendees</th>
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# Family and domestic violence multi-agency safety plan

## Referral Agency

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
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<tr>
<td>Contact</td>
<td>Phone</td>
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## Agencies Involved

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<tr>
<th>Agency</th>
<th>Contact Person</th>
<th>Phone</th>
<th>Email</th>
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## Victim

Name

- ☐ male
- ☐ female

Alias

Date of birth

Ethnicity

Address

Phone (main)

(Other)

Emergency contact

Phone

Employer

Phone

## Offender

Name

- ☐ male
- ☐ female

Alias

Date of birth

Ethnicity

Address

Phone (main)

(Other)

Employer

Phone

## Children *(information on ALL children required)*

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>M/F</th>
<th>Ethnicity</th>
<th>School/Day-care</th>
<th>Lives with?</th>
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### Family and domestic violence multi-agency safety plan (cont.)

<table>
<thead>
<tr>
<th>Date</th>
<th>Responsible Agency</th>
<th>By When</th>
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References


