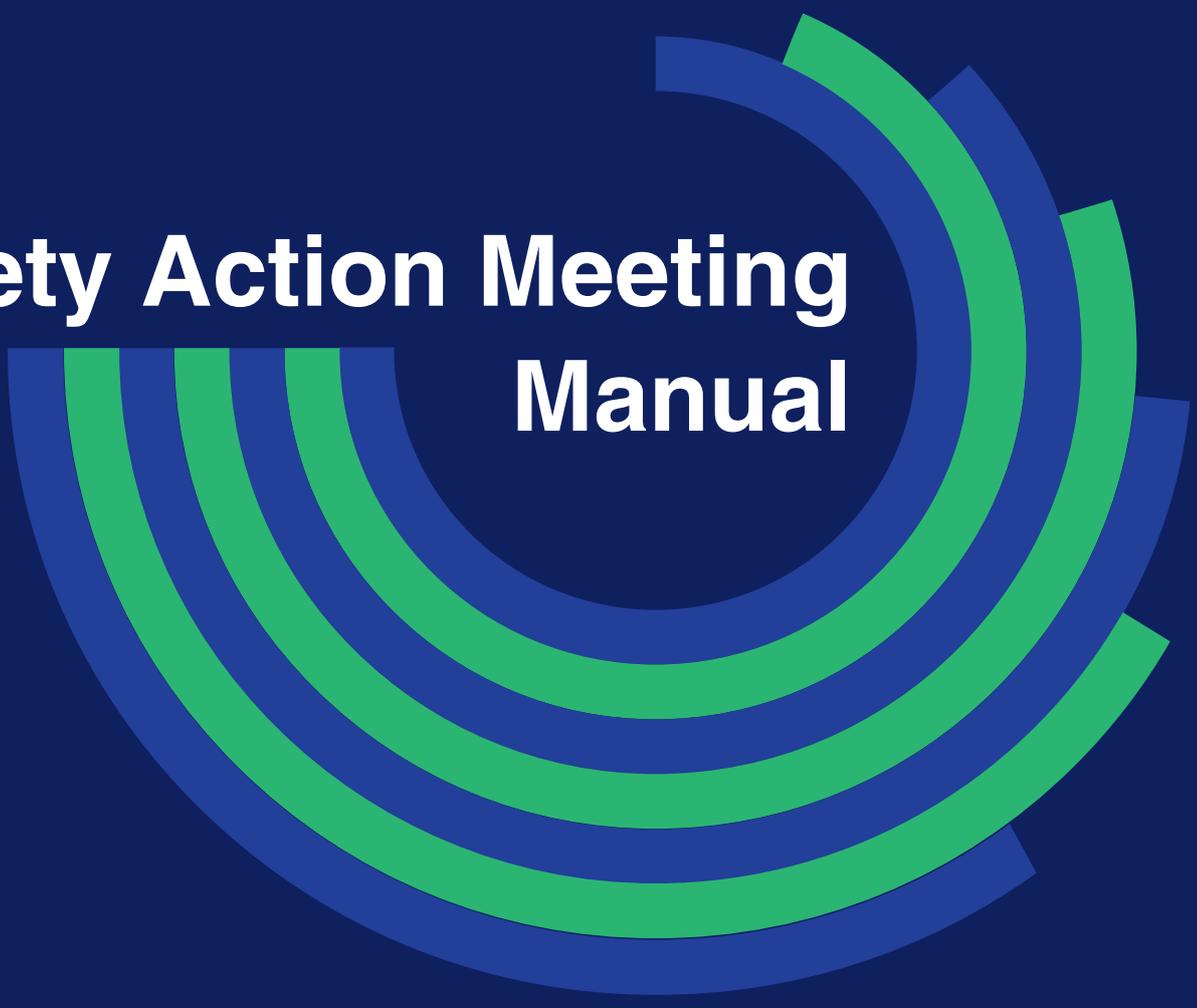


Safety Action Meeting Manual



AUGUST 2017



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Definitions

ADVO Apprehended Domestic Violence Order

CALD Culturally and linguistically diverse

Central Referral Point An electronic platform hosted by Victims Services NSW that facilitates referral of domestic violence victims to support services

Delivery Board Domestic and Family Violence Reforms Delivery Board, the executive body responsible for overseeing implementation of the NSW Government Domestic and Family Violence Framework for Reform

DVSAT Domestic Violence Safety Assessment Tool. The DVSAT has been developed to help service providers consistently and accurately identify the level of threat to domestic violence victims. There are two versions of the DVSAT – one for NSW Police Force and one for all other service providers

Domestic violence Any behaviour, in an intimate or family relationship, which is violent, threatening, coercive or controlling, causing a person to live in fear. It is usually manifested as part of a pattern of controlling or coercive behaviour. Domestic violence may include physical violence, sexual assault, emotional or psychological abuse including verbal abuse and threats of violence, economic abuse, stalking and harassment

FACS Department of Family and Community Services

Family relationship People who are related to one another through blood, marriage or de facto partnerships, adoption and fostering relationships, sibling and extended family relationships. Family relationships include the full range of kinship ties in Aboriginal communities, extended family relationships, and constructs of family within lesbian, gay, bisexual, transgender, intersex or queer communities

People living in the same house, people living in the same residential care facility and people reliant on care may also be considered to be in a domestic relationship if their relationships exhibit family-like dynamics

Intimate relationship	People who are (or have been) in an intimate partnership whether or not the relationship involves or has involved a sexual relationship, i.e. married or engaged to be married, separated, divorced, de facto partners (whether of the same or different sex), couples promised to each other under cultural or religious tradition, or who are dating
Safer Pathway	A new model of service delivery for domestic violence victims developed as part of the NSW Government Domestic and Family Violence Framework for Reform, including the Central Referral Point, LCPs and SAMs
LAC	NSW Police Force Local Area Command
LCP	One of a network of local services providing victims of domestic violence with threat assessment, case coordination and referral to a SAM if necessary. Women's Domestic Violence Court Advocacy Services (WDVCASs) host LCPs for women victims, and Victims Services NSW hosts a LCP for male victims
LGBTIQ	Lesbian, gay, bisexual, transgender, intersex and queer
Occasional SAM attendee	A service provider that attends a SAM on an occasional basis, for the discussion of a particular victim only
Police	NSW Police Force
Protocol	Domestic Violence Information Sharing Protocol
Reforms	NSW Government Domestic and Family Violence Framework for Reform
Reforms Implementation Working Group	The group of key government agencies responsible for implementing the <i>It Stops Here: Safer Pathway</i> service delivery model
RDVC	NSW Police Force Regional Domestic Violence Coordinator
Regional domestic and family violence forums	Regional bodies comprising representatives of key government and non-government service providers established to monitor and support all elements of the Reforms
SAM	A regular meeting of local service providers that aims to prevent or lessen serious threats to the safety of domestic violence victims through targeted information sharing
SAM Coordinator	The LCP worker responsible for organising SAMs in the local area, including circulating agendas and recording actions arising from meetings
SAM member	A regular attendee of SAMs in a local area

- Safety Action Plan** A list of targeted, time-specific actions developed at a SAM to prevent or lessen a serious threat to the life, health or safety of a domestic violence victim and their children. Safety Action Plans include actions for service providers, not victims
- Service provider** A government agency or non-government organisation that provides a service to domestic violence victims or perpetrators. Service providers include specialist domestic violence services (e.g. a domestic violence counselling service) and generalist services (e.g. a medical centre or school)
- Warm referral** A referral made by a service provider on behalf of a victim. Warm referrals involve contacting a service provider for a victim, rather than providing the victim with information and recommending that they contact the service provider directly. Warm referrals also involves a certain amount of follow-up, in which the initial service provider checks to make sure that the referral has been successful and the victim is receiving the required support from the service provider to which they have been referred
- WDVCAS** Women's Domestic Violence Court Advocacy Service

Foreword

Safety Action Meetings (SAMs) are being implemented across the state as part of the NSW Government *It Stops Here: Safer Pathway* domestic violence reforms (Safer Pathway).

Domestic violence affects people from all backgrounds and communities. It requires an integrated, collaborative response from government and non-government service providers.

Research has shown that a lack of information sharing between service providers can prevent victims from receiving the most effective and timely support possible and is a contributing factor in domestic violence-related deaths.

SAMs aim to address this by facilitating information sharing between service providers in order to prevent or lessen serious threats to the life, health or safety of domestic violence victims and their children.

This manual provides a guide to the purpose and operation of SAMs, and the roles and responsibilities of SAM members.

Service providers are encouraged to read the manual in conjunction with the Domestic Violence Information Sharing Protocol (the Protocol). The Protocol provides guidance about sharing information in domestic violence cases under Part 13A of the *Crimes (Domestic and Personal Violence) Act 2007*.

The manual has been developed by Legal Aid NSW in collaboration with key government agencies, including the Department of Justice, NSW Police Force and Women NSW.

Legal Aid NSW extends its thanks to these partner agencies and the other members of the Domestic and Family Violence Reforms Delivery Board, including the Department of Family and Community Services, the Department of Education and Communities, NSW Health, the Department of Aboriginal Affairs and the Department of Premier and Cabinet.

The manual reflects a shared commitment to improving the response to domestic violence in NSW through increased information sharing and collaborative service provision.

Legal Aid NSW gratefully acknowledges the Office for Women, South Australia, as the original source of much of the material that has been adapted for this manual.

This manual is one of a suite of five reference documents developed as part of the Safer Pathway reforms. Service providers are encouraged to read the manual in conjunction with the other documents, which include:

Domestic and Family Violence Reforms Overview

The Domestic and Family Violence Reforms Overview (the overview) explains the development of the Reforms. The overview gives a summary of the critical findings and recommendations of three parliamentary inquiries that made it clear NSW had to change the way it responded to domestic and family violence. The overview also includes the common definition of domestic and family violence.

Domestic Violence Information Sharing Protocol

The Domestic Violence Information Sharing Protocol (the Protocol) explains information sharing allowed under Part 13A of the *Crimes (Domestic and Personal Violence) Act 2007*. It sets out the procedures for service providers to share information, including consent and referral practices, and outlines their information management obligations. It also outlines procedures for access and amendment, the management of complaints, and a compliance framework.

Domestic Violence Safety Assessment Tool Guide

The Domestic Violence Safety Assessment Tool Guide (the guide) explains the new common threat assessment tool, the DVSAT. The tool is designed to help service providers consistently and accurately identify the level of threat to domestic violence victims.

Domestic Violence and Child Protection Intersection Guidelines

The Domestic Violence and Child Protection Intersection Guidelines (the guidelines) clarify the intersection between the domestic violence response system and the child protection system in the context of information sharing.

1. Introduction

1.1 Overview

SAMs are regular meetings of local service providers that aim to prevent or lessen serious threats to the safety of domestic violence victims and their children through targeted information sharing. Members share information to develop tailored, time-specific Safety Action Plans for victims at serious threat and their children.

SAMs are chaired by a senior police officer and attended by key government and non-government service providers working with domestic violence victims and perpetrators in the local area.

This manual is designed to provide a clear guide to the purpose and operation of SAMs, and the roles and responsibilities of SAM members. The manual reflects the current stage of the NSW Government *It Stops Here* Domestic and Family Violence Framework for Reform (Reforms) implementation process and will be updated over time.

The manual is an operational document designed to assist service providers in practice. It is not a legal document. SAMs do not result in legally binding orders or documents. However the manual reflects legal requirements regarding information sharing in domestic violence cases set out in the Domestic Violence Information Sharing Protocol (the Protocol).

The examples provided in this manual are for illustration purposes only and are not an exhaustive representation of domestic violence situations or actions arising from SAMs.

1.2 Terminology

Both women and men are victims of domestic violence and both women and men are perpetrators of domestic violence; however the majority of victims are women and the majority of perpetrators are men. This manual uses gendered language in recognition of the fact that women will form the majority of victims considered at SAMs.

The manual refers to people who have allegedly perpetrated domestic violence as perpetrators. Use of this term does not necessarily mean that these persons have been convicted of a criminal offence or are subject to an Apprehended Domestic Violence Order (ADVO).

1.3 Aim and objectives

SAMs aim to prevent or lessen serious threats to the life, health or safety of domestic violence victims and their children. By sharing information, members put together a comprehensive picture of each victim's situation and develop a Safety Action Plan based on this picture.

A Safety Action Plan is a list of actions that service providers can take to reduce the threat to a victim's safety. Safety Action Plans only include actions for service providers, not victims.

The guiding idea behind SAMs is that, generally, no single service provider has a complete picture of a victim's situation, but all may have information or insights that are crucial to securing the victim's safety. By sharing information to build a comprehensive understanding of each victim's situation, SAMs enable service providers to take more effective action.

The objectives of SAMs are to:

- prevent domestic violence-related deaths, illness, injury and disability;
- prioritise responses to victims at serious threat and their children;
- reduce repeat victimisation;
- reduce re-offending by perpetrators;
- manage threats collaboratively across relevant service providers;
- improve service provider accountability for their response to victims, children and perpetrators; and
- increase the safety of staff working with victims and perpetrators.

Victims do not attend SAMs; nor do perpetrators. This is because the meetings are designed for service providers to commit to actions to support victims and reduce the threat to their safety. The meetings are not case plan meetings; they do not result in a plan or document with which a victim must comply.

Benefits of Safety Action Meetings

- A comprehensive picture of a victim's situation, the threats to her safety and her own plans and desires is developed. This includes her choice to remain in the relationship or separate from the perpetrator; or to remain safely in her home or to move residence.
- Responses to victims at serious threat are prioritised and provided in a coordinated way.
- An integrated response to domestic violence is promoted, where all service providers are 'at the table', instead of the previously fragmented, 'silo' approach.
- Service providers working with victims or perpetrators are held to account for fulfilling their duties and any specific actions agreed at SAMs.
- Collaborative and trusting working relationships between service providers are fostered, with benefits for victims of domestic violence generally.
- A shared understanding of domestic violence and indicators of threat is promoted.

1.4 Background

SAMs are based on successful initiatives in the United Kingdom and South Australia. Evidence from these and other jurisdictions has shown that information sharing is vital to providing coordinated support to victims and to preventing domestic violence-related deaths.

For example, in South Australia an evaluation of Family Safety Meetings found that 62% of victims referred to a Family Safety Meeting were assessed as at lower risk as a result of being considered at a Family Safety Meeting.¹

SAMs have been established in NSW as part of the whole-of-government Reforms. The Reforms aim to improve the NSW response to domestic violence.

A key component of the Reforms is a new model of service delivery for domestic violence victims, *It Stops Here: Safer Pathway*. SAMs are one element of this model. The other elements are:

- A standardised tool for assessing the level of threat to victims, the Domestic Violence Safety Assessment Tool (DVSAT);
- A streamlined referral pathway for all victims via the Central Referral Point, an electronic platform that receives referrals for victims from NSW Police Force and allocates them to a Local Coordination Point (LCP) based on their gender and postcode;

¹ *Family Safety Framework Final Evaluation Report*, Office of Crime Statistics and Research, South Australia, 2008.

- Consistent access to coordinated support via a network of LCPs, local services that provide victims with threat assessment, case coordination and referral to a SAM if necessary.

Safer Pathway is being rolled out across NSW in stages. It is scheduled to be fully operational in all Police Local Area Commands by the end of 2018.

For more information about the DVSAT, refer to the DVSAT Guide.

2. Information sharing

2.1 Legal framework

Part 13A of the *Crimes (Domestic and Personal Violence) Act 2007* allows service providers to share information for the purpose of providing victims with domestic violence support services, and for the purpose of preventing or lessening a serious threat to persons' life, health or safety.

Information related to a child or young person can also be shared in accordance with Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998* (Chapter 16A).

Practice tip

Information shared at a SAM relating to a child or young person is considered to have been shared under Chapter 16A for legal purposes.

The Protocol explains when and how information may be shared under Part 13A. SAM members must comply with the Protocol at SAMs and in regard to any matter relating to a meeting.

For more information, refer to the Protocol.

2.2 Consent

Part 13A allows service providers to share information at SAMs for the purpose of preventing or lessening a serious threat to a person's safety. This includes information about a victim or her children, the perpetrator or another person.

It is best practice to seek a victim's consent before sharing their information with another service provider, including at or in relation to a SAM.

However, in certain limited circumstances Part 13A allows service providers to share information without a victim's consent where it is necessary to prevent or lessen a serious threat to their safety, or the safety of their children or other persons.

For more information refer to Chapter 4 and the Protocol.

2.3 Information sharing at Safety Action Meetings

Information sharing at SAMs is limited to that which is necessary to prevent or lessen a serious threat to the life, health or safety of victims, their children or other persons.

SAM members may only share accurate information that is relevant to the current issue of the safety of a victim and her children, and the actions needed to prevent or lessen that threat.

For example, information relating to an individual's medical condition, past criminal history, or past medical history need not be shared unless it is directly relevant to the current threat posed to a victim's safety and the actions necessary to prevent or lessen that threat.

Each member is responsible for decisions about what information it considers reasonably necessary to share. Information shared may include, but is not limited to, details of the victim, perpetrator, children and/or other persons; a service provider's interaction with the victim, perpetrator and/or children; previous incidents of domestic violence; relevant court or child protection proceedings; and any recognised domestic violence risk indicators.

Practice tip

A person's HIV status cannot be disclosed by anyone other than that person, except in very limited circumstances. There would be no reason to share a person's HIV status at a SAM, unless you felt it was **directly necessary** to reduce a serious threat to someone's safety. Even in the latter case, it would be better to make a broad reference rather than disclose a person's HIV status. For example, if an HIV-positive victim was being intimidated by the perpetrator with threats of disclosing their HIV status, the SAM member with this information could make a statement such as "The perpetrator is attempting to intimidate the victim with threats related to disclosure of sensitive medical information".

Example – Only sharing information that is relevant to the current threat to a victim's safety

Shannon is a repeat victim of domestic violence, first perpetrated by her father and then later by two abusive partners. Anna is a manager who attends the local SAM on behalf of a family support service that has worked with Shannon over a number of years.

Recently, Shannon was hospitalised following a serious assault at the hands of her current partner Barry and referred to the SAM. At the meeting, Anna advises the other members about her service's recent engagement with Shannon and actions they can take to reduce the current threat to her safety. Anna mentions that Shannon is a long-term victim of domestic violence but does not go into detail about her past abusive relationships or medical history.

2.4 Subpoenas and privileges at law

SAM documents may be the subject of a subpoena or privilege at law. If a member receives a subpoena regarding SAM-related information, it is advisable that the member obtains legal advice.

The Sexual Assault Communications Privilege (SACP) protects counselling communications about a person who has ever been the victim of a sexual assault, even where the counselling is not about the assault, from being subpoenaed by a court. The SACP applies to legal proceedings started at any time, including criminal, AVO and some other civil proceedings.

Sharing information about a sexual assault at SAM could mean that the counselling communications are no longer considered “confidential” and therefore that they are no longer protected by the SACP. This is the case even if the victim in question has consented to being discussed at the SAM.

If a member holds sexual assault information about a victim on the SAM agenda, they must think carefully before deciding whether or not to share it at a SAM. In these cases it is important to balance the risk of compromising the victim’s SACP with the risk to their safety which may be increased (or fail to be reduced) if the information is not shared at the SAM

Practice tip: Should I share sexual assault information?

- Only share sexual assault information if it is necessary to reduce the current serious threat to a victim’s safety.
- Only take notes regarding sexual assault information shared by another SAM member if it is necessary to reduce the current serious threat to a victim’s safety.
- Flag any sexual assault information obtained at a SAM in your systems as “private and potentially privileged”.
- Seek legal advice if needed, especially if you receive a subpoena. Legal Aid NSW’s SACP Service can be contacted on (02) 9219 5888.

Example 1

A health service regularly attends a local SAM. One day, a client of the health service, Bonnie, is referred to the SAM due to the violence she experiences at the hands of her brother Ben. Bonnie has previously disclosed to the service that she was sexually assaulted by her ex-partner Jayden. The service does not share this information at the meeting because it is not relevant to the serious threat posed by Ben, and they know that Jayden is now in custody. The service continues to provide counselling to Bonnie in relation to the sexual assault.

Example 2

A counselling service is working with a sexual assault victim named Megan. The service also attends the local SAM. One day Megan is listed on the SAM agenda. The group discusses Megan's situation and decides that she can be removed from the agenda because she is working closely with services and has begun treatment for his substance use disorder. The counselling service does not disclose the sexual assault, but strongly advocates for Megan to remain on the agenda, as the threat to her safety remains very serious. Megan is kept on the agenda and the service continues to work with her.

Information shared at or in relation to a SAM may be the subject of other privileges at law. For more information, refer to the Protocol.

2.5 How information shared at a Safety Action Meeting may be used

Information obtained at a SAM may only be used for the purpose of preventing or lessening a serious domestic violence threat to a victim, her children or other persons.

A service provider may receive information at a SAM about a victim or a perpetrator that potentially impacts upon a service it is providing to that victim or perpetrator, unrelated to domestic violence. The service provider cannot use the information received as evidence in respect of the unrelated matter. This is because the information was received by the service provider under the Protocol for a specific purpose only. Any service provider who shares information for an unrelated purpose is in breach of the Protocol.

For example, information shared at a SAM cannot be used for representation purposes in a civil or criminal matter.

There are two limited exceptions in which information shared at a SAM may be used for other purposes:

1. The Police have a legal obligation to protect persons and prevent offending, and to take action where a crime has been or is about to be committed. For this reason, the Police may on occasion be required to take action as a result of information shared at a SAM (e.g. to investigate an alleged breach of an ADVO). However, any action taken will consider the overall situation, the victim's needs, and the threat to her life, health or safety.
2. Service providers who are mandatory reporters under the *Children and Young Persons (Care and Protection) Act 1998* have obligations under that Act. Where information shared at a SAM indicates that a child or young person is at risk of significant harm due to abuse or neglect, the Keep Them Safe Mandatory Reporter Guide should be completed. If the Mandatory Reporter Guide indicates that it is necessary, a report to the Child Protection Helpline must be made.

SAMs do not replace or change these obligations. For more information about child protection refer to Chapter 6.

Similarly, if the Department of Family and Community Services (FACS) forms the opinion, on reasonable grounds, that a child or young person is in need of care and protection, it may take whatever action is necessary to safeguard or promote the safety, welfare and well-being of that child or young person.

It is important to note that SAMs enable members to build a comprehensive understanding of each victim's situation, her needs and the threats to her safety. If a service provider, such as FACS, needs to take action in regards to child protection, the information shared at a SAM will help the agency to do so in an appropriate way.

For more information about child protection refer to Chapter 6.

Example – Only using information gained at a meeting for the purpose of reducing a serious threat to a victim's safety

Peter is a manager who attends the local SAM on behalf of a registered community housing provider contracted by the Department of Family and Community Services. One of the victims on the meeting agenda, Polly, lives in a social housing property managed by Peter's community housing provider. Under her lease agreement Polly is not allowed to have anyone residing with her, but at the meeting Peter learns that Polly's ex-partner and his brother have returned to the house. After the meeting Peter does not take action to penalise Polly for breaching the terms of her lease or for not declaring additional household income. Peter acknowledges Polly's complicated situation and knows that he became aware of the information for one purpose only – to prevent or lessen the serious threat to her safety.

Example – Only using information gained at a meeting for the purpose of reducing a serious threat to a victim's safety

Tracy is a social worker who attends the local SAM on behalf of the mental health clinic at a local hospital. One of the victims on the meeting agenda, Georgina, attended the clinic for help with her schizophrenia. At the meeting, Tracy learns that Georgina has started using drugs which may adversely interact with her schizophrenia medication, putting her at greater risk of harm.

At Georgina's next clinic appointment, Tracy takes care to speak with Georgina fully about her situation and asks about any factors which may impact upon her safety. Georgina discloses her recent drug use and Tracy makes arrangements for her medication to be adjusted. Tracy also speaks with Georgina about substance use disorders and explains the support on offer from various service providers. In this situation, Tracy has used information gained at a SAM to reduce a serious threat to Georgina's safety, but in such a way that does not negatively affect Georgina's engagement with the clinic.

2.6 Information management

Information and records relating to SAMs must be managed and stored in accordance with the Protocol.

The SAM Coordinator is responsible for ensuring that SAM agendas, records and any relevant documentation are securely stored with other LCP records in accordance with the Protocol.

The Coordinator should take into account any conflicts disclosed by members when circulating SAM documents (see section 4.6.3. for more detail).

It is important to note that SAM notes, agendas and records may be subpoenaed.

For more information, refer to the Protocol.

Practice tip – SAM members must treat SAM agendas, records and associated notes as confidential at all times

You should take care to ensure that SAM documents are stored securely at your workplace (e.g. in a locked filing cabinet; in password-protected, secure data systems) and that they are only removed from this location for the purpose of attending a SAM. Members must never leave SAM documents elsewhere or take SAM records with them when travelling to other locations.

3. Roles and responsibilities

3.1 Membership

3.1.1 Overview

Service providers nominate a representative as their SAM member. This person must be in a senior role with authority to commit to actions, prioritise matters and allocate resources on behalf of their service provider. Members must be able to contribute to the development of a Safety Action Plan at the meeting without having to take decisions or proposals back to their service provider for approval. This ensures that Safety Action Plans can be developed and implemented quickly to prevent or lessen serious threats to victims' safety.

3.1.2 Government members

SAMs are chaired by a senior police officer, usually the Crime Manager of the relevant LAC, and organised by the SAM Coordinator, who works for the LCP.

In addition to these service providers, the following government agencies regularly attend SAMs in each local area:

- NSW Health, including Local Health Districts and specialist networks;
- Department of Family and Community Services, including officers able to speak about child protection and housing assistance;
- Department of Education; and
- Corrective Services NSW.

These agencies are generally standing members of SAMs.

If a male victim is listed on the SAM agenda, the relevant male service provider will attend the SAM for that victim's matter. The male service provider is not required to attend the SAM if there are no male victims on the agenda, or stay for the duration of the meeting once all male victim matters have been discussed.

The male service provider is responsible for attempting to contact male victims identified by Police, and providing them with case coordination and safety planning. The male service provider is also responsible for referring male victims at serious threat to the SAM Coordinator so that they can be added to the SAM agenda. The male service provider and SAM Coordinator in each area should agree on a set deadline each fortnight for the submission of male victim referrals, and exchange of relevant information about those matters.

3.1.3 Non-government members

Non-government members are decided locally. The SAM Chair and the Coordinator identify these members in consultation with relevant stakeholders. The Chair, in consultation with the Coordinator, has final decision-making authority regarding non-government membership of the SAM in their area.

The criteria for non-government service providers' membership are:

- Capacity to contribute relevant information regarding a broad range of victims' safety and current circumstances; and
- Capacity to contribute relevant actions to Safety Action Plans for a broad range of victims.

Non-government services that may be identified as SAM members include specialist domestic violence support, accommodation, family support, case management, counselling and community health service providers.

Together, the government agencies and identified non-government service providers form the regular membership of SAMs.

It is important that all members attend every SAM in their area. This enables effective and trusting working relationships to develop between members, and ensures that a shared understanding of the purpose of the meetings is maintained. Experience in other jurisdictions has shown that the actions developed at meetings become more collaborative over time, as members grow to understand each other's roles and responsibilities and see the benefits to their service provider of membership.

Regular members must sign a confidentiality agreement and disclose any conflicts at the beginning of each SAM (see Chapter 4 for more detail).

Example – Identifying non-government Safety Action Meeting members

Trisha is the SAM Coordinator in a particular town. When determining which local non-government service providers to ask to join the SAM as members, Trisha consults with the Chair and government members of the meeting. She also speaks to a range of local services in the town.

After consultation, Trisha and the Chair ask the local women's crisis accommodation service and a case management service to become SAM members. This is because the two services work with the majority of domestic violence victims in the town and will therefore be able to bring relevant information to meetings and commit to useful actions at meetings.

3.1.4 Occasional attendees

Other service providers may be invited to attend a SAM on an occasional basis to assist with the development of a Safety Action Plan for a particular victim.

For instance, where a victim is known to be working closely with a service that is not a member of a SAM and the victim is not engaged with any of the SAM members, that service may be invited to attend a meeting solely for the discussion of that victim. The LCP should ask each victim if they are working closely with a particular service provider. If this is the case, the SAM Coordinator should consider whether it would be beneficial to ask the service provider to attend the meeting for the discussion of that particular victim.

Similarly, if a service provider that is not a regular member refers a victim to a SAM, the Coordinator should consider inviting the service provider to attend the meeting on a one-off basis, as they may have the most up-to-date information about the victim.

Occasional attendees must sign a confidentiality agreement and disclose any conflicts before participating in a SAM (see sections Chapter 4 for more detail).

Example – Occasional Safety Action Meeting attendees

A Sydney suburb has a small Sudanese community. The SAM in the area does not often have Sudanese victims on the agenda, and no specific Sudanese service provider attends the meeting regularly.

On the rare occasion when a Sudanese victim is listed on the agenda, the SAM Coordinator invites a local Sudanese women's service to attend the meeting for the discussion of the Sudanese victim, after first consulting with the victim about whether this would be appropriate.

Occasional attendees

Occasional attendees should only stay in a SAM for the duration of the matter/s in which they are involved. This is to ensure that only relevant members are present for the discussion of each matter. If possible, the SAM Coordinator should list the matter/s in which the occasional attendee is involved at the beginning of the agenda, so that the attendee can leave directly after their conclusion.

3.1.5 Proxies and changes to membership

If a member cannot attend a SAM they must send a proxy with the authority to make decisions and commit to actions on behalf of their service provider. A proxy member must be fully apprised of the matters on the agenda and have access to the relevant papers in order to prepare for the meeting.

Where a service provider changes its nominated SAM representative, it is responsible for training the new member in SAM responsibilities and briefing the new member regarding current cases.

If a member advises that their service provider can no longer attend SAMs on a regular basis, the SAM Chair and Coordinator will identify an appropriate replacement service provider in consultation with relevant stakeholders.

If a member consistently fails to comply with this manual, the SAM Chair may terminate that member's participation in meetings. The Chair may either request that the service provider in question identifies another member to attend the meetings, or identify an appropriate replacement service provider in consultation with relevant stakeholders.

If a member cannot attend a meeting, they must advise the SAM Coordinator in writing (preferably by email) as soon as possible, and advise whether a proxy will attend on their behalf.

3.1.6 Observers

If a non-member wishes to observe a SAM, they must make a request in writing to the SAM Coordinator. This is to ensure that the confidentiality of meetings is maintained and to ensure that there are not too many observers at any one meeting.

Observers must have a clear reason for attending a meeting, such as a forthcoming membership role. It is not appropriate for people to observe meetings solely due to a general interest in their operation.

Observers must sign a confidentiality agreement and disclose any conflicts at the beginning of the meeting (see Chapter 4 for more detail).

3.2 Roles and responsibilities

3.2.1 NSW Police Force

SAMs are chaired by a senior police officer, usually the Crime Manager of the relevant LAC. Where more than one LAC feeds into a SAM, the Crime Managers of the LACs involved rotate the Chairperson role. Wherever possible, the role should be undertaken by the same person for at least four months at a time to ensure continuity. The Chair:

- Attends each meeting;
- Chairs the meeting in accordance with the standard agenda (Appendix A);
- Reads out the confidentiality agreement at the beginning of each meeting and ensures all members sign the agreement, including the Chair;
- Ensures all members disclose any relevant conflicts at the beginning of each meeting, including the Chair;
- Contributes to the development of a Safety Action Plan for each victim on the agenda, whether or not Police have previously been involved with the victim, her children or the perpetrator;
- Directs each meeting to ensure that discussion is respectful, targeted and focused on safety;

- Actively encourages members to identify possible actions for victims; and
- Asks members for their views regarding whether each matter should remain on the agenda or be removed, and then make a decision as to the best course of action.

An example of an aide memoire for Chairs is provided in Appendix G.

SAMs are usually also attended by the relevant NSW Police Force Domestic Violence Liaison Officer (DVLO). The DVLO:

- Attends each meeting;
- Brings all relevant information about victims on the agenda held by Police to the meeting;
- Contributes to the development of a Safety Action Plan for each victim on the agenda, whether or not Police have previously been involved with the victim, her children or the perpetrator; and
- Completes any actions arising from the meeting that relate to Police.

When a new victim is listed on a SAM agenda, the DVLO should provide a brief overview of the basis for the victim's 'at serious threat' assessment (i.e. DVSAT score or professional judgement) and the most recent incident of domestic violence.

Generally, there is no need for the DVLO to read the entire Web-COPS incident narrative relating to a new matter on the agenda. While it is important for SAM members to understand the incident that led to a SAM referral, Web-COPS narratives often contain detailed information that is not necessary for SAM members. DVLOs should provide a summary of the incident based on the Web-COPS narrative.

Example – Role of Domestic Violence Liaison Officer

Rebecca is referred to the local SAM by Police. At the meeting, the DVLO explains that Rebecca was assessed as at serious threat when Police attended the house Rebecca shares with her partner Paul. The DVLO notes that:

- Rebecca had been assaulted by Paul;
- Rebecca was found to be at serious threat due to her answers to the DVSAT; and
- Police have applied for an ADVO for Rebecca and are investigating whether they can charge Paul with assault.

Each Police Region has a Regional Domestic Violence Coordinator (RDVC). RDVCs have a coordinating role in linking local Police with domestic violence services and initiatives across their respective Regions. RDVCs may provide information, advice and support to LACs, including in relation to their local SAM. RDVCs may attend each SAM in their Region twice a year to provide support to DVLOs and senior officers.

3.2.2 Local Coordination Point

SAMs are organised by the SAM Coordinator, who works for the LCP. The Coordinator:

- Collates referrals for victims at serious threat sent to the LCP and places them on the agenda for the next meeting;
- Distributes the agenda to all members at least **three business days** prior to the meeting via secure email so that members can carry out information searches within their service providers;
- Attends each meeting;
- Brings all relevant information about victims on the agenda held by the LCP to the meeting;
- Advises members about whether victims on the agenda have consented to being considered at the meeting;
- Signs a confidentiality agreement at the beginning of each meeting;
- Declares any conflicts at the beginning of each meeting;
- Records actions agreed at the meeting and distributes these records to members within **one business day** of the meeting (Appendix B);
- Contributes to the development of a Safety Action Plan for each victim, whether or not the LCP has previously been involved with the victim or her children;
- Summarises actions agreed at the end of each matter;
- Completes any actions arising from a SAM that relate to the LCP; and
- Liaises with victims following a SAM to advise them of the outcome where appropriate and to ensure that victims are receiving adequate support.

The SAM Coordinator may bring another LCP worker to the SAM to help record and summarise actions arising if needed. This allows the SAM Coordinator to participate fully in discussion. Alternatively, the SAM Coordinator may record actions and the LCP worker may participate in discussion, for example if they have been working with clients on the agenda and can speak to their matters directly.

The LCP receives all Police referrals for female domestic violence victims in the local area. The LCP provides victims with coordinated support, except where they are already receiving case management from or working closely with another service provider.

For this reason, the SAM Coordinator can generally act as a contact point between victims and SAMs. The Coordinator will be able to bring up-to-date information about the victim and her perception of the threat to her safety to the meeting and advise the victim of the outcomes of the meeting.

Where another service provider is working closely with a victim, that service provider may act as a contact point between the victim and SAMs.

The SAM Coordinator or service provider liaising with a victim about the meeting should work to ensure that actions agreed at the meeting take into account the victim's needs, wishes and plans.

The SAM Coordinator is also responsible for ensuring that SAM agendas, records and any relevant documentation are securely stored with other LCP records in accordance with the Protocol.

3.2.3 Other regular members

SAMs are also attended by senior representatives from service providers that work with domestic violence victims, perpetrators and/or their children (see section 3.1.2. above). The members:

- Keep their respective service providers advised of the purpose and progress of SAMs;
- Coordinate an information search regarding victims at serious threat, their children and/or associated perpetrators upon receiving the agenda for a forthcoming SAM;
- Attend each SAM (or provide a proxy as required), whether or not the service provider they represent has a prior history of involvement with some or all of the victims on the agenda;
- Bring all relevant information about victims on the agenda, their children and/or associated perpetrators held by their service provider to each SAM (including information held by a Child Wellbeing Unit if relevant);
- Sign a confidentiality agreement at the beginning of each SAM;
- Disclose any conflicts at the beginning of each SAM;
- Contribute to the development of a Safety Action Plan for each victim on the agenda, whether or not their service provider has previously been involved with the victim, her children and/or associated perpetrators; and
- Complete any actions arising from a SAM that relate to their service provider.

Local Coordinated Multiagency Offender Management (LCM)

LCM brings together four agencies (FACS, Health, Police and Corrective Services) to work in partnership to manage individuals residing in the community who have a history of persistent reoffending or domestic violence offences and to coordinate services and interventions that may reduce their risk of reoffending. LCM will be introduced in Liverpool, Parramatta and Dubbo in 2017. There may be cases in which an offender being supervised by Community Corrections and on LCM is the offender of a victim on a SAM agenda. In these cases, Corrective Services should advise the SAM of any relevant LCM information that directly impacts upon the victim's safety or the actions agreed at a SAM.

3.2.4 Code of conduct

All SAM members must:

- Possess a sound understanding of the dynamics of domestic violence and its disproportionate impact upon women;
- Acknowledge that the safety of victims and their children is paramount;
- Commit to the shared goal of preventing or reducing serious threats to the safety of victims;
- Participate in discussion in a respectful and collaborative manner;
- Understand and comply with the *Crimes (Domestic and Personal Violence) Act 2007* and the Protocol; and
- Understand and comply with the Charter of Victims' Rights and the *Children and Young Persons (Care and Protection) Act 1998*.

Discussion at meetings must respect victims' dignity and agency over their own lives. Members should recognise the impact of domestic violence upon victims and avoid making judgements about victims' choices. All members are responsible for ensuring that communication at SAMs is respectful.

Members should also acknowledge that disagreement is a healthy part of working collaboratively, and strive to resolve differences of opinion appropriately.

3.2.5 Responsibility for actions arising from a Safety Action Meeting

The responsibility to progress an action arising from a SAM rests with the relevant service provider; it does not become the responsibility of the SAM group, the Coordinator or the Chair.

SAM members cannot be directed to commit to a certain action by other members, the Chair or the Coordinator. Members are responsible for committing to and undertaking actions in regard to their own service providers only.

SAMs do not replace or change service providers' normal functions and responsibilities in relation to domestic violence victims and perpetrators. The meetings are designed to complement and support these functions.

At the first SAM held in an area, members should provide a brief overview of the functions of their service provider. This will help the group to form an accurate picture of the responsibilities of each member and assist the group to develop feasible actions.

3.2.6 Support for Safety Action Meeting members

Discussion at SAMs can include information about violence and threats of violence to adults, children and pets. While it is not usually necessary for SAM members to discuss the detail of specific domestic violence incidents, SAM members will still be privy to distressing information at times.

SAM members should be encouraged to access supervision, counselling or debriefing on a regular basis to avoid the risk of vicarious trauma. It is the responsibility of each SAM member's manager or executive to provide options for support. SAM members from government agencies can access their agency's Employee Assistance Program (EAP).

3.3 Meeting frequency and location

3.3.1 Frequency

SAMs are held regularly, usually fortnightly, in each local area. SAMs are generally around two hours in duration. The number of victims on the agenda varies depending on the volume of 'serious threat' referrals in each site.

Experience has shown that fortnightly meetings are the most effective in providing a timely response to victims at serious threat without exceeding the capacity of service providers to attend on a regular basis.

SAMs do not replace or change service providers' normal functions and responsibilities in relation to domestic violence victims and perpetrators.

Service providers that participate in SAMs should provide victims and perpetrators with an appropriate response as soon as they engage with them, and should not wait until the next SAM to take action independently if possible.

Service providers must comply with their obligations regarding children and young people under the *Children and Young Persons (Care and Protection) Act 1998*. SAM members should not wait until the next SAM to take appropriate action in line with these obligations if they have sufficient information to proceed independently.

In exceptional circumstances an emergency SAM may be held. These are only called if a victim is at serious and *imminent* threat, and it is critical that service providers share information in order to prevent or lessen this threat. Any SAM member can request an emergency meeting. Requests should be sent to the SAM Coordinator.

Can a SAM be cancelled?

A SAM may only be cancelled if there are no new referrals to discuss, and all actions arising in regard to previous matters on the agenda have been completed (or are being progressed out of session with no need for further discussion).

If a SAM falls on a public holiday, the meeting **must** be rescheduled for the closest available day within a week of the original date. Over the Christmas and New Year period, there can be up to three weeks between SAMs given the number of public holidays and staff leave.

3.3.2 Location

SAMs may be held in any suitable venue in the local area, such as the Police Station or the office of another SAM member. The venue must be safe and private to ensure confidentiality. The SAM Chair and Coordinator determine the venue in consultation with members.

SAMs should be held in person wherever possible. Face-to-face meetings better facilitate information sharing and foster collaborative working relationships. However, in rural and remote areas meetings may be conducted via teleconference, audio-visual link or other means when necessary. For example, in a remote area meetings may alternate between being held face-to-face and via teleconference every fortnight.

Attendance via AVL or teleconference

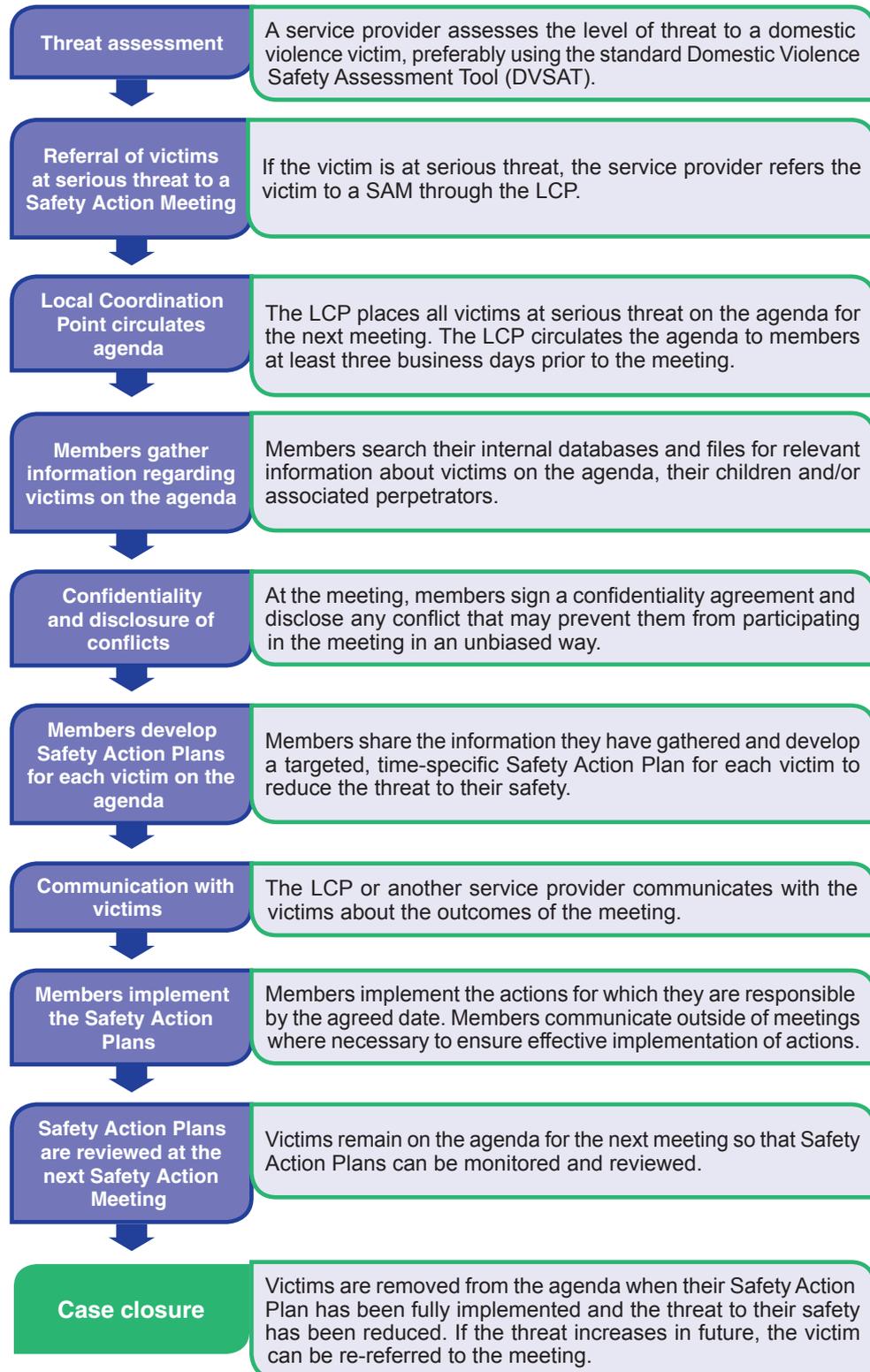
In regional and remote areas, it may be necessary for some members to attend SAMs via audio-visual link (AVL)/video-conference or teleconference on a regular basis. Where this is the case, the relevant member should discuss options and logistics with the SAM Coordinator.

The availability of AVL facilities may determine the best venue for a particular SAM. For example, if two members need to attend via AVL from a neighbouring town, the SAM Coordinator should liaise with members to identify a main venue for the SAM with AVL capability, which connects with a location in the neighbouring town that the two members can access.

Members who will be attending SAMs remotely on a regular basis are encouraged to attend their first two or three SAMs in person if possible. This will assist them to build trusting relationships with other members and understand the SAM process.

4. Process

4.1 Overview



4.2 Threat assessment

At serious threat means there is evidence of a serious threat to a victim's life, health or safety due to domestic violence, and urgent action is necessary to prevent or lessen this threat.

A victim can be identified as at serious threat using the DVSAT, another recognised threat assessment tool, or professional judgement.

A threat does not have to be imminent to be considered serious, as it is often hard to determine whether something is going to happen within a certain timeframe. For example, a victim whose partner will be released from custody in two months' time may disclose extreme physical violence that occurred in the past. A service provider completing the DVSAT with the victim may determine that the threat to their safety is serious, due to the perpetrator's history of repeat offending, but is not imminent because the perpetrator will not be released for another two months.

For more information about the DVSAT, refer to the DVSAT Guide.

4.3 Referral to a Safety Action Meeting

4.3.1 Overview

All domestic violence victims, whether female or male, identified as at serious threat aged 16 or above in a local area should be referred to a SAM.

To be included on the agenda for a SAM, victims must be referred to the LCP. The LCP provides secretariat support for the meetings.

If Police assess a victim as at threat or at serious threat due to domestic violence, they automatically refer them to the relevant LCP via the Central Referral Point, an electronic platform that allocates victims on the basis of gender and postcode.

If another government agency or non-government service provider assesses a victim as at serious threat, they should refer the victim directly to the relevant LCP. Service providers are encouraged to use the SAM Referral Form (Appendix C).

The LCP is responsible for ensuring that all victims at serious threat referred to it are considered at the next available SAM.

Remember – Any government or non-government service provider can refer a victim at serious threat to a SAM, not just Police. Non-Police referrals should be sent directly to the SAM Coordinator.

If you wish to refer a victim to a SAM, it is important to consider whether they are **currently** at serious threat. There may be victims with a long history of experiencing domestic violence who have complex needs, but who are not currently at serious threat due to domestic violence. For example, a person who is suicidal due to issues unrelated to a domestic violence incident should not be referred to a SAM. It is vital that SAMs remain focused on those victims who are currently at serious threat due to domestic violence. If you are unsure about making a SAM referral, you should call the SAM Coordinator to discuss the matter.

4.3.2 Local Coordination Point threat assessment

The LCP completes a threat assessment using the DVSAT with every victim referred to it. Where a victim has been referred by Police, this second DVSAT allows the LCP to determine if there is any information that the victim did not disclose to Police at the time of an incident, or if anything has changed since the time the Police DVSAT was completed. The second DVSAT may indicate a lower or higher level of threat.

If the victim was assessed as 'at threat' on the incoming referral, but is now assessed as 'at serious threat', the LCP can upgrade the victim's matter and place it on the SAM agenda. The LCP should advise the relevant DVLO so that they can prepare for discussion of the matter at the SAM.

If the victim was assessed as 'at serious threat' on the incoming referral, but is now assessed as 'at threat', the LCP should:

- Call the relevant DVLO to discuss re-grading the matter to 'at threat'. Matters can only be downgraded if the victim is no longer at serious threat (e.g. the perpetrator is in custody) or the SAM can offer no further benefit (e.g. the matter has been discussed at the SAM multiple times and there is no further collective action the SAM can offer).
- If the DVLO agrees to the re-grade, list the victim on the SAM agenda in the 'Re-grade' section so that all SAM members are aware of the matter. This ensures transparency about 're-grade' decisions and allows members to raise concerns if needed. For example, a member could see a victim on the list about whom they have serious safety concerns and ask that the victim be re-added to the main agenda.
- Ensure the victim is connected with support for their ongoing needs.

A decision to re-grade a matter prior to a SAM is not taken lightly. However, there are complex cases in which the SAM can offer no further benefit. It is important to remember that SAMs are not a case management forum, and that agencies and services must continue to provide support to victims taken off the SAM agenda as part of their business as usual practice.

Re-grading a referral to 'at threat' prior to a SAM

A referral may only be re-graded to 'at threat' prior to a SAM if the LCP and DVLO agree. Discussions about potential re-grades should be held as needed by telephone. It is not necessary for DVLOs and SAM Coordinators to meet in person regarding potential re-grade matters, or hold 'pre-SAM meetings'.

Things to consider when deciding whether or not to re-grade a matter include:

- Has the LCP been able to make contact with the victim?
- Is the victim willing to engage with services?
- Is there a current ADVO in place? When does it expire?
- What are the conditions of the ADVO? Are they the best conditions for the victim given the current situation?
- Is the perpetrator on police or court bail? What are the bail conditions? Are they suitable in the circumstances?
- Is the perpetrator remanded in custody?
- Is the perpetrator currently wanted by Police? Is there a warrant in existence for the perpetrator's arrest?
- Is the perpetrator currently being supervised by Community Corrections?
- Is there a safety plan in place for the victim and her children?
- What are the current living arrangements for the victim, children and perpetrator? Are the victim and/or her children homeless?
- Is security adequate at the victim's residence?
- Do the victim and her children have support at their residence?
- Is the victim willing or able to contact police in case of a further domestic violence incident?
- Are there any issues preventing the victim from leaving the perpetrator – e.g. care arrangements for children?

4.3.3 SAM matters involving a young person using violence

In order to be referred to a SAM, a matter must involve a victim aged at least 16 years or older and a 'perpetrator' or 'other party' aged at least 10 years or older. This is because Police complete the DVSAT with all domestic violence victims aged 16 or older, where the 'person of interest (POI)' is aged 10 or older. As such, there may be matters on a SAM agenda involving a young person between the ages of 10 and 15 using violence.

Such matters are likely to involve children with complex needs, such as children with serious behavioural, mental health or drug and alcohol issues, or children with a cognitive impairment. For this reason, the dynamics of the violence and power relationships involved will be very different to matters involving abuse by an adult, especially an intimate partner or ex-partner.

Given this, SAM members should use the term 'young person' rather than 'POI' or 'perpetrator' in these cases. In addition, while members' should remain focused on the victim's safety in such matters, members should also consider actions that seek to address the young person's underlying needs. The nature of these matters means that a strict focus on 'perpetrator accountability' is not appropriate.

Practice tip for SAM Coordinators

If you receive a 'serious threat' referral involving a young person using violence, you should:

- Liaise with the relevant DVLO to see if the Police Child Well-being Unit has made any referrals for the family or young person;
- Make appropriate referrals for both the victim and the young person; and
- Where available, refer the matter to a child- or youth-focused interagency meeting, such as an Integrated Complex Case Coordination Panel (ICCCP).

If the matter is referred to a youth-focused interagency, you can consult with the DVLO to consider re-grading it to 'at threat' prior to the SAM. If the matter is listed on the SAM agenda, you should consider inviting Juvenile Justice to attend the meeting for the matter if they have any involvement with the young person.

4.3.4 Cases in which a Safety Action Meeting member is listed as a victim or perpetrator on an agenda

There may be cases in which a SAM member is identified as at serious threat and referred to a meeting, particularly in rural and remote communities with small populations. Similarly, there may be cases in which a SAM member is identified as the alleged perpetrator in relation to a matter on the SAM agenda. These cases are complex and must be dealt with sensitively.

If a member is identified as a victim at serious threat, the LCP should speak with them about whether they want the matter listed on the SAM agenda. If the member is not comfortable with this, the LCP should liaise with the Police out of session instead in order to address safety issues. The LCP should also liaise with other key SAM members to facilitate any actions needed to reduce the threat to the victim's safety (e.g. alternative accommodation). This approach should ensure that safety concerns are addressed while the victim's confidentiality is maintained as far as possible.

If a member is identified as an alleged perpetrator in relation to a victim at serious threat, the LCP should deal with the matter out of session by liaising with Police and key SAM members as needed. In order to reduce the threat to the victim's safety, it may be necessary to liaise with the agency or service for which the alleged perpetrator works. For example, the alleged perpetrator may work for the only housing provider in the local area, and the victim may require accommodation. In these cases, the LCP should deal with the agency or service's executive, rather than the member.

Where a member is identified as a perpetrator of domestic violence, the SAM Chair should consider whether the member should continue attending the SAM. It is highly unlikely that a person who uses violence in their personal life fully recognises the fundamental unacceptability of all domestic violence, and acknowledges its impact upon victims. All SAM members must possess this understanding in order to participate. As stated in section 3.1.5, the SAM Chair may terminate a person's role as a SAM member. If this decision is taken, the

SAM Chair should make a written record, and liaise with the SAM Coordinator to identify a suitable replacement for the member. In the unlikely event that a SAM Chair is identified as a perpetrator, the SAM Coordinator should notify Legal Aid NSW and seek assistance from the Commander of the relevant Police LAC.

Examples – Referrals to a Safety Action Meeting

- Police are called to an incident at Kaylee and Brandon's house. Using the DVSAT, the Police assess Kaylee as at serious threat and refer to her the Central Referral Point. The Police also apply for an ADVO on her behalf and charge Brandon with assault.

The Central Referral Point allocates Kaylee to the LCP that services her town, Orange. The LCP undertakes a comprehensive threat assessment with Kaylee and confirms the initial assessment of at serious threat. Kaylee is placed on the agenda for the next SAM.

- Due to reports by teachers at her children's school, FACS has opened a case file about Jenny and her family. The teachers state that Jenny's son Connor and daughter Amelia sometimes come to school with minor bruises and are often absent. A caseworker talks to Jenny, who discloses that her husband Terry, who has a substance use disorder involving alcohol, physically abuses her in front of the children.

While continuing to work with Jenny regarding her children, the caseworker seeks Jenny's consent to refer her to the LCP for support. Jenny accepts the offer of assistance. When a LCP worker speaks to Jenny, Jenny says that the family is experiencing intense stress due to Terry losing his job, and that his drinking is increasing and he is becoming more violent. The worker assesses Jenny as at serious threat and places her on the agenda for the next SAM.

- Belinda brings her three young sons to playgroup at the local family support service. The workers there suspect that Belinda is being abused by her partner Tim. They ask Belinda if she will let them refer her to the LCP for help and she agrees. The LCP assesses Belinda as at serious threat and places her on the agenda for the next SAM.

Sometimes the primary perpetrator and primary victim in a domestic violence situation can be wrongly identified. If the LCP suspects that this has occurred, it should contact the referring service provider for more information. Where a misidentification of the primary perpetrator has occurred, the incorrectly identified 'victim' does not need to be placed on the SAM agenda. The LCP should advise the Central Referral Point and the referring service provider of the issue.

Examples – Wrongly identified perpetrators

- Mike receives a call from a male victim service provider following a Police referral. Mike states that he has left the family home after an “altercation” with his wife, Rebecca. Mike reports that his wife has a substance abuse problem and raises concerns about her parenting, stating that she is often unable to care for the children due to intoxication. More generally, Mike says Rebecca frequently throws things about the house and has attacked him using household implements.

Upon questioning by the worker from the service, Mike indicates that he has successfully “disarmed” and “restrained” Rebecca in the past, but only “when necessary”. Mike states that he keeps a gun in the house and has been feeling depressed lately. Mike also blames Rebecca for losing his job.

The worker completes the DVSAT with Mike and establishes that he is safe. Given the concerns raised about Mike and Rebecca’s children, the worker makes a report to the Child Protection Helpline. Using professional judgement, the worker assesses Rebecca as at serious threat. As there is no safe way to contact her to seek consent, the worker refers Rebecca to a LCP for support without consent. The LCP contacts Rebecca and confirms the assessment of at serious threat. Rebecca is placed on the agenda for the next SAM.

- Police are called to an incident at Lucy and John’s house. On arrival, they find that both parties have serious injuries – John has stab wounds to the leg and Lucy has serious bruising to her face and neck. Lucy and John appear heavily intoxicated, and neither will speak to Police. Given the nature of the incident, Police use their professional judgement to assess Lucy and John as at threat and refer them to the Central Referral Point.

The Central Referral Point refers Lucy to a LCP and John to the male victim service provider. When the LCP speaks with Lucy she discloses John’s long history of extreme violence toward her. Lucy states that she thought John was going to kill her that night before the Police arrived and only stabbed him in self-defence. The LCP identifies Lucy as at serious threat and places her on the agenda for the next SAM. The LCP also contacts the Police and the male victim service provider to advise them of the situation. The male victim service provider considers the full situation when working with John, and shares any information relating to Lucy’s safety with the LCP.

4.4 Consent to referral

It is best practice to seek a victim's consent before sharing their information with another service provider, including for the purpose of making a referral to a SAM.

However, in certain limited circumstances the Protocol allows service providers to share information without a victim's consent where it is necessary to prevent or lessen a serious threat to her safety, or the safety of her children.

If a service provider assesses a victim at serious threat and it is necessary to make a referral for them to a SAM, the service provider must seek the victim's consent unless it is unreasonable or impractical to do so. For example, it is not necessary to seek consent if doing so would increase the threat to the victim's safety or if the victim is in hospital and cannot communicate due to serious injuries.

If a victim refuses consent for referral to a SAM, a service provider may make the referral without consent if the threat is serious and sharing information at the SAM is necessary to prevent or lessen the threat. The service provider must record this decision and the reasons why it was made.

Service providers must also make a written record of a victim's consent or refusal of consent and the reasons for her decision.

The SAM Coordinator notes whether each victim on the agenda for a meeting has consented to the referral. Members should take a victim's consent or refusal of consent into account when developing a Safety Action Plan for them.

Where victims at serious threat have children in their care, service providers who are prescribed bodies may share information under Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998*.

The perpetrator's consent is never sought for information sharing at a SAM.

For more information, refer to the Protocol.

Example – Consent granted for referral to a Safety Action Meeting

Danielle has recently left her abusive partner Hugh and is currently accommodated in a women's refuge. A caseworker at the refuge completes the DVSAT with Danielle on admission and assesses her as at serious threat. Danielle consents to being referred to the LCP.

Because Danielle is already working closely with the refuge caseworker, the LCP does not provide Danielle with case coordination, but does seek Danielle's consent for referral to the next SAM. Danielle agrees and is placed on the agenda.

Example – Consent refused for referral to a Safety Action Meeting

The LCP has been working closely with Thani for several weeks, making warm referrals to a range of service providers for her ongoing needs. The LCP is about to close their file on Thani, as she has been successfully referred to a case management service, when her ex-boyfriend Leon is released from prison and begins to harass and threaten her again.

The LCP reassesses the level of threat to Thani's safety and identifies her as at serious threat. A worker seeks Thani's consent for referral to a SAM but she refuses, saying it will cause more trouble with Leon. After discussing the situation carefully with Thani, the worker explains that she will still be referred to the SAM because the LCP has grave concerns for her safety. Thani is placed on the agenda for the next SAM.

4.5 Prior to a Safety Action Meeting

4.5.1 Overview

The SAM Coordinator, located within the LCP, collates the names of victims identified as at serious threat and places them on the agenda for the next SAM (Appendix A).

The Coordinator circulates the agenda by secure email to all members at least three business days prior to the meeting so that members can conduct information searches regarding victims on the agenda. The Coordinator provides the name, date of birth and address (if known) of the victim, any children and the perpetrator to enable members to conduct information searches. The agenda also notes whether each victim has consented to her information being shared at the meeting. Where possible, the Coordinator may group similar cases on the agenda to allow members to attend only for matters relating to their agency (e.g. cases involving children first).

Practice tip – Who receives the SAM agenda?

The SAM Coordinator should maintain an email list of all standing SAM members, and use this list to circulate the agenda and record each fortnight. Members must have an individual, secure email address, such as `firstname.lastname@organisation.org.au`. It is not appropriate for members to use a generic address such as `intake@organisation.org.au` due to the sensitivity of SAM information.

In addition, generally there is no need for proxies or occasional attendees to be on the email list. Members are responsible for providing their proxies with SAM information when they cannot attend a meeting. It is also not appropriate for services to be on the list solely for the purpose of checking whether they have a current relationship with any of the people listed on the agenda. It is important that SAM agendas and records are only circulated to standing members so that sensitive information is not distributed unnecessarily.

Members should establish what information is held by their service provider about each victim, any children and associated perpetrators and bring all relevant information to the SAM. Members are not required to bring comprehensive case notes or files to meetings unless these are directly relevant. Members may decide how far back in time to search their records for relevant information, depending on resources, but 12 months is a general guide.

Members should not wait until the SAM to take appropriate action if they have sufficient information to reduce the threat to the victim independently once the agenda has been circulated.

Practice tip – How far back should I search?

SAM members may have records relating to a victim, perpetrator or child on a SAM agenda that span many years. Searching all of these records for each matter on a SAM agenda would be very time-consuming. Therefore, it is recommended that members search for relevant information from the **last twelve months** in their records.

4.5.2 Information relating to children

Information relating to children, such as names and dates of birth, must be included on the SAM agenda so that members can search their systems for any relevant information regarding victims and their children.

In many instances the LCP does not receive information relating to a victim's children with an initial referral. Where this is the case, the LCP should liaise with the relevant Police DVLO to obtain children's information prior to circulating the agenda.

There may be cases in which a SAM member receives the agenda for a forthcoming SAM and notices that they have information regarding children that is not currently listed on the agenda (the names of a victim's children). If possible, the member should advise the SAM Coordinator so that the agenda can be updated and re-circulated. This may enable other members to search their records under the children's names prior to the SAM (e.g. FACS and Education).

4.5.3 Communication with victims prior to a meeting

Unless it is unreasonable or impractical to do so (e.g. it will increase the threat to victims' safety), victims at serious threat must be informed about a forthcoming SAM.

Communication with a victim about a meeting is generally undertaken by the LCP, unless another service provider is already working closely with a victim, in which case that service provider may communicate with the victim about the meeting.

Examples – How the Safety Action Meeting process differs depending on whether the victim is already working with a service

- Matilda regularly attends the local neighbourhood centre with her two children and has developed a strong rapport with a caseworker connected to the centre. The Police attend an incident at the home of Matilda and her husband Mohammed. They assess Matilda as at serious threat due to Mohammed's violent behaviour, and refer her to the LCP.

When the LCP speaks with Matilda it is clear that she is working closely with the neighbourhood centre and does not require case coordination from the LCP. The LCP speaks with Matilda's caseworker and the caseworker agrees to attend the SAM to provide the most up-to-date information about Matilda's situation, and liaises with Matilda about the meeting. After the meeting, the caseworker explains the outcomes to Matilda.

- Sally lives on a remote property with her abusive father Duncan and her young daughter Bonnie. Sally has not told anyone about the violence she is experiencing. One day Duncan drinks heavily and threatens to shoot Sally and Bonnie. Sally and Bonnie lock themselves in a room and Sally calls the Police. In addition to undertaking their other standard procedures, when the Police arrive they assess Sally as at serious threat. Sally is referred to the LCP.

When a LCP worker contacts Sally, Sally explains that she hasn't spoken to anyone else. The worker undertakes a threat assessment with Sally and provides case coordination. The worker communicates information about the SAM to Sally before and after it has occurred.

Wherever possible, victims should be given a copy of the SAM Information Sheet (Appendix C). Service providers communicating with a victim should explain that:

- there are serious concerns for her safety, and that her consent is being sought for referral to a SAM;
- the purpose of the meeting, who will attend and what the outcomes of the meeting may be;
- if the victim has children, that service providers have certain child protection obligations they must meet;
- that she will not be directed to do anything as a result of the meeting; and
- if the victim refuses to give consent, the referral may still be made due to continuing concerns about the serious threat to her and her children's safety.

Service providers must make a written record of a victim's consent or refusal of consent and the reasons for her decision. If the victim refuses to give consent but a service provider forms the view that the victim is at serious threat and should still be referred to a SAM, the service provider must record this decision and the reasons why it was made.

If the LCP is communicating with a victim about a forthcoming meeting, they should ask the victim if they are working closely with a particular service provider.

If this is the case, they should consider whether it would be beneficial to ask the service provider to attend the meeting for the discussion of that particular victim.

The LCP should also consider whether any other service provider should be invited to attend a meeting for the discussion of a particular victim, or whether another service provider should be asked for information prior to a meeting. For example, if a victim has children who attend a non-government school, a request for information could be sent to the school in line with the Protocol, as the Department of Education representative will not be able to advise the meeting in relation to those children.

4.6 At a Safety Action Meeting

4.6.1 Overview

SAMs are conducted by the Chair in accordance with the standard agenda (Appendix A). In general, meetings take the following form:

- Welcome and introductions;
- Reading of confidentiality agreement and signature by all members and observers;
- Disclosure of conflicts by members;
- Discussion of matters kept on the agenda from the previous meeting – Have outstanding actions been completed? Can the matter be removed from the agenda?
- Discussion of new matters – First, go around the table to ask each member if they have relevant information about the matter, and then go around the table a second time to ask if each member has any actions to offer; second, ask the SAM Coordinator to re-cap actions agreed for the matter; and third, ask whether members think the matter should be kept on the agenda for the next meeting; and
- Any other business and close.

The final decision to remove or retain a matter on the SAM agenda rests with the Chair. However, the Chair should seek members' views on each matter before making a decision, and strive for consensus wherever possible.

When can matters be removed from a SAM agenda?

Matters can be removed if: (1) All actions have been completed and the threat to the victim's safety has been reduced; (2) All actions have been completed but the threat to the victim's safety has not reduced, however there is no further action that the SAM can offer collectively; or (3) Circumstances have changed and the victim is no longer at serious threat (e.g. the perpetrator is in custody).

4.6.2 Confidentiality

The Chair must read out the standard confidentiality agreement at the beginning of every SAM (Appendix E). All members present must sign the agreement. This is to ensure that members understand and abide by their obligations under the Protocol at all times.

4.6.3 Disclosure of conflicts

It is important that members disclose any conflicts that may exist.

Conflicts are **not** conflicts of interest in the legal sense. The term refers instead to anything that may prevent a member from maintaining a victim's confidentiality or participating in the development of a Safety Action Plan for a victim in an appropriate, unbiased manner.

Conflicts may include where a member is related to, is or has been in a relationship with, or is a friend of the victim, perpetrator or any other person directly involved in a case.

The Chair must ask members to disclose any conflicts at the beginning of each meeting. All members present must declare that no conflict of interest exists between themselves, their service provider and any of the victims on the agenda, or disclose a conflict if one exists.

If a member discloses a conflict, they must excuse themselves from the meeting for any discussion regarding the victim in question, or nominate a proxy to attend the meeting on their behalf.

Examples – Disclosure of conflicts

- Marieke works for a local community health centre and regularly represents the centre at SAMs. One day Marieke receives the agenda for the next meeting and realises that her brother's partner Vicki is listed as a victim. When the Chair asks members to disclose any conflicts at the beginning of the meeting, Marieke explains the situation and leaves the room while Vicki's case is being discussed.

- Janelle attends the local SAM on behalf of a family support service. It is the only family support service in the rural area in which the meeting is located. Janelle receives the agenda for the next meeting and notes that one of the victims, Ida, is the partner of a current family support service client, Nadine.

Janelle discusses the situation with her manager and advises the SAM Coordinator that she will not attend the meeting while Ida remains on the agenda. Instead, another worker from the service with no knowledge of Ida or Nadine will attend to ensure that Ida does not miss out on the support they can offer her. The service arranges for all files and documentation relating to the two people to be kept separately and securely.

4.6.4 Safety Action Plans

The 'twice around the table' approach

Experience in existing SAM sites has shown that the 'twice around the table' approach keeps meetings on track and focused on safety, and saves time. Under this approach, for each new matter the Chair goes once around the table to ask each member if they have any relevant information, and then around the table a second time to ask for potential actions. If a member does not have any information or actions to offer, they state "Nothing from me". It is important that all current information is shared first so that members have a comprehensive picture of the matter before actions are developed. Information shared by another member may inform or suggest an action you could offer.

At the meeting, members share whatever relevant information they possess about each victim on the agenda and develop Safety Action Plan for victims to reduce the threat to their safety.

A Safety Action Plan is a targeted, time-specific list of practical steps that service providers can take to prevent or lessen serious threats to victims and their children.

Safety Action Plans do not change or replace safety plans developed with a victim by other service providers, such as a Community Services Centre.

For more information, see Chapter 5.

4.7 Following a Safety Action Meeting

Each member should ensure that any actions arising for their service provider from the SAM are completed within agreed timeframes and advise the next SAM of the outcomes of these actions.

If it is safe to do so victims should be advised of the actions that will be taken to reduce the threat to their safety. In the majority of cases, the LCP will be able to do this, as they will already be working with the victims. If the LCP is not working closely with a victim, another service provider should be tasked with liaising with the victim where possible.

Information shared at a SAM and actions pertaining to a victim and her children must never be shared with a perpetrator.

Victims may not be advised of certain Police actions arising from a SAM, such as an offender being placed on a Suspect Target Management Plan (STMP).

4.8 Case closure

4.8.1 Length of time a victim remains on a Safety Action Meeting agenda

SAMs are not case management or case tracking meetings. Victims do not remain on the agenda for an extended period of time. The purpose of the meetings is to reduce the serious threat to a victim and her children by developing and

implementing a targeted and time-specific Safety Action Plan. Once this objective has been achieved, and the level of threat to a victim is no longer assessed as serious, the victim should be removed from the agenda. For this reason, victims are usually only on the agenda for two to three meetings.

If a victim is removed from the agenda, but the threat to her safety later escalates and she is again assessed as being at serious threat, another referral for the victim should be made to the SAM. The victim will then be added to the agenda and a new Safety Action Plan will be developed for her.

4.8.2 Repeat victims

There may be a number of victims at serious threat who are referred to a SAM multiple times. These victims usually have complex needs and may be at grave risk of serious injury or death.

If a victim has been referred to a SAM on three or more separate occasions in a twelve-month period, members should consider organising a specific strategy meeting between key service providers about the victim directly following the next SAM (e.g. an extra half-hour could be added to the meeting for this purpose). Such a meeting would offer an opportunity to work intensively together on a comprehensive Safety Action Plan for the victim that is focused on jointly preventing the victim from needing to return to the SAM agenda. Members should consider involving executive representatives from their service providers in these meetings.

Service providers should focus particular effort on engaging with repeat victims before any specific strategy meeting is held to ensure that their circumstances, needs and wishes can be taken into account.

4.8.3 Cases in which no further action is possible

In some cases a victim may remain at serious threat despite SAM members having fully implemented a Safety Action Plan and taken all possible steps to reduce the threat to her safety.

In these circumstances, it is important to make the distinction between SAMs and case management. The purpose of a SAM is to develop a targeted, time-specific Safety Action Plan to directly reduce the serious threat to a victim's safety. SAMs cannot undertake longer-term case management of victims with complex needs.

If members can take no further action collaboratively, and members have been unable to identify any new actions at two SAMs, the victim should be removed from the agenda. The Coordinator should record that this has been done and the reasons why. Members should continue to either provide their usual assistance to the victim or attempt to engage the victim, and should flag the victim in their internal systems for consistent monitoring.

It is important to note that although a victim may no longer be on the agenda for a SAM, service providers are required to meet their ongoing, regular obligations in regard to that victim. It may be useful to identify a SAM member as the lead agency for case management of the victim to ensure ongoing coordination.

4.8.4 Safety Action Meeting transfers

Victims at serious threat should be considered at the SAM closest to where they live so that the meeting is attended by local service providers able to assist them.

If a victim relocates, her matter should be transferred to the SAM in the area in which she now lives.

The SAM Coordinator should advise the Central Referral Point that the victim needs to be re-allocated to the LCP closest to the victim's new address. The Coordinator should also directly provide the LCP in question with all relevant information, including any Safety Action Plan previously developed for the victim.

Information sharing necessitated by the transfer of a victim from one SAM to another must comply with the Protocol. Unless it is unreasonable or impractical to do so, a victim's consent must be sought for the transfer of her matter to another area.

Examples – Case closure

- Nerida is referred to a SAM due to her partner Joseph's violence against her. At the meeting, members develop a Safety Action Plan to reduce the threat to Nerida's safety, including finding safe accommodation for her. At the next meeting, the Department of Family and Community Services advises that a specialist homeless service specialising in domestic violence is working with Nerida and that she has been provided with transitional accommodation while the service supports her into a longer term housing option. The Police advise that they have charged Joseph with breaching an ADVO. The members agree that the threat to Nerida's safety has been reduced and she is removed from the agenda.
- Rosanna is a long-term victim of domestic violence. She has left her abusive husband Doug multiple times, but always returns to live with him. Rosanna has been referred to the local SAM on three separate occasions in the last year, twice times by the Police and once by the local women's refuge. Members decide to hold a special meeting regarding Rosanna to develop a specific strategy to reduce the threat to her safety.
- Trudy is also a long-term victim of domestic violence and has been diagnosed with a mental illness. Trudy is referred to the local SAM due to the serious threat posed by her partner Kevin. The members develop and implement a Safety Action Plan for Trudy, including securing safe accommodation and obtaining a new ADVO for her, and offering her specialist support and medical assistance.

However Trudy rejects all offers of assistance and refuses to move into the safe accommodation offered to her. The threat to her safety remains serious. After two meetings at which no new action can be identified to reduce the threat to Trudy, she is removed from the agenda. Members agree to flag Trudy in their internal files and systems, and continue to attempt to engage with her wherever possible.

4.9 Safety Action Meeting record-keeping

4.9.1 Safety Action Meeting Coordinator responsibilities

SAMs are not minuted.

The SAM Coordinator is responsible for recording all actions arising from SAMs (Appendix B). The Coordinator should take care to briefly note the reason for each action to assist discussion of the action at future meetings.

The Coordinator should distribute the record of the meeting to members within one business day via secure email or other appropriate means.

The Coordinator is also responsible for ensuring that SAM agendas, records and any relevant documentation are securely stored with other LCP records in accordance with the Protocol.

The Coordinator should take into account any conflicts disclosed by members when circulating SAM documents.

4.9.2 Action tracking

Responsibility for actions arising from a SAM rests with the relevant member. The SAM Coordinator is responsible for recording actions arising at each meeting.

Where time permits, the Chair should review actions from the previous meeting to check whether they have been completed by the relevant members. If there is not enough time to do this at meetings, members should report back to the SAM Coordinator regarding their actions using an action tracking template (see Appendix F).

It is vital that actions arising from a meeting are followed up. This ensures accountability of all SAM members and ensures that decisions to remove a victim from the agenda are made in full knowledge of actions taken.

Example – Action tracking

- Bridget is listed on the local SAM agenda in a small town. At the meeting, the Police agree to investigate an alleged breach of Bridget's ADVO by her ex-boyfriend William, the Department of Education agrees to advise the local school that Bridget's children cannot have any contact with William under the conditions of the ADVO, and the local counselling service agrees to phone Bridget to offer support. At the next meeting, the Chair asks these members whether they have completed the actions. The SAM Coordinator records the members' responses.
- Sadia is listed on the local SAM agenda in a large metropolitan area. At the meeting, Corrective Services agrees to check Sadia's abusive father's parole conditions and Staying Home Leaving Violence agrees to work with Sadia. Due to the volume of matters on the agenda, there is not enough time at the next meeting to check whether action arising have been completed. Instead, the members advise the SAM Coordinator by email when they have completed the actions.

4.9.3 Member responsibilities

SAM members may take brief notes during a SAM to assist them to carry out actions agreed after the meeting. The notes should be limited to actions arising and information relevant to a victim's safety. In addition, members should take particular care in regard to sexual assault information. If such information is shared at a SAM, members should only make a note of it if absolutely necessary to help them reduce the threat to the victim's safety. The notes should be flagged as 'Confidential and potentially privileged' in the member's records. Refer to section 2.4 for more information.

4.9.4 Subpoenas

SAM documents may be the subject of a subpoena. If a member receives a subpoena regarding SAM-related information, it is advisable that the member obtains legal advice.

Examples – Importance of accurate record-keeping

Mary suffers extreme physical violence at the hands of her partner Ben. At a SAM, the local counselling service states that Mary may have an undiagnosed mental illness, as she was erratic, distant and indicated she was hearing voices during a recent appointment.

NSW Health agrees to arrange a referral for Mary to the mental health assessment team. The SAM Coordinator notes “Referral to mental health team due to concerns regarding erratic behaviour at last counselling appointment” on the SAM record. Following the meeting, members complete actions arising for their service providers and the threat to Mary’s safety is reduced. Mary is removed from the SAM agenda.

A year later, Mary is again assessed as at serious threat and referred to the SAM. The membership of the meeting has changed since she was last on the agenda and the counselling service no longer attends. Due to the detailed actions recorded at previous meetings, members can trace Mary’s interaction with the mental health system and know that the first time her illness was noticed by services was in relation to the counselling appointment.

5. Safety Action Plans

5.1 Overview

Based on the comprehensive picture of a victim's situation put together through sharing information, SAM members develop a list of actions, known as a Safety Action Plan, for each victim on the agenda.

A Safety Action Plan is a targeted, time-specific list of practical steps that service providers can take to prevent or lessen serious threats to victims and their children.

Safety Action Plans do not change or replace safety plans developed with a victim by other service providers, such as a Community Services Centre. However members should advise a SAM regarding any other relevant safety planning that has been undertaken with a victim.

Safety Action Plans list actions for SAM members, **not** victims.

Safety Action Plans only list actions for members, not victims. Victims cannot be directed to do anything as a result of a SAM, and Safety Action Plans are not case plans or agreements with which victims must comply. When developing a Safety Action Plan, members should ask themselves 'What can my service provider do now to reduce the serious threat to this person's safety?'

Safety Action Plans are recorded by the SAM Coordinator at each meeting (Appendix B). The Coordinator should note the member responsible for completing each action and the timeframe for doing so. Members should advise the next SAM regarding whether they have completed their actions arising from the previous meeting.

Members can only commit to actions on behalf of their own service provider. Members cannot be directed to commit to any particular action by another member, the SAM Coordinator or Chair, or the group as a whole. Decision-making authority rests with each member for their own area of responsibility.

Examples of items on a Safety Action Plan

- Members to identify a victim, child or perpetrator on client systems and records.
- Members to conduct information checks about a victim, child or perpetrator.
- LCP or another domestic violence support service to contact a victim and offer assistance and support.
- Police to advise a victim regarding a perpetrator's location, warrants, bail conditions, court outcomes and dates.
- Police to apply for or seek to vary an ADVO.
- Police to investigate and/or charge a perpetrator for an offence, e.g. breach of an existing ADVO.
- Members to conduct joint visits to provide support to a victim, e.g. Police and a domestic violence support service.
- Department of Education to liaise with school staff regarding a child's safety and ongoing needs.
- Corrective Services NSW to monitor a perpetrator's contact/ attempted contact with a victim while in custody.
- Corrective Services NSW to advise a victim of a perpetrator's upcoming release from custody.
- FACS to conduct a home visit with a victim and complete a safety assessment for any children involved.
- FACS to carry out a Housing Pathways assessment to identify appropriate housing options (e.g. Rent Start Bond Loan, Start Safely subsidy or social housing).
- Members to organise for a home safety audit, security screens and/or duress alarms for a victim's residence.
- NSW Health to undertake a mental health assessment and referral for a victim, and provide support for the victim's medical needs.
- Members to liaise with NSW Local Courts as appropriate regarding any current or upcoming court proceedings, e.g. arrange for a victim to attend a pre-hearing clinic with a Police Prosecutor, arrange for an interpreter, and/or arrange for a victim to use a remote witness facility when attending court/giving evidence.
- Members to make warm referrals for a victim to other service providers.

5.2 Victims with diverse needs

5.2.1 Overview

It is important that Safety Action Plans are culturally appropriate and responsive to victims' specific needs.

If a victim from a certain community or with a particular need is listed on the agenda for a SAM and none of the members represents a service provider working specifically with that community, the Coordinator should consider, in consultation with the victim, inviting a representative of an appropriate service provider to attend the meeting.

Safety Action Plans should take into account a victim's individual needs, such as for an interpreter or support person, and the role a victim's family and/or carers may play in securing their safety.

5.2.2 Aboriginal victims

Aboriginal women are six times more likely to be victims of domestic and family violence than non-Aboriginal women². A range of factors contribute to increased rates of domestic violence in Aboriginal communities, including historical trauma experienced by Aboriginal people, which has eroded family and social structures and created a distrust of authority.

Aboriginal victims who have had negative experiences with service providers in the past may be reluctant to engage in the SAM process if these service providers participate in meetings. In particular, some Aboriginal community members may be concerned that engaging with service providers involved in SAMs will lead to negative outcomes for their families, based on past experience of government policies. For example, communities may fear removal of their children.

SAM members need to consider these specific concerns and the associated risk that victims will disengage from support when developing Safety Action Plans for Aboriginal victims. Members should consider how best to provide Aboriginal victims with targeted support.

It may be useful to invite a service that works closely with the Aboriginal community to which a victim belongs to provide advice regarding culturally appropriate supports.

5.2.3 Victims from culturally and linguistically diverse (CALD) communities

Victims from CALD communities, including newly arrived migrants, asylum seekers and refugees, experience specific barriers to accessing support and assistance. These barriers include cultural and family expectations and norms, social isolation, immigration issues, financial dependence, and language and communication difficulties.

Victims on spousal visas often hesitate to engage with service providers due to fear that they will not be able to remain in Australia if they leave a violent relationship, and experience difficulty accessing support due to the impact of

2

Performance Audit: Responding to domestic and family violence, NSW Auditor-General's Report, 2011.

immigration status on service eligibility in some instances. Refugees may have had torture and trauma experiences prior to arriving in Australia and may need special assistance with treatment and rehabilitation.

SAM members need to consider these specific issues when developing Safety Action Plans for CALD victims.

5.2.4 Victims with disability or mental illness

Victims with disability experience domestic violence at higher rates, of greater severity and over longer periods than other people. Attitudes towards disability, dependence on the perpetrator for personal care and power dynamics all contribute to the incidence of domestic violence amongst people with disability.

Victims with disability and mental illness experience difficulties in accessing services due to dependence, incapacity, prejudice, stigma and social or geographical isolation.

SAM members need to consider these specific issues when developing Safety Action Plans for victims with disability or mental illness. For example, it may be useful for the LCP or male service provider working with a victim living with disability to liaise with the victim's National Disability Insurance Scheme (NDIS) support worker to ensure relevant information is brought to the SAM table.

5.2.5 Lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) victims

LGBTIQ people experience domestic violence at similar rates to that of the wider community but are less likely to identify the experience as abuse, report violence to the Police, or seek assistance from a support service for fear of prejudice and discrimination. Sometimes services may not understand the needs of a LGBTIQ person or the nature of their relationship; support workers may have preconceived ideas about the diversity of sex, sexuality, gender or family; or LGBTIQ people may be hesitant to engage with services for fear of being 'outed' in their community.

SAM members need to consider these specific issues when developing Safety Action Plans for LGBTIQ victims.

Example – Safety Action Plan

Clara is 21, has spina bifida and uses a wheelchair. She lives with her father, who is verbally and physically abusive. He tells her that she is worthless and no one would care for her if she moved out. A nurse from the local community health clinic visits Clara every couple of months. Clara's father always sits in on her visits. One day the nurse notices severe bruises on Clara's back. Clara is withdrawn and won't say how she got the bruises. The nurse strongly suspects that Clara's father is violent. The nurse uses her professional judgement to assess Clara as at serious threat and makes a referral for her to the LCP, noting when it would be safe to call Clara.

The LCP contacts Clara and she discloses the violence. The LCP undertakes a comprehensive threat assessment with Clara and makes warm referrals for her to a range of services, including a specialist support service for people with disabilities. The LCP also places Clara on the agenda for the next SAM and asks the support service to attend.

At the meeting, members discuss Clara's situation. Corrective Services advises that her father has spent time in prison for assault and may be in breach of his parole conditions. The following actions are agreed to reduce the threat to Clara's safety:

- Police to undertake a welfare check; investigate the alleged assault and apply for an ADVO for Clara;
- Corrective Services to check the father's parole conditions;
- Disability support service to continue working closely with Clara and to provide her with specialist counselling; and
- Crisis accommodation service and FACS to investigate accessible accommodation options for Clara if she chooses to leave her father's house.

Example – Safety Action Plan

Merren is a 25 year-old Aboriginal woman with four children under the age of six. She lives in a social housing property with her boyfriend Jai, who is the father of her two youngest children. Jai uses illegal drugs regularly and is becoming increasingly violent. He has stopped letting Merren leave the house. Jai beats Merren's older children and often accuses her of loving them more than him and the children they have together.

One day Merren calls the Police after an especially violent attack. The Police come to the house. They charge Jai with assault and apply for an ADVO for Merren which includes an exclusion order. The Police also complete the DVSAT with Merren. Although she refuses to answer several of the questions, the Police assess her as at serious threat based on professional judgement. Merren is referred to the LCP.

When a worker from the LCP contacts Merren, she says she doesn't want any help. The worker explains that there is a specialist Aboriginal service in the area and asks if it would be okay with Merren if that service called her. Merren agrees. The service develops a rapport with Merren and provides her with counselling. In the meantime, the LCP places Merren on the agenda for the next SAM and invites the specialist service to attend.

The specialist service puts Merren in touch with the local WDVCS worker, who provides Merren with support and advocacy regarding her ADVO and arranges to meet her at court for the first mention.

At the meeting, members discuss Jai's history of violence and recent child protection reports regarding Merren's children. The specialist service states that Merren is working closely with them and says she does not want Jai to return to the property. The Police advise the meeting that Jai has been bailed to his mother's address but has not reported to the police station as required. His assault charge has been set down for mention next week. None of the members know where Jai is currently living. The following actions are agreed to reduce the threat to Merren and her children's safety:

- Police to locate Jai and advise other members on the progress of the assault charge;
- Corrective Services to flag Jai in their system and notify Merren of any relevant information about Jai when available;
- FACS to follow up child protection issues to ensure Merren's children receive appropriate support, noting that Jai is now out of the house and Merren is engaging with services;
- Staying Home Leaving Violence to assess security at Merren's home to see if any upgrades are required;
- Education to contact the relevant schools to ensure Merren's children receive available support; and
- Specialist Aboriginal service to continue to work with Merren and her children.

Example – Safety Action Plan

Thilak immigrated to Australia from Sri Lanka two years ago. Last year his wife Amanthi came out to join him on a spousal visa. Thilak is extremely violent and controlling, and often threatens to cancel Amanthi's visa and send her back to Sri Lanka if she speaks to anyone outside the home. Amanthi does not speak English and has no other family in Australia. The Police are called to the house one night when neighbours hear the couple fighting. Amanthi doesn't speak much English so the Police call a telephone interpreter to help complete the DVSAT, and assess her as at threat. Amanthi is referred to the LCP. The Police also apply for an ADVO for Amanthi.

The LCP contacts Amanthi using a telephone interpreter while Thilak is at work. Amanthi discloses Thilak's violence and coercion. The LCP assesses Amanthi as at serious threat and places her on the agenda for the next SAM. The LCP also makes a range of warm referrals for her, including to a migration law advice clinic for assistance with her visa. The LCP invites a migrant support service to attend the meeting.

At the meeting, members discuss Amanthi's situation. The following actions are agreed to reduce the threat to her safety:

- Police to conduct a welfare check;
- LCP to refer Amanthi to Centrelink for assistance with income support;
- LCP to discuss with Amanthi about whether she can safely stay at home with Thilak;
- Local women's refuge undertakes to accommodate Amanthi if she chooses to leave Thilak; and
- Migrant support service to work with Amanthi, including by arranging English classes and connecting her with a Sri Lankan women's community group.

Example – Safety Action Plan

Meleni is an elderly Tongan woman who lives with her son Folau. Folau has recently separated from his wife Kristy and is fighting her for custody of their three children. Folau has always been controlling and violent towards his mother, but the violence has got worse since he broke up with Kristy. Last week Folau pushed Meleni down the stairs and she broke her leg. When she goes to the hospital, a doctor asks Meleni how she injured herself and she begins to cry. The doctor arranges for the hospital social worker to talk with Meleni. Meleni discloses the violence she is experiencing and the social worker refers her to a domestic violence support service.

While working with Meleni, the service assesses her as at serious threat using the DVSAT and contacts the LCP to ensure she is put on the SAM agenda. At the meeting, the Police state that Kristy has had multiple ADVOs against Folau and detail his extensive history of violence. FACS explains that child protection reports have been made in relation to Folau and Kristy's children. The domestic violence support service states that it has previously worked with Kristy. The following actions are agreed to reduce the threat to Meleni's safety:

- Police to apply for an ADVO for Meleni, investigate alleged assault and conduct a welfare check;
- Police to check on current ADVO for Kristy and ensure appropriate conditions are in place regarding the children;
- Support service to continue working with Meleni and to connect her with an older women's support group;
- FACS to note concerns regarding Folau in case files for his children so that they are considered in any future action regarding child protection; and
- Domestic violence support service to contact Kristy to offer support.

Example – Safety Action Plan

Jim was previously on a community treatment order for a mental illness. The order provided for compulsory medication and attendance at specialist consultations. The order has now lapsed and Jim attends a community health centre. The centre is aware of a history of serious domestic violence assaults by Jim against his wife Karen.

Jim reports to the doctor at the centre that he has stopped taking his medication and is hearing voices. Karen is also present with their newborn baby, but appears withdrawn and subdued. The doctor considers that in his professional judgment, Karen is at serious threat. In addition to meeting his mandatory child protection obligations, the doctor refers Karen to the LCP for support. The LCP places Karen on the agenda for the next SAM.

At the SAM, information shared by members reveals Jim's significant mental illness and prior attempts at suicide, a long history of domestic violence incidents between Jim and Karen, threats by Jim to kill Karen and other family members, and previous ADVOs taken out against Jim by Karen. The following actions are agreed to reduce the threat to Karen's safety:

- Police to apply for a new ADVO for Karen, including an exclusion order if she wants one so that Jim can no longer live with her;
- if Karen wants an exclusion order, Victims Services to offer brokerage for immediate installation of a duress alarm;
- if Karen wants to move, FACS to assess her eligibility for housing assistance, including temporary accommodation, private rental assistance or priority housing;
- FACS to re-assess the child's safety and take appropriate action;
- the LCP to liaise with the doctor who made the original referral to obtain an ongoing assessment of the threat posed by Jim's mental illness and refusal to take medication; and
- Police to involuntarily commit Jim into a community treatment facility if necessary.

5.3 Male victims

5.3.1 Overview

The majority of domestic violence victims are women. However some victims are men. Male victims at serious threat should be referred to a SAM.

NSW Police Force refers male victims to the Men's Referral Service. The MRS connects male victims at serious threat with local services in SAM locations. These services will liaise with the SAM Coordinator to ensure male victims are listed on the agenda. Other service providers can refer male victims to a SAM by contacting the Coordinator.

Example – Male victims

Josh is being abused by his partner Patrick. One night the neighbours hear Patrick assaulting Josh at their house in Orange and call the Police. When the Police arrive, Josh has extensive injuries. The Police assess Josh as at serious threat and refer him to the Central Referral Point. The Central Referral Point refers Josh to the Men's Referral Service for support.

Because he has been assessed as at serious threat, the Men's Referral Service refers Josh to a local support service. The service works with Josh and attends the SAM in regard to his matter.

5.3.2 Male service provider role

Police refer male victims at serious threat to relevant service providers. In Safety Action Meeting locations, male service providers will liaise with the SAM Coordinator to ensure male victims are listed on the SAM agenda. The male service provider role is to:

- Contact male victims to offer safety planning, case coordination and other support as needed;
- Refer male victims at serious threat to the SAM Coordinator for inclusion on the SAM agenda;
- Liaise with male victims at serious threat in relation to SAMs;
- Liaise with the relevant DVLO as needed in relation to male victims at serious threat; and
- Attend the SAM for discussion of male victim matters.

The male service provider and LCP in each location should agree on a set 'cut-off point' for male victim referrals each fortnight. For example, if the SAM Coordinator needs to circulate the complete agenda to all members by close of business every second Wednesday, the male service provider must send any male victim referrals to the SAM Coordinator by 12pm that day, including any relevant information about those matters.

Other service providers can refer a male victim at serious threat to a SAM by contacting the SAM Coordinator.

Note for male service provider workers

SAM Coordinators do not have access to male victim records in the Central Referral Point system. When making a referral for a SAM, please provide information about the basis of the 'serious threat' assessment.

6. Child protection

6.1 Intersection between domestic violence and child abuse

There is a considerable intersection between domestic violence and child abuse and neglect. Children who are subjected to or witness domestic violence experience significant trauma and are more likely to experience or perpetrate domestic violence as adults. Domestic violence is present in 50% of households where children are abused^{3,4}. Perpetrators may harm or threaten to harm children as a means of controlling or coercing their primary victim, usually the children's mother.

A significant number of victims referred to SAMs will have children in their care and SAM members will often need to consider child protection issues.

Given that the aim of SAMs is to prevent or lessen serious threats to the safety of domestic violence victims and any children in their care, it is vital that actions arising from SAMs address the needs of both victims and their children.

6.2 Legal obligations

Service providers have obligations under the *Children and Young Persons (Care and Protection) Act 1998*. SAMs do not replace or change these obligations.

Under NSW law, certain groups of people are mandated to report to FACS if they suspect, on reasonable grounds, that a child is at risk of significant harm due to abuse or neglect. Mandatory reporters may, but are not obliged, to report a risk of significant harm to unborn children or young people (those aged 16-17 years). They are encouraged to make a report if it is appropriate. Some government service providers have internal policies that require such reports to be made regarding unborn children and/or young people.

In addition, if FACS forms the opinion, on reasonable grounds, that a child or young person is in need of care and protection, they may take whatever action is necessary to safeguard or promote the safety, welfare and well-being of that child or young person.

3 *Performance Audit: Responding to domestic and family violence*, NSW Auditor-General's Report, 2011.

4 *Child Deaths Annual Report 2012: Learning to improve services*, Department of Family and Communities, 2013.

6.3 Child protection concerns arising from a Safety Action Meeting

If information shared at a SAM leads one or more member to form the view that a child or young person may be at risk of significant harm, the Keep Them Safe Mandatory Reporter Guide should be completed in relation to that child or young person.

The Mandatory Reporter Guide should be completed by the SAM member that is best placed to do so, for example the member that holds the most relevant information regarding the child or young person at risk, or has the capacity to complete the Mandatory Reporter Guide in a timely manner.

Completion of the Mandatory Reporter Guide in a timely manner should be clearly listed as an action for that member on the victim's Safety Action Plan. The Chair should review all actions agreed at the end of a meeting so that members clearly understand who will complete the Mandatory Reporter Guide. This is to prevent multiple reports being made about a child or young person based on the same information following a meeting.

If the Mandatory Reporter Guide indicates that it is necessary, a report to the Child Protection Helpline must be made. The only exception to this is where a report has already been made by one of the members about the child or young person in question, and the SAM provides no new information to add to this report.

Reports to the Child Protection Helpline should be made in consultation with the victim wherever possible. The reporting service provider should discuss the report thoroughly with the victim, and explain why a report is being made regarding her child or children. The only exception is where doing so will increase the threat to the victim or her children, is impracticable, or will seriously compromise a relationship with the victim or her children that is crucial to ongoing support.

If the Mandatory Reporter Guide indicates that another course of action is necessary or recommended, such as contact with a Child Well-being Unit or other service provider, this course of action must be taken in a timely manner and in consultation with the victim wherever possible. Again, the only exception is where doing so will increase the threat to the victim or her children, is impracticable, or will seriously compromise a relationship with the victim or her children that is crucial to ongoing support.

Similarly, if FACS forms the opinion, on reasonable grounds, that a child or young person is in need of care and protection, they may take whatever action is necessary to safeguard or promote the safety, welfare and well-being of that child or young person following a SAM.

It is important to note that SAMs allow service providers to meet their child protection obligations more effectively by providing more complete information about all relevant circumstances.

SAMs enable members to build a comprehensive picture of each victim's situation, her needs and the threats to her safety. If a member, such as FACS, needs to take action in regards to child protection, the information shared at a SAM will help them to do so in an appropriate way.

The Mandatory Reporter Guide and other child protection resources can be found at www.keepthemsafe.nsw.gov.au.

Cumulative harm

There may be cases in which no individual piece of information comes to light at a SAM which has not already been the subject of a MRG or FACS report but, when taken together, the information shared indicates a cumulative risk of significant harm. In such instances, the SAM Coordinator or another LCP worker should complete the MRG following the SAM to ensure that the cumulative risk is properly considered.

6.4 Community concern

Victims with children who have had negative experiences with service providers in the past may be reluctant to engage in the SAM process if these service providers participate in the meetings.

In particular, victims from diverse communities may be concerned that engaging with service providers involved in SAMs will lead to negative outcomes for their families, based on previous experience of government policies. For example, Aboriginal communities may fear removal of their children. Asylum seekers may fear being returned to immigration detention.

Members should consider these concerns and the associated risk that victims will disengage from support when developing Safety Action Plans for victims with children. Actions developed as a result of a meeting must have as their aim the prevention or reduction of a serious threat to victims and their children.

In addition, SAM members and other workers employed by their service providers should be appropriately trained in having skilled discussions with victims about child protection issues. This is vital as members should consult with victims during the reporting process wherever possible.

7. Governance, compliance and review

7.1 Governance

7.1.1 Local problem-solving

If an issue arises regarding the operation of a SAM or the conduct of a member, members should seek to resolve the issue locally wherever possible.

For example, if a member disagrees with an action that another member proposes to take, the members should discuss the merit and potential consequences of the action as a group. If a member takes an action that is not supported by other members and which does not align with this manual and the purpose of SAMs, the SAM Coordinator and/or Chair should in the first instance discuss the matter with the member in question, and their executive if necessary.

If an issue cannot be resolved locally or it relates to a systemic matter concerning the operation of SAMs across NSW, the Chair should escalate the matter to a regional domestic and family violence forum or Legal Aid NSW as appropriate. Legal Aid NSW will liaise with government agencies and other service providers as needed.

If an issue cannot be resolved locally or it relates to a systemic matter concerning the operation of SAMs across NSW, the Chair or relevant member should escalate the matter to their agency for consideration by the Reforms Implementation Working Group.

7.1.2 Regional forums

Members may organise regional forums regarding SAMs. It is a matter for each SAM as to whether or not to establish a regional forum. The forums may be attended by regular and occasional meeting members, and by other key stakeholders in the local area, as decided by the group.

Regional forums, whether held regularly or as needed, can be a useful opportunity to discuss local issues relating to meetings or victims. If needed, issues can be escalated from a regional forum to the relevant government agency for consideration by the Implementation Working Group.

7.1.3 Executive governance

The operation of SAMs is overseen by the Implementation Working Group. The Working Group comprises representatives of the key government agencies responsible for implementation of the It Stops Here: Safer Pathway service delivery model, including FACS, the Department of Justice, NSW Health and Legal Aid NSW.

In regard to SAMs, the Working Group:

- provides a forum for cross-agency problem-solving;
- proactively identifies and manages risks to the ongoing implementation of SAMs;
- facilitates cooperation with the child protection system at agency level;
- monitors government agency attendance at SAMs;
- escalates systemic issues and provides advice to the Reforms Delivery Board where necessary.

The Reforms Delivery Board is the high-level cross-agency body responsible for overseeing implementation of all elements of the Reforms. The Delivery Board considers issues relating to SAMs as necessary.

7.2 Compliance

7.2.1 Overview

SAMs must be conducted in accordance with this manual and the Protocol. SAM members must comply with the manual at SAMs and in relation to all matters concerning SAMs.

If a member fails to comply with the manual, the SAM Chair should seek to resolve the matter with the member and their service provider directly.

If a member consistently fails to comply with this manual, the SAM Chair may, in consultation with other members, terminate that member's participation in the meetings. The Chair may request that the service provider in question identifies another member to attend the meetings, or identify an appropriate replacement service provider in consultation with relevant stakeholders.

If a member consistently fails to comply with the Protocol, the SAM Chair should follow the compliance procedures set out in the Protocol.

If an issue cannot be resolved locally or it relates to a systemic matter concerning the operation of SAMs across NSW, it should be escalated to the relevant agency or the Implementation Working Group.

7.2.2 Complaints by victims

A victim considered at a SAM may wish to make a complaint about the meeting process or a member. Complaints should be handled in a timely and appropriate manner to resolve issues where they exist and to ensure victims' concerns are addressed. Victims should be assisted to make complaints in writing wherever possible.

Complaints relating to information sharing should be handled in accordance with the Protocol. Complaints relating to a SAM member should be referred to the SAM Chair. Complaints relating to a member in their general capacity as employees of their service provider should be directed to that service provider and handled in accordance with internal policies and procedures.

If a complaint raises a systemic issue that may affect SAMs across NSW, the SAM Coordinator or Chair should refer the matter to the relevant agency or the Implementation Working Group.

7.2.3 Complaints by members

A member may wish to make complaint about another member. For example, a member may feel that another member has spoken inappropriately about a victim or breached confidentiality, or taken an action that is inappropriate, unethical or unsafe.

In the case of a dispute:

- Members should first raise the issue at a SAM and attempt to resolve it through discussion;
- If the issue remains unresolved, members should meet with the Chair separately; and
- If the issue still remains unresolved, members should make a formal complaint in writing to the Chair.

In such cases the Chair should seek the views of all parties involved if appropriate, and convene a meeting to resolve the matter.

If a complaint cannot be resolved locally, or raises a systemic issue that may affect SAMs across NSW, the SAM Coordinator or Chair should refer the matter to the relevant agency or the Implementation Working Group.

7.3 Review

This manual reflects the current stage of Safer Pathway implementation. The manual will be updated over time.

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Appendices

- A SAM Agenda
- B SAM Record
- C SAM Referral Form
- D SAM Information Sheet
- E SAM Confidentiality Agreement
- F SAM Action-tracking Log
- G SAM Chair Aide Memoire

Appendix A: Safety Action Meeting Agenda

Safety Action Meeting		Record-taker				
Date	Attendees					
Location	Apologies					
Chair						
1. Welcome and introductions						
2. Confidentiality agreement and disclosure of conflicts						
3. Victims at serious threat – existing referrals						
Victim	Date of referral	Consent to referral (yes/no)	Date of birth	Address	Children (names and dates of birth)	Perpetrator (name, relationship to victim, date of birth and address)
4. Victims at serious threat – new referrals						
5. Victims downgraded prior to Safety Action Meeting (for noting)						
6. Review of actions arising						
7. Any other business/ administrative matters						
8. Close						

Appendix B: Record of Safety Action Meeting

Safety Action Meeting			
Date	Record-taker		
Location	Attendees		
Chair	Apologies		
1. Victims at serious threat – existing referrals			
Victim	Date of referral	Safety Action Plan	Member responsible
			Keep or remove from agenda?
2. Victims at serious threat – new referrals			
3. Victims at serious threat – regraded prior to SAM			

Appendix C

Referrals to Safety Action Meetings

SAMs aim to prevent or lessen serious threats to the life, health or safety of domestic violence victims and their children through targeted information sharing between service providers.

Victims identified as **at serious threat** of further harm should be referred to a SAM.

Referrals should be sent to the LCP. The LCP coordinates the agenda for SAMs in the area.

Note:

Information sharing in domestic violence cases, including for the purpose of making a referral to a SAM, must comply with Part 13A of the *Crimes (Domestic and Personal Violence) Act 2007* and the Domestic Violence Information Sharing Protocol.

Unless it will increase the threat to a victim's safety, or it is otherwise unreasonable or impractical, it is always best practice to seek consent before making a referral.

Safety Action Meeting Referral Form

For use by non-government service providers and government agencies other than Police

Victim at serious threat	
Date of birth	
Address and contact number	
Safe time to contact	
Perpetrator (name, date of birth, address)	
Children (name, date of birth)	

1. Victim identified as **at serious threat** based on (select one)

<input type="checkbox"/>	Domestic Violence Safety Assessment Tool (DVSAT);
<input type="checkbox"/>	Other risk identification tool; or
<input type="checkbox"/>	Professional judgement.

Please provide the completed DVSAT or other risk identification tool if available.

2. Background information/ major risk indicators:

.....

.....

3. Has the victim consented to the referral?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If not, why not?

.....

4. Referrer

Name	
Service provider	
Contact number	
Email address	
Date	

Appendix D

Safety Action Meeting Information Sheet

1. We have serious concerns about your safety

Your safety is very important to us. We want to work with you to reduce the threat to you and your family.

If you have been identified as **at serious threat** because of domestic violence, you may be referred to a SAM.

Domestic violence is a crime. It means any behaviour, in an intimate or family relationship, which is violent, threatening, or controlling, and causes you to live in fear. It can include physical, verbal, sexual or emotional abuse.

2. What is a Safety Action Meeting?

A SAM is a targeted response to serious cases of domestic violence. SAMs are held regularly and bring together relevant service providers in the local area. At the meetings, service providers develop ways to reduce the threat to you and your family's safety.

It is important to know that information shared at a SAM is confidential and will never be shared with the person who has hurt you.

3. Why am I being referred to a Safety Action Meeting?

You may be referred to a SAM so that service providers can discuss the threat to you and your family's safety and work together to reduce this threat.

4. Who attends the Safety Action Meeting?

Representatives from the following service providers regularly attend SAMs:

- Police
- Community Services
- Housing
- Health
- Corrective Services
- Education

5. Do I have to attend the SAM?

No. You and your family are not expected to attend the meeting. It is for workers only.

6. What will happen at the Safety Action Meeting?

Service providers will discuss your situation and the threat to you and your family's safety in order to develop a Safety Action Plan. The Safety Action Plan is a list of actions that service providers can take to protect you from further harm.

It is important to understand that the Safety Action Plan includes actions for service providers only, not for you. You can never be made to do anything as a result of a SAM.

Wherever possible, you will be told what happens at the SAM.

7. What if I don't want to be referred to a Safety Action Meeting?

You may not want your case referred to a SAM. You can let workers know if you do not agree to being referred.

However if your situation is highly dangerous there may be times when we need to make a referral for you to a SAM without your consent. In this case, we may need to share information to protect your life, health or safety or that of your family.

Appendix E

Safety Action Meeting Confidentiality Agreement

Safety Action Meeting	
Date	
Location	
Chair	

The Chair reminds all attendees that:

- Information shared at SAMs is strictly confidential and must not be disclosed elsewhere except in accordance with legislation;
- SAMs are based on a fundamental commitment to reducing serious threats to domestic violence victims and their children; and
- Discussion at SAMs is conducted in a respectful manner that treats all individuals with dignity.

By signing this document, I agree to abide by the above.

Name	Service provider	Signature	Date

Appendix F

Safety Action Meeting action-tracking log

Safety Action Plans developed for victims at serious threat need to be clear and must be followed through.

The responsibility for actions (and their completion) lies with the relevant SAM member. Transparency and accountability are crucial.

Please advise the Safety Action Meeting Coordinator of the status of your actions:

- **Complete:** The member has completed the action.
- **Incomplete due to change in circumstances:** It has not been possible to complete the action due to a change in circumstances (of the victim / perpetrator(s) / children).
- **Incomplete as not undertaken:** The action has not yet been undertaken by the member.

SAM date	Victim name	Action	Member responsible	Date status reported	Status
					<ul style="list-style-type: none"> ■ Complete ■ Incomplete due to change in circumstances [state reason] ■ Incomplete as not undertaken [state timescale for completion]

Appendix G

Safety Action Meeting Chair aide memoire

1. Welcome and introductions

- Introduce yourself and do an acknowledgement of country.
- Ask members and observers to introduce themselves.
- Remind members that the focus of the meeting is developing actions to reduce serious threats to victims' safety right now.

2. Confidentiality agreement and conflicts of interest

- Read out the confidentiality agreement and ask members and observers to sign it.
- Ask if anyone has a conflict of interest they need to disclose, and discuss how to address it (e.g. member will leave the room for that matter).

3. Existing referrals

- Confirm whether actions arising from previous meetings for each existing referral have been completed.
- If all actions have been completed for a referral, discuss whether it should be kept on the agenda or removed. You should consider members' views but the final decision is yours.

4. New referrals

- For each new matter, go around the table to ask members to provide any information they have relating to the victim's current safety information, starting with the DVLO.
- Go around the table a second time to ask members to offer actions where they can to reduce the threat to the victim's safety.
- Ask the SAM Coordinator to re-cap any actions agreed.
- Discuss whether the referral should be kept on the agenda or removed. Generally, referrals should not be removed after only one meeting.

5. Referrals re-graded to 'at threat' prior to the meeting

- Ask members to note the referrals re-graded prior to the meeting, and ask if they have any issues to raise.
- This discussion is by exception only – You do not need to go around the table and ask members to endorse the re-grades.

6. Any other business and close

- Ask if anyone has other business to raise.
- Thank members for attending and confirm next meeting date.

Key roles of SAM Chair

- Conduct the meeting in accordance with the agenda to keep members on track
- Ensure discussion is respectful and encourage members to stay focused on current safety issues – not case management
- Encourage members to actively think of practical actions their agency can offer

