## Appendix 4: Response options following identification and screening of family violence risk and Basic Safety Plan

A screenshot of a cell phone

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# **Making a Safety Plan**

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| **Safety Planning guide for adults (or older children and young people, if appropriate)**  The following are elements of a safety plan and questions you can ask to help the person experiencing family violence make a plan.  **Every safety plan will be unique and based on the needs of the adult or young person – you should be guided by the victim survivor on what is important and safe for them in their safety plan.**  This guide aims to assist you to discuss what planning and actions can be undertaken safely. |

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| **Plan detail and questions to support planning** | | **Checklist and detail** |
| **Safe place to go** | | |
| *Where are you right now – are you safe?*  *If you need to leave your home in a hurry, where could you go?* | | Address or name of place:  Address of safe place (if different to above): |
| **Emergency contacts** | | |
| *Would you feel comfortable calling the police (000) in an emergency? (if not - How can we support you to do so?)*  ☐ Yes ☐ No ☐ N/A  Call **000** in an emergency or Safe Steps on **1800 015 188** or local family violence service on **\_\_\_\_\_\_\_\_\_\_\_\_ [insert]** | | |
| *Who are your personal emergency contacts?* | | Name, relationship, contact details |
| **System intervention** | | |
| *Where is the perpetrator right now?* | | (provide details) |
| *Is an intervention order in place (and children named)?* | | ☐ Yes ☐ No ☐ N/A (provide details) |
| **Support of someone close by** | | |
| *Is there someone close by you can tell about the violence who can call the police?* | | ☐ Yes ☐ No ☐ N/A |
| **Planning for children, older people or people in your care [if applicable]** | | |
| *What would you need to arrange for people in your care?* | | (provide details) |
| **If you have children in your care** | |  |
|  | *How many children do you have in your care?*  *Where are they right now?* | (provide details)  (provide details) |
| **Safe Communication** | | |
| *Do you have access to a phone or internet?* | | ☐ Yes ☐ No ☐ N/A (provide details) |
| **Transport** | | |
| *Do you have access to a vehicle or other public transport options?* | | ☐ Yes ☐ No ☐ N/A (provide details) |
| **Items to take with you – escape bag** | | |
| *What documents, keys, money, clothes, or other things should you take with you when you leave? What is essential?* | | (provide details) |
| **Financial Access** | | |
| *Do you have access to money if you need to leave? Where is it kept?* | | ☐ Yes ☐ No ☐ N/A (provide details) |

## Consent to information sharing

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| **Consent for information sharing and referral:**  I ………………………………………………...(name) consent to the collection, use and sharing of my personal information under Part 5A of the *Family Violence Protection Act 2008*. I understand that my information may be shared without consent if there is a serious threat to myself or another individual’s life, health, safety or welfare.  I also understand that my information may be shared without consent if it is relevant for assessing or managing risks to a child victim survivor of family violence, or to promote the safety or wellbeing of a child or young person. (Note where your information may be shared without your consent, we will endeavour to consult with you on your views and inform you if this occurs).  **Signature** ……………………………………..…… **Date**……………………………….  **Name (print)**………………………………………..  **Worker Signature**……………………………..….. **Date**……………………………….  **Worker (print)**………………………………………  Verbal Consent obtained ……………………… **Date**………………………………. |
| Please indicate your preferred contact method: |
| Mail: ………………………………………………… Email: …………………………….  Phone  Text : ………….. Would you prefer to be called from a private number? ☐ Yes ☐ No  What is the best day and time for us to call?……………………… ……………………………  A message left with an authorised/safe person for you to return the call:……………………  Authorised person contact details: (full name, relationship, telephone:)……………….…………………….……………………………………………………………………………………………………………………………..  ……………………………………………………………………………………………………….. |

## Referrals made

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of organisation | Organisation Name | Contact person | Date of referral | Information sought/shared with |
| Aboriginal specific service |  |  |  |  |
| Child FIRST |  |  |  |  |
| Child Protection |  |  |  |  |
| Police |  |  |  |  |
| Court (Magistrates’ and Children’s Court) |  |  |  |  |
| Sexual assault service |  |  |  |  |
| Specialist family violence service for adult victim survivors\*\* |  |  |  |  |
| Specialist family violence service for perpetrators\*\* |  |  |  |  |
| Specialist family violence service for child victim survivors\*\* |  |  |  |  |
| The Orange Door |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |

**\*\* Specialist family violence services includes services that provide tailored services for Aboriginal people and people from diverse communities and at-risk age groups.**