

**Safer Pathway
Domestic violence
and child protection
guidelines**



NSW Department of Justice

Justice Precinct Offices

Level 5, 160 Marsden Street

Parramatta NSW 2150

Locked Bag 5111

Parramatta NSW 2124

DX 1227 Sydney

Tel: 02 8688 7777

Fax: 02 8688 7980

Email: cpd_unit@agd.nsw.gov.au

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Contents

Executive Summary	v
Suite of documents	vi
1 Background	1
1.1 Effects of domestic violence on children	1
1.2 A coordinated response	2
1.3 Referral arrangements until full implementation of Safer Pathway	4
2 Overview of the child protection and domestic violence systems	5
2.1 Key elements of the two systems	5
2.2 Child protection legislation	7
2.3 Domestic violence legislation	7
3 Assessment and referral of child and adult victims	9
3.1 Domestic violence risk of harm	9
3.2 Significant risk of harm	11
3.3 Child protection assessment and domestic violence	11
3.4 MRG outcome: 'Report to Family and Community Services'	12
3.5 MRG outcome: 'Consult with a Professional/refer to Child Wellbeing Unit'	13
3.6 MRG outcome: 'Make a Referral'	14
3.7 Assessment and referral under Safer Pathway	15
4 Sharing information	16
4.1 Sharing information	17
4.2 Sharing information under Part 13A	19
4.3 Child protection and Safety Action Meetings	20



Executive Summary

It Stops Here: Safer Pathway (Safer Pathway) and accompanying resources were developed as part of the NSW Government's Domestic and Family Violence Framework for Reform (DFV Reforms). The DFV Reforms aim to improve the Government's response to domestic violence in NSW and are outlined in *It Stops Here: Standing Together to End Domestic and Family Violence in NSW*.

The DFV Reforms set a new strategic direction for addressing domestic and family violence in NSW by strengthening the approach to domestic and family violence prevention, improving the response to domestic and family violence, changing the way service providers deliver services to victims, and delivering programs and services that hold perpetrators accountable and reduce re-offending.

At the heart of the DFV Reforms is the safety and protection of victims. Through Safer Pathway, services are swiftly and efficiently wrapped around the victim in a coordinated way to ensure that support is available to prevent and reduce further violence.

The Domestic Violence and Child Protection Guidelines (DV&CP Guidelines) have been developed by the Department of Justice in collaboration with key government agencies, including the Department of Family and Community Services, the Department of Education and Communities, NSW Health, Legal Aid NSW, NSW Police Force and Women NSW.

The DV&CP Guidelines clarify the intersection between the domestic violence and the child protection systems, and help service providers navigate those systems when dealing with adult victims where children are also victims or experience domestic violence in the home.

The DV&CP Guidelines are divided into the following chapters:

Chapter 1. Background

Includes information about the high incidence of domestic violence in child protection matters and sets out the importance of service providers working collaboratively to offer a continuum of services that jointly address domestic violence threats and child protection concerns.

Chapter 2. Overview of the child protection and domestic violence systems

Explains the intersection between the domestic violence and the child protection systems and how these two systems must work together in a consistent and integrated manner to ensure service providers meet their obligations under the *Children and Young Persons (Care and Protection) Act 1998* as well as address the safety needs of adult victims under Safer Pathway.

Chapter 3. Assessment and referral of child and adult victims

Outlines what constitutes a domestic violence threat to a child or young person and sets out assessment, reporting and referral mechanisms for children at risk of harm and for adult victims under Safer Pathway, to ensure families receive the support they need.

Chapter 4. Sharing Information

Discusses the importance of sharing up to date and relevant information to address safety needs of victims more efficiently. This chapter also provides information on the legislative frameworks for sharing information: Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998* and Part 13A of the *Crimes (Domestic and Personal Violence) Act 2007*. This section also discusses how child protection responsibilities may be addressed at Safety Action Meetings.

Suite of documents

The Domestic Violence and Child Protection Guidelines (DV&CP Guidelines) are part of a suite of five reference documents to support the implementation and operation of Safer Pathway. These five documents provide a framework for a common understanding of Safer Pathway and equip service providers with the information and the tools required to support the implementation of the new framework and to deliver a consistent and integrated response to domestic and family violence across NSW.

Service providers are encouraged to read the DV&CP Guidelines in conjunction with the other common documents, which include:

[It Stops Here: Overview](#)

This is the first part of the suite of reference documents that support the implementation and operation of Safer Pathway. It outlines the NSW Government's Domestic and Family Violence Framework for Reform (DFV Reforms) and explains the five priority elements that underpin the DFV Reforms. It introduces Safer Pathway, and how it supports an integrated, victim-focused service delivery approach that wraps supports around victims of domestic violence. It also includes the common definition of domestic and family violence and the governance arrangements for Safer Pathway and the broader DFV Reforms.

[Domestic Violence Information Sharing Protocol \(Protocol\)](#)

Explains information sharing 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 the compliance framework.

[Safety Action Meeting Manual \(SAM Manual\)](#)

This is a guide for Safety Action Meeting members; it outlines the purpose and operations of Safety Action Meetings as a key element of Safer Pathway, the roles and responsibilities of members and the development of Safety Action Plans.

[Domestic Violence Safety Assessment Tool Guide \(DVSAT Guide\)](#)

Includes the common assessment tool and assists service providers apply the tool and use their professional judgement to assess the level of threat to domestic violence victims.

1 Background

It Stops Here: Safer Pathway (Safer Pathway) provides a framework for policing, justice, health, education, child protection and victim service agencies to work in an integrated manner to reduce threats to adult and children victims of domestic violence. This is to ensure that a seamless response can meet the individual needs of victims and their children, and service providers jointly manage threats of further violence.

The intersection between domestic and family violence and child abuse is well established. Children who are subjected to or witness domestic violence may experience significant trauma and are more likely to experience or perpetrate domestic violence as adults. Domestic and family violence is often present in households where children are abused¹ and perpetrators sometimes threaten to harm or actually harm children as a means of controlling or coercing the primary victim, usually the children's mother. The extent of the problem where families experience domestic violence is difficult to determine, as victims often remain silent rather than report abuse. This is often due to fear of retaliation from the perpetrator, but it can also be because victims fear that statutory bodies may remove their children from their care because of domestic violence in the home.

A significant number of victims who are supported by the Safer Pathway model will have children in their care and service providers must consider the safety, welfare and wellbeing of children as well as that of the adult victim in their interventions. Safer Pathway builds on existing initiatives to respond to concerns about domestic violence and aims to improve the way children and families are supported and protected from domestic violence.

Where appropriate, families should be assisted to be safe from domestic violence without the need for statutory intervention or removal of children from their care. Warning the adult victim about the possibility of removing a child when she is not safe, does not have adequate supports to be safe or is perceived as not engaging with services, places undue expectation on the victim to be accountable for keeping her children safe from the violence. This practice also removes any accountability for the violence committed by the perpetrator.

1.1 Effects of domestic violence on children

Domestic violence can lead to physical injury and even death of children. The presence of domestic violence puts children at high risk of physical abuse with rates of co-occurrence ranging from 45 per cent to 70 per cent². There is also evidence of psychological harm to children as a result of witnessing verbal, physical and sexual assaults of their mother and "living with a father who is frightening, inconsistent, intolerant, and unable to put children's needs first. These dynamics are a direct abuse on the child. The toxic stress and complex trauma caused by living in a perpetual state of alert can damage the developing brain and have profound long-term psychological effects"³. Child victims of domestic violence have been shown to have significantly poorer outcomes in psycho-social, developmental and behavioural dimensions. Behavioural problems which may be observed in a school or social setting include acting out, violence and aggression towards others or withdrawal and anxiety.

¹ 'Performance Audit: Responding to domestic and family violence', *NSW Auditor-General's Report, 2011*

² Holt, S., Buckley, H., & Whelan, S. (2008). 'The impact of exposure to domestic violence on children and young people: A review of the literature'. *Child Abuse and Neglect*, 32, 797-810.

³ Perry, B. (2001). 'Violence and childhood: How persisting fear can alter the developing child's brain'. In D. Schetky & E. Benedek (Eds.), *Textbook of child and adolescent forensic psychiatry* (pp. 221-238). Washington, DC: American Psychiatric Press Inc.

There is evidence that the presence of domestic violence also increases the risk of child sexual abuse⁴. Where children are sexually abused, they may also be less likely to disclose the abuse; perpetrator manipulation, threats and intimidation, damage to the mother–child relationship and a belief that their mother cannot protect them can create social and emotional isolation and subsequently decreases the likelihood of disclosure.

Domestic and family violence has different effects on children at different ages. In utero, the mother's physical and emotional distress has a direct impact on the developing foetus⁵. Assault of the mother may result in miscarriage, premature birth, physical injury or disability⁶. Infants and younger children are at risk of being harmed during an assault; older children may be harmed while intervening to defend their mother from assault⁷.

Refer to:

[The Family and Communities Child Deaths 2012 Annual Report](#)

The Family and Communities Child Deaths 2012 Annual Report provides valuable information and insight from analysis of child deaths in the context of domestic violence. Each year the NSW Department of Family and

Community Services (FACS) selects one main theme to highlight in its annual report. In 2012, the overwhelming number of cases reviewed where domestic violence featured made it an obvious choice. Chapter 3 of the Report outlines the learning from a review of FACS practice with the families of 466 children who died between 2007 and 2012 where domestic violence was a reported risk. While the deaths of these children were not directly linked to domestic violence, the review highlighted areas for improved practice in engagement, assessment and intervention. The review identified the clear link between violent, coercive and controlling behaviour towards an adult member of the household (usually the mother) and risks to the children. It highlighted that practitioners need to ensure a balanced response that holds perpetrators of violence accountable for their actions, assesses the capacity of both parents to keep their children safe, and achieves the safety of children and mothers.

The extent to which parenting capacity is sustained or diminished is also influenced by the presence of protective factors. There is evidence to suggest that in spite of the significant risk to children from the behaviour of the man using violence and the impact of living in a frightening environment, many mothers can do and act protectively to ameliorate the risks and the impact of the violence on their children. Safer Pathway aims to improve access to appropriate supports for mothers and their children to increase the likelihood of better outcomes for children and their family.

1.2 A coordinated response

Domestic violence and child abuse cannot be viewed separately by service providers responding to incidents of a child at risk of harm because of domestic violence. The safety of children is interwoven with that of the adult victim, and adult victims must be supported to achieve safety for themselves and their children from the perpetrator, by providing access to appropriate support services. It is also

4 Perry, B. (2001). 'Violence and childhood: How persisting fear can alter the developing child's brain'. In D. Schetky & E. Benedek (Eds.), *Textbook of child and adolescent forensic psychiatry* (pp. 221–238). Washington, DC: American Psychiatric Press Inc.

5 Jordan, B., & Sketchley, R. (2009). 'A stitch in time saves nine. Preventing and responding to the abuse and neglect of infants'. *Child Abuse Prevention Issues*, 30.

6 Cleaver, H., Unell, I., & Aldgate, J. (1999). 'Children's needs - parenting capacity: The impact of parental mental illness, problem alcohol and drug use and domestic violence on children's development'. London: Department of Health, Stationery Office. McGee, C. (2000). *Childhood experiences of domestic violence*. London: Jessica Kingsley Publishers.

7 Humphreys, C., Houghton, C., & Ellis, J. (2008). *Literature review: Better outcomes for children and young people experiencing domestic abuse - directions for good practice*.

necessary to work with perpetrators of domestic and family violence in order to promote the safety of adult victims and their children and reduce reoffending.

The Report of the Special Commission of Inquiry into Child Protection Services in NSW (the Commission) highlighted the multi-dimensional nature of risks facing many children and families where factors such as domestic violence feature in child protection reporting and cannot be satisfactorily addressed by any one agency working alone⁸.

The Commission stressed the importance of interagency collaboration in the provision of services to children, young people and their families and also recommended legislative amendment related to information exchange to facilitate this collaboration.

For information on Mandatory Reporters, see section 27 of the *Children and Young Persons (Care and Protection) Act 1998*

The introduction of Safer Pathway does not replace existing child protection processes or interventions. The *Children and Young Persons (Care and Protection) Act 1998 (CYPCP Act)* clearly sets out the conditions that require

FACS and mandatory reporters to prioritise the safety and welfare needs of children and how they should do so. But in consideration of the seriousness and prevalence of domestic violence in child protection matters, it emphasises the importance of better integration of the service response to ensure threats to the safety of adults and children are managed seamlessly.

FACS caseworkers currently work closely with non-government and government agencies to develop and implement comprehensive case plans that address the multiple risks faced by families including domestic violence, mental illness and alcohol and other drug issues.

The high incidence of domestic violence victims with children in their care creates an intersection of processes and responses between Safer Pathway and the child protection response. For this reason, the emphasis must be placed on the two systems working together in a consistent and integrated manner to ensure that both adult and children victims are assisted and can access the support they need to be safe.

For child protection agencies and domestic violence support services, this means an opportunity to work collaboratively and to form partnerships that offer a continuum of services to address the domestic violence threat as well as the child protection concerns. The overriding principle is that the safety, welfare and wellbeing of children and adult victims must be paramount in all decisions.

The *DV&CP Guidelines* are intended to guide service providers where domestic violence victims have children in their care or where the child is also a victim, specifically in relation to:

- assessing risks to the child or young person and reporting to FACS
- assessing the domestic violence threat to the adult victim and making referrals to the Central Referral Point or a Local Coordination Point
- sharing information
- coordinating a service response
- collaborating with other services.

8 *NSW Interagency Guidelines year 2006*



1.3 Referral arrangements until full implementation of Safer Pathway

Information sharing under Part 13A and the Protocol commenced on 15 September 2014 to support Safer Pathway in the launch sites at Waverley and Orange. It is planned that Safer Pathway will be rolled out across NSW in a staged approach over five years, with full implementation completed in 2019.

This means that while Part 13A and the Protocol apply from 15 September 2014, and the other elements of Safer Pathway, such as the Central Referral Point, Local Coordination Points and Safety Actions Meetings are not available state wide until such time as new sites have been announced and transitioned.

Where service providers outside of the launch sites make referrals for victims and share information under Part 13A and the Protocol, or under Chapter 16A if relevant, they should use existing referral pathways and domestic violence support systems and make referrals directly to a Local Coordination Point.

2 Overview of the child protection and domestic violence systems

Responding to the needs of children and young people exposed to domestic violence is complex and there is no one-size-fits-all response. There are families experiencing domestic violence where the statutory involvement of the NSW Department of Family and Community Services (FACS) is necessary, for example, where the child's exposure to domestic violence meets the threshold for risk of significant harm and where both the child and the adult victim are physically and psychologically harmed by the perpetrator. There are other cases where FACS statutory involvement is not necessary but the adult victim requires support to reduce the level of threat to them.

An integrated response from Safer Pathway involves collaboration with a range of agencies to ensure the family has access to support services and the adult and children's safety is secured.

2.1 Key elements of the two systems

The domestic violence and child protection systems operate under different legislative instruments and address safety concerns in very different ways. The safety, welfare and wellbeing of children is paramount in all decisions and service providers must meet their child protection obligations at all times. However, the two systems have some common key elements, practices and objectives and service providers are likely to operate within both systems.

The following chapters aim to provide guidance to service providers to ensure they meet their obligations to the safety of children and to the adult victim of domestic violence through:

- strict compliance with procedures under child protection legislation
- assessment of the risks to the safety, welfare and wellbeing of children by completing the mandatory reporter guide
- assessment of domestic violence threats to adult victims by applying the Domestic Violence Safety Assessment Tool, another risk assessment tool or using professional judgement
- clear referral pathways for children and for adult victims to access the support they need to stay safe from domestic violence
- consistent and complementary provision of support services
- clear and integrated decision-making
- strengthened case coordination.

The table below sets out some of the key elements of the child protection system and the domestic violence

framework under Safer Pathway:

	Child protection system	Safer Pathway
Legislation	<i>Children and Young Persons (Care and Protection) Act 1998</i>	<i>Crimes (Domestic and Personal Violence) Act 2007</i>
Information sharing provisions	Chapter 16A	Part 13A
Purpose and threshold for sharing information	<p>Information sharing under Chapter 16A can occur between prescribed bodies if the purpose of sharing the information is to ensure the safety, welfare and well-being of children and young people and:</p> <ul style="list-style-type: none"> To make any decision, assessment or plan to initiate or conduct any investigation relating to the safety, welfare or well-being of children and young people For the provision of services to children and their families To manage risk to children and young people. 	<ul style="list-style-type: none"> For the purpose of providing domestic violence support services to the victim where: <ul style="list-style-type: none"> the victim is assessed as being at threat by a service provider a local court referral is made where there are domestic violence proceedings a police referral is made. To prevent or reduce serious threats to the life, health or safety of the victim, their children or other persons.
Risk assessment	Safety and Risk Assessment (SARA) framework	<ul style="list-style-type: none"> Domestic Violence Safety Assessment Tool (DVSAT) or other recognised risk assessment tool and/or professional judgement and where available, the adult victim's own perception of the level of threat
Centralised reporting/referral system	Child Protection Helpline (24/7 staffed crisis response system)	Central Referral Point (automated referral platform)
Local triage and support services	<ul style="list-style-type: none"> Child Wellbeing Units (CWU) Community Service Centres Joint Investigative and Response Team (JIRT) 	<ul style="list-style-type: none"> Local Coordination Points Safety Action Meetings

2.2 Child protection legislation

The child protection system is underpinned by the *Children and Young Persons (Care and Protection) Act 1998 (CYPCP Act)*. Part 13A of the *Crimes (Domestic and Personal Violence) Act 2007* (Part 13A) does not interfere with the *CYPCP Act* and service providers must comply with their child protection obligations.

The *CYPCP Act* establishes the legislative framework governing child safety and wellbeing and for child protection and out-of-home care services in NSW, and outlines principles for intervention. The overriding principle of the *CYPCP Act* is that the safety, welfare and wellbeing of children or young people must be paramount in all decisions

Refer to:

[About the Children and Young Persons \(Care and Protection\) Act 1998](#)

The *Child Wellbeing and Child Protection – NSW Interagency Guidelines* provides information on how children and young people who are at risk of harm or who are being abused should be cared for and how vulnerable families should be helped. It outlines the responsibilities of FACS and other government agencies and non-government organisations and covers things such as when to make a report to FACS, what happens when a report is made, ways of working with children, young people and families, and what happens when a child or young person cannot live safely with their family.

Refer to:

[The Child Wellbeing and Child Protection – NSW Interagency Guidelines](#)


The *CYPCP Act* and child protection processes also underpin a clear method of appraising risk to children and young people who are victims of domestic violence and a streamlined response pathway for service referrals. Overall, the *CYPCP Act* sees the safety of children and young people as its primary responsibility and that this responsibility is shared by families, agencies and communities working in partnership.

Chapter 16A of the *CYPCP Act* overrides other laws that prohibit or restrict the disclosure of otherwise restricted personal information and allows government agencies and non-government organisations who are prescribed bodies to exchange information. The focus of the exchange of information is on the safety, welfare and wellbeing of children or young persons and facilitating the provision of services to these children and young persons, and their families.

2.3 Domestic violence legislation

Domestic and family violence includes any behaviour in a domestic relationship, which is violent, threatening, coercive or controlling and causing a person to fear for their own or someone else's safety. It is usually manifested as part of a pattern of controlling or coercive behaviour. These behaviours can take many forms, including emotional and psychological abuse, intimidation, harassment, stalking, physical and sexual assault, and causes a victim to live in fear. It also includes abuse targeting pets, and damaging personal or joint property. Some of those behaviours are also crimes.

For the common policy definition of domestic and family violence, refer to [It Stops Here: Overview](#).



In NSW, the law responds to domestic violence in two ways. It aims to prevent future violence through the use of Apprehended Domestic Violence Orders (ADVOs) and it responds to crimes that have already occurred. Domestic violence offences are contained in the *Crimes Act 1900* (for example, murder, manslaughter, grievous bodily harm, assault occasioning actual bodily harm, common assault, destroy property) and the *Crimes (Domestic and Personal Violence) Act 2007* (for example, breaches of ADVOs, stalking/intimidation)

Part 13A of the *Crimes (Domestic and Personal Violence) Act 2007* allows service providers to share relevant information about victims and perpetrators in defined circumstances. Part 13A underpins Safer Pathway and enables service providers to be more effective in responding to victims' support needs and to prevent or reduce serious domestic violence threats. For more information on Part 13A, refer to the [Domestic Violence Information Sharing Protocol](#).

3 Assessment and referral of child and adult victims

The safety of children is often linked to the safety of the adult victim of domestic violence; by helping the adult victim, the wellbeing of the children may also be enhanced. Domestic violence is also grounds for making a report to the NSW Department of Family and Community Services (FACS) if the circumstances meet the threshold of 'risk of significant harm'.

If a child or young person is at risk of significant harm, FACS may work with the family and other agencies and professionals to form a comprehensive case plan that addresses the risks to the children. This includes identifying and addressing domestic violence as well as other issues that may exist and aggravate domestic violence, such as mental illness and drug and alcohol abuse. FACS support includes exploring options to improve safety, such as seeking an Apprehended Domestic Violence Order (ADVO) and linking the victim to domestic violence support services.

If the threshold for risk of significant harm is not met, the concerns may be referred to non-statutory services that can provide support to families to mitigate the concerns or risks. In these cases, the safety of children and adults experiencing domestic violence can be enhanced through collaborative partnerships and integrative practice between child protection and the domestic violence support systems.

Where service providers identify an adult victim of domestic violence, they must consider the needs of the victim as well as any concerns for the safety, welfare and wellbeing of children and young people, and vice versa. This means that service providers must take parallel action to address the domestic violence threats and to ensure the protection of any children.

This chapter sets out the procedures to assess and address child protection risks and domestic violence threats, report to FACS and make referrals to the Central Referral Point or a Local Coordination Point to ensure that both adult and children victims are assisted and can access the support they need to be safe.

3.1 Domestic violence risk of harm

According to the online mandatory reporter guide, a child or young person experiences or is exposed to chronic or severe domestic violence if the child or another person has reported, or a service provider has personally observed, that any of the following conditions are present in the child's home.

- Child's parent(s)/carer(s) are involved in a violent or abusive relationship that is chronic and/or severe:
 - Violent: physical altercations have already occurred or are threatened
 - Abusive: may include verbal, demeaning, stalking, controlling behaviour, or threats of harm
 - Chronic: pattern of ongoing incidents
 - Severe: resulted in an injury to any participant or bystander that required medical care, or that involved use of a dangerous weapon (for example, gun, knife, throwing an object heavy enough to cause an injury requiring medical care).

Additionally a child is a victim of domestic violence if:

- they appear to be experiencing psychological/emotional distress as a result of domestic violence
- they are a danger to self or others as a consequence of parent/carer behaviour
- domestic violence is likely to result in significant psychological harm
- there may be no information that a child has been injured, neglected or psychologically harmed, however:
 - an incident of domestic violence was observed or reported to the service provider, or
 - the service provider suspects domestic violence based on observations of extreme power/control dynamics or threats of harm to adults in household.

The presence of risk factors may increase the level of risk to children and young people, including:

- current or past ADVO or family law contact orders due to violence
- the adult victim is pregnant
- conflict over visitation/custody issues
- a child/young person in the home is not a biological child of the perpetrator
- recent or imminent divorce or separation
- stalking, sexual assault of a parent/carer, or extremely controlling behaviour by the perpetrator
- perpetrator has mental health issues that have resulted in violent or aggressive behaviour in the past
- perpetrator frequently uses alcohol or drugs
- perpetrator or victim has a history of exposure to domestic violence
- victim has been in prior relationships where domestic violence featured
- recent or prolonged unemployment or financial issues causing stress or family friction
- weapons in the home
- cruel treatment of animals/family pets by the perpetrator

Where service providers have concerns for the safety, welfare or wellbeing of a child or young person and one of the caregivers in the context of domestic violence, service providers should:

- complete the mandatory reporting guide and take any action as required under the *CYPCP Act*, including making a report to the child protection helpline, **and**
- assess the level of threat to the adult victim and make a referral to the Central Referral Point or a Local Coordination Point.

3.2 Significant risk of harm

Refer to:
[Making a report of significant risk of harm](#)

Reports to the Child Protection Helpline must be made where there is suspected 'risk of significant harm' as opposed to 'risk of harm'. Where a risk of significant harm report is received, FACS assess all available

information, their ability to respond against resources and consider other reports to ensure resources are prioritised to the most serious cases. This is so that children and young people who need the protection of statutory intervention can receive this from FACS, while children and families who are at risk of harm and need other forms of support can receive this from a range of government and/or community organisations without having to report to FACS.

3.3 Child protection assessment and domestic violence

Service providers should primarily follow existing child protection mechanisms for identification and referral, and refer to their own agency's policies and procedures, for responding to child protection and domestic violence.

Service providers who have concerns for the safety, welfare or wellbeing of a child or a young person because of domestic violence must determine whether a case meets the risk of significant harm threshold for reporting children at risk in NSW, which includes risk of significant harm due to exposure to domestic violence, and whether to report to the Child Protection Helpline.

Refer to:
[The mandatory reporter guide](#)

Service providers are advised to use the mandatory reporter guide. The guide, an online standardised assessment tool, works by asking questions that help reporters work systematically through the issues relating to

concerns they have about a child or young person. At the end of the process, a decision point will guide the reporter as to what action to take.

Alternatively, service providers can use their professional judgement or consult their Child Wellbeing Unit (where relevant) and/or seek other specialist advice.

The outcome of the guide will direct the service provider to take protective actions as required, including:

- Report to Family and Community Services, which may be an immediate report or within 24 hours
- Document and continue relationship/monitor
- Consult with a professional/refer to Child Wellbeing Unit

For any outcome of the guide where the matter involves domestic violence, service providers should **also** assess the threat to the adult victim **and** make a referral to the Central Referral Point or a Local Coordination Point. This is also necessary to identify victims at serious threat and to facilitate their access to Safety Action Meetings, where available.

For more information on threat assessment and the Domestic Violence Safety Assessment Tool (DVSAT), refer to the [DVSAT Guide](#). Service providers should also refer to [It Stops Here: Overview](#) and the [Domestic Violence Information Sharing Protocol](#).

3.4 MRG outcome: 'Report to Family and Community Services'

In domestic violence cases where a service provider is a mandatory reporter and has completed the online guide and the outcome is to report to FACS, a service provider:

- must make a report to the [Child Protection Helpline](#), and
- assess the threat to the adult victim and make a referral to the Central Referral Point or a Local Coordination Point, if the victim is at threat or at serious threat.

For information on prescribed bodies, see section 248(6) of the *CYPP Act* or clause 7 of the Regulation.

Because children or young people are involved, prescribed bodies may rely on Chapter 16A of the *CYPCP Act* to share information about the adult victim and the perpetrator with another prescribed body. In other cases, information

may be shared under Part 13A and the Protocol.

When FACS receives the report, it must make an assessment and determine whether the report meets the threshold for at risk of significant harm. The information provided in the report will inform the most appropriate action required, including undertaking further investigation or assessment.

Matters screened in as at risk of significant harm requiring a response will be referred to the relevant Community Service Centre. The matter is considered by FACS staff at a Weekly Allocation Meeting and a decision about the outcome of the report is made locally. Often, families where the risk is not imminent will be referred to a local service provider that can support the family to address the risks.

Services that support vulnerable families include Child, Youth and Family Services, Families NSW and specialist domestic violence services. These services often work with families prior to the escalation of risk of harm to children and aim to reduce risk to adult and child victims of domestic violence.

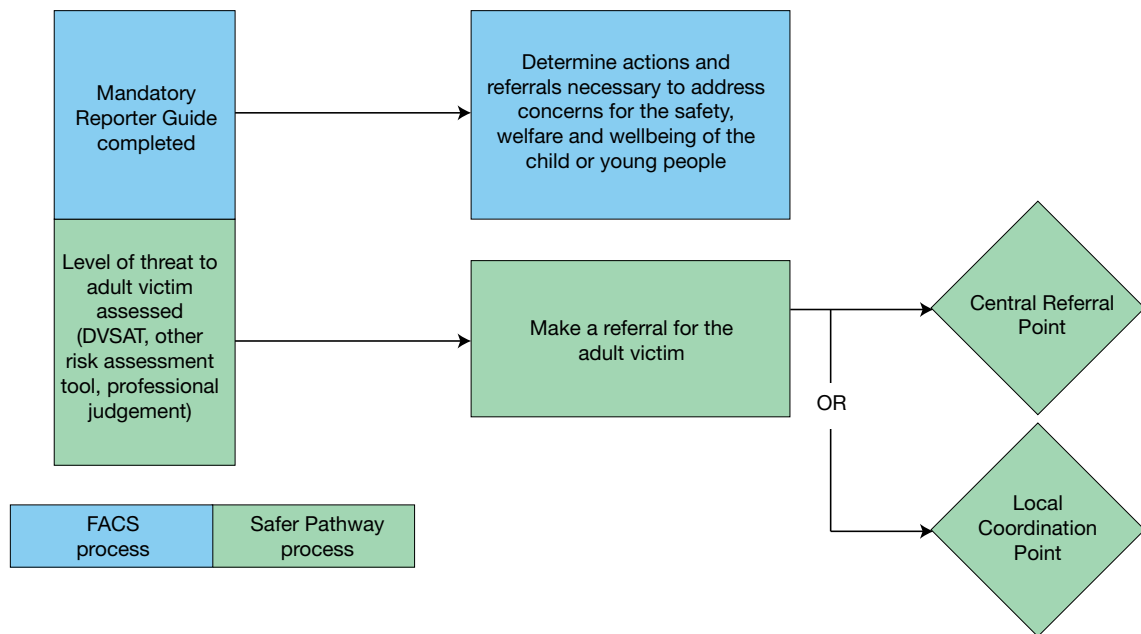
If a matter is not screened in at risk of significant harm, it will not go to a Community Service Centre unless the report relates to an existing case receiving ongoing casework, and is not FACS core business. Mandatory reporters will receive feedback in relation to this decision and will be advised of additional actions they can take.

Where the service provider has also made a referral for the adult victim to the Central Referral Point or a Local Coordination Point, the procedures under the Protocol apply. Refer to the [Domestic Violence Information Sharing Protocol](#) for further information.

The flowchart below illustrates the process to report a child at risk or significant harm to FACS and to refer the adult victim to the Central Referral Point or a Local Coordination Point.

Mandatory Reporter Guide outcome: make a referral

Exchange information under Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998*.
If not applicable, share information under Part 13A of the *Crimes (Domestic and Personal Violence) Act 2007*



3.5 MRG outcome: 'Consult with a Professional/refer to Child Wellbeing Unit'

The *CYPCP Act* provides an alternative reporting process for children at risk of harm, which includes Child Wellbeing Units (CWUs). CWUs assist mandatory reporters within their agencies to determine whether concerns for the safety, welfare or wellbeing of a child or young person require a report to FACS and, when they do not, provide advice to service providers on assisting families. CWUs have been established in the NSW Department of Education and Communities, NSW Police Force and NSW Health.

The outcome of advice from the CWU may be that particular support is required for the child, including support provided by the service provider. In this case, the service provider has overall responsibility for coordinating the provision of support to the family and this should include undertaking an assessment of the level of threat to the adult victim and, where at threat or at serious threat, making a referral to the Central Referral Point or a Local Coordination Point, or sharing information to reduce or prevent the serious threat.

Where statutory intervention is not the most appropriate response and the service provider does not have a CWU, further actions to prevent or reduce the threat to the child or young person must relate to keeping children safe and include:

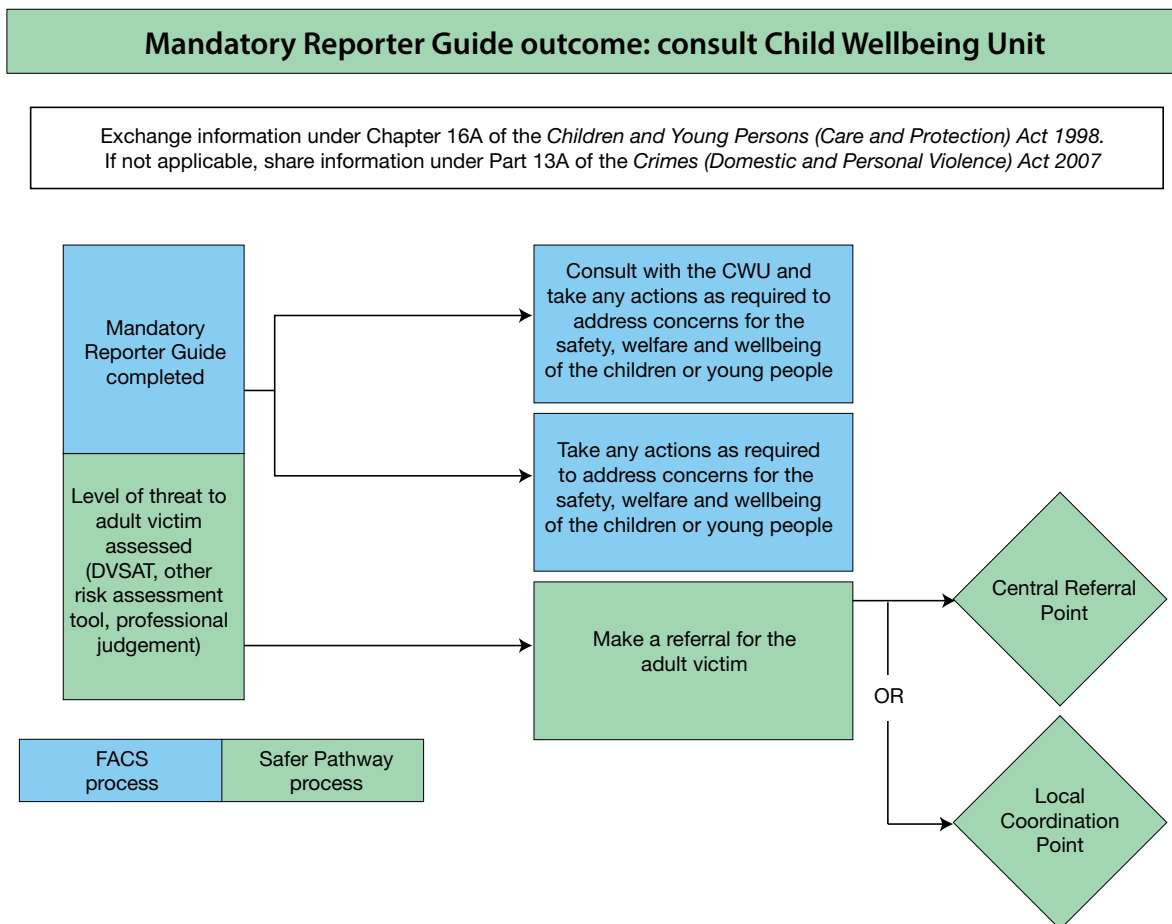
- actions that can be taken by the service provider, or
- seeking assistance from the local Family Referral Service⁹, and
- assessing the level of threat to the adult victim and, where at threat or at serious threat, making a referral to the Central Referral Point or a Local Coordination Point.

⁹ Family Referral Services have been established across NSW to provide initial support and coordination of services to children, young person and families.

Where children or young people are victims or experience domestic violence in the home, prescribed bodies may rely on Chapter 16A of the *CYPCP Act* to share information about the adult victim and the perpetrator. In all other cases, information can be shared under Part 13A and the Protocol.

When the referral to the Central Referral Point is made, the procedures under the Protocol apply. Refer to the [Domestic Violence Information Sharing Protocol](#).

The flowchart below illustrates how service providers respond to a child at risk of harm *and* refer the adult victim to the Central Referral Point or a Local Coordination Point.



3.6 MRG outcome: ‘Make a Referral’

Where the outcome of the mandatory reporter guide is to make a referral, service providers can offer and coordinate assistance or make referrals to other services using normal referral networks. Service providers must also assess the level of threat to the adult victim and, where at threat or serious threat, make a referral to the Central Referral Point or a Local Coordination Point, or share information to reduce or prevent a serious threat.

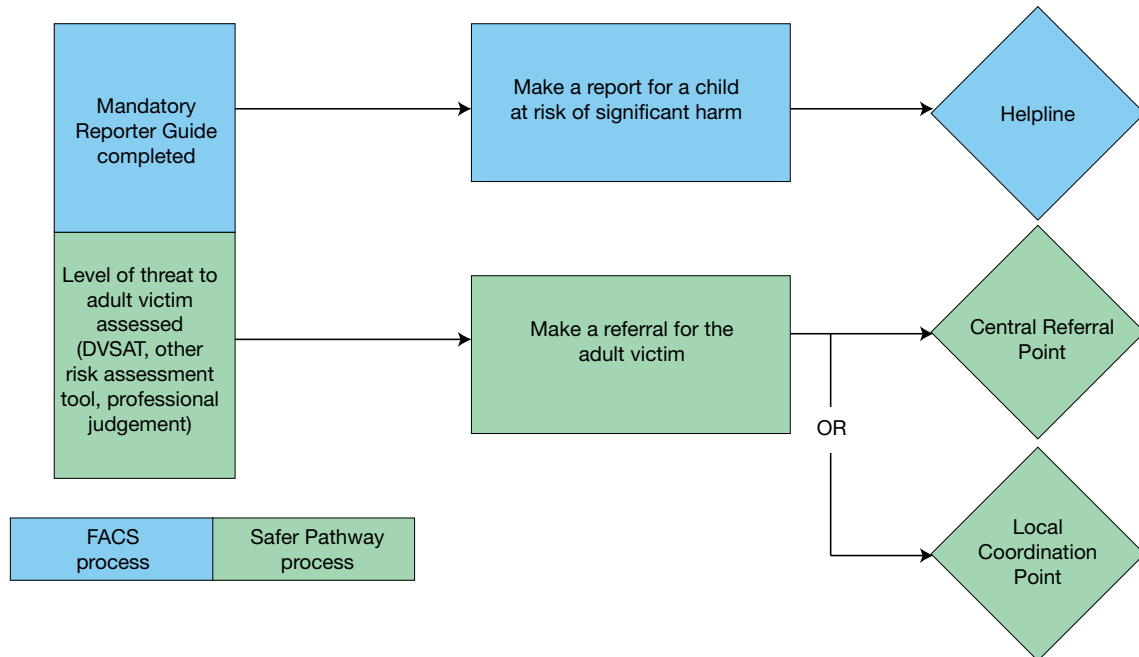
Where children or young people are victims or experience domestic violence in the home, prescribed bodies may rely on Chapter 16A of the *CYPCP Act* to share information about the adult victim and the perpetrator. In all other cases, information can be shared under Part 13A and the Protocol.

When the referral is made, the procedures under the Protocol apply. Refer to the [Domestic Violence Information Sharing Protocol](#).

The flowchart below illustrates how service providers respond to a child’s safety needs through appropriate referrals *and* refer the adult victim to the Central Referral Point or a Local Coordination Point.

Mandatory Reporter Guide outcome: report to Family and Community Services

Exchange information under Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998*.
If not applicable, share information under Part 13A of the *Crimes (Domestic and Personal Violence) Act 2007*



3.7 Assessment and referral under Safer Pathway


Where a service provider has concerns that an adult may be at risk of domestic violence, then the service provider should assess the adult victim under Safer Pathway. The service provider should use:

- the Domestic Violence Safety Assessment Tool (DVSAT) or other recognised risk assessment tool and/or
- their professional judgement and
- where available, the adult victim's own perception of the level of threat

For information on assessment of threat or serious threat, and application of the DVSAT, refer to: [Domestic Violence Safety Assessment Tool Guide](#)

Where the adult victim is assessed as **at threat** of domestic violence, then the service provider should seek the victim's consent to make a referral to the Central Referral Point or a Local Coordination Point. The service provider should explain to the victim that the referral is being made for the purpose of providing the victim with domestic violence support services. A referral can only be made with the explicit consent of the victim, but the consent of the perpetrator is never required. Information about the victim and the perpetrator can be shared as part of the referral.

Where service providers form a reasonable belief that a victim is **at serious threat**, and consider that sharing information is necessary to prevent or reduce the serious threat, then they should share information necessary to prevent or reduce the threat. This closely mirrors existing duty of care provisions except that it removes the need for the serious threat to also be imminent. The consent of the victim should be sought before sharing the information, but where it is impractical or unreasonable to get consent, then information may be shared without consent.



In addition, there are some situations where the consent of a victim at serious threat may be overridden, where it is known that immediate agency actions can be taken to reduce or prevent the serious threat to the victim, their children or any person.

In locations where the Central Referral Point is not available, service providers should use existing referral pathways and domestic violence support systems and make referrals directly to a Local Coordination Point, or share information with any service provider to reduce a serious threat.

4 Sharing information

Two legislative frameworks exist that allow exchange of information where there are domestic violence threats and where children are victims or experience domestic violence in the home:

- Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998*.
- Part 13A of the *Crimes (Domestic and Personal Violence) Act 2007*.

Service providers who are prescribed bodies under the *CYPCP Act* can exchange information that relates to a child or young person's safety, welfare or wellbeing. This includes sharing any information about an adult victim and the perpetrator to the Central Referral Point or a Local Coordination Point or other service provider, provided the information relates directly to the safety, welfare and wellbeing of the children involved. In all other domestic violence cases, information may be shared under Part 13A and the Protocol. Refer to the [Domestic Violence Information Sharing Protocol](#).

A prescribed body is any organisation specified in section 248(6) of the *Children and Young Persons (Care and Protection) 1998* or in clause 7 of the *Children and Young Persons (Care and Protection) Regulation 2000*. Generally, prescribed bodies are:

- NSW Police Force
- a state government department or a public authority
- a government school or a registered non-government school or a TAFE
- a public health organisation or a private health facility
- a children's service any other organisation the duties of which include direct responsibility for, or direct supervision of, the provision of health care, welfare, education, children's services, residential services, or law enforcement, wholly or partly to children.

4.1 Sharing information under Chapter 16A

A prescribed body must comply with a request for information if it reasonably believes that the information may assist the requesting service provider to do any of the following in relation to the child or young person's safety, welfare or wellbeing:

- make a decision or undertake an assessment or safety plan
- initiate or conduct an investigation
- provide a service
- manage any risk to the child or young person.

Refer to:
Chapter 16A of the *Children and Young Persons (Care and Protection) Act 1998*,
Children and Young Persons (Care and Protection) Regulations 2000 and the
NSW Interagency Guidelines

A prescribed body may provide information to another prescribed body regardless of whether it has received a request, provided that the information relates to a child or young person's safety, welfare and wellbeing and the prescribed body believes it may assist the service provider to make decisions and take actions, as listed above.

Depending on what information is requested, it may include relevant information held on:

- a child or young person's circumstances or history
- a parent or other family member
- people having a significant or relevant relationship with a child or young person
- the service provider's dealings with the child or young person, including past support or service arrangements.

Chapter 16A allows information to be shared by prescribed bodies even where children and young people fall below the statutory reporting threshold. In other words, exchange of information can occur irrespective of whether a child protection report has been made to the Child Protection Helpline.

While service providers should initially seek to share information under Chapter 16A, there are circumstances where this is not permitted under the *CYPCP Act*, where:

- the service provider sharing or the service provider receiving the information is not a prescribed body
- the prescribed body holding the information is not satisfied that the information that has been requested relates to the safety, welfare or wellbeing of a child or young person.

Where this applies in domestic violence cases, information may be shared under Part 13A and the Protocol.

In addition, a prescribed body is not required to provide any information that it has been requested to provide if the body reasonably believes that to do so would:

- prejudice the investigation of a contravention (or possible contravention) of a law in any particular case
- prejudice a coronial inquest or inquiry
- prejudice any care proceedings
- contravene any legal professional or client legal privilege
- enable the existence or identity of a confidential source of information in relation to the enforcement or administration of a law to be ascertained
- endanger a person's life or physical safety
- prejudice the effectiveness of a lawful method or procedure for preventing, detecting, investigating or dealing with a contravention (or possible contravention) of a law
- not be in the public interest.

Where this applies in domestic violence cases, services providers should consider whether information can be shared under Part 13A and the Protocol.

The threshold for sharing information under Chapter 16A of the *CYPCP Act* is different to the standards imposed by Part 13A and the Protocol. For example, under Chapter 16A the adult victims' consent is not a requirement to exchange either victims' or perpetrators' information. However, it is best practice that service providers inform the adult victim that information about them may be shared, unless this could compromise their safety.

Where possible, service providers must involve victims at every step of the process to ensure they have an understanding of, and confidence in, any interventions and processes.

4.2 Sharing information under Part 13A

Part 13A of the *Crimes (Domestic and Personal Violence) Act 2007* (Part 13A) allows the sharing of personal and health information about domestic violence victims, their children and perpetrators between service providers in defined circumstances.

Under Part 13A service providers can share victims' and perpetrators' information to facilitate access to support services for victims identified as at threat, and to reduce or prevent a serious threat to a victim and any other person where the victim is identified as at serious threat.

Refer to:
Part 13A of the *Crimes (Domestic and Personal Violence) Act 2007* and the *Domestic Violence Information Sharing Protocol*.

Part 13A supports the proactive practice of information sharing between service providers to:

- increase the safety, health and wellbeing of victims and any children, and prevent domestic violence related death, disability and injury
- improve domestic violence victims' access to support services regardless of which service provider the victim first approaches or whether they have engaged with the justice system
- achieve consistent and improved threat identification and management of threat to victims
- prioritise victims who are at serious threat and undertake safety planning to reduce the serious threat
- reduce re-victimisation of persons who have experienced domestic violence
- improve perpetrator accountability for their actions
- reduce re-offending
- identify and respond to escalation of violence by the perpetrator
- improve service provider accountability for their response to victims and perpetrators.
- The legitimate purposes to share information under Part 13A are as follows:

Where a victim is assessed as **at threat**, service providers may collect, use and share information about the victim, their children and the perpetrator, with the explicit consent of the victim, to:

- make a referral for domestic violence support services for the victim
- provide support services to the victim

Where a victim is assessed as **at serious threat**, service providers may collect, use and share information about the victim, their children, the perpetrator or other persons to:

- prevent or lessen a serious threat to the victim or any other person's life, health or safety.

To assess the level of threat to a victim, service providers should apply the Domestic Violence Safety Assessment Tool (DVSAT), their own risk assessment tool or use their professional judgement and, where available, the victim's own perception of the threat to their safety. Refer to the [Domestic Violence Safety Assessment Tool Guide](#) for the most recent version of the DVSAT and for further information on how to use the tool.

The Domestic Violence Information Sharing Protocol provides detailed information on information sharing under Part 13A. Refer to the [Domestic Violence Information Sharing Protocol](#).

4.3 Child protection and Safety Action Meetings

Safety Action Meetings are meetings of local designated agencies and services that aim to prevent or lessen serious threats to the life, health or safety of victims, children or other persons through targeted information sharing and agency actions.

Refer to:
The [Safety Action Meeting Manual](#).

A significant number of victims referred to Safety Action Meetings have children in their care and, where appropriate, families should be assisted to be safe from domestic violence without the need for statutory intervention or removal of children from their care. Actions decided at Safety Action Meetings can reduce or prevent domestic violence threats and maintain families together where appropriate.

The safety of children and adult victims of domestic violence often relies on service providers having a clear picture of the level of domestic violence threat in the family. Information shared at Safety Action Meetings enables members to build a comprehensive assessment of the victim's situation, their needs, the threats to their safety and that of their children or other family members.

Accurate and relevant information assists service providers to work more efficiently with the victim, children and the perpetrator and to develop a Safety Action Plan based on a comprehensive picture of the situation. The information shared allows members to collaboratively decide on actions they can undertake to protect the family and meet their child protection obligations more effectively. Where a service provider raises child protection concerns, agencies should share any information their agency holds that is relevant to the safety needs of the victim and their children.

Child protection issues are a priority in any discussions about the safety of the victim, and child protection related interventions must be considered in Safety Action Plans. Because children or young people are involved in a situation where there are serious domestic violence threats to their carer, prescribed bodies may rely on Chapter 16A of the *CYPCP Act* to share information about the adult victim and the perpetrator. In all other cases, information may be shared under Part 13A and the Protocol.

Where a family is not previously known to the NSW Department of Family and Community Services (FACS) and information shared at a Safety Action Meeting leads one or more member to form the view that a child or young person may be at risk of significant harm, the mandatory reporter guide should be completed in relation to that child or young person. It should be completed by the 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 online tool in a timely manner.

When the service provider has completed the mandatory reporter guide, the service provider should take any actions as required by the outcome of the guide.

Case study: child protection at Safety Action Meeting

Carla was in a relationship with Alan for 14 years and they have three children aged 7, 9 and 12. The relationship was characterised by Alan's violent behaviour towards Carla, and Carla has been hospitalised on several occasions due to Alan assaulting her. The family is known to FACS because of the domestic violence and Carla's drug use.

Seven months ago, Carla completed a drug and alcohol program at Odyssey House and separated from Alan. An ADVO is in place protecting Carla, and Alan can only have contact visits with the children with agency supervision. Carla continues to be supported by Odyssey House to support her recovery from drug use.

Two weeks ago, Carla was admitted to hospital as a result of Alan assaulting her. Alan was charged with breach of ADVO and assault occasioning actual bodily harm, and is on bail awaiting sentencing. During this incident, the 7-year-old child Nico was pushed away from his mother and sustained some bruising. Police made a risk of significant harm report to the Child Protection Helpline, but the matter was screened in as 'information only' to the relevant Community Service Centre.

When Carla presented at the hospital, NSW Health completed the mandatory reporter guide as they had concerns for the safety and wellbeing of Nico and as a result consulted with the Child Wellbeing Unit to consider what actions they could take to protect the safety of the children.

The Police assessed Carla as at serious threat and made a referral to the Central Referral Point. The Local Coordination Point who received the referral coordinated support services to meet the family's immediate safety needs, which included liaison with FACS regarding child protection and listed Carla on the next Safety Action Meeting agenda.

At the Safety Action Meeting, members share relevant information about Carla, Alan and the children, held by their agency. FACS advise that there is a long child protection history with the family and that they need to work with Carla and the children to ensure their safety and protection. FACS share information about their plans to engage Carla in the development of a FACS safety plan to protect the children from harm and to engage Alan in discussion about the impact of his violence, to assess the level of risk his behaviour poses towards the children and his capacity to participate in a FACS safety plan.

FACS are also concerned about the drug use history of both parents.

Odyssey House reports that Carla is at high risk of relapsing into drug use due to the level of stress she is experiencing because of her hospitalisation, Alan's criminal court case where she is a witness, financial problems caused by relocating closer to her sister and the still relatively recent separation from Alan. Odyssey House also reports that up until this point, Carla has managed to stay drug free and has cared for her children since her participation in the program.

NSW Police Force report that given Alan's violent history and previous ADVO breaches, an ADVO may not be sufficient to safeguard Carla and the children.

The Safety Action Meeting members discuss actions that their agencies can take to reduce or prevent the serious threats to Carla and to address the child protection concerns for the children. The members also discuss the increased risks to Carla and the children in this period of separation from Alan.

The agencies develop a Safety Action Plan:

- FACS will conduct a comprehensive safety and risk assessment, which includes consideration of the impact of the domestic violence on the children and Carla's capacity to parent and Carla's strengths. They will develop a case plan in collaboration with Carla and other involved agencies and make further referrals as required.

Continued case study:

- NSW Police Force will apply to vary the ADVO so the children can be placed on the order.
- Odyssey House will increase frequency and intensity of support to Carla.
- NSW Health will refer the children for trauma counselling through the Child Protection Counselling Services.
- School staff at the local school will monitor the children to assess their wellbeing.
- The Local Coordination Point will prepare a letter addressed to the court in Alan's criminal matter to highlight concerns regarding the serious threats posed by Alan to Carla and the children and for the Magistrate to give priority to these concerns when deciding on a sentence for Alan.
- The Local Coordination Point will meet with Carla to inform her of the outcome of the Safety Action Meeting.

In the case study, the Safety Action Meeting members do not rely on the adult victim being accountable for the protection of her children from the perpetrator's violence. The practice of placing responsibility for protecting the children on the victim often leads to victims not reporting the violence to agencies like police, further exacerbating threats to children and to themselves.

The Safety Action Plan negotiated at a Safety Action Meeting lists actions for service providers to take without placing expectations on the victim to be responsible for the actions of the perpetrator. This approach also places increased accountability on perpetrator.

If actions taken by Safety Action Meeting members do not result in increased safety for children and the serious threats remain, the Safety Action Plan and FACS case plan will be reviewed and further actions taken as necessary. FACS may need to take urgent action to protect the children if there is a new report that indicates that the children are in immediate danger. Where this is necessary, information shared at the Safety Action Meeting will support FACS to do so more efficiently and with greater transparency.

For detailed information on Safety Action Meetings, refer to the [Safety Action Meeting Manual](#).



