

OFFICIAL

SA Health

# Policy

## Family Safety Framework

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Version 3.0

Approval date: 18 March 2024

PDS Reference No: D0127



Government  
of South Australia

SA Health

## 1. Name of Policy

Family Safety Framework

## 2. Policy statement

This policy provides the mandatory requirements for the consistent implementation of the Department for Human Services state-wide [Family Safety Framework \(FSF\)](#) to ensure improved, co-ordinated, collaborative, timely, respectful service responses to people experiencing family, domestic and sexual violence (FDSV), in South Australia.

## 3. Applicability

This policy applies to all employees, students, volunteers, and contractors and all persons otherwise engaged to work at SA Health, that is the Department for Health and Wellbeing (DHW), Local Health Networks (LHNs) including state-wide services aligned with those LHNs, and SA Ambulance Service (SAAS).

### Out of Scope

Out of scope for this policy is family, domestic and sexual violence being experienced by staff, consult Human Resources and the Domestic Violence Policy regarding support for employees experiencing family, domestic and sexual violence.

## 4. Policy principles

SA Health's approach to the Family Safety Framework is underpinned by the following principles:

- > We recognise gender inequality as the underlying driver of family, domestic violence, and sexual assault.
- > We recognise and ensure the right to self-determination for Aboriginal peoples to meet their social, cultural, and economic needs as the First Peoples of Australia.
- > We will ensure responses to FDSV seek to address multiple and intersecting forms of racism, discrimination, structural inequality, and marginalisation that adversely compound victim-survivors' lived experiences and support seeking.
- > We will ensure SA Health staff are supported in their identification of and responses to individuals and families who are experiencing or have experienced family, domestic and sexual violence.
- > We will ensure SA Health staff understand their responsibilities to identify and refer any individual at risk of or experiencing family, domestic, and sexual violence.
- > We will ensure SA Health staff acknowledge family violence as an issue of national importance, both generally and among Aboriginal and Torres Strait Islander peoples.
- > We will embed mechanisms to ensure best practice and continuous improvement with the Family Safety Framework.
- > We will ensure a collaborative multi-agency, public health approach.

## 5. Policy requirements

### Family Safety Framework

- > LHNs, DHW and SAAS must participate in the Family Safety Framework (FSF) and ensure local implementation of the requirements of this policy through processes and procedures.

- > LHNs and SAAS must develop action plans to ensure compliance as part of the National Safety Quality Health Standards.
- > SA Health staff must:
  - Understand and support a systematic approach to identifying family, domestic or sexual violence for consumers through the engagement of sensitive conversations about risk and safety.
  - Conduct an Ask, Assess, and Respond (AAR) screening, assessment, and complete documentation (MRAAR) for all female consumers aged 16 years or older and/or where the staff members suspect or identifies an issue or concern relating to FDSV. This must include asking about any children aged under 16 years who may also be exposed to FDSV.

### Common Risk Assessment

- > Staff working in consumer facing roles (including those who manage staff working in consumer facing roles) must:
  - Complete the Family Safety Portal Training - Risk Assessment and Referrals.
  - Understand and comply with the application and use of the Common Risk Assessment Form in the Family Safety Portal.
  - Utilise clinical and professional judgement when the risk score is not believed to reflect the case's true risk level.
  - Exercise professional judgement, seek advice from a supervisor or manager and exercise professional judgement to refer for a Family Safety Meeting (FSM).
  - Provide support to the individual(s) at risk and (where necessary) refer to appropriate services.
  - Make a report/notification via the Department for Child Protection's Child Abuse Reporting Line (CARL) for any children identified as exposed to FDSV.
  - Capture the CARL report/notification using the Medical Record – Mandatory Notification Record (MR-MNR) and place in the medical record.

### Family Safety Portal

- > Staff must refer any individual identified as being at risk of or experiencing FDSV through the Family Safety Portal.
- > Staff must:
  - Undertake and complete the Family Safety Portal account set-up and management.
  - Complete the training on how to make risk assessments and referrals in the Family Safety Portal.
  - Conduct risk assessments of individuals at risk.

### When referring Individuals to a Family Safety Meeting (FSM)

- > LHNs must ensure that a SA Health staff member is present where required for a FSM.
  - The SA Health staff member must be appropriately equipped with any relevant historical information on the relevant individual's health record.
- > LHNs and SAAS must undertake any actions assigned to them at the FSM.

### Information Sharing

- > Staff must ensure lawful authority (such as the authorisation by the CE, DHW under [s.93 \(2\) of the Health Care Act 2008](#), [s.106 \(1\) of the Mental Health Act 2009](#) and/or Information Sharing Guidelines (refer to the [Privacy Policy](#)) when sharing information relating to a person obtained whilst engaged in connection with the operation of the [Health Care Act 2008](#) and/or administration of the [Mental Health Act 2009](#).

- > SA Health staff must adhere to the [Family Safety Portal User Guide – Family Safety Meeting Membership](#).

### **Mandatory Reporting when Children are Exposed to Domestic and Family Violence**

- > Staff must on suspicion that a child or young person or a pregnant woman is, or may be at risk of harm, make a report to the Department for Child Protection (DCP) in accordance with the SA Health [Mandatory Reporting of Suspicion that a Child or Young Person Is or May Be at Risk Policy](#).

### **Auditing, Monitoring and Compliance**

- > LHN and SAAS must review existing and/or develop procedures to support local implementation of this policy and the state-wide Family Safety Framework.
- > All LHNs and SAAS must keep accurate and up-to-date records that demonstrate that staff have been provided with information to ensure they are aware of how to record the following in the patients' medical record where applicable.
  - o Alerts relating to child protection or wellbeing concerns
  - o Capture of risk assessments and management processes
    - o capture the Common Risk Assessment Form
    - o capture the Ask, Assess, and Respond on the MRAAR screening form
    - o capture of Child at Risk Assessment in the Emergency Department (ED) and
    - o capture of CARL notifications using the MR-MNR.
- > The SA Health Local Sexual Domestic and Family Violence (SDFV) Executive Lead must monitor the local implementation of this policy and the AAR within LHNs and SAAS.
- > Instances of non-compliance with this policy must be reported by the Local SDFV Executive Lead or relevant Chief Executive Officer to the Domain Custodian for the Children's Policy Domain.

## **6. Mandatory related documents**

The following documents must be complied with under this Policy, to the extent that they are relevant:

- > [Mandatory Reporting of Suspicion that a Child or Young Person Is or May Be at Risk Policy](#)
- > [Child Safe Environments \(Child Protection\) Policy](#)
- > [Clinical Incident Management Policy](#)
- > [Collaborative Case Management of High Risk Infants in Hospital Policy](#)
- > [Domestic Violence Risk Assessment](#)
- > [Equity of Access, Interpreting and Translating Policy](#)
- > [Family Safety Framework – Practice Manual](#)
- > [Family Safety Portal](#) (\*Note: Mandatory documents are located within the Portal itself)
- > [Health Care Act 2008 s93\(2\)](#)
- > [Mental Health Act 2009 s106 \(1\)](#)
- > [Multi Agency Protection Service \(MAPS\) Policy](#)
- > [Privacy Policy](#)

## 7. Supporting information

- > [A right to safety: the next phase of South Australia's women's safety strategy 2011-2022 \(current\)](#)
- > [CE Authorisation to disclose information for the purposes of the Family Safety Framework](#)
- > [Committed to Safety A framework for addressing domestic, family, and sexual violence in South Australia](#)
- > [National Framework for inclusion of Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031 \(Child Placement Principle\)](#)
- > [Royal Commission into Institutional Responses to Child Sexual Abuse](#)
- > [Police requests for Information and Witness Statements from SA Health Fact Sheet](#)
- > [The National Framework for Protecting Australia's Children 2021-2031](#)
- > [Universal Declaration of Human Rights](#)

## 8. Definitions

- > **Child or young person** means a person who is under 18 years of age.
- > **Consumers:** means people who use or are potential users of health care services. When referring to consumers, this means patients, clients, families, and visitors.
- > **EMR** means electronic medical records which includes South Australia's state-based system called Sunrise EMR & PAS (Sunrise EMR) and all other electronic medical records.
- > **Family, Domestic and Sexual Violence (FDSV):** incorporates the National Plan to End Violence against Women and Children 2022-2032 meanings of family violence and domestic violence:
  - Intimate partner violence: commonly referred to as 'domestic violence', refers to any behaviour within an intimate relationship (including current or past marriages, domestic partnerships, or dates) that causes physical, sexual, or psychological harm.
  - Family violence: is a broader term than domestic violence, as it refers not only to violence between intimate partners but also to violence perpetrated by parents (and guardians) against children, between other family members and in family-like settings.
  - Sexual violence: refers to sexual activity that happens where consent is not freely given or obtained, is withdrawn or the person is unable to consent due to their age or other factors. It occurs any time a person is forced, coerced, or manipulated into any sexual activity.
  - Coercive control: is often a significant part of a victim-survivor's experience of family and domestic violence. It describes someone's use of a pattern of abusive behaviours against another person over time, with the effect of establishing and maintaining power and dominance over them.
- > **Medical Record:** encompasses all health-related medical records and patient administrative systems (electronic and paper based).
- > **MR-MNR:** Medical Record – Mandatory Notification Record is the record of Mandatory Notification for Suspected Child Abuse or Neglect that is required to be completed by all SA Health staff when reporting mandatory notification to DCP through CARL or eCARL for suspected child abuse or neglect. This form is available to order through the Oracle Corporate System using Oracle number 19045571.
- > **Self-determination:** means the same as defined in the [UN Declaration on the Rights of Indigenous Peoples](#).

- > **Staff:** means all SA Health employees, volunteers, students on placement and work experience, contractor, and consultants and 'prescribed persons (as defined above) that provide health services to the population or who have access to children's and young people's health records, including SA Health employees working in other government agencies and other government employees working at SA Health sites and non-government organisations.
- > **State-wide services:** means State-wide Clinical Support Services, SA Prison Health, SA Dental Service, BreastScreen SA and any other state-wide services that fall under the governance of the Local Health Networks.

## 9. Compliance

This policy is binding on those to whom it applies or relates. Implementation at a local level may be subject to audit/assessment. The Domain Custodian must work towards the establishment of systems which demonstrate compliance with this policy, in accordance with the requirements of the [Risk Management, Integrated Compliance and Internal Audit Policy](#).

Any instance of non-compliance with this policy must be reported to the Domain Custodian for the Children's Policy Domain and the Domain Custodian for the Risk, Compliance and Audit Policy Domain.

## 10. Document ownership

Policy owner: Domain Custodian for the Children's Policy Domain

Title: Family Safety Framework Policy

Objective reference number: A5408467

Review date: 18 March 2029

Contact for enquiries: Employees should contact their local policy unit for advice on implementation of this Policy.

Policy leaders across SA Health are welcome to contact the Child Protection and Policy Unit, Department for Health and Wellbeing by email: [Health.ChiefChildProtectionOfficer@sa.gov.au](mailto:Health.ChiefChildProtectionOfficer@sa.gov.au)

## 11. Document history

| Version | Date approved | Approved by          | Amendment notes  |
|---------|---------------|----------------------|--|
| 1.0     | 22/07/2008    | Portfolio Exec       | Original Version   |
| 2.0     | 15/04/2015    | Portfolio Exec       | 5 year scheduled timeline for review                     |
| 3.0     | 18/03/2024    | Chief Executive, DHW | Changes in line with legislation and new policy template |

## 12. Appendices

Nil