

### Child Safety Liaison Referral form

Referrals to the DVAC Child Safety Liaison role will be triaged for response according to the current level of risk.  
Referrals will be triaged against the following criteria:

#### RED – HIGHEST PRIORITY

Client is at high risk of Domestic Violence Occurring currently.

The perpetrator's violence is of a high level and could cause serious injury or death.

Child Safety are currently engaged with the client through:

- Intake and Assessment / Investigation
- CAO

Child Safety is requiring full supervision of the client's access to the children, due to the risk that the perpetrator poses.

Client and children requires a coordinated response with DVAC and Child Safety to prevent serious injury or death occurring.

#### AMBER

Client has experienced high-risk Domestic Violence but the risk is being managed with current safety planning. The perpetrator's violence is of a high level but it is not believed to be at risk of causing death or serious injury.

Child Safety are currently engaged with the client through:

- IPA
- Interim Orders

Child Safety is case planning in regards to the client, children and PUV that would benefit from DVAC involvement for advocacy, safety planning and liaison.

#### GREEN

Client has previously experienced high risk domestic violence.

Client is not currently at high risk of domestic violence that could cause death or serious injury.

Child Safety are currently engaged with the client through:

- Long term orders
- Reunification

Client requires assistance with advocacy and liaison with Child Safety around contact with their child/ren and ongoing case planning, domestic violence counselling or support.

*Please note that the Child Safety Liaison may assess that a referral that meets Green Criteria may be best placed in a different team within DVAC or as a referral to an alternative community service.*

Name of CSO referring and email address:
Child Safety Service Centre:
Date:

Client Name:	DOB:	Contact No:
Address:	Safe to Call as DVAC: Yes No Safe to Leave Message: Yes No	Best Contact Time:
PUV resides with Client: Yes No	Indigenous Status:	Primary Language:
CALD Client: Yes No Interpreter Required Yes No If Yes what language:	Disability: Yes No Type:	
Perpetrator Name:	D.O.B:	Relationship to Client:
Perpetrator: Aboriginal Torres Strait Islander CALD Yes No Please specify:		
Current DVO: Yes No If Yes – please specify conditions on the DVO:	Previous DVO: Yes No Recent Police Involvement: Yes No	

Children Connected to the Client					
Child 1:		D.O.B /		At Home:	IA IPA
Gender:		Age:		In Care:	Interim Reunification
Child 2:		D.O.B /		At Home:	IA IPA
Gender:		Age:		In Care:	Interim Reunification
Child 3:		D.O.B /		At Home:	IA IPA
Gender:		Age:		In Care:	Interim Reunification
Child 4:		D.O.B /		At Home:	IA IPA
Gender:		Age:		In Care:	Interim Reunification
Contact with Perpetrator: Yes No	Current Family Law Orders/ Parenting Arrangements: Yes No		Other Agencies Involved: (e.g. FIS, ASC, CYMHS etc) Name: Contact Details:		

**Referral Discussed with Client:**    **Yes**    **No**    (please note a referral will only be accepted with client consent)

**Date Consent Provided:**

Identified Domestic Family Violence Risk Factors (Please tick):			
Verbal Abuse	Harm to Animals/Pets	Threats to Kill	Physical Abuse/Assault
Coercive Control	Cultural/Spiritual	Threats to kill children	Social Abuse/Isolation
Intimate Partner Sexual Violence	Attempts to kill client or children	Damage to property/ willful damage	Threats to take children away
Emotional Abuse	Financial Abuse	Stalking & Surveillance	Technology Abuse
Attempted strangulation / choking	Use of, or threats to use weapons	Movements tracked through technology	Pending Separation
Escalation of Violence	Severity of Violence	Pregnancy	Recent Birth
Breach of DVO			

<p><b>What Safety planning have you already completed with the client/ family?</b></p> <p><b>Please specify:</b></p>	
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Please indicate what support the client requires:			
Advanced Safety planning	Ongoing Risk assessment	Advocacy and Liaison	Crisis Intervention
Court Support	Emotional support	Joint Home Visit	FGM attendance
Other – please specify:			
<p><b>Please include a brief description regarding the reasons for referral and supports required</b></p>			

**In order for the referral to be accepted DVAC requires a copy of the case plan or needs assessment from the IA process**

**Case Plan Attached** YES NO

**IA assessment attached** YES NO

**Parental & Child Strengths and Needs Attached** YES NO

DVAC takes seriously the rights of all clients to confidentiality and privacy of information including the right to remain anonymous if they choose. We recognize in particular our duty of care to safeguard information which could jeopardize the security and safety of adults, children or young people accessing DVAC services. DVAC is guided by standards of the Australian Privacy Principles regarding the collection, storage, disclosure and use of personal information about individuals.

**Please email referral form to [info@dvac.org.au](mailto:info@dvac.org.au) with ATTENTION:CHILD SAFETY LIAISON**

