

KIDS' DOORS HANDBOOK



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Purpose of this document

This Handbook includes the Kids' DOORS tools (2023 versions), background evidence, and implementation recommendations for use across many service settings that engage with parents or caregivers and their children.

What is the DOORS?

Kids' DOORS builds on a growing suite of adult and family-oriented tools to support early detection of family safety and wellbeing risk. It is tailored to children and youth, aged approximately 6-16 years, assisting them to report on the risks to wellbeing and safety they are experiencing, and assisting the practitioner to evaluate and respond to those risks, in a timely manner, with a whole of family lens¹.

Background and context

Conflicted parental separation is associated with risks to safety and wellbeing for all family members, including children (McIntosh et al., 2021). Standardised, universal screening for at-risk populations such as separating parents remains rare, but is key to detection of and nuanced response to risk (Braaf & Sneddon, 2007; Johnston & Ver Steegh, 2013). Many services rely on spontaneous reporting, despite strong evidence that a systematic approach increases the likelihood of detecting family violence risk by 50% in family law settings (Ballard et al., 2011). After an extensive period of research, the Family Law DOORS was created to begin to address this gap.

As the first in the Family DOORS suite, the Family Law DOORS (FL-DOORS; Detection of Overall Risk Screen) is the first validated instrument to guide parents and caregivers through self-report of each family member's wellbeing and safety, including that of infants and children of all ages (McIntosh & Ralfs, 2012a). FL-DOORS has been found fit-for-purpose in two large samples, as an indicator of domestic violence and wellbeing risks in separated families (McIntosh et al., 2016; Wells et al., 2018). Family DOORS tools have been used over 170,000 times in over 30 organisations in the ten years since release, including 65,000 times at Relationships Australia SA (Lee et al., 2021) and in countries such as Sweden (Eriksson & Gabrielsson, 2019).

Subsequent versions of the DOORS

The FL-DOORS tool has since been adapted into 'MyDOORS' for use with non-separated families (Lee & McIntosh, 2019) and moved to online administration through the DOORS app (Flint et al., 2017). The framework has also been adapted as the DOORS Triage tool in the Lighthouse Project at the Federal Circuit and Family Court of Australia ('FCFCoA')².

Rationale: The need for child-reported risk and safety

Children's perspectives on risk differ to those of their parents or caregivers, and of their siblings. In order to build a comprehensive assessment of risk, it's essential to consider their views and experiences as part of a systemic perspective of risk and protective factors. As the adult Family DOORS demonstrates, there is significant value in asking people about how they perceive their safety and wellbeing across a range of domains. This requires an assessment tool that uses a multi-domain approach to consider all family perceptions and experiences of risk and safety. Additionally, a universal overall screen assessment must effectively identify risk across a range of diverse family structures, including intact, separated and multi-generational families.

¹The term 'children' used in this handbook refers to both children and young people (6 to 16 years of age).

²<https://www.fcfcoba.gov.au/fl/fv/lighthouse>

Kids' DOORS uses a developmentally appropriate and child-friendly approach to risk screening for children and can be used to enhance service capacity to shape better, safer outcomes for children and their families. This novel child-inclusive approach provides critical additional insights that a focus on parent reports can obscure.

Kids' DOORS can be used as a standalone tool, or ideally, in conjunction with the adult Family DOORS to build a multi-informant understanding of safety and wellbeing, including risk and protective factors for all family members.

Beyond parents' reports about their children's wellbeing, to date, a systematic approach to children's safe representation of their own views in family violence risk screening has been lacking. As with adult risk screening, many practitioners enquire about safety with children within the general course of discussion, rather than in a systematic, behaviourally specific manner. Beyond this, many services seek to standardise their assessment processes, for accountability purposes. Very few standardised tools exist to support a structured enquiry into children's views of family safety during the separation process.

Development of the Kids' DOORS

Given its strong evidence base, the adult version of the FL-DOORS (described above) held promise for translation to children and youth. With this structure as a starting point, over several years, the original DOORS team of researchers and practitioners developed and implemented multiple pilot versions of the DOORS, for children. Kids' DOORS builds on the validated FL-DOORS framework to bring a voice to child and youth reports of risk and wellbeing to help practitioners identify, evaluate and respond to risk with a whole of family lens.

Kids' DOORS is a three-part framework designed to assist practitioners to identify, evaluate and respond to risks reported by children and youth.

The DOORS system includes a 10-domain self-report screening measure, covering cultural priorities, child wellbeing and safety risks, parent/carer wellbeing and safety risks, social stresses, protective factors and resources.

Philosophy of the Kids' DOORS

As with the adult version of the Family DOORS³, the Kids' DOORS is based on similar axioms:

1. Risk is not a static factor; it is multi-determined and changes over time.
2. Risk assessment therefore needs to occur across inter-connected domains of a child's life, and be repeated over time.
3. Best practice in risk-identification involves 3 steps:
 - i. Universal self-reported screening, using methods that support each child's unique capacities and developmental stage (DOOR 1)
 - ii. Tailored practitioner follow-up with the child, to understand the context of their responses and identify any changes to risk and protective factors (DOOR 2)
 - iii. Evaluation and response planning, response implementation and monitoring (DOOR 3)

³Comprising Family Law DOORS and MyDOORS

The Kids' DOORS Framework



There are three 'DOORS' within this framework, each outlined below. Each DOOR adds a further level of exploration of the child's experience of safety and wellbeing for themselves and their family, ancillary stressors and protective factors.

Not all clients will require further exploration of their responses if low risk to wellbeing or safety is indicated. However, in cases where likely or substantial risk is identified in Kids' DOOR 1, Kids' DOOR 2 is intended to assist practitioners to explore responses in sufficient depth to ensure an appropriate response plan is in place. Kids' DOOR 3 is designed to scaffold this work by outlining the evidence-based context, tools and frameworks available for in-depth response planning with children at risk of harm.

DOOR 1:

Entry-level screening: Child's self-report

1. Culture and religious background
2. About family and where the child lives
3. How the child, parents/carers and others get along
4. How the child is coping lately
5. How the parents/carers seem to be coping
6. How the child feels about their parents/carers
 - a. Time spent
 - b. Parental support for child
7. Child safety
 - a. Feeling safe around others – self parents/others/parent safety
 - b. Being safe around others and self adults/siblings/hurting others and self
8. Other stressors
- Protective factors:
9. Feeling supported
10. Experiences of support

DOOR 2:

Tailored enquiry: Practitioner follow-up of risk flags identified in DOOR 1

Alert flags

Tailored Aide Memoire

Response Plan: Including follow-up, referral, safety plans and consent to share information

DOOR 3:

Responding to Risk

1. Kids' DOORS framework in context
2. How to use Kids' DOORS
3. Practitioner forms for risk response



Kids' DOOR 1 – Child self-report form

- Start with Kids' DOOR 1: A self-report questionnaire covering the same ten domains of the adult DOORS, now adapted for children and young people (usually aged 6 to 16 years).
- Can be self-or practitioner- completed, in order to best fit the child's and the practitioner's comfort and capabilities.

The ten domains covered by this tool are:

1. Child's culture or religious background
2. Family and where the child lives
3. How the child gets along with parents/carers and others
4. How the child is doing lately
5. How parents and others are doing lately
6. How things are between the child and parents/carers
 - 6a. Time spent
 - 6b. Being helped with problems
7. How safe the child feels or is these days
 - 7a. Feeling safe – self/parents/others/parent safety
 - 7b. Being safe –feeling afraid/being harmed
8. Other stuff that feels tough for the child
9. When things are hard for the child
10. Helpful things and people for the child

Kids' DOOR 2 – Practitioner Aide Memoire

- Designed to assist practitioners to explore areas of risk raised by the child in Kids' DOOR 1, in order to accurately identify, assess and respond to a child's safety and wellbeing needs.
- Includes guidelines and specific prompts at each question to help scaffold the further exploration of risk and protective factors a child reports.
- Often used after the completion of Kids' DOOR 1, it can also be used during completion if the child or young person is wanting to explain as they go.

Kids' DOOR 3 – Resources for Responding to Risks

- Provides resources that can be useful for response planning and implementation.
- Designed to augment the Adult DOORS handbook ([Family Doors](#)), by including additional child-focused information. These resources are suggested for use in risk assessment and management responses, according to your program and organisational policies and procedures, and any relevant legislative requirements.
- Resources include child-focused literature summaries, specialist follow-up tools and links to other risk assessment frameworks.
- Adult and Kids' DOOR 3 can be used flexibly to educate practitioners and keep their knowledge up to date; it can act as a basis for child-focused risk assessment training and can help practitioners to tailor their risk management resources and keep referral networks current.
- These resources also remind practitioners that risk is a shared responsibility. This means that community-based practitioners or private practitioners should be reassured that they are not expected to investigate any emerging child protection concerns or make determinations in family law issues, but are required to explore and document risk and response plans in line with their role and organisational requirements.



Using Kids' DOOR 1: Risk screening tool

We advocate that wherever possible, universal screening is conducted as a normal and well-integrated part of all child and family wellbeing, mental health and post-separation services.

The context of screening

The application of risk screening will vary across organisations, reflecting clinical practice policy and procedures. Screening levels typically are:

- Universal screening: All school-aged children are involved in a form of risk appraisal
- Indicated screening: Children from family contexts likely to be at risk are involved in a form of risk appraisal. This might have been identified through parent risk screening.
- Targeted screening: Only those children known to be at risk are involved, to corroborate and/or extend on what is already known and to better understand the child's subjective experience.

Your service context will determine the assessment points in which you would use this screening tool. Most would complete the Kids' DOOR 1 questionnaire at an initial session, with Kids' DOOR 2 used in the same session to further explore identified risk. Alternatively, Kids' DOOR 1 may be used when clinically indicated, for example, if risk is disclosed during ongoing family counselling. This tool can also be used to monitor changes to child safety and wellbeing over time in order to inform treatment planning and risk management. For example, at the start of service then repeated at review points during engagement (e.g., every six sessions) and again at service closure. It can also be included as part of a follow up post-service evaluation.

What is screened?

The DOORS framework supports a culturally-sensitive screening of risks to the physical and psychological wellbeing and safety of children and young people (usually aged 6 to 16 years). Central to the endeavour is a focus on protecting children and youth from significant risks: these range from severe threats to psychological security, through to fatality.

Options for completing Kids' DOOR 1

- Kids' DOOR 1 should be used responsively to best suit each child, the program context and the practitioner's role.
- There are a range of ways that the tool can be administered.
 - Typically, the child and practitioner would complete the risk screening together, in person, with the practitioner filling out the form as they progress.
 - Sometimes, where clinically indicated and safe for the child, a parent or carer may be present.
 - Sometimes, where clinically indicated and safe for the child, the child may self complete part or all of DOOR 1. Self- or fully guided completion are both supported by the presence of the practitioner who is engaged with the child.

Methods for completion can include using pen-and-paper, or projective methods such as sorting cards, bear cards, puppets, hand gestures (thumbs up or down), and so on. This tool can also be used in a telehealth context, as long as the practitioner is confident that the child is safe and comfortable to speak freely. It helps to be familiar with different formats to use a multi-faceted approach tailored to a child or young person's capabilities, preferences and comfort throughout the session. For example, a child may move from self-reporting to using sorting cards which have the questions on one side and DOOR 2 prompts for further exploration on the other.

A summary of options, but not limited to these, are:

- Child or young person self-report with practitioner completion and Kids' DOOR 2 follow-up
- Projective methods with practitioner completion and Kids' DOOR 2 follow-up
- Mix of self-report or projective methods with practitioner completion and DOOR 2 follow-up

To reiterate, choosing whether to use self-reporting or a projective method should be guided by the capabilities and preferences of each child, practitioner confidence and competence, and the program or service context.

Setting the scene

Use of the Kids' DOORS assumes practitioners have clinical competence in talking with children about their wellbeing, and it is beyond the scope of this Handbook to describe the full range of skills required.

In all clinical contexts, children of any age may bring worries and hopes into a session so it's crucial to provide a pace and space that feels safe and comfortable for the child. Again, setting the scene should be attuned to the child's preferences, their developmental age and any other needs. Some fundamentals to consider include:

- Friendly and reassuring introduction and rapport establishment
- A welcoming, quiet and private room (with age-appropriate seating and table)
- Clear age- and stage-appropriate information (e.g., practicalities, process, rationale)

To support a child to feel comfortable and safe to complete Kids' DOORS, it's important to normalise the process of risk screening with children, and how they might experience this. In clear, plain language, explain the 'what, why and how' of using Kids' DOORS in a way that is tailored to each child's developmental age and unique needs. Ensure that they understand:

- That you will ask some questions, find out about their happiness and safety, and will then talk more about this to better understand things (and ideally, that you would also speak with parents about their happiness and safety too)
- Details about where and how long it may take, and who will/can be present
- That they can pause at any stage to ask a question, have a break or stop altogether
- That it's normal and okay for feelings like worry, sadness, anger or relief to come up when talking about these things
- What your role is, and how you will support them to feel and be safe
- Confidentiality and its limitations (see introduction in Kids' DOOR 1)
- That you may ask these questions again in the future to see if there are any changes (depending on your program's use of Kids' DOORS)
- Practicalities: toilets, drinks, after the session etc.

Kids' DOOR 1 suggests the following introduction:

"These are some questions that we talk about with every child and young person. They help you talk with me about your happiness and safety. Some things will be true for you, and some won't be. Everyone is different. I'd like you to answer what is true for you.

I will keep your answers private, except for two things: First, you might want to share things with Mum, Dad, or someone else because that would be helpful to everyone; and second, there might be things I need to share with other people in order to keep people safe. Normally I would talk to kids about that, and then do whatever is needed to help."

Completing the Kids' DOOR 1

The most important thing is to use the tool in a kind, conversational way, rather than it feeling like a 'tick a box' experience for the child. Therefore, it's essential to be familiar and comfortable with the questions in Kids' DOOR 1, and the Kids' DOOR 2 Aide Memoire guidelines and prompts. This will enhance your confidence and competence to use Kids' DOORS in an engaging and curious manner, which builds connection, attunement and responsiveness with the child, and facilitates their sharing of feelings and experiences with you.

One of the most significant ways to genuinely connect with one another is through validation. Always pause to validate a child's response before moving on to your next question. It shows that you're actively listening, provides a chance to check you've understood what they mean, and supports a respectful and comfortable pace and space for the child.

Utilise your existing clinical skills and competence to ensure the tool fits the child's preferences or approach, rather than the child needing to fit the tool. For example, some children may explain their responses as they go, so explore these while their thoughts are fresh in mind, instead of waiting until the end. Remember that Kids' DOOR 2 provides example prompts for exploration at any stage of the conversation.

Just as with adults, children have unique and different capacities for engagement, particularly when being invited to talk about experiences and feelings that may be tough, traumatic or scary. There may be cases in which the practitioner decides that shorter, multiple sessions are clinically indicated, for example to best fit a child's attention or engagement patterns.

It's important to check in with the child as you progress through the screen. You could ask them for a thumbs up or down, or to show you how many fingers out of five (five meaning 'going great', and one meaning 'finding it tough') as to how they're going or feeling.

As detailed in the Guidelines in Kids' DOOR 2:

Be alert to feelings reported that are incongruent or unexpected given the child's current context. Consider how openly, comfortably and coherently the child talks about their feelings or how restricted or withdrawn they seem. If extreme or irrational responses are evident, examine carefully links to safety and wellbeing domains.

If a child becomes upset, angry, or withdrawn it's important to gently notice and address this shift by using a trauma-informed approach:

- Validate and empathise (genuinely, or it will sound trite) with the child
- Don't be afraid to let there be some silence
- Allow them the space to express their feelings
- Try not to rush onto another subject
- Avoid trying to 'fix it', or making promises that you can't keep
- Have tissues and a glass of water on hand

Kids' DOORS is intended to be child-focussed and child-led, so you never want to place a child under stress in order to complete the screen. Follow the child's lead and just do what's possible.

Cultural safety with Aboriginal and CALD clients

As ever, it is important to observe culturally safe practices. Your service may have access to advisors who can support this. In the context of family violence risk screening, this includes a focus on factors likely to lower engagement if the practitioner is not Indigenous or from the same cultural background, historically grounded mistrust of authority and fear of negative outcomes from raising protective concerns. It is important with all children of all backgrounds to hold in mind culturally relevant means to enhance comfort and support safe disclosure.

Using Kids' DOOR 2: Aide Memoire

Kids' DOORS aims to support practitioners to confidently elaborate with children and young people on possible risks to family safety and wellbeing they identified in DOOR 1. Kids' DOOR 2 is an aide, not an additional tool to complete. It provides guidelines to support the assessment process, and specific prompts for each risk item to assist the practitioner to explore the child's sense of safety and wellbeing. The Aide Memoire reminds the practitioner to incorporate multiple factors in their assessment; for example, to consider non-verbal cues, indicators of trauma and so on.

Kids' DOORS 2 can be referred to at any stage of a conversation when a child indicates they are experiencing risk (often a 'Yes' response), and the practitioner is seeking prompts to guide further exploration. While Kids' DOOR 2 provides guidelines to support clinical judgement, as with all risk assessment, decisions and responses remain the practitioner's responsibility.

When Kids' DOOR 1 is complete, it may be a good time for a break and a chance to check in with the child about how they're feeling or going so far, before exploring their responses further.

Generally, it's most efficient to explore the 'Yes' responses first, as the child has already identified these to be true for them, and they require further understanding. Use your clinical judgement as to which responses to talk about first with a particular child (e.g., one that seemed to resonate, or a simpler one to start off).

TIP: Exploring their response to the question *"What's the best thing that's happened to you this year?"* at the end of the session can be helpful, to encourage integration and a return to a homeostatic point after discussing potentially difficult feelings. Take care of course not to be 'glib': the aim is to explore the child's optimism about their future, noting how this aligns with their other responses.



Finishing the session

Remember to check in with the child about how the experience was for them, including how they're feeling now and whether they have any questions, worries or thoughts they want to share before finishing. Kids' DOOR 2 suggests the following:

- It's important to give the child an opportunity to talk about how they feel about their conversation with you, and to vary or add to their responses.
- Explore whether there is any information they wish to share, with whom, how and when this will happen. Check to see if they have any safety concerns for themselves or anyone else if this is to happen.
- Remind the child that confidentiality will be maintained except where there are safety concerns for the child or anyone else, in which case you will endeavour to talk with them before any information sharing. For example, "I will keep your answers private, except for one important reason. That is, if I need to share something you have told me with other people in order to keep you or other people safe. I will always do whatever is needed to help. Normally I would talk with you about when and how I will do that. You can also share too if that feels safe and helpful to you. You might want to share things with Mum/Dad/ name because that would be helpful to you and them. I can help you think about that."
- When closing, thank the child or young person and acknowledge and validate their efforts in sharing their thoughts and feelings with you. For example: "Thank you for our talk today, and for sharing your thoughts and feelings with me. I know that it can be tough to talk about these things."

Ensure the child or young person understands what is likely to happen next, including any reporting, safety planning or referrals.



Each stage of screening needs to conclude with a decision about 'what next'. Once Kids' DOOR 1 is complete, review responses to identify possible risks reported and any themes for further exploration with the child or young person using the DOOR 2 Aide Memoire. Where responses indicate risk, Kids' DOOR 3 details risk assessment, parent feedback, and response planning.

It's crucial to clearly distinguish serious risk including immediate and recent or escalating physical danger, and notice compromised emotional safety. When a child or young person reports risk, practitioners should always be alert to, and explore any changes to, the frequency (how often), severity (how harmful) and how recent (when) the harm has occurred. In addition, comprehensive response planning requires an exploration of protective factors, including existing safety responses, family and other supports, and the age and developmental capacities of the child or young person.

At all stages, practitioners are encouraged to work to their level of competence and confidence, and to seek consultation with a supervisor or team leader when risk responses require follow-up.

Items on the Kids' DOORS indicating possible risk

Practitioners should be alert to noticing risk within domains and also accumulating risk across domains. While we encourage an approach to risk appraisal that takes in the full pattern of a child's responses, there are some responses that individually should draw the clinician's attention, and be carefully explored using DOOR 2 enquiry.

Usually described as "red flags", Kids' DOORS uses a "traffic light" metaphor behind its rubric of risk. Any "red light" response from a child requires a practitioner to stop and explore; only then can a practitioner proceed with documenting and addressing any safety need in response planning. When one or more of the items and responses below are reported, it's important that these risks are fully explored, clearly documented, and addressed in any response planning. This should be in consultation between the practitioner and their supervisor or team leader and aligned to program or service procedures and legislative requirements.

Additionally, a cluster of "amber lights" should encourage the practitioners to slow down and become curious and cautious about the child's experience. Doing this may reveal a gradual accumulation of risks or harms for a child's safety or wellbeing. A cluster of "ambers" may also indicate a child who is cautiously and gradually drawing attention to or becoming aware of their own vulnerable emotional state or safety.

Finally, a long series of "green lights" in Kids' DOORS may well mean that a child is entirely free from safety and wellbeing risks. However, practitioners must draw on their practice wisdom in these situations to decide if a child or young person is possibly concealing any risk. Alternatively, the child might not yet ready to speak openly about their experience or take a position about the reason for referral ie the why the child has been requested to meet with the practitioner. Furthermore, a practitioner can cross reference the child's story as told through Kids' DOORS with collateral information about the child's eco-system from others who know the child well (eg parents, siblings, carers and teachers). It may be that a parent has shielded the child from seeing or being affected by someone's risky behaviour or abuse.

Table 2. Key “red light” items indicating risk for immediate follow-up

Questions indicating possible risk	Red light responses requiring immediate follow-up
2.2 and 2.2a Do your parents live together or see each other?	No, No
2.3 Do you live with either or both of your parents?	No
2.6 How do you feel about your family, the way it is now?	A bit hopeless; Scared/afraid; Angry/mad
3.1 -3.3 How do your parents/others get along? When they argue....	I feel scared
4.1 How are you doing lately? Have you felt...	Very worried; Very sad; Very angry
5.1 – 5.3 How your parents/ carers and others are doing lately? Have they seemed...	Very worried; Very sad; Very angry
6.3 and 6.4 If I have a problem, I know parent/carer would help.	No
7.1 – 7.4 Have you always felt safe (as you wanted to be/with parents/ carers/everyone else)?	No
7.5 Were your parents (and their partners) always safe with each other?	No
7.6 and 7.7 Were you ever afraid of being with anyone/hurt by anyone in a way that wasn't an accident?	Yes
7.8 Have you ever hurt someone in a way that wasn't an accident	Yes
7.9 Have you thought about, or actually hurt yourself in a way that wasn't an accident?	Yes
7.9a If yes (to 7.9), do you feel that way lately?	Yes or No
10. The most helpful people	No supports identified

Evaluating Risk

First and foremost, practitioner response to identified risk to a child or others should comply with their organisational policies and procedures, which in turn should align with legislative requirements. Practitioners in various States, Territories and countries will be able to source their own equivalent or similar legislation and frameworks. For example, in the state of Victoria in Australia, prescribed organisations must align with the MARAM framework, including the legislated Family Violence and Child Information Sharing Schemes (FVISS and CISS)⁴. The Kids' DOORS strongly encourages attention to wellbeing risks for children and young people that may or may not be associated with recent family violence risks, and mapping protective factors for response planning.

⁴MARAM Information Sharing <https://www.vic.gov.au/information-sharing-schemes-and-the-maram-framework>

Levels of risk and response

Table 3. Low-level Isolated Risks⁵

Nature of Risk	Example reports	Immediate Response	Follow-up Actions
As identified by Kids' DOOR 1 and verified through Kids' DOOR 2		Congruent with level of concern held by practitioner	Congruent with level of concern held by practitioner
<p>A: LOW-LEVEL ISOLATED RISKS</p> <p>Recently low-level or 'cool' risks evident for child and/or their family.</p> <p>Low or moderate general wellbeing risks; isolated and clearly situational risks to safety which are adequately managed and not likely to become dangerous; child and their family are supported.</p> <p>No pattern of risk across all domains; and protective factors reduce ongoing risk.</p>	<p>Several "amber lights" but with significant "green light" protective factors.</p> <p>Being physically safe.</p> <p>Feeling safe mostly.</p> <p>Feeling worried or sad about self and family.</p> <p>Parents argue a bit with each other or new partners.</p> <p>Parents, their partners or other carers seem worried or sad.</p> <p>Knowing family members feel safe.</p> <p>Protective factors: Knowing parent/carer can help, having at least one person and soothing activity for support.</p>	<p>Comment on minor risks and consult child and their safe carer about additional supports or contacts they may find useful.</p> <p>Information brochures, referral contacts, education program or facilitated referral for relevant support may all be appropriate.</p> <p>Clear case documentation.</p> <p>Identified wellbeing risks do not amount to a need for immediate safety planning.</p>	<p>Interventions to assist wellbeing.</p> <p>Follow-up phone call with child's safe parent if a referral is made for child or other family members.</p>

⁵Adapted from the [Family DOORS Handbook](#), pp. 62-63 (McIntosh & Ralfs, 2012b).

Table 4. Moderate Pattern of Risk⁶

Nature of Risk	Example reports	Immediate Response	Follow-up Actions
<p>As identified by Kids' DOOR 1 and verified through Kids' DOOR 2</p> <p>B: MODERATE PATTERN OF RISK</p> <p>Recent moderate or 'warm' risks evident for child or their family.</p> <p>Includes a clear pattern of wellbeing and physical risks to child or their family, with possible escalating risk in frequency, severity currently.</p> <p>Usually involves concurrent risks, where adequate assistance is not already in place, and risks are likely to intensify without support.</p>	<p>A single or a few "red lights" with several "amber lights" with some "green light" protective factors.</p> <p>Feeling scared/afraid about family.</p> <p>Parents or their partners arguing a lot – more often and scarily.</p> <p>Parents seem increasingly very angry or sad.</p> <p>Multiple concurrent challenges such as moving schools, being bullied.</p> <p>No consistently safe care givers to rely on.</p> <p>Not feeling safe with family members, being intentionally hurt or hurting – recently, increasing in frequency.</p> <p>Few other supports.</p>	<p>Congruent with level of concern held by practitioner</p> <p>Discussion with child and safe family member.</p> <p>Decision to follow up or refer for additional assessment.</p> <p>Contract actions to reduce risk taken by both practitioner and child/safe family member.</p> <p>Provide information and relevant contact details for child/family to act on.</p> <p>Action plan to address wellbeing and possible physical risks, including safety planning.</p> <p>Consent for information sharing.</p> <p>Clear case documentation.</p>	<p>Congruent with level of concern held by practitioner</p> <p>Further assessment (see DOOR 3 resources) or referral for assessment.</p> <p>Interventions to assist wellbeing and to allay safety risks.</p> <p>Case management responses include consultation with or referral to other professionals (e.g., children's services, child/youth mental health, or family violence specialists).</p> <p>Information sharing or notifications.</p> <p>Follow up with safe family member post-referrals.</p>

⁶Adapted from the Family DOORS Handbook, pp. 62-63 (McIntosh & Ralfs, 2012b).

Table 5 Acute and Severe Recent Risks, Isolated or Patterned⁷

Nature of Risk	Example reports	Immediate Response	Follow-up Actions
<p>As identified by Kids' DOOR 1 and verified through Kids' DOOR 2</p> <p>C: ACUTE AND SEVERE RECENT RISKS, ISOLATED OR PATTERNED</p> <p>Recent acute or 'hot' risks evident for child and/or their family.</p> <p>Often involves a pattern of historical risks, recently increasing in intensity, severity and frequency.</p> <p>Risk management is not effective to ensure safety, and risks are recent. May include recent-onset acute mental health issues.</p> <p>Child or family members are at risk of immediate trauma and/or harm.</p> <p>Includes anything that requires a notification to the relevant authority.</p>	<p>Several highly significant "red lights" with no or few "green lights"; or many "red lights" going across multiple domains covering the child and other family members.</p> <p>Increasing fear/ worry and distress for self and family members.</p> <p>Feeling unsafe and incidents of harm between adults/ adult to child increasing in frequency and severity.</p> <p>Harm to others or self, increasing in frequency and severity.</p> <p>Deteriorating mental or physical health.</p> <p>Few protective factors, including social isolation, no trusted adult to seek help from.</p> <p>Social isolation and little community connection.</p>	<p>Congruent with level of concern held by practitioner</p> <p>Appropriate immediate discussion (determining any additional risks to the child, others or self in so doing).</p> <p>Action Plan to be developed by practitioner and child's safe family member.</p> <p>Safety planning, including cross-agency strategies for keeping victim survivors safe.</p> <p>Notification of relevant authorities may need to be immediate.</p> <p>Consent for information sharing (not required for notifications of crimes or imminent risks to child/adult safety).</p> <p>Provide information and identify agreed referral options for child and family members.</p> <p>Warm referrals.</p> <p>Clear case documentation.</p>	<p>Congruent with level of concern held by practitioner</p> <p>Ensure rapid, coordinated multidisciplinary responses, including family violence*, mental health and legal specialists.</p> <p>Sustained engagement with family members at risk.</p> <p>Follow up with child's family post-referral.</p>

*Other States, Territories or jurisdictions have family violence frameworks in place to guide local responses to safety concerns.

⁷Adapted from the Family DOORS Handbook, pp. 62-63 (McIntosh & Ralfs, 2012b).



Introduction

Responding soundly to risk is the crux and concern for many practitioners in this area. A comprehensive response to risk should include an assessment of a child's reports (and ideally parents) of risk and protective factors, evidence-based knowledge and research, information you can seek or share with other services, and your professional judgement⁸. While the use of Kids' DOORS is prescribed and response pathways are specified in some services, in other settings, practitioner responses to risk should be informed by their own service protocols⁹. These, in turn, should align with legislative requirements. For example, in Victoria prescribed organisations must align with the MARAM framework, including the legislated Family Violence and Child Information Sharing Schemes (FVISS and CISS)¹⁰.

Therefore, each agency must set out appropriate resources so its practitioners can respond to any risks identified. These resources should be aligned to your program and service policies and procedures, and relevant legislative requirements for safety planning and risk management. Where risks are identified, practitioners are recommended to consult with their team leader or program manager. For more detailed information about response planning, see DOOR 3 in the [Family DOORS handbook](#) pp. 61 onwards (McIntosh & Ralfs, 2012b).

Responding to the child about disclosures of risk

An effective risk assessment tool should and will elicit disclosures about safety and wellbeing. Children are likely to share their worries as well as their resources as you explore the DOORS domains with them. It can be helpful to remember that in most cases, practitioners bring a set of skills and expertise to this work that assist them to respond to risk empathically and helpfully.

Some things to consider when responding to identified risk are:

- Supporting the child in the moment (in the same way you would any client)
- Responding to any risks, including the sharing of information, according to your organisational policies and procedures and statutory requirements
- Providing tailored, appropriate referrals or other information to the child and their family
- Tracking and monitoring any changes to risk, including protective factors for the child and family
- Caring for yourself by seeking support from colleagues, team leaders or specialist advice
- Critically reflecting on and strengthening your practice through supervision and professional development

⁸For an exemplary model, see the Structured Professional Judgement Model, MARAM Foundation Knowledge Guide, p.30.
<https://www.vic.gov.au/maram-practice-guides-foundation-knowledge-guide>

⁹For further training and resources, seek family violence training through your service, and the [Children Beyond Dispute website](#).

¹⁰MARAM <https://www.vic.gov.au/maram-practice-guides-and-resources>

Risk factors specific to children and young people¹¹

It is also helpful to hold in mind the contexts of risk that intersect for many children. In addition to the emerging evidence of risk factors for adult victim survivors of family violence, there are factors specific for children and young people that should be considered.

Table 6. Risk factors specific to children and young people

History of professional involvement and/or statutory intervention	A history of involvement of Child Protection, youth justice, mental health professionals, or other relevant professionals may indicate the presence of family violence risk, including that family violence has escalated to the level where the child requires intervention or other service support.
Change in behaviour not explained by other causes	A change in the behaviour of a child that cannot be explained by other causes may indicate presence of family violence or an escalation of risk of harm from family violence for the child or other family members. Children may not always verbally communicate their concerns, but may change their behaviours to respond to and manage their own risk, which may include responses such as becoming hypervigilant, aggressive, withdrawn or overly compliant.
Child is a victim of other forms of harm	Children's exposure to family violence may occur within an environment of poly-victimisation. Child victims of family violence are also particularly vulnerable to further harm from opportunistic perpetrators outside the family, such as harassment, grooming and physical or sexual assault. Conversely, children who have experienced these other forms of harm are more susceptible to recurrent victimisation over their lifetimes, including family violence, and are more likely to suffer significant cumulative effects. Therefore, if a child is a victim of other forms of harm, this may indicate an elevated family violence risk.

When a child or young person is using violence

When a child or young person reports using harmful behaviours towards a family member, this should be understood with a whole-of-family lens, that often they are also victim survivors of family violence, and that they are still a child. Response planning should always consider¹²:

- Safety of the person being harmed, other children, and the child/young person using family violence
- A trauma informed approach that includes an understanding of intersectionality
- A developmental lens that accounts for their age, brain development, history and maturity
- Ways to ensure the child or young person takes responsibility for their use of harmful behaviours and engages in behaviour change
- Whole of family engagement and assessment to support inclusive response planning and recovery

Practitioners are advised to seek further training in this emerging evidence-based area if required.

¹¹Taken from the Victorian Multi- Agency Risk Assessment and Management Framework (MARAM) Foundation Knowledge Guide, p. 29. <https://www.vic.gov.au/maram-practice-guides-foundation-knowledge-guide>

¹²Adapted from the Centre for Excellence in Child and Family Welfare, Information Sheet 4: Adolescent Violence in the Home (AVITH) and the Child Information Sharing Scheme (CISS) and Family Violence Information Sharing Scheme (FVISS) <https://www.cfecfw.asn.au/wp-content/uploads/2020/08/The-Centre-MARAM-Information-Sheet-4.pdf>

Response Planning

Once Kids' DOOR 1 is completed and explored using the Kids' DOOR 2 Aide Memoire, any risks identified will prompt the practitioner to consider a necessary response plan, with options such as “no risk management action required”, through to “gain consent to share information” and “needs immediate safety plan”. A response plan may be obvious (e.g., no further follow-up required, or safety planning needed) or you may need to review the material and/or consult with a team leader, to consider appropriate next steps. Practitioners are encouraged to use or adapt the Practitioner Action Plan, attached in the Appendix.

For more information about response planning, see the [Family DOORS handbook and the Family DOORS 3](#) (McIntosh & Ralfs, 2012b).

Parent and caregiver feedback

Depending on age and competence, children are likely to need their attending caregiver's permission and support to participate safely in a risk screen. This could be the first time a parent or caregiver has experienced their child being invited to talk about their safety and wellbeing, and they may feel both eager and fearful to know more. If in a service context where adults have also completed the Family DOORS, this will be easier to explain, and can be welcomed by parents keen to understand their child's experiences. Consideration of the child's safety and wellbeing is paramount, and feedback should only be provided to a safe adult.

Confidentiality

A child's self-reported DOORS information is subject to the same principles of confidentiality that apply to other forms of self-reported client information and in accordance with the age of the child or young person, the service policies and legislative obligations. Subsequent follow-up screening and assessment are also subject to the same information sharing guidelines.

Contracting

Prior contracting with the parents must ensure that they are prepared for a range of possible feedback, where skilful feedback remains key. There is usually no need to disclose the specifics of what a child has said on particular items from the Kids' DOOR 1, rather these should inform your overall assessment and be part of broader feedback to a parent/caregiver. Feedback may highlight themes or areas to address, for example, that a child is feeling worried about how their parents are going after separating, and should focus on ways the parents can support their child through this. Practitioners must ensure that feedback will not amplify risks to a child's wellbeing and safety.

Information sharing

With a safe parent/caregiver: After the Kids' DOOR assessment, a safe parent or caregiver needs to be informed about any evident risks and their management. **A child or young person must clearly understand from the outset that any disclosure of risk will be addressed in a way that builds their safety, and will not expose them to further risks (See preliminary instructions in Kids' DOOR 1).**

With an unsafe parent/carer: It is critical that **no** information directly from or about the child is shared with a carer identified as unsafe for the child. That is the task of statutory services.

Legislative context: In Australia, there is a growing commitment to collaboration across service sectors and Government to ensure that information pertaining to safety and wellbeing is shared to enable integrated and coordinated risk management¹³. This is a cultural change that moves away from a privileging of confidentiality to prioritising people's safety and wellbeing.

To that end, most States and Territories have frameworks that include legislative requirements or guidelines to facilitate information sharing in certain contexts. In the first instance, refer to your organisational policies and procedures, as these should comply with relevant legislation and guidelines. You can also contact your State-based Privacy Commission for more information.

A key principle encouraged throughout DOORS is the use of collaborative practice to augment safety and wellbeing. Effective management of risk requires timely, proactive communication and coordination with the child, safe adult carers, and often between services involved with the family.

Information sharing is the foundation for cooperative action between practitioners within and across organisations. Organisations have a responsibility to train and support staff to assist them with client confidentiality in a responsible but flexible manner. In particular, practitioners should be mindful of legitimate opportunities to share information where this may enhance service delivery or protect people from harm. Practitioners should seek the support and guidance of their supervisor or team leader, and secondary consultation with specialist services as needed.

¹³The Family DOORS contains detailed information about privacy and information sharing

¹⁴Exemplary family Violence response training includes MARAM <https://www.vic.gov.au/maram-practice-guides-and-resources> and the Safe and Together Model <https://safeandtogetherinstitute.com/>

Feedback with a Safe Parent or Carer

When a child has indicated a lack of safety with a parent or carer, feedback will require planning and consultation with a supervisor or manager, aligned to practitioner levels of competence, service clinical protocols and any mandated reporting requirements. Far more often children express general discontent about conflict in the home with or between parents, and your appraisal of this would be part of an overall therapeutic conversation with the parents, sometimes in the context of a family session, depending on the circumstances and needs of each case.

Remember that some parents may be feeling worried about hearing feedback about their child, and this may impact on their capacity to hear or really take on board new information. It's helpful to tailor your messaging of any tricky feedback to match a parent's capacity to listen and understand, their language and style, and to frame it in a non-blaming, solution-focussed way.

When a child reports prior or current risk of family violence, feedback to the non-harming caregiver must consider that they are likely to also be a victim/survivor of family violence. It should clearly identify the perpetrator as responsible and accountable for any harm, and use a non-blaming, trauma-informed and strength-based approach to partner with the safe carer in response planning¹⁴.

When assessment with Kids' DOORS occurs in the context of family separation, consider the most effective and safe way to provide feedback to parents, either jointly or separately, and tailored to each parent's safety status in the child's eyes, role and capacity to take on board your assessment of the child's self-reporting. This requires skilled practice and planning. For full online training in this approach, see [ChildrenBeyondDispute.com](https://www.childrenbeyonddispute.com).

Safety and a sense of wellbeing is a shared responsibility and we encourage the development of skills and capacity to engage in safe and motivating conversations and shared planning about how your service can assist the child and family to achieve their goals.

Child-specific safety planning

Safety planning is one part of risk management to increase safety in the short term. Safety and wellbeing more broadly will be part of risk planning and management, according to the specific program/practitioner roles and service protocols.

Safety plans require partnering with the child or young person, and a safe adult to map options that ensure the immediate safety of any family members who may be at risk. Consider whether the child is currently supported by a safe adult in their life, and any formal supports. In the absence of supports, explore options with the safe parent and provide them with appropriate referrals. As with a general safety plan, both practitioner and parent would then agree on their individual responsibilities and follow-up actions for any child-specific safety concerns.

Most key areas that practitioners consider for general safety plans also apply to child-specific safety planning¹⁵. For examples of child and youth focused safety plans, see Appendix. Safety plans should always be reviewed and revised to adapt to changes in risk and protective factors. See the Family DOORS handbook (McIntosh & Ralfs, 2012b) for guided conversations that can be tailored for children, young people or their safe caregivers.

¹⁵See [Family DOORS handbook](#) and relevant State frameworks and legislation for more details



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APPENDIX 1:

Kids' DOOR 1: Child Self-Report Form

APPENDIX 2:

DOOR 1: Child Self-Report Form (with traffic lights)

APPENDIX 3:

Kids' DOOR 2 Practitioner Aide Memoire

APPENDIX 4:

Kids' DOOR 2: Practitioner Action Plan

Example Safety Plan: Child and Young Person (MARAM Intermediate)¹⁶

A safety plan is a personalised, practical plan that can help children/young people avoid being placed in dangerous circumstances and know the best way to react when they are in danger. Every safety plan will be unique and based on the needs of the child/young person.

As the professional, you should be guided by the child or young person on what is important and safe for them in their safety plan. This guide aims to assist professionals to discuss what planning and actions can be undertaken safely.

If someone is making you feel unsafe	
I know I am unsafe when... Where do I feel safe? What have I done to keep myself safe in the past?	
Who do I feel safe with?*	
Who do I talk to if I don't feel safe?	
If I am feeling unsafe in my house or the place where I am I can go to... [Check with the parent/carer who is not using violence if the place is safe and if the child is age/developmentally able to get there]	Where will I go? Address or name of place if I have to leave my house/the place where I am feeling unsafe: How do I get there? (can you walk there? do you know how to use public transport, taxi or ride service?)
Do I have siblings/others who will go with me?	
What do I take with me?	
Safe place at home	
A place in my home I feel safe is...	Room/place in my house if I need to hide
If you're seeing your dad/other parent for a visit, what do you do if you feel unsafe?	
Safe people*	
A safe adult family member	Name: Phone:
A safe adult or family friend	Name: Phone:
A safe adult or family friend	Name: Phone:

*Add lines as needed. Check if nominated safe people are aware they are key contacts.

¹⁶Victorian Multi- Agency Risk Assessment and Management Framework (MARAM) Responsibility Four: Intermediate Risk Management, Appendix 10. <https://www.vic.gov.au/maram-practice-guides-and-resources/responsibility-4>

Letting someone know when I am worried

If something happens that makes me worried or afraid, I can let a safe person know. When I am spending time with someone who makes me feel unsafe or afraid, or worried for someone else in my family, I know I can ask a safe person for help and I won't be in trouble.

Calling for Help

If you can safely get to a phone in your own house or your own mobile, the phone of a friend or safe adult known to you (teacher, carer, other adult), you can call for help.

Here's what to do when you call:

Dial: 000

They will say: 'POLICE, FIRE, AMBULANCE'

You answer: Police

Then say:

My name is _____

I am ___ years old.

I need help. Send the police. Someone is hurting my mum/sister/brother/[.....].

The address is _____

The phone number I am calling from is: _____

It may not be safe for you to stay on the phone. If it is not safe, tell the person that and then just put the phone down. DO NOT HANG UP. The 000 operator may be able to hear so you don't have to explain. Also, if you hang up, the police might call you back.

Safe on your phone or online (older children and young people)

Does anyone else have access to your phone or online accounts?	
Sometimes people can use your phone and accounts to try and track you.	
Do you have a passcode/password or know how to keep your phone and online accounts safe?	

How do I help myself feel safe or calm when I am upset

Remember:

You are not to blame if your dad/family member is angry or being violent.

- You will not be in trouble for calling police or asking for help.
- Don't use your body to protect your mother/family member as you may get seriously hurt.
- You are not responsible for your mum or family member's safety, but you might be able to get them help or assist to take your siblings to a safe place.
- If someone is hurting you or your mother/family member, it is against the law.
- If you don't feel safe, go to your safe place if you can.
- When you are out of danger, let your mother/a safe adult know if you are feeling upset, angry, sad or anxious about what happened so they can help you.

Example Safety Plan: Adult (MARAM Intermediate)¹⁷

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 when working with the person experiencing family violence to 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 them 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.

Under each checklist question with a 'yes', 'no', or 'N/A' response option, you can additional provide details about the response from your conversation.

Add space to each section to write in further details, as required.

Plan detail and questions to support planning	Checklist and detail
Safe place to go	
If you need to leave your home in a hurry, where could you go?	Address or name of place and how will you get there?
Emergency contacts	
Would you feel comfortable calling the police (000) in an emergency? If not, how can we support you to do so? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Call 000 in an emergency or Safe Steps on 1800 015 188 or local family violence organisation on _____ [insert]	
Who are your personal emergency contacts?	Name, relationship, contact details
System intervention	
Is the perpetrator incarcerated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (If yes, release date if known)
Is the perpetrator prevented from contact (including with any children)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
Is an intervention order in place (and children named)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
If an intervention order in place, is it being adhered to? (note if any breaches, list/describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)

¹⁷Taken from the Victorian Multi- Agency Risk Assessment and Management Framework (MARAM) Responsibility Four: Intermediate Risk Management, Appendix 9. <https://www.vic.gov.au/maram-practice-guides-and-resources/responsibility-4>

Support of someone close by	
Is there someone close by you can tell about the violence who can call the police?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
Could they assist if you want to leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
Could they come with assistance or call the police if they hear sounds of violence coming from your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
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)
What are their support needs?	(provide details)
Would they be coming with you if you needed to leave in an emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
If you have children in your care	
How many children do you have in your care? How old are they?	(provide details)
Are they able to be left alone for short periods? Do they have any particular needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
Do your children attend childcare or school?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
What sort of routine or structure is in place for your child/ren?	(provide details)
What do you already do on a day-to-day basis to keep your child/ren safe?	(provide details)
Are there any other people in your child's life that they trust and can talk to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Name of trusted person, contact details:
Planning for pets	
Would they be coming with you if you needed to leave in an emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
What would you need to arrange for pets?	(provide details)
Can someone else take care of them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
Can you contact RSPCA or local services for short term support?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)

Safe communication	
Do you have access to a phone or internet?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
Can you contact friends or someone trusted if you need to?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
Can you have a code word so the person knows how to respond if you contact them in an emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
Does anyone else have access to your phone or online accounts? (email, Facebook, other social media etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
Sometimes people can use your phone and accounts to try and track you. Do you know how to keep your phone and online accounts safe? Have you accessed/put in place any security features?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
Transport	
How will you get to a safe place? Do you have access to a vehicle or other public transport options?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
Can you park your vehicle in a position that is not restricted from leaving quickly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
Can you use someone's car? Can someone come to pick you up?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
<p>Can you plan and practice the quickest way to leave where you are?</p> <p>[if appropriate] Do you have appropriate car seats or restraints for children in your care in your car?</p> <p>Do you need to bring a pram? Can you get that into your car or on public transport?</p> <p>Can you transport older people in your care safely?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)

Items to take with you – escape bag	
Key items including phone, keys, money (cash and bank cards)	(provide details)
What documents, clothes, or other things should you take with you when you leave? What is essential?	(provide details)
Can you put items together in a safe place or leave them or copies with someone, just in case?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
Medication or other support aides for yourself or anyone in your care – prescriptions or a second set of items held in a safe place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
<p>[if applicable] Security/comfort toys for children or items that are highly significant to the child/ren.</p> <p>Do you need to bring:</p> <ul style="list-style-type: none"> • Breastfeeding/expressing equipment? • Bottle feeding formula and equipment? • Particular foods? • Can you put aside a water bottle and snacks for children? • School bags? • School, kinder, childcare contact details? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
Financial access	
Do you have access to money if you need to leave? Where is it kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
Can you get it in an emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
Do you have online banking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
Does anyone else have access to your money or bank accounts? (including online?)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
Do you have access to employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)

Current supports	
Do you have supportive people in your life who you trust to talk to about your situation? Can they help you in an emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
Are you connected to social networks (family, friends, community, informal social networks)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
What do you usually do day-to-day to manage your safety?	(provide details)
Are you engaged with any professional/therapeutic services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)
Access to antenatal services? (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (provide details)

Information sharing concerns or considerations

Is there information that:

- should be proactively shared to support safe engagement? (i.e. about identity, experience or needs)
- you would like your views and wishes to be recorded on how and when your information is shared?
- you would be concerned about sharing with specific organisations or professionals?
- the perpetrator should not be made aware that you have provided, or the source when sharing?

Type of information	Approach to sharing	Reason	Date of review

Referrals made

Type of organisation	Organisation Name	Contact person	Date of referral	Information sought/ shared with
Aboriginal specific service				
Alcohol and other drug service				
Centrelink				
Child FIRST				
Child Protection				
Counselling service				
Financial counselling service				
Housing service				
Legal service				
Mental health service				
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 (in Victoria)				
Visa/immigration service				
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.

Consent for information sharing 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)

Practitioner Signature Date

Practitioner Name (print)

Practitioner Workplace (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)

.....

