**Personal Safety Initiative (PSI)**

**Referral & Response Form**

**Personal Safety Initiative (PSI) Coordinator:** Bayside Peninsula

**Phone:** 0419 572 272

**Email:** [**PSIcoordinator@goodshep.org.au**](mailto:psicoordinator@goodshep.org.au)

Information required for PSI Coordinator to provide written recommendations for safety & security measures.

**Please attach the following documentation:**

Most recent MARAM Assessment

PSI Consent Form

**Date form completed**: Click or tap to enter a date.

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| **Eligibility** | **Yes** |
| Have experienced, or be experiencing, family violence, as defined in the Family Violence Protection Act 2008; **AND** |  |
| Have received a comprehensive risk and needs assessment, aligned with the MARAM Framework; **AND** |  |
| Be receiving case management support from a specialist family violence agency or related agency (such as a housing service or Child Protection) that identifies how a PSI response will address safety and security goals and sustainably assist in managing family violence related risk; **AND** |  |
| Must have case management support period remain open for a minimum period of 3 months if external monitoring exists (CCTV, personal safety duress, home alarm); **AND** |  |
| Agrees to the reassessment of the PSI response after a 3 month period (in the case of external monitoring CCTV, home alarms, personal safety duress); **AND** |  |
| Meet the eligibility criteria for a family violence flexible support package; **AND** |  |
| Have, or be in the process of applying for, a Family Violence Intervention Order (FVIO) with exclusion conditions (unless in exceptional circumstances); **AND** |  |
| Provide informed consent for a PSI response. |  |

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| **Referring Agency Information** | | | |
| **Organisation:** |  | | |
| **Case Manager's Name:** |  | **Program:** |  |
| **Case Manager's Phone:** |  | **Case Manager's Email:** |  |
| **Line Manager's Name:** |  | **Line Manager's Email:** |  |

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| **Victim Survivor (VS) Information** | | | | | | | | | | |
| **Name:** | |  | | | | | | | | |
| **Address:** | |  | | | | | | | | |
| **Phone:** | |  | | | | **Safe to leave message:**  Yes No | | | | |
| **Property type:**  (e.g., private rental, office of housing etc.) | |  | | | | | | | | |
| **Has the VS had a PSI Response before?** | | Yes No | | | **When & which PSI catchment:** | |  | | | |
| **DOB:** | |  | | | **Gender/Pronouns:** | |  | | | |
| **Country of Birth:** | |  | | | **Main Language spoken at home:** | |  | | | |
| **Aboriginal or Torres Strait Islander:** | | Yes No | | | **Is an interpreter required. What language:** | |  | | | |
| **Does the VS have a disability?** (e.g., intellectual, psychiatric, physical, or other) | | Yes No | | | **Please specify:** | |  | | | |
| **Risk Level** | | | | | | | | | | |
| **At Risk** | **Elevated Risk** | | **Serious Risk** | **Requires Immediate Protection** | | | | | **High Risk Panel** | |
| **Are there risks specific to children?** | | | | | | | | **Yes** | | **No** |
| Details: | | | | | | | | | | |
| **Does the perpetrator know the victim survivor's current address?** | | | | | | | | **Yes** | | **No** |
| Details: | | | | | | | | | | |
| **Is there a current IVO with exclusion of the perpetrator?** | | | | | | | | **Yes** | | **No** |
| Details: | | | | | | | | | | |
| **Intervention Order Breaches** | | | | | | | | **Yes** | | **No** |
| Details: | | | | | | | | | | |

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| **Are all breaches being reported to Police?** | **Yes** | **No** |
| Details: | | |
| **Provide a brief history of violence:** |  |  |
| Details: | | |
| **What was the most recent event? (e.g., was the incident at this property?)**  **(include dates & location)** | **Yes** | **No** |
| Details: | | |
| **What was the most serious event?**  **Tick if same as the most recent event** | | |
| Details: | | |
| **Is there a history of stalking and/or technology facilitated abuse?** | **Yes** | **No** |
| Details: | | |
| **Perpetrator behaviour at the home & in the community**  **(e.g., breaking in through doors, turning off power, stalking at work etc.)** | **Yes** | **No** |
| Details: | | |
| **Additional information relevant to Risk & Rationale for Security Measures** | | |
| Details: | | |
| **Any recent Updates to Security**  **e.g., New Locks** | **Yes** | **No** |
| Details: | | |
| **Has a Comprehensive Safety Plan been developed with the Victim Survivor (Safety and security measures should complement a broader comprehensive safety plan)** | **Yes** | **No** |

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| **PSI COORDINATOR TO COMPLETE** |
| **Security Recommendations & Considerations** |
| |  |  |  | | --- | --- | --- | | **PROFESSIONALS INVOLVED IN PSI CONSULTATION & RESPONSE** | | | | **Name** | **Position** | **Organisation** | |  | PSI Coordinator Bayside Peninsula | Good Shepherd Australia New Zealand | |  |  |  |  |  |  |  | | --- | --- | --- | | **INITIAL CONSULTATION & REFERRAL WITH CONSENT** | | | | **Date** | **Who** | **Discussion/ Action** | |  |  |  | |  |  |  | |  |  |  |  |  |  | | --- | --- | | **RECOMMENDATION - 1 - PSI Safety & Security Audit be completed** | | | **Who** | **Recommendation/ Action** | | PSI Coordinator | PSI Coordinator provides Audit Approval Form to Case Manager (CM) to submit to FSP | | Case Manager | Seek PSI Audit funding from FSP provider | | FSP Program | Provide outcome for funding of audit | | Case Manager | Request PSI Audit with the Auditor - Audit form sent (which was completed by PSI) | | Auditor | Audit Report Received by CM | | Case Manger | Send auditors tax invoice to FSP for payment |  |  |  |  | | --- | --- | --- | | **AUDIT REPORT CONSULTATION & ACTIONS** | | | | **Date** | **Who** | **Discussion/Actions** | |  | PSI Coordinator & Case Manager | Discussed:   * Audit Report and recommendations. * Quotes to be sought by Case Manager based on PSI Coordinator's recommendations. |  |  |  |  |  | | --- | --- | --- | --- | | **RECOMMENDATION - 2 - Rationale of PSI Recommendations for Quotes & Funding** | | | | | **Date** | **Who** | **Discussion/ Rationale for PSI Recommendations** | | |  | PSI Coordinator | The auditor provided information about the perpetrator's behaviour including that the perpetrator has a history of FV as per the above referral and the risk assessment provided to the PSI Coordinator as part of the PSI referral. | | | **The safety and security audit were conducted, and the following recommendations were made by the auditor and via consultation of the Audit Report between the PSI Coordinator & Case Manager. The following safety and security measures are recommended for funding for this PSI response:** | | | | | **PSI Safety & Security Recommendations** | | | **Supplier** | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  | |  | | |  |  |  |  | | --- | --- | | **FURTHER PSI RESPONSE ACTIONS** | | | **Who** | **Discussion/Actions** | | PSI Coordinator | Provide a list of PSI Compliant Security Suppliers to CM | | Case Manager & Victim Survivor | Consult with VS about audit report, PSI Recommendations & confirm no known conflicts of interest with Security Suppliers | | Case Manager | Seek quotes from Security Suppliers - using template below | | Case Manager | Seek landlord approval | | Case Manager | Submit FSP application with PSI Coordinator's recommendations and quotes to FSP. | | Case Manager | Once FSP approval & Landlord approval are obtained, CM & VS to coordinate the implementation of the FSP approved security measures with the Security Suppliers | | Case Manager | CM to send all tax invoices for completed works to FSP for payment. | |

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| **PSI TEMPLATES** |
| **QUOTE REQUEST TEMPLATE - To be completed by Case Managers - 1 email per supplier** |
| **Email Subject Line** - (Security Supplier Name) - PSI - Request for Quote - (VS Initials)  Hi,  Could you please provide a quote (please make out to [NAME OF FSP PROVIDER]) for client:   |  |  | | --- | --- | | **VICTIM SURVIVOR'S DETAILS** | | | **NAME** |  | | **ADDRESS** |  | | **MOBILE** |  |  |  |  | | --- | --- | | **PSI Quote Request** | | |  |  | |  |  | |  |  | | **Photos** | |   Please do not hesitate to contact me for more information regarding this quote. |
| **LANDLORD LETTER TEMPLATE - To be completed by Case Manager**  **Copy onto CM's organisations letterhead and complete.**  **Confirm content with the victim/survivor and provide a copy.**  **Send to landlord/real-estate agent/ community housing provider seeking approval for works.** |
| <Date>   <Title> <First Name> <Last Name>  <Position Title>  <Organisation> <Address> <City> <State> <Post Code>  To whom it may concern,  Your (tenant's name) has recently had a Property Safety & Security Audit Assessment conducted on your property at (address of property) by a Registered & Compliant Property Safety & Security Auditor from the Security Company (Security Company Name) due to concerns regarding (tenant) and her family's risk and safety.  The Property Safety & Security Audit Assessment conducted by (Security Company Name) provides Risk Management / Mitigation of Risk, recommendations to protect people at risk of Family Violence to remain safely in their home.  As a result of the Property Safety & Security Audit the following security measures have been recommended:   |  |  | | --- | --- | | Upgrade Recommended | Details of recommendation to be installed | |  |  | |  |  | |  |  | |  |  | |  |  |   All the above Safety & Security upgrades and installation costs will be paid through funding available to our service and will be carried out by qualified tradespeople with no cost to the Landlord. Any new keys for installation of new locks or installation of any security door(s) will be provided to the Landlord/Real Estate Agent by your tenant.  If the tenant moves from your property and still requires the CCTV equipment, the cameras will be removed from the property and the property will be restored to its original condition by the tenant. Or, if the tenant moves from the property and no longer requires the CCTV equipment and if the landlord consents for the cameras to remain at the property, the tenant will not incur the cost to repair the property back to its original state under s.64 (3)(b) of the Residential Tenancy Act 1997.  Any security door(s) and/or sensor lights will remain the property of the Landlord.  In order to install the Safety & Security upgrades we require authority from the Landlord. As this is a situation regarding risk we would appreciate your support with a quick response.  We appreciate your understanding and confidentiality regarding the tenant’s situation and thank you for being part of a response that keeps victim/survivors safe.  If you have any queries regarding the above, please contact me on <phone number of case manager>.  Kind regards,  <Name of case manager>  Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authority provided to supply and fit the above Safety & Security Measures: Yes No  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Landlord    or    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Real Estate Agent on behalf of Landlord |