# Safety Programme Assessment Outcome - FVPP08

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| Safety programmes provided under the Family Violence Act 2018 |
| Please use this form on completion of a safety programme assessment. This is to request safety programme sessions, notify us if a different agency is required or notify us that sessions are not requested.Note that you can assess a sibling group together using a whānau assessment. You can record an individual assessment for the child, as well as the whānau assessment. Please note that there is a maximum of 3 programme support hours for each referred client. These can be used at any time before, during or after the assessment and programme. **If the referral is not progressed, you may complete one form for multiple children (when doing this you must name all children where indicated). Where any part of the assessment has been completed each client will need their own form.** |

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| Client name: |       |
|  |  |
| Court Reference No.: |       |  |  |
|  |  |  |  |  |  |
| Client contact details: |       |
|  |  |
| Date of Court Reference: |       | [ ]  | Adult Safety Programme |
|  |  | [ ]  | Child Safety Programme |
| Date of final assessment session or contact: |       |  |  |
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## Select the appropriate assessment outcome and identify if further programme sessions are required

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| Referral not progressed: |

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| [ ]  | The client was unable to be contacted, |
|  | [ ]  | This includes all referred children |
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| Short assessment – client declined services: |  |

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| [ ]  | The client declined services for |
|  | [ ]  | Themselves, ***and/or*** |
|  | [ ]  | The following children: |
|  |  |       |

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| Assessment Outcome: |  |

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| [ ]  | I carried out the below assessment with this client: |
|  | [ ]  Short Assessment | [ ]  Medium Assessment | [ ]  Long Assessment |
|  | **and** |
|  | [ ]  | I provided initial information about the programme and completed a brief safety assessment, **or** |
|  | [ ]  | I assessed the safety risks and needs of the client and worked on safety planning with them, **or** |
|  | [ ]  | The client booked further assessment sessions but did not attend. I have been unable to re-engage. |

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| **CSP Whānau Assessment Outcome:** |  |

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| [ ]  | As part of the child safety programme, this child was included in the below whānau assessment: |
|  | [ ]   | Short Whānau Assessment | [ ]   | Medium Whānau Assessment | [ ]   | Long Whānau Assessment |
|  | **and** |
|  | [ ]  | I provided initial information about the programme and completed a brief safety assessment, **or** |
|  | [ ]  | I assessed the safety risks and needs of the whānau and worked on safety planning with them, **or** |
|  | [ ]  | The whānau booked further assessment sessions but did not attend. I have been unable to re-engage. |

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| New Safety Programme Referral Required (to an approved provider) |
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| [ ]  | I recommend this client be referred to a different service provider for the following reasons:. |
|  |        |

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| Safety programme sessions not requested |
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| [ ]  | Safety programme sessions are not requested for this client and we are **closing the agency file**. |
|   OR complete the next section if you have agreed on safety programme sessions. |
| warning.png Please note, each client will need their own form when requesting sessions. |

## Safety programme sessions

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| [ ]  | I confirm the client is undertaking a safety programme under the Family Violence Act |
| As a result of the assessment, the following safety programme sessions will be provided to continue the safety programme. |
| [ ]  | Predominately group programme (max of 30 hours for group sessions) |
|  | Number of group sessions:      |
|  | Number of support hours:      (max of 3 hours total *including any already completed*) |
|  | Total number of sessions planned (group plus support):      |
|  | Total number of hours planned (group plus support):      (max of 33 hours) |
|  | The programme is expected to finish by:       (date) |
|  | OR |
| [ ]  | Predominately individual programme |
|  | Number of individual sessions:       (max of 10 one-hour sessions) |
|  | Number of support hours:      (max of 3 hours total *including any already completed*) |
|  | Total number of sessions planned (individual plus support):      |
|  | Total number of hours planned (individual plus support):      (max of 13 hours in total) |
|  | The programme is expected to finish by:       (date) |

## Service provider and facilitator details

The information in this form has been completed by the approved facilitator named below

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| Organisation name: |       |
|  |  |
| Facilitator name: |       |
|  |  |  |  |  |  |
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| Date: |       |  |
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\* Where there is an additional need or risk identified during the programme that you believe requires a slight extension or change of framework you may do so without seeking approval from the court. Any such change must fit within the guidelines in the Code of Practice (as below) and is to be documented in the FVPP09 completion report.

 **Extensions** – A maximum of 5 additional programme sessions only

 **Changes** to an existing programme can be made within the first few sessions without a new

 programme request. Eg – client begins in group, but it is clear they need an individual programme

*If the required change is outside of these criteria, please complete an FVPP09 and submit along with an FV3a for a new programme.*