



The Respect Accreditation Standard

Full version:
includes guidance

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The following organisations support the Respect Standard

Association of Directors of Children's Services
Children and Families Court Advice and Support Service
Child and Woman Abuse Studies Unit
Coordinated Action Against Domestic Abuse
The Fatherhood Institute
Greater London Domestic Violence Project
The Home Office
Lankelly Chase Foundation
Ministry of Justice
Refuge
Relate
Scottish Women's Aid
The Stella Project
Women's Aid



Foreword

Over the last few years the Government, along with partners in the statutory and voluntary sectors, has made significant strides in offering greater protection for victims of domestic violence and bringing perpetrators to justice. As part of our national programme of work it has been essential to develop services and interventions which call perpetrators of domestic violence to account as well as create opportunities for behaviour change.

We have already established quality assured programmes for domestic violence perpetrators in the criminal justice system, but we recognise that there is a need to develop a wider range of services. We also have to engage with perpetrators as early as possible in their offending and the work of RESPECT has been trailblazing in establishing a network of third sector agencies who are engaging in such essential work.

The development of these core service standards is a significant step forward in establishing greater credibility for the third sector's work, and will instil confidence in commissioners and referring agents that programmes which comply with the standards are effective and represent value for money.

I commend RESPECT for developing these standards and look forward to seeing the work progress.

Vernon Coaker MP

Home Office Parliamentary Under-Secretary of State
for Crime Reduction

March 2008

GUIDANCE FOR SERVICE PROVIDERS SEEKING RESPECT ACCREDITATION

Introduction

The Respect Accreditation Standard applies to all organisations providing Domestic Violence Prevention Programmes (DVPPs) working with male perpetrators of domestic violence and Integrated Support Services (ISSs) for partners and ex-partners of these perpetrators. This document ('the Standard') sets out all the requirements for the management and operation of these services. It sets out the evidence that will be sought to demonstrate that an organisation meets these requirements. It also provides guidance on how the requirements can be met.

Accreditation has been developed so that members of the public, funders, commissioning agencies and other professionals can be assured of a high quality, safety-focused service from organisations accredited by Respect. The requirements have been developed from the lessons learnt from available research and practice. Practitioners, policy makers and researchers have been involved in developing and testing these requirements. The Standard and assessment methods will be reviewed every three years to ensure that they are updated as knowledge and experience expand.

Organisations must meet all the requirements of the Standard in order to become accredited.

Support for accreditation

Respect aims to provide the highest quality support and information to members and enable them to meet the requirements of the Standard. There are various aspects to this support. These include the Respect resource manual, containing sample policies, procedures and other documents. Respect will also provide training, information and support for organisations seeking to provide services in line with the service standard.

Services eligible for accreditation

The minimum unit considered for accreditation is usually a combination of a Domestic Violence Prevention Programme (DVPP), working with perpetrators of domestic violence and an Integrated Support Service (ISS), working with their partners and ex-partners. This may include services operating entirely in the voluntary, statutory or private sectors, or those operating as a joint project or other arrangement between sectors.

Organisations running a DVPP without an ISS cannot be considered for accreditation as they are unsafe and will automatically fail. An ISS is a key essential feature of a Respect accredited Domestic Violence Prevention Service, for many reasons. An ISS helps to ensure that women's expectations of the DVPP are based on reality and that they and others do not rely solely on the service to bring about an immediate cessation of violence and abuse. It helps to ensure that women's safety can be monitored and kept as the highest priority. It also helps to ensure that the staff working with the men have an understanding of the women's experiences. It is therefore now widely accepted that working with perpetrators of domestic violence can only be undertaken safely if there is an ISS that contacts partners and ex-partners.

Accreditation of ISS linked to the probation service

Organisations running the ISS element of a service where the DVPP is one of the services accredited by the Correctional Services Accreditation Panel and run by the probation service may also apply to become accredited by Respect. It is possible, for example, for the ISS element of an accredited probation-based programme to apply for accreditation under the Respect Standard, for that element of the service alone. In these cases, the organisation would be assessed only against the relevant elements of the Standard.

Terminology

Throughout this document, 'the organisation' will be taken to mean the management and operation of both the DVPP and the ISS. Where these are supplied by two different organisations, the term includes all the relevant parts of the management and service delivery of both organisations, but not necessarily the whole of both organisations. If the service is situated within a larger organisation, the accreditation is only of the elements which come under the terms of this Standard.

Other terms are defined in the glossary in this document on page 6.

Services working with other client groups

The majority of domestic violence involves a male perpetrator and a female survivor and the body of knowledge used to develop this Standard applies to this client group only. As practice, research and policy develop there will be more evidence on which to extend the current scope of this

Standard to fit the specific needs of working with other client groups. These include programmes working with: female perpetrators who have abused men, female perpetrators who have abused women, male perpetrators who have abused men, young perpetrators of either gender.

Required elements of the model of work of a Respect accredited organisation

The Respect Standard requires that all organisations wishing to be accredited have a written model of work which includes the content and structure of the work with clients, the theory underlying this and the methods of delivery.

The model of work must reflect the aims and principles specified in this section of this document and in Standard B2.1. There are many ways in which an organisation can operate under these aims and principles. This system of assessment and accreditation is not intended to prescribe one specific model of provision. The intention is to provide a strong framework in which many different approaches and models can be used safely and effectively.

The primary aims of a Respect accredited service

In order to qualify for consideration for accreditation, the organisation or specific part of the organisation needs to have a model of work including aims for the DVPP and ISS which are the same as or similar to those outlined below:

1. Safety

- To increase the safety of women, children and others at risk of experiencing domestic violence
- To provide information and support to women in order to empower them and to develop their ability to increase their own and their children's safety

2. Assess and manage risk

- To assess risk in relation to domestic violence and communicate this effectively with other professionals
- To contribute to the management of domestic violence risks within a multi-agency response

3. Co-ordinated community response

- To contribute to the development of co-ordinated community responses to domestic violence

4. Diversity and equal access to services

- To provide services that respect the diversity of the community in which they work, to apply anti-discriminatory practice to all aspects of their work and to ensure that clients are supported to access its services on an equitable basis

5. Promote respectful relationships

- To provide interventions which challenge, support and encourage perpetrators of domestic violence to engage in respectful relationships
- To promote the principle that everyone has the right to be treated with respect and dignity

6. Accountability

- To work with other professionals to ensure that men who use domestic violence are treated as responsible and accountable for their behaviour and for changing it
- To provide services which are of quality and transparent
- To involve survivors of domestic violence in the development and review of the services

7. Social change

- To promote the wider social changes that would support a community-wide intolerance of violence against women
- To work in a way which recognises the nature, prevalence, incidence, dynamics and effects of domestic violence

GLOSSARY OF TERMS USED IN THE STANDARD

Term	Definition
Accreditation	The decision that an organisation has satisfied all the requirements of this Standard.
Accreditation assessment	The various activities carried out to assess how far the organisation is meeting the requirements of the Standard. This will include: interviews with staff; watching recordings of group work with men; examining case files and other activities as required.
Accreditation panel	The independent panel appointed to scrutinise the assessment procedure and come to an independent decision about whether or not an organisation has satisfied the requirements of the Standard and can therefore be accredited.
Assessment	See separate listings for programme suitability assessment; risk assessment; accreditation assessment.
Case management	Case management is part of the risk management process as well as a mechanism for ensuring effective service delivery. It is expected that staff will communicate with each other on a day to day basis, in a way that is responsive to changes in risk regarding clients. While the term case management encompasses this, it is used in the Standard specifically to refer to a routine, systematic and comprehensive process that reviews risk and progress of work with all clients. As part of the case management process, decisions will be made and recorded about how best to respond to individual needs or behaviour.
Child contact and residence proceedings	Also known as Children Act private proceedings Section 8. These are civil court proceedings (see below) to settle disputes between parents or carers or others about where a child should live and with whom (residence) and whom they should have contact with and how (contact).
Civil proceedings	Court proceedings which take place in the civil, rather than criminal courts and are therefore between individuals (or in some situations, between individuals

and organisations), rather than between an individual and the Crown Prosecution Service. In responding to domestic violence, these cases are therefore usually between the victim of violence and the perpetrator. Relevant civil proceedings include applications for occupancy (or ouster), non-molestation (or protection) and harassment (or stalking) injunctions/orders. Other relevant civil proceedings include child contact and residence (see above). The person applying for the order is known as the applicant and the person responding is known as the respondent.

Clinical supervision

Clinical supervision is a term commonly used within counselling and psychology practices. In social care the terms consultancy or external supervision or non line management supervision are also used. These terms refer to the supervision and professional guidance provided by someone who is often external to the organisation with specific relevant skills and knowledge, for staff who work with clients, to give them opportunities to consider how they work with their clients, how their personal responses to clients may affect the work and to improve how they use the relationships they have with clients as tools for change.

Conjoint work

Any work where both adult intimate partners or ex-partners are present in the same room, such as family therapy, couples counselling, mediation.

Co-ordinated community response

A response to, for example, domestic violence in which all relevant agencies, individuals and ideally the community as a whole are involved. In domestic violence work, this has been demonstrated to be the most effective way of protecting victims and children and holding perpetrators to account. This usually involves the police, courts, specialist domestic violence agencies, child protection authorities, housing and others as relevant.

Couples work

Any work with both adult intimate partners at the same time and usually in the same room, but without additional family members. This includes couples counselling and mediation.

Criminal justice proceedings	<hr/> <p>Court proceedings which take place in criminal courts and under criminal law, rather than civil law (see above), taken out by the Crown Prosecution Service (CPS) against an individual alleged to have committed a criminal offence.</p> <hr/>
Cross cultural working	<hr/> <p>Working with clients from different cultures in ways which are respectful of differences of culture. In domestic violence work this presents particular challenges such as being able to recognise the use of culture as a justification for abuse and views on women in general and respond to such justifications clearly and in ways that help to support change. This is likely to include helping people to revise their understanding of what their culture means to them and changing some of the ways they describe and live out their culture.</p> <hr/>
DVPP	<hr/> <p>Domestic Violence Prevention Programme. In this Standard, this is taken to mean all the work with men who use violence against their partner, in order to help to hold them to account and to prevent them from continuing to abuse. See B2.2 for the range of activities included.</p> <hr/>
DVPS	<hr/> <p>Domestic Violence Prevention Service. The DVPP working with men and the ISS working with women together form the Domestic Violence Prevention Service. This is sometimes referred to in this document as 'the organisation'.</p> <hr/>
Extent	<hr/> <p>The amount of, for example, domestic violence in the population or a given section of the population.</p> <hr/>
Governing body/Board	<hr/> <p>The entity responsible for the overall management and direction of the organisation seeking accreditation. In most organisations running a DVPS this will be a voluntary management committee. Where the service is commissioned by a particular agency, this may be the commissioning body, or it may be a management sub-group of a larger inter-agency partnership. This arrangement will vary and will always include a coherent management structure, clear lines of accountability and a governing body responsible for these.</p> <hr/>
Incidence	<hr/> <p>The number of individual incidents of something happening, in this case, individual incidents of domestic violence.</p> <hr/>

ISS	Integrated Support Service. This is the service for the partners and ex-partners of programme participants. The range of work of the ISS of an accredited organisation is described throughout this document and particularly in B2.1
Line management	Line management or supervision is the mechanism to monitor the effectiveness and welfare of individual staff. Managers and staff frequently discuss their work and deal with problems or questions as they arise. However, line management also includes time set aside specifically to focus on the development and performance of a member of staff, with a written record of what is discussed and agreed.
MAPPA	Multi Agency Public Protection Arrangement, convened by the Multi Agency Public Protection Panel (MAPPP), a locally based multi agency group with statutory responsibilities to protect the public from named individuals assessed as being at high risk of committing violent and sexual offences.
MARAC	Multi Agency Risk Assessment Conference. This is a locally initiated multi agency group who convene regularly to monitor risk of domestic violence involving specific named individuals and to agree and monitor action to reduce that risk. Usually this will include police, probation, DVPS, child protection agencies, women's organisations and others as relevant.
Model of work	The aims, underlying philosophy, content and methods for delivering the service. This will include descriptions of all activities including programme work and case management. It will also include a description of the theoretical and philosophical basis for the work.
Perpetrator	The term commonly used and the one used in this Standard to describe someone who is abusing or has recently abused their partner or ex-partner and/or children. Another commonly used term is abuser. As this Standard is applicable to organisations working only with male perpetrators of domestic violence the term 'man' may sometimes also be used, particularly where the person's abusive behaviour is not the most relevant characteristic.

Practice-Treatment management	The process through which the delivery of the organisation's model of work is monitored. This should cover the ISS, DVPP and assessment processes. Commonly, one senior practitioner has responsibility for this.
Pre-programme work	Work carried out with an individual who is waiting to join a group work programme and is part of the preparation for the main programme. This pre-programme work can be in group or individual sessions. It will often include familiarising the man with programme material, helping to sustain motivation for change and continuing to monitor risk.
Prevalence	The number of people experiencing a particular condition or situation, in this case, domestic violence.
Proactive contact	Taking the initiative and making repeated efforts to make contact with someone (in this case, women referred to the ISS) and not waiting for them to make contact themselves. See B2.1 for further details.
Programme completer Programme starter	Individual who completes the entire DVPP group work programme (or in some cases, individual programme). Individual starting a DVPP group work programme (or in some cases, individual programme). Organisations monitoring how many men start and complete programmes will count programme starts as men attending their first session, which may not necessarily be the first module of the programme, if this is a rolling programme.
Programme suitability assessment	The process of assessing an individual's suitability for a particular programme. This is likely to include looking at levels of abuse used and risk presented, motivation to change, recognition of the abuse as a problem and capacity to take an active part in group work.
Referral	Person being put into contact with an organisation to receive their services and the process of doing this.
Risk	For the purposes of this Standard, risk is taken to mean risk of domestic violence occurring either by a particular individual or to another particular individual or both.
Risk assessment	The processes of assessing levels of risk from a particular individual to specific other individuals, or vice versa. This will usually include gathering relevant information about an individual's circumstances, behaviour and

demographic data and reviewing this regularly, identifying when risk factors change.

Risk management	The process of monitoring and reviewing risk, identifying and carrying out or initiating suitable responses to reduce risk, monitoring and reviewing these.
Routine screening	Asking the same or similar questions about a specific condition, behaviour or situation, such as being a survivor of domestic violence, or being involved in social services investigations.
Self defence	This has a legal meaning and does not mean all acts of retaliatory violence. Acts of self defence must be in order to protect life and limb of the self or of another vulnerable person and must be in proportion to the danger presented by the other person.
Sessional staff	Staff who work for a short, fixed time, usually on a regular basis, rather than as full or part time employees. In this work facilitators of group work with men will often be sessional staff working with permanent staff.
Staff	Anyone who undertakes tasks on behalf of the organisation (paid or voluntary)
Survivor	This is a commonly used term to describe someone who is experiencing or has experienced domestic violence. Survivor is usually used to emphasise strength and resilience over victim status in someone who has been abused. Another commonly used term is victim. Although these terms are sometimes taken to mean the same thing, they have slightly different meanings and sometimes one is more accurate than the other and both are used in this Standard. See below for a definition of the term 'victim'. Some individuals and organisations have a preference for one or other term. As this Standard currently applies only to organisations working with male perpetrators (see above for a definition of this term) of female partners or ex-partners, the term 'woman' may also be used, though this will not apply to future standards for work with other categories of perpetrators and their partners/ex-partners. Wherever there is no need for a specific one of these terms to be used, the terms 'survivor' or 'woman' will be used.

Victim

The legal term for someone who is the object of a crime or series of criminal acts. It is therefore also a commonly used term to describe someone who has experienced or is experiencing domestic violence. Criminal justice agencies in particular often use this term rather than the other commonly used term 'survivor' (see above) as they are making a legal response. Agencies may also use this term to describe someone who is currently experiencing domestic violence as the person may not yet see themselves as having survived or the agency may need to be clear that they are currently the victim of a crime. The term victim is also the term used for someone who has been killed by their partner or has committed suicide as a result of the effects of the abuse. As this Standard currently applies only to organisations working with male perpetrators (see above for a definition of this term) of female partners or ex-partners, the term 'woman' may also be used, though this will not apply to future standards for work with other categories of perpetrators and their partners/ex-partners. Wherever there is no need for a specific one of these terms to be used, the terms 'survivor' or 'woman' will be used.

Violent resistance

The use of violence in resistance to domestic violence and abuse, which may be after many years or incidents of abuse, out of a feeling that there is no other option or in reaction to feelings that there is nothing that will ever stop the person using abuse.

STRUCTURE OF THE STANDARD

The Standard consists of the following sections:

- **Section A - Management of the organisation**
 - A1. Policies and procedures
 - A2. Resources
 - A3. Management and accountability
 - A4. Recruitment and training
 - A5. Staff support and supervision
 - A6. Outcomes and outputs
- **Section B - Service structure and process**
 - B1. Service specification
 - B2. Service principles
 - B3. Joint working DVPP and ISS
 - B4. Eligibility and suitability criteria
 - B5. Domestic violence that is not men's violence to female partner/ex
 - B6. Couples work
 - B7. Working with clients involved with social services
 - B8. Working with clients involved in child contact disputes
 - B9. Working with clients involved with the Criminal Justice System
- **Section C - Diversity**
- **Section D - Risk management**
- **Section E - Children**
- **Section F - Partnership working**

Each section is divided up as follows:

- An overall heading which describes what the section is about (A to F).
- A number of service standards (such as 'A1') that contain the basic requirements of each section. These each provide an overview of what an organisation must achieve.
- A statement of the purpose of that service standard.
- The evidence that will be sought by assessors to show that an organisation is meeting that service standard. **This evidence must be demonstrated to achieve accreditation.**
- Guidance that contains advice about how to meet the service standard.

A Management of the organisation

The management framework, procedures and activities are sufficient to ensure the quality of the service provided, the development of staff and the role of the organisation in the wider community response to domestic violence.

A1 Service Standard

The organisation has in place the necessary policies and procedures to provide a secure and clear framework within which effective management, employment and service provision can take place.

Purpose

To ensure that the organisation operates in a way that is consistent with its core objectives and values.

Evidence

A1.1 The organisation has the written policies and procedures listed below; they are clear, workable, reviewed regularly and fully implemented. Policies and procedures cover operational, administrative and financial matters. The policies and procedures included below are those that have specific relevance for DVPSs but this list should therefore not be taken as a comprehensive list of all the policies and procedures needed for the whole organisation.

- A. Health and Safety policy (covering safety for staff and clients); lone working and home visits policy; a procedure for staff in responding to abuse from clients
- B. Equal opportunities & diversity strategy; equal opportunities, diversity and anti-discrimination policies for service delivery and employment
- C. Confidentiality, data protection and information sharing policies; procedure and guidelines on information sharing internally and externally
- D. Child protection policy and procedure
- E. Risk management policy and procedure
- F. Complaints policy and procedure
- G. Couples work policy
- H. Policy covering responding to domestic violence where the primary aggressor is not an adult male and/or primary victim is not an adult female
- I. Policy and procedure on the use of interpreters, signers, etc
- J. Model of work covering main activities
- K. Recruitment and induction policy and procedure
- L. Code of conduct for staff
- M. Policy about staff experience of domestic violence and procedure for responding to information about past or current domestic violence involving a staff member as perpetrator or victim
- N. Disciplinary and grievance policy and procedure
- O. Record keeping policy and procedure

Guidance

A1.1 The ISS and the DVPP are guided by the same policies, procedures and model of work.

All policies and procedures are approved by the governing body.

Policies and procedures are available to staff, to external professionals and clients if requested.

All staff and volunteers are aware of their legal and contractual requirements; an explanation of the organisation's policies and how to use these forms part of the induction process for all staff.

Policies and procedures should be monitored and reviewed regularly by the governing body and staff as appropriate.

A2 Service Standard

The organisation has sufficient resources to meet its objectives and distributes resources in an equitable and appropriate manner.

Purpose

To ensure that there are sufficient resources available for the organisation to undertake its main tasks.

Evidence

A2.1 The organisation ensures that there are sufficient resources available to meet the agreed requirements of service provision (as a minimum those set out in service standard B1 and elsewhere). An annual budget is produced and the governing body discusses and reviews this at least quarterly and agrees these documents.

A2.2 The organisation sets aside a proportion of its budget to ensure the services it provides are accessible to the community within which they are working. **If resources drop to a level where an accredited organisation is unable to deliver services which meet the standard then the organisation must inform Respect.**

A2.3 Service delivery staff are on the same pay scale for similar or equivalent work (e.g. those providing the ISS have rates of pay that are equal to those for their colleagues in the DVPP).

Guidance

A2.1 It is important that there are sufficient resources available to meet the organisation's objectives and the Respect standard. If resources are not sufficient to meet these requirements, the work is less likely to be best practice and may be unsafe.

A2.2 Improving access to the service will be an important objective for all organisations. This can rarely be achieved without resources to enable this to happen. Every organisation wishing to achieve accreditation takes all reasonable steps to monitor the local population in order to assess what proportion would need interpreters to make full use of the services. Resources are allocated in a manner which is proportionate to its overall income and to the needs of the local population. It is not acceptable to cite lack of funding as a reason why objectives in relation to diversity are not represented in the budget of the organisation. There is guidance and information contained in the Respect resource manual to help organisations to achieve this.

At present there is no national data on who speaks particular languages as their first or only language. Therefore it may be difficult for organisations to make a fully accurate assessment of what proportion of the population would need interpreters. Organisations seeking accreditation should be able to show how they have reached a decision about how much of their funding to allocate specifically for interpreters and translation.

A2.3 The organisation seeks to address discrimination in a range of areas, particularly on gender and the marginalisation of the needs of victims of domestic violence. In relation to salaries, disparities in the respective market rates for jobs similar to those in the DVPP and the ISS in other organisations cannot be accepted as justification for reproducing these disparities within the organisation's salary structure.

A3 Service Standard

The organisation has a documented management structure with clear lines of accountability and defined responsibilities for all staff. The governing body of the organisation must have ultimate responsibility for the service.

Purpose

To enable the governing body to ensure that the organisation is able to deliver services effectively.

Evidence

A3.1 The organisation has a documented management structure with clear lines of accountability. Responsibilities, reporting and accountability structures are clearly defined and sufficiently effective in order to enable the lead staff member, members of the governing body and other members of staff to fulfil their specific functions adequately.

A3.2 Minuted, quorate meetings of the governing body take place at least quarterly. The members of the governing body understand the work of the organisation and are able to make informed decisions and give clear direction to the lead members of staff.

A3.3 The governing body receives regular reports on:

- a) The activities of the organisation. This includes the number of men who were referred, were assessed, started any pre-programme work, started a programme and completed a programme. It also

includes the numbers of: partners and ex-partners who were contacted, repeat contacts with partners and ex-partners, face to face individual sessions and groupwork attendances.

- b) The finances of the organisation including progress against budget.

Guidance

A3.1 Guidance not applicable.

A3.2 Guidance not applicable.

A3.3 Changes in referrals and take-up can be the first indicators that a service is experiencing problems.

A4 Service Standard

The organisation takes the necessary steps to recruit staff appropriately and to support them in developing their skills and experience.

Purpose

To ensure that the organisation has suitable staff who can perform effectively and are adequately trained, in order to meet the organisational aims and objectives.

Evidence

A4.1 There are written job descriptions, person specifications and contracts for all staff and volunteers.

A4.2 All prospective staff and volunteers are asked about their experience of domestic violence, as a perpetrator or victim, and if there are other ways that domestic violence has touched their life. The organisation has a clear procedure for responding to any disclosures of personal experience or use of domestic violence and to any allegations that a member of staff has used or is using domestic violence.

A4.3 All staff and volunteers are Criminal Records Bureau or Disclosure Scotland checked before starting work in any capacity within the organisation. These checks are repeated every three years thereafter.

A4.4 All staff and volunteers undergo a probationary period where they are provided with support to enable them to deliver an effective service and are subject to

scrutiny. This would normally be not less than six months.

Staff failing to meet an appropriate level of competency within the probationary period should not be allowed to continue working with clients.

A4.5 The organisation provides staff and volunteers with the relevant training and support to equip them with the core competencies for their role. All service delivery staff have good knowledge of the other services relevant to their clients and will receive induction or training on these.

A4.6 Staff who have completed their probationary period are subject to a regular review of their competency and training needs.

Guidance

A4.1 Guidance not applicable.

A4.2 The aim here is to ensure that people are not put in a position where they are emotionally unable to undertake their job effectively. Interviewees should be asked sensitively about their past experience during interviews and informed clearly why they are being asked. It should not be a scored question.

All interviewees who have direct experience of domestic violence must be able to account for how they have addressed this so that their personal experiences do not detract from their ability to perform in their job. Any allegations or disclosures that a member of staff is or has been a perpetrator of domestic violence must be taken seriously and handled appropriately and safely. There is further information and guidance on this in the Respect resource manual.

A4.3 Given the nature of the work and the information that staff have access to, it is important that employers are aware of any criminal justice system involvement, past or present, relating to potential or existing employees. A criminal conviction does not in itself bar anyone from working in the field. This would depend on the nature of the offence, how historical it is and the position they are applying for. However, the organisation discusses any offence with the applicant and reached a conclusion as to its relevance to the position in the organisation. This is recorded in their personnel file.

A4.4 It is in the interests of clients, staff and management that the organisation employs staff who are competent for the post. The probationary period is for the training, support and assessment of staff capabilities. The assessment is fair and rigorous and the outcome recorded in the staff personnel file. During the probationary period steps are taken to address any shortcomings in competencies as speedily as possible. Staff are given supervision and if appropriate also mentored/ apprenticed during their first year in post. Their line manager takes responsibility for assessing competency and providing learning opportunities.

A4.5 All service delivery staff receive induction, and, where necessary, training, covering the core competencies of their role in line with the relevant national occupational standards. Some staff will have been recruited with some of the relevant specialist knowledge and skills already. Some attend training provided by another employer, particularly if they are working as sessional staff.

Staff are skilled and knowledgeable in the following areas:

- Nature and dynamics of domestic violence
- Model of work
- Groupwork

- Assessment
- Developing motivation to change
- Risk identification and management
- Cross-cultural working and diversity
- The law and domestic violence
- Basic understanding of substance misuse and domestic violence
- The impact of domestic violence on children and on parenting
- Forming enabling and respectful relationships with clients
- The theory of change underpinning the work of the organisation
- The management of threatening or abusive behaviour by clients
- Awareness of the needs of children, to a level where staff are able to identify where these are not being adequately met
- The purpose and operation of risk assessment and management processes such as MARAC (Multi Agency Risk Assessment Conference) and MAPPA (Multi Agency Public Protection Arrangement).

ISS workers will be competent in the following additional areas:

- Making proactive contact and safety work with partners and ex-partners of programme participants, specific to this type of work
- The nature, methods and content of the DVPP work with men

- Information sharing and safety
- Safety planning including risk related to alcohol/drug use and to separation
- Legal, financial and housing options available to women experiencing abuse

Training can take place using various methods, including reading, mentoring, shadowing other staff and participating in short training courses.

The following training will be refreshed as specified below for all staff and volunteers to ensure staff skills and knowledge remains current:

- Child protection, every two years
- Cross-cultural working, every three years
- Risk assessment and management, every three years

The organisation should consider having at least one member of the ISS staff complete an accredited training on domestic and sexual violence and/or advocacy work.

Staff have access to a minimum of five days training per year with a minimum of 2% of salary of the salary (excluding associated costs e.g. travel and subsistence) allocated to training for each staff member.

A4.6 Regular line management should routinely consider stress levels and other personal issues that may be affecting staff.

All staff receive an annual appraisal in which their performance is reviewed and their training and development needs are identified. Their line manager must take responsibility for ensuring these are met.

All staff have opportunities for ongoing professional development.

A5 Service Standard

The organisation has the management structures necessary to maximise the effectiveness of service delivery and to support staff performance and development.

Purpose

To ensure that the organisation is monitoring and responding to the safety needs of its clients.

To ensure that staff are appropriately supervised and provided with adequate support.

Evidence

A5.1 The governing body provides a suitable person who acts as a support for the lead member of staff.

A5.2 The organisation provides a combination of case management, line management and clinical supervision which is sufficient to meet the needs of all staff and to ensure effective service delivery.

A5.3 The record of case management for all clients covers attendance, assessments, progress, liaison with external agencies and the identification of individual client needs.

A5.4 There are written records of line management sessions.

A5.5 There is evidence that clinical supervision is provided for and used by all front line staff.

A5.6 Managers undertaking a case management role have a minimum of three years' relevant experience and adequate specialist knowledge.

A5.7 Sessional staff and volunteers are subject to the same supervision and training, on a pro-rata basis, as staff working full time.

A5.8 The organisation keeps personnel records which cover all the relevant aspects of the Standard.

Guidance

A5.1 The governing body has responsibility for the project and for the well-being of its staff and clients. The person who provides support for the lead member of staff has relevant experience and skills.

A5.2 Guidance not applicable.

A5.3 See the glossary and the Respect resource manual for further exploration of the nature of case management.

A5.4 See the glossary and the Respect resource manual for further explanation of line management.

A5.5 See the glossary and the Respect resource manual for further explanation of clinical supervision. Clinical supervision is usually provided by someone external to the organisation who can meet all the needs defined in the glossary. In some circumstances another combination of, for example, external consultancy and counselling may be adequate.

A5.6 Managers taking a case management role have at least three years' experience of working on domestic violence issues, a track record of effective inter-agency work, a thorough knowledge of the work of the organisation and of the role of statutory and voluntary sectors in relation to domestic violence.

A5.7 Sessional staff are given training and support to enable them to provide an effective service, and to continue their professional development.

A5.8 Guidance not applicable.

A6 Service Standard

The organisation obtains data on outputs and outcomes, ensuring that demographic information on who uses its services and the impact of its services on clients is analysed and disseminated.

Purpose

To be able to demonstrate that its services have a positive impact on the lives of those who use them.

To encourage all accredited organisations to collect the same information in a similar manner in order to provide sound national evidence for service and practice development.

Evidence

A6.1 The staff maintain clear records of clients, which meet the requirements of the service, of this Standard and of the Data Protection Act.

A6.2 The organisation collects and analyses output data as defined in the guidance. It publishes a summary of this information in its Annual Report.

A6.3 The organisation obtains, uses and publishes in its Annual Report, information on the effectiveness of its service. This involves using Respect's standard outcome measures and procedure, which are contained in the Respect resource manual.

A6.4 The organisation obtains and uses the views of clients on the quality of the service offered to them.

A6.5 The organisation uses output and outcome data as key performance indicators and sets targets in relation to these.

Guidance

A6.1 Client records must support staff to work effectively, safely and consistently with clients. The Respect resource manual contains guidance on record keeping.

A6.2 Output data may be collected using the Respect database. In any case it includes:

At the referral stage - gender, details of partner or ex-partner, age, ethnicity, referral route, children (number and age), other agencies involved (e.g. social services, family court, drug and alcohol agency)

At the assessment stage - history of violence and abuse, marital status, employment status, income level, substance misuse, mental health (including suicidal thoughts), prescribed drug use, disability and previous partner details if still in contact.

Wherever possible, the same information will be collected from partners.

Organisations monitor take-up from the referral point, to assessment, the programme start and attendance, and programme completion.

Organisations monitor take-up of the partner service in the following ways: number of partners written to at assessment point, number of partners contacted (verbal contact), number of repeat contacts, number of face to face contacts, group programme attendances (if relevant).

A6.3 Outcome data is collected using the Respect outcome measures whether or not the organisation uses the Respect database. This allows the data to be analysed locally and centrally. Outcome data evidence is gathered from women

whose partners or ex-partners have attended all or part of the DVPP or who have been assessed for it but not attended. This includes data about any incidents of violence and abuse experienced before, during and after the programme and women's feelings of safety.

A6.4 Organisations excelling at meeting this service standard consult annually with survivors of domestic violence in a focus group or other setting, on aspects of their service (e.g. programme content, marketing, breadth of service) and ideas for developing these. They may also consult DVPP completers in a similar way.

A6.5 The organisation uses the output and outcome data in order to set clear objectives on, for example, waiting times for first appointments, number of programme starts, number of programme completers, number of partners contacted and number of partners taking up more than two sessions with the ISS. These are used to support improved performance.

Service structure and process

The organisation has a clear model of work and structures in place to deliver this in a manner which is coherent and safe.

B1 Service Standard

Organisations deliver a sufficiently comprehensive service to give clients a realistic opportunity of making lasting change and of producing safety.

Purpose

To ensure that programmes are used as far as possible to increase the safety of those at risk of domestic violence.

To ensure, as far as possible, that the programme is not used by perpetrators to present themselves falsely as engaging in a meaningful process of change.

To ensure that the ISS has adequate time to carry out the core functions with partners and ex-partners.

Evidence

B1.1

The Integrated Support Service has staff time dedicated to:

- undertake pro-active contact with all partners or ex-partners of the men who have attended an assessment with the DVPP

- provide information about the nature, possible impact and limitations of the DVPP
- undertake safety assessments and planning
- provide up to six further contacts, with one hour of contact time allowed for each of these. These will be spread over the anticipated time the perpetrator will be involved with the organisation and extend at least six months after he stops attending
- participate in case management with DVPP workers
- communicate effectively with other professionals to manage risk within a multi-agency context
- participate in all required training and supervision activities
- plan, debrief and undertake the necessary follow-up work in relation to client contact
- develop good joint working arrangements with other organisations providing frontline support to those at risk from domestic violence
- make priority contact with women as the need arises, for example, when her partner or ex-partner has disclosed abuse to the DVPP or to another agency

B1.2 The Domestic Violence Prevention Programme has staff time dedicated to:

- offer each new client a minimum of 60 hours' contact as a DVPP intervention including assessment, group programme and individual sessions
- undertake client assessments, which will usually take three hours per client

- carry out preparation, delivery and follow up of group work (see below)
- participate in case management with ISS staff, including regular reviews of risk and of programme suitability
- communicate effectively with other professionals to manage risk within a multi-agency context
- participate in all required training and supervision activities

The number of hours allocated for a facilitator to prepare for and run a DVPP group will be about the following:

- one hour planning (both facilitators)
- two hours or more running the group session (both facilitators)
- one hour de-brief immediately after the session or as soon as possible (both facilitators)
- three hours follow up, feedback to ISS staff, links to case management (one facilitator)

Sessional facilitators employed solely for running groups with another facilitator are therefore employed for a minimum of four hours per week for group delivery, with additional hours allocated for staff supervision and training.

Group work is undertaken by a minimum of two staff; in the DVPP this should be a male and female.

B1.3 The women using the ISS are offered a safe and appropriate space in which to meet with ISS staff.

B1.4 The ISS is staffed only by women.

B1.5 All group work with men is recorded so that it can be viewed and heard by line managers and by Respect assessors. The confidentiality contract with men participating in the programme includes a requirement to agree to this.

Guidance

B1.1 and **B1.2** are the minimum requirements to gain accreditation and should not be seen as best practice. Additional interventions should complement the basic service and improve the organisation's effectiveness at reducing abusive behaviour.

B1.1 The six hours of minimum contact with partners and ex-partners can be offered as phone contact, face to face sessions or a combination of both. The reality of the changing needs of women at risk from domestic abuse means that services will need to be flexible. Some women will need more than six hours of contact time and some less, some will enter acute periods of need and others will be relatively safe throughout their partner's involvement with the organisation. The service should be woman-focussed in responding to these variations. If the organisation provides a group programme for women her attendance on this will be taken as contributing towards the six hours of contact.

The service will need to be persistent and proactive in establishing initial contact with partners and ex-partners.

The ISS will work with other domestic violence agencies in order to ensure a consistent and linked information, advocacy and support service.

The close working of the ISS and the DVPP can do much to aid the identification of risk, inform risk management and enhance the safety of the victims. It also promotes a shared understanding

within the organisation and keeps women's experiences of abuse at the centre of the work.

Organisations should have procedures and practical measures that enable this information sharing. The more effective and collaborative the relationship between the two services, the greater will be the opportunities to improve women and children's safety. There is guidance on this in the Respect resource manual.

New partners of men attending the programme should be seen as at risk and therefore be offered the ISS. Programme staff in consultation with the ISS workers should use their discretion as to what constitutes a new relationship. However, any relationship that lasts beyond four weeks will require the new partner to be contact by the ISS. If the perpetrator returns to live with his own parents their safety needs will also need to be considered and the ISS will consider the parents of the perpetrators as at risk if he is residing at their home.

All partners and ex-partners must be informed as soon as possible and within a maximum of one week if any of the following occurs:

- an unexplained absence
- a second consecutive absence (explained or not)
- her partner being assessed as unsuitable for the programme
- if he completes the programme
- if he is suspended from it

B1.2 The allocation of contact hours to particular activities is at the discretion of the organisation according to the needs of the local population. For example, organisations working in rural settings may need to weight intervention more heavily towards individual work.

Organisations will normally offer perpetrators group work rather than individual work. However, there are circumstances where group work will not be possible or advisable and in such cases individual work can be offered.

Where possible the facilitator carrying out the follow up work will be a full or part time employee of the organisation and able to participate in case management and other activities. If this work is to be carried out by a sessional facilitator there needs to be an adequate allowance of time for all activities specified above.

The maximum number for a group should be 12, using two groupworkers. There may be occasions when this number may seem too large (e.g. difficult group dynamics, inexperienced staff). Groupworkers should not be expected to work with a greater number than they feel is effective or safe. No groupworker should be required to work with any individual with whom they do not feel safe.

Workers should not be expected to deliver more than two groups per day or three per week, except for short periods and then only if they judge that this is manageable.

The DVPP groups should normally be run by a female and a male groupworker. Using two male or two female workers is acceptable only for a limited period of time, which should usually be a maximum of two sessions. This should be exceeded only in exceptional circumstances and only after consideration of all other possible options.

B1.3 The organisation ensures that women will not come into contact with their own partner or ex-partner through attending the ISS. This involves managing client appointment times appropriately and keeping all client records securely. The Respect resource manual contains more information on this.

B1.4 The ISS staff are all women as most clients will have a preference for talking to a woman about domestic violence and abuse.

This is covered by the obligations under the Sex Discrimination Act 1973, provided the partners and ex-partners using the service are all women, or, if male, they are also offered a choice of male worker. When services are developed with client groups such as gay or lesbian survivors and perpetrators, or female perpetrators, this is likely to mean further specialist provision. This will be the subject of additional Standard requirements when these services become more well established.

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- B1.5** The primary client in working with a perpetrator of domestic violence is the man's partner or ex-partner and her children, therefore programme content and delivery needs to be open to scrutiny. See B2.4 guidance for further information.

B2 Service Standard

The organisation has a model of work which sets out clearly the content, delivery methods and underpinning theory for the work; staff follow this model and there is a method of monitoring this.

Purpose

To ensure that there is a coherent model of work which staff are able to understand and use and which is based on rigorous understanding of the dynamics, nature and effects of domestic violence.

Evidence

B2.1 The organisation has a written model of their work with clients which staff are required to follow and which is based upon and includes statements reflecting the following principles:

- The primary focus is on the safety of the perpetrator's victim(s)
- The use of violent or abusive behaviour towards a partner, ex-partner or her children is unacceptable. The use of physical force as part of genuine self-defence is different (see glossary)
- The perpetrator is 100% responsible for his use of abusive behaviour, that the use of such behaviour is a choice
- The use of violent and abusive behaviour is functional and instrumental
- A willingness to choose to use violent and abusive behaviour towards a partner is influenced by learnt

expectations and a gender-based sense of entitlement

Workers conduct all work in way that is non-collusive with:

- abusive behaviour
- expectations of power and control over women
- denial and minimisation of abusive behaviour or any justifications for using abusive behaviour including the use of drugs and alcohol
- the use of culture, race, or faith as a justification for domestic violence
- any marginalisation of the needs of children living with domestic violence

B2.2 DVPP workers promote behaviour and thinking that:

- diminishes denial and minimisation of abusive behaviour and its effects
- promotes the taking of responsibility for an individual's own behaviour
- engages perpetrators in the questioning of any attitudes and beliefs, especially their own, which support a gender-based sense of entitlement
- is respectful and valuing of different cultures, ethnic backgrounds and sexual orientations and of the right to follow different faiths or none
- promotes safe and child focused parenting (see glossary)
- enhances the perpetrators' beliefs that they are able to develop and nurture respectful intimate relationships

- increases perpetrators' understandings of, and empathy for, others affected by their abusive behaviour
- promotes respectful, egalitarian ways of being in personal and intimate relationships

ISS workers conduct work which is empowering of women by:

- enabling each woman to have informed and realistic expectations of whether her partner's or ex-partner's involvement in the DVPP will increase her safety. This will be based on the understanding that the perpetrator is the only one who can make the choice to stop the domestic violence and that whilst the programme and other interventions or people may help him to do this, he will still have to make the decision for himself
- supporting women in identifying the risks to their own and their children's wellbeing and safety
- informing an individual woman if her partner/ex-partner fails to attend or is suspended from the programme, or if there are particular concerns about her safety
- contributing to the risk assessment and management process of the organisation (and within a multi-agency context) prioritising actions which are likely to increase safety
- supporting survivors in making informed decisions about their own and their children's safety
- supporting survivors to develop strategies that may increase their safety and that of their children (safety planning)

- providing survivors with sufficient information about legal rights, and other relevant support services, in order for them to make informed decisions about these and to facilitate referral to other agencies (e.g. alcohol and drug agencies)
- providing survivors with information relating to the content of service provided to her partner or ex-partner
- engaging with survivors on developing their understanding of the abuse she has experienced; getting an individual survivor to focus on her own needs and those of her children, rather than her partner or ex-partner changing

B2.3 The organisation and its staff have a coherent understanding as to why they use their particular approach, the sequencing of interventions and their style of delivery. There are clear aims/outcomes for discrete interventions. This is written in the model of work.

B2.4 There is a mechanism for ensuring that the service is being delivered in a manner that is consistent with its stated approach and model of work. The organisation records all group sessions with perpetrators (not with survivors) in order to provide a direct method for monitoring group work against the model of work. There are clear guidelines for how these recordings are used for supervision/training and for how these recordings are stored. This is in line with the organisation's confidentiality policy and agreement with clients.

B2.5 The organisation's model of work is reviewed regularly, and, where appropriate, changes are made to content, sequence or methods of delivery.

Guidance

B2.1&2 These service standards are evident throughout the work of the organisation from mission statement through to staff competencies. It is vital that they are integral to and observable in the interactions between service delivery staff and their clients. The content and approach of the work therefore reflect the fact that perpetrators will have to accept sole responsibility for their own actions in order to change their abusive behaviour. There may be many factors influencing the individual's choice to use abusive and controlling behaviour, some of which they may feel that they have little influence over. However, how they respond to these remains a choice.

Whatever options for programme content and delivery the organisation chooses, the aims and principles set out in standard B1&2 must apply.

Interventions which are based solely on anger management will not satisfy the requirements of this standard.

B2.3 There will also be convergence between the organisation's understanding of domestic violence and the methods it uses in working with clients.

B2.4 Observation of groups is also vital for many reasons, including:

- monitoring worker competency
- identifying training needs
- monitoring programme delivery
- monitoring staff adherence to the programme goals
- monitoring staff adherence to the organisational model of work
- evaluating co-working between facilitators

- monitoring the ability of facilitators to foster an ethos amongst the participants of respect for women

One in four programme session recordings should be reviewed by someone (the position is frequently referred to as the Practice/Service Manager or Treatment Manager in a criminal justice context) with at least two years experience of programme delivery, for monitoring, supervision and training purposes. Staff running groups should receive feedback from the person viewing the sessions.

B2.5 Any model of work will need to be refreshed from time to time and updated as understanding of this work increases. The organisation should make changes to its model of work where there is evidence to suggest that this will result in more effective outcomes.

B3 Service Standard

The organisation ensures that its clients are aware of its confidentiality policy and that information is exchanged between ISS and the DVPP in a timely manner, so that victim safety and joint working are maximised.

Purpose

To ensure that work with survivors of domestic violence is enhanced by what is known about the risks their partners or ex-partners pose and that work with the perpetrators is enhanced by being rooted in their partners' or ex-partners' experiences.

Evidence

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- B3.1** All those being assessed for the DVPP **must** provide information on how to contact their partner and/or ex-partner.
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- B3.2** The ISS is offered to any adult who is at risk from the perpetrator.
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- B3.3** There are separate confidentiality agreements for use by each service. These agreements set out clearly what information will be shared, with whom and under what circumstances. The staff help clients to understand the implications of the confidentiality agreement before they sign it. All clients sign this form as a condition of taking up the services of the organisation.
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- B3.4** The organisation provides limited confidentiality to perpetrators and greater confidentiality to survivors. The DVPP confidentiality agreement includes agreeing to case files being reviewed and group session tapes

being viewed by the Respect assessors as part of the accreditation and monitoring processes and other evaluation processes. The organisation makes it clear to clients that this is something to which they have agreed if they sign the agreement or contract to attend a group. The confidentiality policy states these limits clearly.

B3.5 Contact details for partners and relevant ex-partners are then given to the ISS within 24 hours of the men accessing the service and the ISS makes every possible effort to ensure that successful contact is made with the woman/women within one week. Information is exchanged between the DVPP and ISS in relation to changes in risk, engagement with the programme and any other relevant information at least weekly and any significant concerns within 24 hours. All women using the ISS are made aware of how information is shared with the DVPP.

B3.6 All contact with clients and with other professionals in relation to a client are recorded. Clear recording of all contacts (planned or unplanned) is required and notes must be contemporaneous within the day or 24 hours.

B3.7 All client records are stored in secure cabinets. Third party information is always kept separately. Where client information is stored electronically it is done so securely.

B3.8 It is a condition of the DVPP that perpetrators who deliberately frustrate the ISS efforts to make or maintain contact with their partners will be suspended from the programme.

Guidance

- B3.1** No service will be offered to a perpetrator who refuses to provide accurate information about his partner or ex-partner. The one exception to this is where he genuinely does not know her whereabouts. In these cases the organisation will discourage him from taking any steps to locate her.
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- B3.2** Where the service is working with more than one partner or ex-partner of a client, they must ensure that different workers are allocated to each and that procedures are in place to prevent them meeting. The ISS is not compulsory for women and should not be taken as a condition of the man's involvement with the DVPP. However, every effort must be made to explain the reasons for the ISS wanting to stay in contact with women and the specific benefits for her relating to the programme.
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- B3.3** When a man starts to engage with the DVPP (i.e. attends an assessment) his partner or ex-partner should have access to information on the service at the earliest opportunity. This will help prevent him from giving her misleading information about the service. Men should be informed that they should co-operate with and not frustrate the efforts of the ISS to make contact with partners and ex-partners, as a condition of their attendance.
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- B3.4** There should be written guidance for clients that describes clearly:
- what information is confidential
 - in which circumstances information will be shared and with whom
 - what access to information the client has
 - how long information is kept

As an example, a child contact dispute may come before the court some years after the client has ended contact with the

service. Services should therefore keep records for at least five years.

B3.5 All partners or ex-partners who are or recently have been involved with the perpetrator should be offered a service by the ISS within a week of him attending an assessment session. This must take place before any further work is offered to him. This is to ensure that women are aware of the purpose and content of the programme and that his attendance will not in itself increase their safety and their children's safety.

See the Respect resource manual for further information about how to make safe proactive contact.

B3.6 Records contain sufficient detail so that another staff member accessing the file could have a clear and concise picture of how the work is progressing. Group attendance is recorded, including what was covered during the session and the contribution of the individual man to that session.

B3.7 Access to information in relation to clients is restricted to those who are authorised by the organisation.

B4 Service Standard

The organisation does not offer services to perpetrators where there is little or no expectation of a reduction in risk.

Purpose

To ensure that community based perpetrator programmes do not raise unrealistic expectations by offering places to perpetrators who show little chance of benefiting from their work.

Evidence

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- B4.1** Perpetrators are assessed as to whether they are able to benefit from the service. They are not offered a programme place unless they can demonstrate that there is the potential for their behaviour to improve as a result of this intervention.
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- B4.2** Where a client is disruptive, the organisation takes steps to manage this or remove the client from the service.
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- B4.3** Assessment of programme suitability is a regular activity within the case management structure. The organisation has a formal de-selection process to guide staff in removing someone from the programme who is no longer benefiting from it.
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- B4.4** The organisation routinely enquires about the substance use and misuse of **all** their clients, including the use and misuse of alcohol and prescription medication.
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- B4.5** The organisation routinely enquires about the mental health of **all** their clients.

B4.6 Unless the organisation has specific provision to meet the needs of young men it does not offer programme places to men younger than 18 years old. If a programme place is offered to someone who is 21 or younger then particular care is taken to ensure that the intervention is suitable for him and to assess whether additional support is required.

Guidance

B4.1 Staff must have criteria for deciding whether a perpetrator is suitable for the service and will be clear as to how they would determine that someone meets the criteria. If possible, and it is safe to do so, clients and the referring agency must be informed of the outcome of the assessment. The Respect database and resource manual contain a recommended suitability assessment tool. Whichever methods are used, the criteria must include the following:

- level of disclosure of abuse (indicating to some extent how far the perpetrator is accepting responsibility)
- acceptance of responsibility by the perpetrator for their own use of abuse
- dangerousness of the client to staff/volunteers, as well as to the victim and children
- consideration of whether offering the programme will increase risk
- perpetrator's motivation to change
- consideration of the state of man's current mental health and the effects his participation in the programme may have on this.
- consideration of the man's current level of substance misuse

- consideration of the effects of his participation in the programme on any substance misuse treatment

The partners and ex-partners be informed of the outcome of the programme suitability assessment. Where men are not suitable there should be particular attention to safety planning.

B4.2 Organisations providing group work based interventions have responsibility to ensure that the experience of being a group member is safe and conducive to self reflection and personal change. If one group member's behaviour is undermining this ethos, then the organisation takes steps to address this, which may mean removing the person from the group.

B4.3 Programme suitability should be under constant review as part of the case management process. If a man is on a programme and there are concerns about him benefitting from the process then it is important that he does not drift through the programme without this being addressed.

There is a clear de-selection process for staff to follow if they consider that a man may no longer be suitable for the group. There is a sample de-selection process contained in the Respect resource manual.

B4.4 Clients are asked as part of their assessment about their use of substances including alcohol, illegal drugs and prescription medication. Staff should be able to make judgements along with the client about how this will affect a client's participation in the service and their safety/risk. Either the organisation must have a staff member who is trained in working with substance misuse or staff must be able to refer these clients to another appropriate agency. Ideally the organisation should work with an agency whose approach is consistent with theirs.

B4.5 Questions relating to mental health are part of the initial assessment. Previous mental health problems, prescribed

medication, self-harming, suicidal thoughts and violent fantasies are routinely asked about and recorded.

Where mental health professionals are involved with the client (e.g. Community Psychiatric Nurse) staff will seek consent to contact them. In some cases, where there are concerns about the impact of the intervention on the client's stability, consent must be made a condition of offering the service. Staff should ensure that effective links are established and appropriate information shared with relevant mental health professionals.

B4.6 Guidance not applicable.

B5 Service Standard

The organisation has a policy on working with domestic violence which falls outside the context of adult male-female relationships.

Purpose

To ensure that organisations do not transfer understandings and approaches from domestic violence in one context to another without a thorough review of their appropriateness and that this review is completed before offering a service to a different client group.

Evidence

B5.1 The organisation does not offer services addressing domestic violence in other contexts unless it has considered the specific needs of these clients and made adjustments to the service it offers in response to this.

B5.2 Where the organisation offers a service specific to these groups, it monitors take-up and outcomes.

B5.3 If the organisation addresses domestic violence other than adult male perpetrators to adult female partners, it puts sufficient resources aside to do so. This will also involve consultation with the appropriate community groups and survivors.

Guidance

B5.1 Organisations frequently come under pressure to take referrals outside their stated client group. The organisation should not offer a service where it does not feel able to. Organisations

wishing to address the needs of new client groups have gone through a period of development. This should include: reviewing the relevant available research, carrying out or commissioning new research, consulting relevant agencies and individuals.

B5.2 Where an organisation has developed services addressing domestic violence in other contexts there needs to be adequate resources and support for these services.

B5.3 It is not appropriate to mix clients who are using or experiencing abusive behaviour in differing contexts e.g. it is not appropriate to place perpetrators of domestic violence in same sex relationships into the programme for those using abusive behaviour in opposite sex relationships, nor female perpetrators to be placed in the same programme as male perpetrators.

B6 Service Standard

The organisation has a clear policy in relation to interventions that involve the joint participation of both partners.

Purpose

To ensure that survivors of domestic violence are not put in situations of danger or coercion within couples work.

Evidence

B6.1 The organisation clearly informs its clients that couples counselling is not appropriate whilst the perpetrator is using abusive behaviour or is engaged in ending it.

B6.2 Where the organisation provides couples work itself, or refers to an agency or individual that provides this work, they will use the Relate/Respect procedure (contained in the resource manual) for assessing safety for couples work and this will be recorded in the case files.

B6.3 The organisation's position and practice in relation to couples work extends to cover other types of conjoint intervention (family therapy, family group conferencing, mediation, etc.).

Guidance

B6.1 Undertaking conjoint work to respond to and prevent abuse and violence will by its very nature blur the boundaries as to who is responsible for ending the abuse within the relationship.

If couples therapy is seen as an appropriate intervention to address domestic violence this is usually because the violence is being understood as a relational/systemic problem. This type of intervention is problematic and potentially dangerous for the following reasons:

- Perpetrators often see their partner as provoking their behaviour and women will often blame themselves for the abuse. A couple-based intervention plays into this process; therefore it will undermine the perpetrator's work in taking responsibility for and ending his abusive behaviour
- Couples therapy puts the woman in a difficult or dangerous position if she speaks openly about the abuse in the joint sessions and may increase the risk to her
- The woman may feel unable to participate openly in sessions and the process itself is then of little value
- Engaging in conjoint work whilst the perpetrator is still attending a DVPP may undermine the work of the programme. This is because it is essential for the perpetrator to take sole responsibility for their own abusive behaviour and not see it as a problem of the relationship

DVPPs will give this information to their clients who are considering or engaged in couples work.

B6.2 Any relationship where domestic violence has occurred will have been damaged by that behaviour. Where the couple remain in the relationship and the abuse has ended, and both are able to communicate openly and safely, there may be some benefit in them attending couple counselling.

In order to ensure that this is done as safely as possible, the couples counselling should **only** take place after a

comprehensive assessment carried out by a Respect accredited organisation following the assessment procedure referred to in B6.2 evidence.

Any couples work needs to be undertaken in a way that does not undermine the work done so far around domestic violence, particularly in relation to the perpetrator taking responsibility for his behaviour and questioning his sense of entitlement.

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- B6.3** As in other areas, the organisation's responsibilities extend beyond their direct contact with the client. Therefore, the organisation should engage with other professionals to promote good practice. The organisation should express its concern where clients are requested to engage in couples work which the organisation considers to be unsafe.

B7 Service Standard

When the organisation works with family members who are subject to a social work intervention, it does so in a way that promotes effective inter-agency working and informed decision-making.

Purpose

To ensure that the safety of all family members at risk of domestic violence is prioritised where social services are involved with clients of the service.

Evidence

B7.1 There is routine screening for involvement of Local Authority Children's Social Care department in all referrals to the organisation. Where there is social service involvement, the man is required to provide the name of the social worker (or lead professional) concerned, if possible, or other details if not.

B7.2 Where there is involvement of the Local Authority Children's Social Care department, the organisation informs the social worker (or lead professional) that they are working with this client. The organisation makes proactive efforts to obtain and share information about key concerns and risks of harm to the victim and to the children.

B7.3 Where a child is considered at risk of significant harm, there is a written plan of intervention for safeguarding children agreed with the social worker and the client(s).

B7.4 There is an agreed intervention plan between the organisation, the named social worker (or lead

professional) and, usually, the clients. It covers the sharing of information and the dates for review. A copy of the intervention plan is in the client case files for both the woman and the man.

B7.5 The first steps in the intervention includes assessments of: risk from domestic violence, the safety of the woman and children and the suitability of the man for the DVPP. This assessment is undertaken by an experienced member of staff.

B7.6 If the children of a man referred to the DVPP are subject to legal proceedings in the family court the organisation makes every effort to ensure that there is a domestic violence risk assessment. This is wherever possible undertaken by an assessor with expert witness status. If the assessment recommends that the man should attend the DVPP, then the organisation makes available its views on progress and changes in risk to the court and to the expert assessor.

B7.7 Where a social worker wishes to refer a client and they or others consider that the risk to the children does not meet the significant harm threshold, the organisation responds as it would to any other referral in assessing the needs of the children.

B7.8 Where the children of a client using the DVPP become subject to an assessment of risks of significant harm by the Local Authority Children's Social Care staff (or, in Scotland, an assessment by a lead professional) after he has started the programme, the organisation ensures that points B7.2, B7.3, B7.4 and B7.5 are followed. If it is not possible to do this then the organisation takes steps to raise this at a senior level and (unless their attendance is a requirement of the criminal court) stops working with the client until the issues can be resolved.

B7.9 Where a man is attending the DVPP and then becomes involved in a child protection investigation, the organisation has a responsibility to ensure that information in relation to risk is available to the child protection professionals. In all cases and especially where there is no possibility of a report from someone with expert witness status, the organisation provides the professionals involved with adequate information about the work done with the client. This will include an explanation of the limitations of this information in the form of a brief report (see guidance).

B7.10 If there is another incident of domestic violence this automatically prompts a re-examination of the needs of the child/ren. This also occurs when there is a birth of a new baby, the introduction of a new child to the household or the start of pregnancy. This is recorded via the case management process.

Guidance

B7.1 This takes place at the referral and/or initial assessment stage.

B7.2 Guidance not applicable.

B7.3 Guidance not applicable.

B7.4 Information sharing between the social worker and the organisation is the basis for planning effective intervention. There are arrangements in place for reporting and an agreement as to what information will be shared in line with the organisation's confidentiality policy and the guidance on working together to protect children.

The organisation requests that they are included in all professionals' meetings and case conferences. The organisation should not hesitate to call a professionals' meeting if it believes that current inter-agency co-ordination is inadequate.

B7.5 Risk, safety and programme suitability assessments informing decision making in relation to child protection need to be thorough, professional, evidenced and defensible. Given the possible implications of such assessments, they must be undertaken by experienced staff with an understanding of the impact of domestic violence on children and family dynamics. They will need to have an understanding of:

- the impact of domestic violence on child development and family relationships
- the ways that domestic violence affects parenting of both perpetrator and victim
- the ways that perpetrators' behaviour can manipulate and otherwise affect the relationship between the victim and children in the family

Organisations undertaking assessments of risk in child protection clearly communicate within the assessment:

- the limitations of the assessment
- what is being assessed and what is not
- the evidence on which the assessment is made

Where such assessments are undertaken there are structures in place to ensure the quality of these assessments before they leave the organisation.

B7.6 The expert witness does not necessarily need to be someone employed by the organisation. If they are an employee of the organisation, there must be a separation between the assessment role and the ongoing work with the client.

B7.7 Guidance not applicable.

B7.8 Points B7.2, B7.3 & B7.4 are necessary where children are considered at risk of significant harm and to ensure effective joint working.

The organisation must suspend work with the man to ensure that the above are in place (unless attendance is the requirement of community sentence).

B7.9 Where the organisation has been working with a man whose children are subject to legal proceedings or investigations of immediate risk of significant harm and there is no expert witness assessment then the organisation still has a responsibility to share information. However this is limited to:

- attendance
- reported abusive behaviour towards a partner or others
- any significant concerns
- the limits to the conclusions which can be drawn from this information

As any report will be seen by all parties then the organisation considers the impact on the woman and children of this information being shared.

B7.10 Guidance not applicable.

B8 Service Standard

Where the organisation works with perpetrators who are involved in a private (civil law) law contact dispute it does so in a way that promotes effective inter-agency working and the safety of those at risk from domestic violence.

Purpose

To ensure that a perpetrator wishing to address his violence towards an ex-partner in the context of a private law child contact dispute does so in a way which holds him accountable for his abusive behaviour.

Evidence

B8.1 Organisations do not offer a service to men pursuing child contact through the family courts without there being a domestic violence risk assessment by someone with expert witness status that covers all the areas set out in the Lord Chancellor's Department guidelines (2002) in relation to domestic violence and child contact, or the equivalent in Scotland and Northern Ireland. The only exception to this is where attendance is a requirement of a court order in the criminal court.

B8.2 A specialist domestic violence risk assessment carried out for this purpose may indicate that there is value in the man addressing his abusive behaviour through participation in a DVPP. This could be, for example, as a condition to the court considering a contact application or possible changes to a contact order. When a DVPP works with a perpetrator in these circumstances there is a schedule for reporting back to the court on the progress of this intervention.

B8.3 Where a man is attending the DVPP and then becomes involved in a child contact dispute, the organisation has responsibility to ensure that information in relation to risk is available to the court. In all cases and especially where there is no expert assessment of domestic violence risks, the organisation provides the court with adequate information about the work done with the client. This includes an explanation of the limitations of this information in the form of a brief report (see guidance).

The organisation ensures that the man's ex-partner or her solicitor and the court has access to this report.

Guidance

B8.1 Direct referrals to the organisation from a solicitor, courts, Scottish Children's Hearing Panel or from the man in relation to a child contact dispute need to be responded to effectively and this can only happen with the right level of assessment. This will be via a domestic violence risk assessment undertaken by someone with expert status (or the equivalent in Scotland or Northern Ireland) in the family court. This should be included in the referrals procedure.

There are a number of Respect members who are able to undertake such assessments. If the organisation is not able to provide these, they should refer the court or the applicant's solicitor to a Respect member who can provide this.

There is further information about the role of the courts and of expert witnesses provided on the DCA website (<http://www.dca.gov.uk/family/abfldomviol.htm>) and in the Respect resource manual.

B8.2 The court should be informed of the attendance, participation and progress of the man. There should be a process for this to

occur; this is best done by the assessor revisiting the original assessment and looking at what, if anything, has changed. If there is not an expert witness available, the organisation reports to the court as set out in B8.3.

B8.3 Where a man attending the programme becomes involved in a child contact dispute the organisation has a particular responsibility to establish contact with the ex-partner and for her to be offered the services of the ISS. This will often mean attempting to make renewed contact with a woman who has previously declined the services of the ISS, or trying again to establish contact with a woman who could not be contacted and who was not the primary victim of the perpetrator at the time of his assessment and so not the primary object of concern. The reasons for trying to establish contact with an ex-partner of a programme participant in these circumstances (beyond those set out elsewhere in the standards) are:

- to ensure that she has a full understanding of the family court process
- to ensure that she is aware how her ex-partner could use his attendance on the programme in court
- to ensure that she is fully aware of what she can ask for from the organisation in terms of information and reports

There should therefore be a requirement on the man attending the programme that he should provide details of his ex-partner if possible and in any case his ex-partner's legal representative. Often in these cases this is the only contact route for ex-partners.

Where there is no expert witness assessment the organisation has responsibility to provide the court with details of the following:

- attendance
- reported abusive behaviour towards a partner or others
- any significant concerns
- the limits to the conclusions which can be drawn from this information

As any report will be seen by all parties then the organisation will consider impact on the woman and children of this information being shared.

B9 Service Standard

The organisation works in ways that support an effective criminal justice system response.

Purpose

To ensure that the work they do does not undermine holding offenders accountable.

Evidence

-
- B9.1** The organisation has routine screening in place for criminal justice involvement.
-
- B9.2** The organisation does **not** offer a place on a group or individual programme to a man who has been charged with a domestic violence related offence until the criminal proceedings have reached a conclusion.
-
- B9.3** When an existing client is arrested and charged for a domestic violence related offence then the organisation suspends work with him (unless their attendance is already party of a community sentence), unless there are compelling safety reasons not to do so, until the criminal process has concluded.

Guidance

-
- B9.1** Routine screening for Criminal Justice System involvement will be part of the referral process.
-
- B9.2** When a man applies to the DVPP who has recently been charged with a criminal offence against his partner or ex-partner, she should be considered as at risk and therefore treated the

same as all other partners or ex-partners and the ISS should make proactive efforts to contact her in the same way, regardless of the fact that the organisation will not be working with him until the criminal proceedings have reached a conclusion.

-
- B9.3** Where an existing client becomes involved with the criminal justice system the organisation must take steps to establish a link with the relevant criminal justice personnel, in particular with those involved in the preparation of reports, to inform sentencing.

The ISS will work with other domestic violence agencies in order to share information about risk and to monitor and support safety, ideally with the woman's consent.

If a client is sentenced to one of the Probation Service programmes, the organisation should be willing to share information and the ISS worker will contact the Women's Safety Officer in probation.

C

Diversity and equality of access to service

Improving the relevance and accessibility of their services to all sections of the community is a key activity for all organisations.

C1 Service Standard

The organisation is committed to monitoring and improving the relevance and accessibility of their services to all sections of their community.

Purpose

To ensure that the organisation is constantly taking steps so that their services are as accessible as possible to all sections of the community.

Evidence

Organisational

C1.1 The organisation ensures it has taken into account the need for interpreters and has ring-fenced resources, in line with the overall expenditure, to cover the cost of this.

C1.2 Statistics on referrals and the take-up of services are collated and analysed every year on the basis of ethnicity, disability and gender against the

demographic profile of the community in which they are located.

C1.3 The organisation has a strategy to improve access to their services which is reviewed annually.

Service delivery

C1.4 During the assessment process the organisation enquires about any additional needs the client may have which may present a barrier to their ability to use and benefit from the organisation's existing services. The organisation then takes appropriate and reasonable steps to support such clients to use its services.

C1.5 The organisation does not offer a service to a man if it is not able to offer an adequate service to his partner or ex-partner because of her language needs.

C1.6 Access to services is not restricted because of childcare responsibilities as far as is reasonable.

C1.7 The organisation considers the composition of groups and anti-discriminatory practice when making a decision to place someone in a group.

C1.8 The organisation is compliant with the requirements of the Disability Discrimination Act and has access to premises that are wheelchair accessible.

C1.9 Services are offered at times where it is possible for them to be reasonably accessible to a majority of service users.

C1.10 The organisation can demonstrate, where appropriate, how it is compliant with the requirements of the Gender Equality Duty.

C1.11 Materials and language used are as understandable and as free from jargon as possible.

Guidance

Organisational

C1.1 Language must not be a barrier to accessing a service, therefore organisations need to ensure access to one of the interpreting services in their area. The organisation must have a procedure on the use of interpreters to guide staff in the safe use of this resource (e.g. not all interpreters will be suitable, interpreters also need preparation and debrief time, etc). See the resource manual for further information.

C1.2 Guidance not applicable.

C1.3 Organisations need to set themselves specific targets on how they are going to improve performance in this area. This could include having material available in more than one language and/or having strong links or joint working with particular community groups.

Service delivery

C1.4 Guidance not applicable.

C1.5 Guidance not applicable.

C1.6 The DVPS, including both the DVPP and the ISS, must have arrangements for supporting clients who have sole responsibility for children, enabling them to attend individual or group sessions by either providing childcare or providing financial support for clients to pay for this. This will be proportionate with the overall funds of the organisation.

C1.7 When changing the composition of groups, consideration will be given, where possible, to ensuring that someone is not the only person of their race/culture in a group. The way in which

C. Diversity and equality of access to service

groups are conducted and the environment in which they take place will model and reflect anti-discriminatory practice. The organisation will also consider whether to offer a programme place to someone who is expressing openly discriminatory views and consider either working with them individually or not at all.

If the organisation decides to work with someone individually, there will be consideration in line management and/or case management about who provides this service and how their supervision and support is provided.

C1.8 It may not always be possible to deliver the service in an environment that is accessible and useable by all. If this is the case then the organisation must have access to other premises where they can accommodate the needs of someone who has a physical, sensory or mental health disability.

C1.9 Both the ISS and DVPP will need to be available outside normal office hours.

C1.10 Organisations fully or partly funded by the public sector will usually be required to demonstrate how they comply with the Gender Equality Duty. This does not mean that they are required to provide equal and equivalent levels and content of service for men and for women, but that they are able to demonstrate how they support gender equality in employment and service provision. Organisations should be able to explain to funders, clients and stakeholders how the very nature of the work with abusive men and their female partners and ex-partners is concerned with gender equality and requires specific provision in order to achieve this. Further information about this is provided in the Respect resource manual.

C1.11 Guidance not applicable.

D

Risk management

The identification and management of risk are key functions of the organisation.

D1 Service Standard

The identification and management of risk are key functions of any accredited organisation; there is a commitment to work with others to reduce risk and effective procedures for doing this.

Purpose

To reduce risk to increase the safety of women and children.

Evidence

D1.1 There is a procedure for identifying and communicating risk within the organisation. Organisations use an evidence based risk assessment tool.

D1.2 Risk is communicated on a routine basis within the organisation.

D1.3 When sharing information in relation to risk with external professionals or in a multi-agency context, this is done with a clear understanding of the limitations of such assessments and these limitations are clearly communicated.

D1.4 Case management considers and records changes in risk.

D1.5 Clients are informed of the outcomes of risk assessments and are given the opportunity to comment on these unless there is a compelling safety reason not to do so.

Guidance

D1.1 Staff working with perpetrators and their partners and ex-partners should be able to make judgements in relation to risk and victim safety. These judgements should be informed by the current knowledge about risk indicators. While Respect is not being prescriptive on which assessment tool organisations should use, in the resource manual there are risk assessment tools which Respect recommends. The Respect database also contains an evidence based risk assessment tool.

Whichever instrument the organisation uses there will be a methodical and routine assessment of risk in relation to all clients. This will occur at the initial assessment stage and subsequently in case management meetings by regular and systematic reviews, recorded in case management notes.

D1.2 Where there are concerns in relation to the safety of the man's partner, ex-partner or others, then this must be communicated in a speedy manner between the relevant staff.

D1.3 Sharing information about risk does not necessarily lead to a reduction in risk. The organisation should consider the impact of information sharing with external agencies and take steps to ensure that such information sharing does not in itself create or increase risk.

See the information sharing protocol in the resource manual.

D1.4 Risk is not static and risk levels must be reviewed on a regular basis for **all** clients. The organisation must have effective mechanisms for recognising risk and prioritising resources in relation to this.

D1.5 The undertaking of a risk assessment can be part of the process of reducing risk and engaging the client in change. The client's understanding of what is in a report, and why, could be helpful in developing their cooperation in future work. The organisation will need to consider safety as there will be times when it is not safe for staff to share the outcome of a report directly with the perpetrator, but where possible this will be done. The safety needs of the women and children will be considered before the disclosure of any report to other professionals and/or into a forum where the perpetrator will have access to the report.

The safety and the needs of children connected to organisation's clients are considered at all levels of the organisation.

E1 Service Standard

The organisation considers the needs of the children in all aspects of its work.

Purpose

To ensure the safety and needs of children are recognised and responded to.

Evidence

-
- E1.1** The initial assessment enquires about the impact of domestic violence on the lives of any relevant children. This is recorded in the client's file.
-
- E1.2** Staff have training and support to enable them to explore with their clients the impact of domestic violence on the lives of any relevant children.
-
- E1.3** The organisation regularly monitors the needs and safety of any relevant children as part of the case management process.

E1.4 The organisation is actively committed to ensuring that the needs of children affected by domestic violence are met, either through its own services or by supporting the work of other professionals.

E1.5 Staff are familiar with the Common Assessment Framework (England and Wales) or the Integrated Assessment, Planning and Recording Framework (Scotland) or equivalent body in Northern Ireland, and how to carry out or obtain information about such an assessment. If the organisation is unable to undertake an assessment staff must know whom to contact to provide such an assessment.

E1.6 Where other professionals are involved with relevant children, staff ensure that they establish contact with these professionals. This takes place even where the concerns relating to the child/ren are not high enough to trigger a child protection assessment. This is in line the organisation's confidentiality policy and information sharing procedures.

E1.7 The organisation promotes its service to local children's services, has a clear referral process and takes positive steps to engage with senior children's services staff to promote effective working relationships.

E1.8 Staff have a clear understanding of what constitutes child abuse and when to seek further support in order to keep a child safe. Staff know who to contact in their organisation if they believe that urgent action needs to be taken to safeguard a child. Staff all know of and follow the organisation's child protection procedure.

E1.9 All service managers are competent in reporting to case conferences, core group meetings and professionals' meetings. They know what actions to take to call such a meeting.

Guidance

E1.1 There is a consistent problem with institutional responses to domestic violence where the focus is primarily on one family member as this tends to obscure the needs of the other family members. Child focused interventions often end up placing responsibility for ending domestic violence and shielding children from violence on women, and adult focussed interventions tend to overlook the needs of the children. Organisations seeking accreditation need to take steps to counter this. The organisation will cover the following in relation to assessing the needs of the children, stepchildren, grandchildren or other children who are affected by the domestic violence of each of its clients:

- impact of the domestic violence on the children
- discipline of the children
- involvement of the children in the domestic violence
- any injuries to the children
- if there is a non-resident parent, the level of contact with the children or stepchildren
- any child contact disputes currently under consideration in court, whether in child protection proceedings or in private proceedings
- needs of the children
- protective factors such as the presence of significant adults or safety strategies

E1.2 Clients may not be comfortable when staff raise concerns about the risk they pose to their own and other children. Staff will have had training in relation to this aspect of their work, in order to do this in a sensitive and productive way.

E1.3 The responsibility for keeping children's safety on the agenda in case management rests with the senior member of staff responsible for the case management process. The case manager has responsibility for ensuring that the welfare of children is considered every time a case is reviewed.

E1.4 Staff must be aware of the strong correlation between the abuse of women and the abuse of children. Staff should also assume that the majority of children will be aware of the domestic violence and that many of the men attending programmes will be non-resident parents. The service should address the effects of domestic violence on children, child contact, and child-centred parenting. Staff must also know which other services are able to support children and be able to refer clients to these services.

E1.5 Guidance not applicable.

E1.6 Guidance not applicable.

E1.7 Domestic violence features in the lives of a large number of families that come to the attention of social workers. The intervention of local authority children's social care rarely addresses the perpetrator's behaviour. Respect members' services can be a valuable resource for social workers in making children safer and dealing with domestic violence. See also B7.

Staff will be clear when communicating with children's services staff that their expertise is on domestic violence and they are not in a position to make judgements as to the welfare of a child.

E1.8 Staff will have an understanding of their organisation's threshold for seeking external support in keeping a child safe.

Organisations will need to have contact with a named professional in the child protection team with whom they can

discuss a specific concern. The organisation will make every effort to ensure that this link is established.

E1.9 Staff who attend case conferences must have had training on the child protection system, and on what happens at a case conference and afterwards. They should feel confident in presenting both relevant factual information and their views in this environment.

If the organisation is not able to be represented at a particular case conference then a written report must be submitted.

When staff have concerns about a client and wish to call a professionals' meeting or similar then they should know what steps to take to achieve this.

F

Partnership working

The organisation recognises that co-ordinated community responses are the best way to reduce the risk of domestic violence and to hold perpetrators to account.

F1 Service Standard

The organisation takes a positive and active role in creating inter-agency cooperation and supports the development of co-ordinated community responses to domestic violence

Purpose

To ensure that all opportunities to maximise victim safety and to hold perpetrators to account are taken.

Evidence

F1.1 The organisation is a member of the local domestic violence forum (DVF) or equivalent and is represented at 75% of meetings. If there is no such network, the organisation is actively involved in establishing one.

F1.2 The organisation plays an active role in the development of improved inter-agency structures and functioning.

F1.3 The organisation consults with the local violence against women groups on significant changes to their service and new initiatives.

F1.4 The organisation takes steps to create co-ordination between professionals on a case-by-case basis.

F1.5 The organisation supports the development of effective criminal justice system responses to domestic violence. The organisation informs men that their violence is a criminal act and gives clear messages to their clients that encourage reporting crimes.

F1.6 The organisation has effective referral pathways to agencies responding to alcohol and drug misuse and to mental health agencies.

F1.7 The organisation shows a commitment to social change and can demonstrate how it has taken action to bring about change in the wider community in which its clients live and work.

F1.8 The ISS supports women in using the criminal and civil justice remedies to protect themselves and others from their partner's abusive behaviour. ISS staff have knowledge of and expect an effective response from criminal justice personnel. Where their clients do not receive this the ISS staff inform their manager, where present, or take appropriate action themselves to raise their concerns at a senior level.

Guidance

F1.1 If there is no DVF, the need for one is recognised by the organisation.

F1.2 The organisation (in particular its senior staff) participates in the domestic violence forum working groups or as partners in a multi-agency initiative that provides increased accountability for perpetrators and safety for victims.

Organisations performing at their best will be taking the lead in developing community responses to domestic violence - e.g. chairing a local forum, being the lead organisation in inter-agency partnerships, providing a key function in promoting institutional change.

F1.3 A coherent and co-ordinated response across the violence against women sector is vital to ensure effective responses and use of resources. If the organisation wishes to start a new service or change significantly what it currently provides, this needs to be done through engagement with local agencies.

F1.4 The organisation must be active in fostering joint working and not hesitate to take a lead in calling a meeting to promote coherence of approach from other agencies.

F1.5 Guidance not applicable.

F1.6 The organisation refers clients to drug or alcohol or mental health agencies that adhere to safe working practices in relation to domestic violence.

The following should be considered as good practice:

- that there is a named contact in each organisation
- that there is a written agreement about how a referral will be made and information shared
- that the organisation has links with the local relevant forum and ensures that its members are aware of its services and how to refer

F1.7 Ending domestic violence requires creating a community that is intolerant of oppression and discrimination in all its forms. Therefore organisations will be able to demonstrate what

actions in the community they have taken to promote gender equality and to encourage and support their staff to do this. This could involve taking part in media events and campaigns such as the White Ribbon Campaign.

-
- F1.8** ISS workers could, for example, ensure that they have a copy of the local police domestic violence policy and know who to contact to discuss this, seek advice from the local domestic violence coordinator and liaise with Independent Domestic Violence Advisors (IDVAs).

A

Advocacy services with/for women: A4.5 guidance (training on)

Age limits for clients: B4.6

Aims of the programme: introduction; B1; B2

Alcohol: *see substances*

Anger management: B2.1 guidance

Assessment for couple counselling: B6.2

Assessment of risk: *see risk assessment*

Assessments of potential clients for programme suitability: B4; B7.5

B

Budget requirements: A2

Budget for interpreters: C1.1

Building requirements for ISS: B1.3

C

Case files: *see list in assessors' workbook*

Case management: A5.2; A5.3; A5.6

Child abuse: E1.8

Child care responsibilities: C1.6

Child contact proceedings: B8

Child protection case conference: E1.9

Child protection screening: B7.1

Child protection proceedings: B7.8; E1.5; E12.6; E1.8; E1.9

Children: E

Civil court proceedings: B8

Clinical supervision: A5.2; A5.5

Common Assessment Framework (CAF) (England and Wales only): E1.5

Competencies: A4.4; A4.5; A4.6; F1.8

Confidentiality: B3

Couples counselling/conjoint work: B6

Court reports: B7.9 (child protection); B8.3 (child contact); B9.3 (criminal)

Criminal proceedings: B9; F1.5; F1.8

Criminal Record Bureau: A4.3

D

Data Protection Act: A6.1

Disability: C1.2

Disability Discrimination Act: C1.8

Disclosure Scotland (criminal record checks): A4.3

Diversity: C

Diversity strategy: C1.3

Domestic violence definition: Introduction

Domestic Violence Forum (DVF): F1.1; F1.3

Drugs: *see substances*

DVPP required elements and model of work: B1.2; B2.2

E

Equal pay for male/female service: A2.3

Ex-partners: *see all ISS, plus* B8.3 and B9.2

Expert witness B7.6 (child protection); B8.1 (child contact)

F

Facilitators (numbers and gender): B1.2
 Female perpetrators: A1.1; B5

G

Gender equality modelling in groups: B1.2
 Gender Equality Duty: C1.9
 Gender based sense of entitlement: B2.1
 Group work with men: B1.2; B1.5; B2.1; B2.4; B4.1; B4.6; C1.7

H

Health and safety policy: A1.1
 Hours of work for ISS: B1.1
 Hours of work for DVPP: B1.2

I

Initial assessment of clients: B4
 Integrated Assessment, Planning and Recording Framework (Scotland): E1.5
 Interpreters: C1.1
 ISS required elements: B1.1; B2.1
 ISS offered to: B3.2; B8.3; B9.2

J

Joint working between DVPP and ISS: B3
 Job descriptions: A4.1

L

Line management: A5.2; A5.4; A5.7
 Literacy needs: C1.11

M

MARAC and MAPPA/MAPPP: A4.5 guidance
 Maximum number of groups for workers to lead: B1.2 guidance
 Maximum number of participants in groups: B1.2 guidance
 Mediation: B6.3
 Mental health: A6.2 guidance; B4.5; C1.8 guidance; F1.6
 Minimum contact time with women: B1.1
 Minimum contact time with men: B1.2
 Model of work: introduction; B2.1; B2.2
 Monitoring demographics: C1.2
 Monitoring model of work: B2.4
 Monitoring outcomes: A6.3
 Monitoring outputs: A6.2

N

New partners of men on programmes: B1.1 guidance

O

Outcome data: A6.3
 Output data: A6.2

P

Personal experiences of domestic violence (staff): A4.2
 Policies: A1.1
 Primary focus of the work: Introduction; B1
 Principles of work: Introduction; B2
 Proactive contact with women: introduction; B1.1; B3.5
 Probationary period for staff and volunteers: A4.4; A4.6
 Procedures: A1.1

R

Recruitment of staff: A4
 Reporting to management: A3.3
 Risk: A1.1; A4.5 guidance; B1 purpose; B1.2; B2.2; B3 purpose; B3.5; B3.3 guidance; B3.6; B4.1 guidance; B4.4; B7.4; B7.5; B7.8; B7.9; B8.1; B8.3; B8.1 guidance; B9.2; D (entire section)
 Risk assessment: A4.5 guidance; B1.2; B7.5; B8.1; D1.1; D1.5
 Risk monitoring: *see risk*
 Risk management: D1.2; D1.3; D1.4

S

Safety assessments with women: B1.1
 Same-sex relationships (abuse in): B5
 Selection of clients/suitability: B4
 Social workers: B7
 Substances: A4.5 guidance; A6.5 guidance; B2.1; B2.3; B4.4; F1.6
 Supervision - clinical: A5.2; A5.5

Supervision - case management: A5.2; A5.3

Supervision - line management: A5.2; A5.4

Supervision - volunteers: A5.7

T

Time limit for attempted contact with women: B3.5

Time of group: C1.9

Training, induction: A4.5 guidance

Training, budget: A4.5 guidance

Training, volunteers and sessional staff: A4.7

Training, required: A4.5 guidance

U

Understanding of domestic violence: Introduction

Under 21s/U18s: B4.6

V

Violence against staff: A1.1

Violence against women groups, liaison with: F1.3

Views of clients: A6.4

Voluntary involvement in ISS for women: B3.2

W

Women's Support Service: *see ISS*

Women's organisations: F1.3

Y

Young perpetrators: B4.6