

Comparison between the current *Professional Practice Standards – Working with men who perpetrate domestic and family violence* and the revised *Domestic and family violence support services: Practice standards and guidance*

Current: <i>Professional Practice Standards – Working with men who perpetrate domestic and family violence</i>	Revised: <i>Domestic and family violence support services: Practice standards and guidance</i>
<p>Standard 1 – Coordinated responses and referral pathways</p>	
<p>Essential professional practice will include the following:</p>	
<ul style="list-style-type: none"> Regular (at least quarterly) opportunities for staff to participate in the development and maintenance of a collaborative domestic and family violence response. 	<p>Practice Standards and Guidance: Principle 7 – Services collaborate to provide an integrated response</p> <ul style="list-style-type: none"> 7.1 Working with other specialist domestic and family violence service providers <ul style="list-style-type: none"> 7.1.1 Staff proactively work with staff in other domestic and family violence services to provide a holistic response to clients. <ul style="list-style-type: none"> ii. Staff develop and maintain a local network to ensure ease of referral and an integrated response. Ideally and where mutually beneficial, resources are shared between these organisations, including financial, human, knowledge and good practice. <p>Human Services Quality Standards: Standard 1 – Governance and management</p> <ul style="list-style-type: none"> Sound governance and management systems that maximise outcomes for stakeholders <ul style="list-style-type: none"> 1.5 Mechanisms for continuous improvement are demonstrated in organisational management and service delivery processes.
<ul style="list-style-type: none"> Negotiations to formalise agreements with funded support and advocacy services, including women’s services, where no internal advocacy service is available for those who have experienced abusive behaviour. 	<p>Full intent of the standard not captured in the revised Practice Standards. Standard under consideration for inclusion in contractual documents or the forthcoming Quality Framework as appropriate.</p> <p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> 1.2 Ensuring victim safety <ul style="list-style-type: none"> 1.2.1 Staff prioritise the safety and wellbeing of victims. <ul style="list-style-type: none"> xviii. For staff working with perpetrators in a one-on-one setting such as counselling, when a perpetrator completes, withdraws or is terminated from the intervention service, and there is a victim’s advocate, staff will contact the victim’s advocate to inform them of the change in circumstance and any other information relevant to managing any risks to the victim’s safety. This communication is conducted in such a way that it does not increase risk to the victim, and where possible should be negotiated with the victim. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> 4.1 Ensuring safety, responsibility and accountability <ul style="list-style-type: none"> 4.1.1 Victims’, including children’s safety and freedom underpins all services for perpetrators of domestic and family violence, especially after separation. 4.1.4 Staff working with perpetrators in a one-on-one setting establish an ongoing relationship with the adult and child victim, either directly or through a victim advocate, to monitor the situation and provide support where needed. <ul style="list-style-type: none"> iii. Where the victim is not being supported by another specialist domestic and family violence service, staff working in perpetrator services either refer the victim to a specialist domestic and family violence service or assign a victim advocate to undertake all relevant risk assessment, risk management and safety planning procedures in an ongoing way for the duration of the program. iv. Where the victim is already in contact with a specialist service and does not want ongoing contact with staff from the perpetrator service, staff will liaise with the victim’s case manager and/or the victim advocate for the purposes of sharing information and ensuring the safety of the victim. Whenever safe, possible and practical, a victim’s consent should be obtained before sharing information but in certain circumstances, information may be shared with prescribed entities and specialist domestic and family violence service providers. ix. Where a victim advocate exists, staff working with perpetrators engage regularly with the victims advocate to ensure victim’s needs are considered when delivering interventions for perpetrators.
<ul style="list-style-type: none"> Approaches to statutory agencies to formalise referral processes to and from the service. 	<p>Practice Standards and Guidance: Principle 7 – Services collaborate to provide an integrated response</p> <ul style="list-style-type: none"> 7.1 Working with other specialist domestic and family violence service providers <ul style="list-style-type: none"> 7.1.2 Staff ensure that clients who cannot be directly supported by their organisation are referred to an appropriate service. 7.1.3 Staff have a comprehensive understanding of their organisation’s offerings, limitations, and referral pathways to other services to address client’s needs. <ul style="list-style-type: none"> v. Staff working with perpetrators establish and maintain strong working relationships with other relevant service providers (e.g. specialist domestic and family violence services, Government service providers, other support services etc.) in order to manage risk, hold perpetrators to account and create efficient referral pathways and information sharing. 7.2 Working with organisations outside the service system <ul style="list-style-type: none"> 7.2.1 Staff participate in multi-agency support services as appropriate to the needs of the clients (such as police, the court system, legal services, and medical and mental health services, disability services, housing services, child protection and Centrelink). 7.2.2 Staff understand the intersections between domestic and family violence services and other mainstream services such as mental health, housing and alcohol and other drug services and can make appropriate referrals and connections. <ul style="list-style-type: none"> iv. For staff working with perpetrators who request support to understand or clarify advice provided by organisations outside the service system, staff refer clients on to appropriate service providers who can assist in this capacity, for example, legal services, the Queensland Police Service, the Department of Justice and Attorney-General, or other government and non-government agencies.

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<ul style="list-style-type: none"> Record the receipt of and any action taken in relation to feedback from women's services to improve the safety of women and children. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> 1.2 Ensuring victim safety <ul style="list-style-type: none"> 1.2.1 Staff prioritise the safety and wellbeing of victims. <ul style="list-style-type: none"> xv. Staff working with perpetrators liaise closely with organisations supporting the victim of violence to ensure that there is an integrated and coordinated response to ensuring victim safety. <p>Practice Standards and Guidance: Principle 6 – Services are client-centred and accessible to all</p> <ul style="list-style-type: none"> 6.1 Ensuring appropriate responses for all cohorts <ul style="list-style-type: none"> 6.1.3 Staff recognise the complexity of how violence is experienced and perpetrated and the importance of context in assessing the responsibility for perpetration and identifying appropriate supports and services for the victim or perpetrator. <ul style="list-style-type: none"> iv. Staff follow their organisation's processes for collecting feedback from service users and consider this feedback as part of their self-reflection on how to best deliver appropriate responses to a diverse range of cohorts who are impacted by or who perpetrate domestic violence. <p>Practice Standards and Guidance: Principle 7 – Services collaborate to provide an integrated response</p> <ul style="list-style-type: none"> 7.1 Working with other specialist domestic and family violence service providers <ul style="list-style-type: none"> 7.1.1 Staff proactively work with staff in other domestic and family violence services to provide a holistic response to clients. <ul style="list-style-type: none"> ii. Staff develop and maintain a local network to ensure ease of referral and an integrated response. Ideally and where mutually beneficial, resources are shared between these organisations, including financial, human, knowledge and good practice.
<ul style="list-style-type: none"> The development of networks for referral of participants to and from non-statutory agencies. 	<p>Practice Standards and Guidance: Principle 5 – Services are culturally safe for Aboriginal and Torres Strait Islander people</p> <ul style="list-style-type: none"> 5.1 Ensuring cultural safety <ul style="list-style-type: none"> 5.1.3 When and where appropriate, staff actively assist with facilitating Aboriginal and Torres Strait Islander people's connection to community, country and culture. <ul style="list-style-type: none"> xiv. Staff are aware of the local Aboriginal and Torres Strait Islander organisations in their area and the referral pathways or communication structures for accessing services delivered by these organisations including, for example, Aboriginal community controlled health services, other Aboriginal community controlled organisations and community justice organisations. xvii. Staff build relationships with Aboriginal community controlled organisations to enable referrals to when clients express an interest in receiving services from these organisations. <p>Practice Standards and Guidance: Principle 7 – Services collaborate to provide an integrated response</p> <ul style="list-style-type: none"> 7.1 Working with other specialist domestic and family violence service providers <ul style="list-style-type: none"> 7.1.2 Staff ensure that clients who cannot be directly supported by their organisation are referred to an appropriate service. 7.1.3 Staff have a comprehensive understanding of their organisation's offerings, limitations, and referral pathways to other services to address client's needs. <ul style="list-style-type: none"> ii. Staff develop and maintain a local network to ensure ease of referral and an integrated response. Ideally and where mutually beneficial, resources are shared between these organisations, including financial, human, knowledge and good practice. v. Staff working with perpetrators establish and maintain strong working relationships with other relevant service providers (e.g. specialist domestic and family violence services, Government service providers, other support services etc.) in order to manage risk, hold perpetrators to account and create efficient referral pathways and information sharing. 7.2 Working with organisations outside the service system <ul style="list-style-type: none"> 7.2.1 Staff participate in multi-agency support services as appropriate to the needs of the clients (such as police, the court system, legal services, and medical and mental health services, disability services, housing services, child protection and Centrelink). 7.2.2 Staff understand the intersections between domestic and family violence services and other mainstream services such as mental health, housing and alcohol and other drug services and can make appropriate referrals and connections. <ul style="list-style-type: none"> i. Staff participate in local and regional inter-agency forums and networks to support information sharing, best practice when working with clients with specific needs, service coordination, and seamless service delivery. iv. For staff working with perpetrators who request support to understand or clarify advice provided by organisations outside the service system, staff refer clients on to appropriate service providers who can assist in this capacity, for example, legal services, the Queensland Police Service, the Department of Justice and Attorney-General, or other government and non-government agencies. v. Where appropriate, staff identify and refer clients to other services they may require including alcohol and other drugs services, gambling support services and/or homelessness and housing support services. For perpetrator services, these referrals should be done in a way that addresses any belief that problems such as substance abuse or gambling minimise the importance or accountability of the perpetrator's behaviour. vii. Where appropriate, staff either assist clients to understand the conditions and requirements of Domestic Violence Orders, as well as other court orders and requirements, or provide referrals to other service providers who can deliver this advice.
<ul style="list-style-type: none"> Approaches to develop protocols for mandatory notifications, such as those for child protection, and reports of breaches of DVOs to the Queensland Police Service (QPS) or other statutory authorities. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> 1.2 Ensuring victim safety <ul style="list-style-type: none"> 1.2.5 Staff make clients aware of when information may be shared with other agencies as duty of care, for example, through mandatory reporting of child protection concerns under the <i>Child Protection Act 1999</i> or as part of a court process. <ul style="list-style-type: none"> xi. Staff working with victims inform their clients that they may be referred to a statutory and/or emergency services if their safety, or the safety of people around them are considered under threat. For mandatory reporting organisations under the <i>Child Protection Act 1999</i> (for example, those organisations performing a child

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	<p>advocate function under the <i>Public Guardian Act 2014</i>), it is a legislative requirement for them to report any reasonable suspicion that a child is in need of protection caused by any other form of abuse or neglect.</p> <ul style="list-style-type: none"> ▪ xvii. For staff working with perpetrators, when a perpetrator is perceived as being a threat to the safety of other people, staff notify the appropriate prescribed entities (for example, the Queensland Police Service). <p>Practice Standards and Guidance: Principle 7 – Services collaborate to provide an integrated response</p> <ul style="list-style-type: none"> • 7.2 Working with organisations outside the service system <ul style="list-style-type: none"> - 7.2.1 Staff participate in multi-agency support services as appropriate to the needs of the clients (such as police, the court system, legal services, and medical and mental health services, disability services, housing services, child protection and Centrelink). <ul style="list-style-type: none"> ▪ vii. Where appropriate, staff either assist clients to understand the conditions and requirements of Domestic Violence Orders, as well as court orders and requirements, or provide referrals to other service providers who can deliver this advice. <p>Human Services Quality Standards: Standard 4 – Safety, Wellbeing and Rights</p> <ul style="list-style-type: none"> • The safety, wellbeing and human and legal rights of people using services are protected and promoted. <ul style="list-style-type: none"> - 4.3 The organisation has processes for reporting and responding to potential or actual harm, abuse and/or neglect that may occur for people using services.
<ul style="list-style-type: none"> • Details of the program will be made available to relevant services in the catchment area of the service. 	<p>Practice Standards and Guidance: Principle 7 – Services collaborate to provide an integrated response</p> <ul style="list-style-type: none"> • 7.1 Working with other specialist domestic and family violence service providers <ul style="list-style-type: none"> - 7.1.1 Staff proactively work with staff in other domestic and family violence services to provide a holistic response to clients. - 7.1.2 Staff ensure that clients who cannot be directly supported by their organisation are referred to an appropriate service. <ul style="list-style-type: none"> ▪ ii. Staff develop and maintain a local network to ensure ease of referral and an integrated response. Ideally and where mutually beneficial, resources are shared between these organisations, including financial, human, knowledge and good practice. ▪ v. Staff working with perpetrators establish and maintain strong working relationships with other relevant service providers (for example, specialist domestic and family violence services, government service providers, other support services etc.) in order to manage risk, hold perpetrators to account and create efficient referral pathways and information sharing. • 7.2 Working with organisations outside the service system <ul style="list-style-type: none"> - 7.2.1 Staff participate in multi-agency support services as appropriate to the needs of the clients (such as police, the court system, legal services, and medical and mental health services, disability services, housing services, child protection and Centrelink). - 7.2.2 Staff understand the intersections between domestic and family violence services and other mainstream services such as mental health, housing and alcohol and other drug services and can make appropriate referrals and connections.
<ul style="list-style-type: none"> • Make the man’s progress and level of engagement in the program available in line with the limited confidentiality agreement signed by the man. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> - 1.2.1 Staff prioritise the safety and wellbeing of victims. - 1.2.4 Staff ensure confidentiality in all aspects of service delivery and practice, including client data and files, consistent with legislative obligations. - 1.2.5 Staff make clients aware of when information may be shared with other agencies as a duty of care, for example, through mandatory reporting of child protection concerns under the <i>Child Protection Act 1999</i> or as part of a court process. <ul style="list-style-type: none"> ▪ viii. Staff are trained in legislative requirements regarding consent and information sharing and are made aware of the importance of maintaining privacy and confidentiality. ▪ ix. Staff understand the consequences of not sharing information with other agencies when required (e.g. not sharing information may jeopardise the safety of a victim or people close to them, and the <i>Domestic and Family Violence Act 2012</i> and the <i>Child Protection Act 1999</i> state that safety and wellbeing takes precedence over the protection of an individual’s privacy. ▪ xv. Staff working with perpetrators liaise closely with organisations supporting the victim of violence to ensure that there is an integrated and coordinated response to ensuring victim safety. ▪ xvii. For staff working with perpetrators, when a perpetrator is perceived as being a threat to the safety of other people, staff notify the appropriate prescribed entities, for example, the police. ▪ xviii. For staff working with perpetrators in a one-on-one setting such as counselling, when a perpetrator completes, withdraws or is terminated from the intervention service, and there is a victim’s advocate, staff will contact the victim’s advocate to inform them of the change in circumstance and any other information relevant to managing any risks to the victim’s safety. This communication is conducted in such a way that it does not increase risk to the victim, and where possible should be negotiated with the victim. ▪ xix. For staff working with perpetrators in a group setting such as a men’s behavioural change program, when a perpetrator completes, withdraws or is terminated from the intervention service, staff will contact the relevant prescribed entity, for example, Queensland Corrective Services and/or the Queensland Police Service. • 1.3 Risk assessment, management and safety plans <ul style="list-style-type: none"> - 1.3.5 Staff working with perpetrators assist them to develop practical and meaningful safety plans designed to address the safety of victims and those impacted by the violence.

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	<ul style="list-style-type: none"> ▪ x. When working with perpetrators, staff understand that perpetrators may inadvertently disclose information that a victim is unaware of and which can impact on the risk assessment or risk management of victims. For example, perpetrators may disclose information such as, changes in their level of drinking or substance abuse; violation of an existing order; and/or other instances of violence at work or against other victims. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> • 4.1 Ensuring safety, responsibility and accountability <ul style="list-style-type: none"> – 4.1.5 Staff understand overall system accountability and how the interactions of staff across all points of the service system, for example, generalist services, HRTs, specialist services and prescribed entities, can better support victims and families. <ul style="list-style-type: none"> ▪ ix. Where a victim advocate exists, staff working with perpetrators engage regularly with the victim’s advocate to ensure victim’s needs are considered when delivering interventions for perpetrators.
<ul style="list-style-type: none"> • Service management participation in a coordinated response to domestic and family violence. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> ▪ xv. Staff working with perpetrators liaise closely with organisations supporting the victim of violence to ensure that there is an integrated and coordinated response to ensuring victim safety. <p>Practice Standards and Guidance: Principle 7 – Services collaborate to provide an integrated response</p> <ul style="list-style-type: none"> • 7.1 Working with other specialist domestic and family violence service providers <ul style="list-style-type: none"> – 7.1.1 Staff proactively work with staff in other domestic and family violence services to provide a holistic response to clients. – 7.1.2 Staff ensure that clients who cannot be directly supported by their organisation are referred to an appropriate service. – 7.1.3 Staff have a comprehensive understanding of their organisation’s offerings, limitations, and referral pathways to other services to address client’s needs. <ul style="list-style-type: none"> ▪ ii. Staff develop and maintain a local network to ensure ease of referral and an integrated response. Ideally and where mutually beneficial, resources are shared between these organisations, including financial, human, knowledge and good practice. ▪ v. Staff working with perpetrators establish and maintain strong working relationships with other relevant service providers (e.g. specialist domestic and family violence services, Government service providers, other support services etc.) in order to manage risk, hold perpetrators to account and create efficient referral pathways and information sharing. • 7.2 Working with organisations outside the service system <ul style="list-style-type: none"> – 7.2.1 Staff participate in multi-agency support services as appropriate to the needs of the clients (such as police, the court system, legal services, and medical and mental health services, disability services, housing services, child protection and Centrelink). – 7.2.2 Staff understand the intersections between domestic and family violence services and other mainstream services such as mental health, housing and alcohol and other drug services and can make appropriate referrals and connections.
<p>Unacceptable practice includes:</p>	
<ul style="list-style-type: none"> • No formal links with advocacy services. 	<p>Full intent of the standard not captured in the revised Practice Standards. Standard under consideration for inclusion in contractual documents or the forthcoming Quality Framework as appropriate.</p> <p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> – 1.2.1 Staff prioritise the safety and wellbeing of victims. <ul style="list-style-type: none"> ▪ xviii. For staff working with perpetrators in a one-on-one setting such as counselling, when a perpetrator completes, withdraws or is terminated from the intervention service, and there is a victim’s advocate, staff will contact the victim’s advocate to inform them of the change in circumstance and any other information relevant to managing any risks to the victim’s safety. This communication is conducted in such a way that it does not increase risk to the victim, and where possible should be negotiated with the victim. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> • 4.1 Ensuring safety, responsibility and accountability <ul style="list-style-type: none"> – 4.1.1 Victims’, including children’s safety and freedom underpins all services for perpetrators of domestic and family violence, especially after separation. – 4.1.4 Staff working with perpetrators in a one-on-one setting establish an ongoing relationship with the adult and child victim, either directly or through a victim advocate, to monitor the situation and provide support where needed. <ul style="list-style-type: none"> ▪ iii. Where the victim is not being supported by another specialist domestic and family violence service, staff working in perpetrator services either refer the victim to a specialist domestic and family violence service or assign a victim advocate to undertake all relevant risk assessment, risk management and safety planning procedures in an ongoing way for the duration of the program. ▪ iv. Where the victim is already in contact with a specialist service and does not want ongoing contact with staff from the perpetrator service, staff will liaise with the victim’s case manager and/or the victim advocate for the purposes of sharing information and ensuring the safety of the victim. Whenever safe, possible and practical, a victim’s consent should be obtained before sharing information but in certain circumstances, information may be shared with prescribed entities and specialist domestic and family violence service providers. ▪ ix. Where a victim advocate exists, staff working with perpetrators engage regularly with the victims advocate to ensure victim’s needs are considered when delivering interventions for perpetrators.

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<ul style="list-style-type: none"> No formal links with statutory, other government and non-government organisations. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> 1.2 Ensuring victim safety <ul style="list-style-type: none"> 1.2.1 Staff prioritise the safety and wellbeing of victims. <ul style="list-style-type: none"> ii. Where practical at each contact, staff confirm with other service providers the current safety status of the victim. v. Staff consult victims and other relevant services including, for example, cultural advisor, High Risk Team (HRT) Coordinator and Principal Child Protection Practitioner (PCPP), Specialised and Intensive Services (SIS) regarding the safest locations, people, and means of contact. Staff follow the crisis response processes and protocols of their organisation. xv. Staff working with perpetrators liaise closely with organisations supporting the victim of violence to ensure that there is an integrated and coordinated response to ensuring victim safety. <p>Practice Standards and Guidance: Principle 7 – Services collaborate to provide an integrated response</p> <ul style="list-style-type: none"> 7.1 Working with other specialist domestic and family violence service providers <ul style="list-style-type: none"> 7.1.1 Staff proactively work with staff in other domestic and family violence services to provide a holistic response to clients. 7.1.2 Staff ensure that clients who cannot be directly supported by their organisation are referred to an appropriate service. 7.1.3 Staff have a comprehensive understanding of their organisation’s offerings, limitations, and referral pathways to other services to address client’s needs. <ul style="list-style-type: none"> ii. Staff develop and maintain a local network to ensure ease of referral and an integrated response. Ideally and where mutually beneficial, resources are shared between these organisations, including financial, human, knowledge and good practice. v. Staff working with perpetrators establish and maintain strong working relationships with other relevant service providers (e.g. specialist domestic and family violence services, Government service providers, other support services etc.) in order to manage risk, hold perpetrators to account and create efficient referral pathways and information sharing. 7.2 Working with organisations outside the service system <ul style="list-style-type: none"> 7.2.1 Staff participate in multi-agency support services as appropriate to the needs of the clients (such as police, the court system, legal services, and medical and mental health services, disability services, housing services, child protection and Centrelink). 7.2.2 Staff understand the intersections between domestic and family violence services and other mainstream services such as mental health, housing and alcohol and other drug services and can make appropriate referrals and connections. <ul style="list-style-type: none"> i. Staff participate in local and regional inter-agency forums and networks to support information sharing, best practice when working with clients with specific needs, service coordination, and seamless service delivery. iv. For staff working with perpetrators who request support to understand or clarify advice provided by organisations outside the service system, staff refer clients on to appropriate service providers who can assist in this capacity, for example, legal services, the Queensland Police Service, the Department of Justice and Attorney-General, or other government and non-government agencies. v. Where appropriate, staff identify and refer clients to other services they may require including alcohol and other drugs services, gambling support services and/or homelessness and housing support services. For perpetrator services, these referrals should be done in a way that addresses any belief that problems such as substance abuse or gambling minimise the importance or accountability of the perpetrator’s behaviour. vi. Where appropriate, staff dealing with perpetrators, work with staff from other organisations such as the police to better educate perpetrators about the legal and community impact of their actions and increase accountability to those impacted by their violence and to the people and services supporting them.
<ul style="list-style-type: none"> Use of ad hoc referral processes with no formal follow-up. 	<p>Practice Standards and Guidance: Principle 7 – Services collaborate to provide an integrated response</p> <ul style="list-style-type: none"> 7.1 Working with other specialist domestic and family violence service providers <ul style="list-style-type: none"> 7.1.2 Staff ensure that clients who cannot be directly supported by their organisation are referred to an appropriate service. 7.1.3 Staff have a comprehensive understanding of their organisation’s offerings, limitations, and referral pathways to other services to address client’s needs. <ul style="list-style-type: none"> ii. Staff develop and maintain a local network to ensure ease of referral and an integrated response. Ideally and where mutually beneficial, resources are shared between these organisations, including financial, human, knowledge and good practice. iii. Staff follow up contact with the receiving agency and the client to determine if the service has been taken up and is progressing, in alignment with the information sharing framework in the legislation. v. Staff working with perpetrators establish and maintain strong working relationships with other relevant service providers (e.g. specialist domestic and family violence services, Government service providers, other support services etc.) in order to manage risk, hold perpetrators to account and create efficient referral pathways and information sharing. 7.2 Working with organisations outside the service system <ul style="list-style-type: none"> 7.2.1 Staff participate in multi-agency support services as appropriate to the needs of the clients (such as police, the court system, legal services, and medical and mental health services, disability services, housing services, child protection and Centrelink). 7.2.2 Staff understand the intersections between domestic and family violence services and other mainstream services such as mental health, housing and alcohol and other drug services and can make appropriate referrals and connections. <ul style="list-style-type: none"> i. Staff participate in local and regional inter-agency forums and networks to support information sharing, best practice when working with clients with specific needs, service coordination, and seamless service delivery.

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	<ul style="list-style-type: none"> ▪ iv. For staff working with perpetrators who request support to understand or clarify advice provided by organisations outside the service system, staff refer clients on to appropriate service providers who can assist in this capacity, for example, legal services, the Queensland Police Service, the Department of Justice and Attorney-General, or other government and non-government agencies. ▪ v. Where appropriate, staff identify and refer clients to other services they may require including alcohol and other drugs services, gambling support services and/or homelessness and housing support services. For perpetrator services, these referrals should be done in a way that addresses any belief that problems such as substance abuse or gambling minimise the importance or accountability of the perpetrator’s behaviour. ▪ vi. Where appropriate, staff dealing with perpetrators, work with staff from other organisations such as the police to better educate perpetrators about the legal and community impact of their actions and increase accountability to those impacted by their violence and to the people and services supporting them. ▪ vii. Where appropriate, staff either assist clients to understand the conditions and requirements of Domestic Violence Orders, as well as other court orders and requirements, or provide referrals to other service providers who can deliver this advice.
<ul style="list-style-type: none"> • No designated program staff member engaged in interagency contact. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> – 1.2.1 Staff prioritise the safety and wellbeing of victims. <ul style="list-style-type: none"> ▪ ii. Where practical at each contact, staff confirm with other service providers the current safety status of the victim. ▪ v. Staff consult victims and other relevant services including, for example, cultural advisor, High Risk Team (HRT) Coordinator and Principal Child Protection Practitioner (PCPP), Specialised and Intensive Services (SIS) regarding the safest locations, people, and means of contact. Staff follow the crisis response processes and protocols of their organisation. ▪ xv. Staff working with perpetrators liaise closely with organisations supporting the victim of violence to ensure that there is an integrated and coordinated response to ensuring victim safety. <p>Practice Standards and Guidance: Principle 7 – Services collaborate to provide an integrated response</p> <ul style="list-style-type: none"> • 7.1 Working with other specialist domestic and family violence service providers <ul style="list-style-type: none"> – 7.1.1 Staff proactively work with staff in other domestic and family violence services to provide a holistic response to clients. – 7.1.2 Staff ensure that clients who cannot be directly supported by their organisation are referred to an appropriate service. – 7.1.3 Staff have a comprehensive understanding of their organisation’s offerings, limitations, and referral pathways to other services to address client’s needs. <ul style="list-style-type: none"> ▪ ii. Staff develop and maintain a local network to ensure ease of referral and an integrated response. Ideally and where mutually beneficial, resources are shared between these organisations, including financial, human, knowledge and good practice. ▪ iii. Staff follow up contact with the receiving agency and the client to determine if the service has been taken up and is progressing, in alignment with the information sharing framework in the legislation. ▪ v. Staff working with perpetrators establish and maintain strong working relationships with other relevant service providers (e.g. specialist domestic and family violence services, Government service providers, other support services etc.) in order to manage risk, hold perpetrators to account and create efficient referral pathways and information sharing. • 7.2 Working with organisations outside the service system <ul style="list-style-type: none"> – 7.2.1 Staff participate in multi-agency support services as appropriate to the needs of the clients (such as police, the court system, legal services, and medical and mental health services, disability services, housing services, child protection and Centrelink). – 7.2.2 Staff understand the intersections between domestic and family violence services and other mainstream services such as mental health, housing and alcohol and other drug services and can make appropriate referrals and connections. <ul style="list-style-type: none"> ▪ i. Staff participate in local and regional inter-agency forums and networks to support information sharing, best practice when working with clients with specific needs, service coordination, and seamless service delivery. ▪ iv. For staff working with perpetrators who request support to understand or clarify advice provided by organisations outside the service system, staff refer clients on to appropriate service providers who can assist in this capacity, for example, legal services, the Queensland Police Service, the Department of Justice and Attorney-General, or other government and non-government agencies. ▪ v. Where appropriate, staff identify and refer clients to other services they may require including alcohol and other drugs services, gambling support services and/or homelessness and housing support services. For perpetrator services, these referrals should be done in a way that addresses any belief that problems such as substance abuse or gambling minimise the importance or accountability of the perpetrator’s behaviour. ▪ vi. Where appropriate, staff dealing with perpetrators, work with staff from other organisations such as the police to better educate perpetrators about the legal and community impact of their actions and increase accountability to those impacted by their violence and to the people and services supporting them. ▪ vii. Where appropriate, staff either assist clients to understand the conditions and requirements of Domestic Violence Orders, as well as other court orders and requirements, or provide referrals to other service providers who can deliver this advice.
<ul style="list-style-type: none"> • Program development without consultation with advocacy services, including women’s services. 	<p>Practice Standards and Guidance: Principle 3 – Services are evidence informed</p> <ul style="list-style-type: none"> • 3.1 Evidence-informed practice <ul style="list-style-type: none"> – 3.1.1 Staff stay informed on current theoretical frameworks and contemporary best practice interventions and incorporate these into their responses and practice. <ul style="list-style-type: none"> ▪ i. Staff provide responses within appropriate theoretical frameworks relevant to domestic and family violence

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	<p>Practice Standards and Guidance: Principle 5 – Services are culturally safe for Aboriginal and Torres Strait Islander people</p> <ul style="list-style-type: none"> • 5.1 Ensuring cultural safety <ul style="list-style-type: none"> – 5.1.2 Staff have a high level of understanding of Aboriginal and Torres Strait Islander culture in all aspects of service delivery and practice. <ul style="list-style-type: none"> ▪ i. Staff have a knowledge of Aboriginal and or Torres Strait Islander domestic and family violence dynamics and the impact on victims, families and community. For example, staff recognise that domestic and family violence is not always caused by an intimate partner but can also include lateral violence and violence from the extended community in Aboriginal and Torres Strait Islander communities. <p>Practice Standards and Guidance: Principle 7 – Services collaborate to provide an integrated response</p> <ul style="list-style-type: none"> • 7.1 Working with other specialist domestic and family violence service providers <ul style="list-style-type: none"> – 7.1.1 Staff proactively work with staff in other domestic and family violence services to provide a holistic response to clients. <ul style="list-style-type: none"> ▪ ii. Staff develop and maintain a local network to ensure ease of referral and an integrated response. Ideally and where mutually beneficial, resources are shared between these organisations, including financial, human, knowledge and good practice.
<p>Standard 2 – Program staff</p>	
<p>2.1 Processes for staff recruitment and selection Essential professional practice will include the following:</p>	
<ul style="list-style-type: none"> • Each program will have at least one Level 3 facilitator as set out above. 	<p>Full intent of the standard not captured in the revised Practice Standards. Standard under consideration for inclusion in contractual documents or the forthcoming Quality Framework as appropriate.</p> <p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> • 2.1 Understanding of domestic and family violence <ul style="list-style-type: none"> – 2.1.3 Staff competency levels, knowledge, and qualifications align with the level of service and care provided to clients, and staff have the required skills consistent with their roles and responsibilities. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> • Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> – 6.2 The organisation has transparent and accountable recruitment and selection processes that ensure people working in the organisation possess the knowledge, skills and experience required to fulfil their roles.
<ul style="list-style-type: none"> • The second facilitator will at least meet the Level 2 criteria as set out above. 	<p>Full intent of the standard not captured in the revised Practice Standards. Standard under consideration for inclusion in contractual documents or the forthcoming Quality Framework as appropriate.</p> <p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> • 2.1 Understanding of domestic and family violence <ul style="list-style-type: none"> – 2.1.3 Staff competency levels, knowledge, and qualifications align with the level of service and care provided to clients, and staff have the required skills consistent with their roles and responsibilities. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> • Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> – 6.2 The organisation has transparent and accountable recruitment and selection processes that ensure people working in the organisation possess the knowledge, skills and experience required to fulfil their roles.
<ul style="list-style-type: none"> • Recruitment of male and female facilitators for the group program. 	<p>Full intent of the standard not captured in the revised Practice Standards. Standard under consideration for inclusion in contractual documents or the forthcoming Quality Framework as appropriate.</p> <p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> • 2.1 Understanding of domestic and family violence <ul style="list-style-type: none"> – 2.1.3 Staff competency levels, knowledge, and qualifications align with the level of service and care provided to clients, and staff have the required skills consistent with their roles and responsibilities. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> • Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> – 6.2 The organisation has transparent and accountable recruitment and selection processes that ensure people working in the organisation possess the knowledge, skills and experience required to fulfil their roles.
<ul style="list-style-type: none"> • Staff selection processes which include an external experienced domestic and family violence practitioner who works with those who experience a man’s abusive behaviour. 	<p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> • 2.1 Understanding of domestic and family violence <ul style="list-style-type: none"> – 2.1.3 Staff competency levels, knowledge, and qualifications align with the level of service and care provided to clients, and staff have the required skills consistent with their roles and responsibilities. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> • Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> – 6.2 The organisation has transparent and accountable recruitment and selection processes that ensure people working in the organisation possess the knowledge, skills and experience required to fulfil their roles.
<ul style="list-style-type: none"> • Prior to appointment, domestic and family violence history and criminal history checks are undertaken. 	<p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> • 2.1 Understanding of domestic and family violence

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<ul style="list-style-type: none"> Recruitment processes must ensure that Aboriginal and Torres Strait Islander people, and those of CALD backgrounds, have equal opportunity in accessing positions within the program. 	<ul style="list-style-type: none"> 2.1.3 Staff competency levels, knowledge, and qualifications align with the level of service and care provided to clients, and staff have the required skills consistent with their roles and responsibilities. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> 6.2 The organisation has transparent and accountable recruitment and selection processes that ensure people working in the organisation possess the knowledge, skills and experience required to fulfil their roles.
<ul style="list-style-type: none"> The recruitment of current or ex-participants as leaders, mentors or ‘successful graduates’. 	<p>Full intent of the standard not captured in the revised Practice Standards. Standard under consideration for inclusion in contractual documents or the forthcoming Quality Framework as appropriate.</p> <p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> 2.1 Understanding of domestic and family violence <ul style="list-style-type: none"> 2.1.3 Staff competency levels, knowledge, and qualifications align with the level of service and care provided to clients, and staff have the required skills consistent with their roles and responsibilities. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> 6.1 The organisation has human resource management systems that are consistent with regulatory requirements, industrial relations legislation, work health and safety legislation and relevant agreements and rewards.
<p>Unacceptable practice includes:</p> <ul style="list-style-type: none"> The recruitment of facilitators such that a Level 3 and a Level 2 facilitator are unavailable to undertake the program. 	<p>Not captured in the revised Practice Standards. Standard under consideration for inclusion in contractual documents or the forthcoming Quality Framework as appropriate.</p> <p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> 2.1 Understanding of domestic and family violence <ul style="list-style-type: none"> 2.1.3 Staff competency levels, knowledge, and qualifications align with the level of service and care provided to clients, and staff have the required skills consistent with their roles and responsibilities. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> 6.1 The organisation has human resource management systems that are consistent with regulatory requirements, industrial relations legislation, work health and safety legislation and relevant agreements and rewards.
<p>2.2 Staff roles and responsibilities Essential professional practice will include the following:</p>	<p>Not captured in the revised Practice Standards. Standard under consideration for inclusion in contractual documents or the forthcoming Quality Framework as appropriate.</p>
<ul style="list-style-type: none"> Male and female facilitators conduct group programs for reasons of safety, accountability and modelling of respectful gender relations. Facilitators of the same gender will be used only in specific circumstances. These circumstances are: <ul style="list-style-type: none"> both program facilitators are female, only: <ul style="list-style-type: none"> after a risk assessment in relation to that particular group’s response to two women as facilitators has been assessed as low risk after the program manager has ascertained that the level of professional group facilitation skills of the individuals and the two women combined is sufficient when in any 32 hours of group work, two female facilitators would co-facilitate: <ul style="list-style-type: none"> no more than three sessions, and no more than two consecutive sessions both program facilitators are male, only when: <ul style="list-style-type: none"> a female observer or supervisor who has expertise in domestic and family violence and accountability-related issues will be included at least monthly every effort will be made to recruit (contract or employ) or train a suitably qualified female co-facilitator. 	<p>Not captured in the revised Practice Standards. Standard under consideration for inclusion in contractual documents or the forthcoming Quality Framework as appropriate.</p>

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<ul style="list-style-type: none"> If the above conditions cannot be met, the group session can be cancelled and protocols developed for planned or sudden cancellation followed. 	
<ul style="list-style-type: none"> One facilitator has a sound working knowledge of the service policies, protocols and procedures. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> 1.2 Ensuring victim safety <ul style="list-style-type: none"> 1.2.6 Staff are competent in identifying, assessing and responding to the risks to their own safety when delivering services that prioritise the safety and wellbeing of victims. <ul style="list-style-type: none"> xx. Staff are aware of the tools and guidance relating to workplace risk management and ensuring safety at work. This includes, for example, awareness of the organisations protocols for keeping staff safe, awareness around how to contact Workplace Health and Safety Queensland for further advice, awareness of the Queensland Government’s Workplace risk management guide: domestic and family violence and the Code of Practice on how to manage work health and safety risks. <p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> 2.1 Understanding of domestic and family violence <ul style="list-style-type: none"> 2.1.3 Staff competency levels, knowledge, and qualifications align with the level of service and care provided to clients, and staff have the required skills consistent with their roles and responsibilities. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> 4.1 Ensuring safety, responsibility and accountability <ul style="list-style-type: none"> 4.1.2 Staff follow their organisation’s processes, policy and procedures to assess risk for the victim, maintain victim safety and keep perpetrators accountable regardless of relationship status. <ul style="list-style-type: none"> iv. Where the victim is already in contact with a specialist service and does not want ongoing contact with staff from the perpetrator service, staff will liaise with the victim’s case manager and/or the victim advocate for the purposes of sharing information and ensuring the safety of the victim. Whenever safe, possible and practical, a victim’s consent should be obtained before sharing information but in certain circumstances, information may be shared with prescribed entities and specialist domestic and family violence service providers. ix. Where a victim advocate exists, staff working with perpetrators engage regularly with the victims advocate to ensure victim’s needs are considered when delivering interventions for perpetrators. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> 6.2 The organisation has transparent and accountable recruitment and selection processes that ensure people working in the organisation possess the knowledge, skills and experience required to fulfil their roles. 6.3 The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.
<ul style="list-style-type: none"> One member of staff at the service, preferably employed full-time, will be designated the coordinator of the program. 	<p>Human Services Quality Standards: Standard 1 – Governance and management</p> <ul style="list-style-type: none"> Sound governance and management systems that maximise outcomes for stakeholders <ul style="list-style-type: none"> 1.4 The organisation’s management systems are clearly defined, documented and monitored and (where appropriate) communicated including finance, assets and risk. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> 6.2 The organisation has transparent and accountable recruitment and selection processes that ensure people working in the organisation possess the knowledge, skills and experience required to fulfil their roles. 6.3 The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.
<ul style="list-style-type: none"> Program facilitators have a good working knowledge of the Act and other relevant Legislation such as the <i>Child Protection Act 1999</i> and domestic and family violence definitions and provisions in the <i>Family Law Act 1975</i>. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> 1.2 Ensuring victim safety <ul style="list-style-type: none"> 1.2.4 Staff ensure confidentiality in all aspects of service delivery and practice, including client data and files, consistent with legislative obligations. 1.2.5 Staff make clients aware of when information may be shared with other agencies as a duty of care, for example, through mandatory reporting of child protection concerns under the <i>Child Protection Act 1999</i> or as part of a court process. <ul style="list-style-type: none"> viii. Staff are trained in legislative requirements regarding consent and information sharing and are made aware of the importance of maintaining privacy and confidentiality. ix. Staff understand the consequences of not sharing information with other agencies when required, for example, not sharing information may jeopardise the safety of a victim or people close to them, and the <i>Domestic and Family Violence Act 2012</i> and the <i>Child Protection Act 1999</i> state that safety and wellbeing takes precedence over the protection of an individual’s privacy. x. Staff understand that information can be shared and referrals can be made to prescribed entities without the consent of the victim or perpetrator according to the principles for sharing information described in the <i>Domestic Violence Act 2012</i> and <i>Child Protection Act 1999</i>. xi. Staff working with victims inform their clients that they may be referred to statutory and/or emergency services if their safety, or the safety of people around them, is considered to be under threat. For mandatory reporting organisations under the <i>Child Protection Act 1999</i> (for example, those organisations performing a child

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	<p>advocate function under the <i>Public Guardian Act 2014</i>), it is a legislative requirement for them to report any reasonable suspicion that a child is in need of protection caused by any other form of abuse or neglect.</p> <p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> • 2.1 Understanding of domestic and family violence <ul style="list-style-type: none"> – 2.1.3 Staff competency levels, knowledge, and qualifications align with the level of service and care provided to clients, and staff have the required skills consistent with their roles and responsibilities. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> • Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> – 6.2 The organisation has transparent and accountable recruitment and selection processes that ensure people working in the organisation possess the knowledge, skills and experience required to fulfil their roles. – 6.3 The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.
<ul style="list-style-type: none"> • Where both program facilitators are sessional or casual employees, the service will ensure time is available for the exchange of information with advocacy, program development and supervisory staff. 	<p>Human Services Quality Standards: Standard 1 – Governance and management</p> <ul style="list-style-type: none"> • Sound governance and management systems that maximise outcomes for stakeholders <ul style="list-style-type: none"> – 1.4 The organisation’s management systems are clearly defined, documented and monitored and (where appropriate) communicated including finance, assets and risk. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> • Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> – 6.2 The organisation has transparent and accountable recruitment and selection processes that ensure people working in the organisation possess the knowledge, skills and experience required to fulfil their roles. – 6.3 The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles. – 6.4 The organisation provides ongoing support, supervision, feedback and fair disciplinary processes for people working in the organisation.
<ul style="list-style-type: none"> • Program staff must inform advocates of any concerns regarding threats to safety arising in the program. This could include varying, especially low, levels of the man’s attendance and engagement in the program. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> – 1.2.1 Staff prioritise the safety and wellbeing of victims. – 1.2.3 Staff are competent in dealing with risks around safety and implementing effective strategies to maintain victim safety, including the specific safety needs of children. <ul style="list-style-type: none"> ▪ viii. Staff are trained in legislative requirements regarding consent and information sharing and are made aware of the importance of maintaining privacy and confidentiality. ▪ ix. Staff understand the consequences of not sharing information with other agencies when required (e.g. not sharing information may jeopardise the safety of a victim or people close to them and the <i>Domestic and Family Violence Act 2012</i> and the <i>Child Protection Act 1999</i> state that safety and wellbeing takes precedence over the protection of an individual’s privacy). ▪ xviii. For staff working with perpetrators in a one-on-one setting such as counselling, when a perpetrator completes, withdraws or is terminated from the intervention service, and there is a victim’s advocate, staff will contact the victim’s advocate to inform them of the threat and any other information relevant to managing any risks to the victim’s safety. This communication is conducted in such a way that it does not increase risk to the victim, and where possible should be negotiated with the victim. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> • 4.1 Ensuring safety, responsibility and accountability <ul style="list-style-type: none"> – 4.1.1 Victim’s, including children’s, safety and freedom underpins all services for perpetrators of domestic and family violence, including after separation. – 4.1.2 Staff follow their organisation’s processes, policy and procedures to assess risk for the victim, maintain victim safety and keep perpetrators accountable regardless of relationship status. – 4.1.4 Staff working with perpetrators in a one-on-one setting establish an ongoing relationship with the adult and child victim, either directly or through a victim advocate, to monitor the situation and provide support where needed. <ul style="list-style-type: none"> ▪ iv. Where the victim is already in contact with a specialist service and does not want ongoing contact with staff from the perpetrator service, staff will liaise with the victim’s case manager and/or the victim advocate for the purposes of sharing information and ensuring the safety of the victim. Whenever safe, possible and practical, a victim’s consent should be obtained before sharing information but in certain circumstances information may be shared with prescribed entities and specialist domestic and family violence service providers. ▪ ix. Where a victim advocate exists, staff working with perpetrators engage regularly with the victim’s advocate to ensure victim’s needs are considered when delivering interventions for perpetrators.
<p>Unacceptable practice includes:</p>	
<ul style="list-style-type: none"> • Group facilitation by facilitators of the same gender except in certain defined situations. 	<p>Not captured in the revised Practice Standards. Standard under consideration for inclusion in contractual documents or the forthcoming Quality Framework as appropriate.</p>
<ul style="list-style-type: none"> • The use of volunteers or paid staff as facilitators who are untrained, unqualified at a tertiary level or have no prior experience in domestic and family violence work and the 	<p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> • 2.1 Understanding of domestic and family violence <ul style="list-style-type: none"> – 2.1.3 Staff competency levels, knowledge, and qualifications align with the level of service and care provided to clients, and staff have the required skills consistent

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<p>specifics of working with men who perpetrate abusive behaviour.</p>	<p>with their roles and responsibilities.</p> <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> • Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> – 6.2 The organisation has transparent and accountable recruitment and selection processes that ensure people working in the organisation possess the knowledge, skills and experience required to fulfil their roles. – 6.3 The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.
<ul style="list-style-type: none"> • The use of current or ex-participants as leaders, mentors or ‘successful graduates’ at any stage of the program. 	<p>Not captured in the revised Practice Standards. Standard under consideration for inclusion in contractual documents or the forthcoming Quality Framework as appropriate.</p>
<ul style="list-style-type: none"> • No structured contact with the advocate in relation to safety and risk assessments of those who have experienced abusive behaviour by a participant. 	<p>Full intent of the standard not captured in the revised Practice Standards.</p> <p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> – 1.2.1 Staff prioritise the safety and wellbeing of victims. – 1.2.3 Staff are competent in dealing with risks around safety and implementing effective strategies to maintain victim safety, including the specific safety needs of children. <ul style="list-style-type: none"> ▪ viii. Staff are trained in legislative requirements regarding consent and information sharing and are made aware of the importance of maintaining privacy and confidentiality. ▪ ix. Staff understand the consequences of not sharing information with other agencies when required (e.g. not sharing information may jeopardise the safety of a victim or people close to them and the <i>Domestic and Family Violence Act 2012</i> and the <i>Child Protection Act 1999</i> state that safety and wellbeing takes precedence over the protection of an individual’s privacy). ▪ xviii. For staff working with perpetrators in a one-on-one setting such as counselling, when a perpetrator completes, withdraws or is terminated from the intervention service, and there is a victim’s advocate, staff will contact the victim’s advocate to inform them of the threat and any other information relevant to managing any risks to the victim’s safety. This communication is conducted in such a way that it does not increase risk to the victim, and where possible should be negotiated with the victim. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> • 4.1 Ensuring safety, responsibility and accountability <ul style="list-style-type: none"> – 4.1.1 Victim’s, including children’s, safety and freedom underpins all services for perpetrators of domestic and family violence, including after separation. – 4.1.4 Staff working with perpetrators in a one-on-one setting establish an ongoing relationship with the adult and child victim, either directly or through a victim advocate, to monitor the situation and provide support where needed. <ul style="list-style-type: none"> ▪ iv. Where the victim is already in contact with a specialist service and does not want ongoing contact with staff from the perpetrator service, staff will liaise with the victim’s case manager and/or the victim advocate for the purposes of sharing information and ensuring the safety of the victim. Whenever safe, possible and practical, a victim’s consent should be obtained before sharing information but in certain circumstances information may be shared with prescribed entities and specialist domestic and family violence service providers. ▪ ix. Where a victim advocate exists, staff working with perpetrators engage regularly with the victim’s advocate to ensure victim’s needs are considered when delivering interventions for perpetrators.
<p>2.3 Staff Safety Essential professional practice will include the following:</p>	
<ul style="list-style-type: none"> • Worker safety must be a part of a service’s documented occupational health and safety policy. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> – 1.2.6 Staff are competent in identifying, assessing and responding to the risks to their own safety when delivering services that prioritise the safety and wellbeing of victims. – 1.2.7 Staff recognise the need for self-reflection and assess their own safety and social and emotional wellbeing, in order to develop appropriate responses for victims and to develop appropriate interventions for perpetrators. <ul style="list-style-type: none"> ▪ xx. Staff are aware of the tools and guidance relating to workplace risk management and ensuring safety at work. This includes, for example, awareness of the organisations protocols for keeping staff safe, awareness around how to contact Workplace Health and Safety Queensland for further advice, awareness of the Queensland Government’s Workplace risk management guide: domestic and family violence and the Code of Practice on how to manage work health and safety risks. <p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> • 2.1 Understanding of domestic and family violence <ul style="list-style-type: none"> – 2.1.4 Staff understand the impact that working in domestic and family violence can have on their wellbeing, and the wellbeing of their colleagues, and how to manage vicarious trauma. <ul style="list-style-type: none"> ▪ ix. Staff seek out information and training in order to build their knowledge and skills to better recognise the early signs of vicarious trauma. Staff regularly access trauma-informed supervision provided by their organisation. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> • Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service.

Current: <i>Professional Practice Standards – Working with men who perpetrate domestic and family violence</i>	Revised: <i>Domestic and family violence support services: Practice standards and guidance</i>
	<ul style="list-style-type: none"> - 6.1 The organisation has human resource management systems that are consistent with regulatory requirements, industrial relations legislation, work health and safety legislation and relevant agreements or awards.
<ul style="list-style-type: none"> • The service must have policies and procedures for, and brief staff in relation to, critical incident reporting and debriefing. 	<p>Human Services Quality Standards: Standard 4 – Safety, wellbeing and rights</p> <ul style="list-style-type: none"> • The safety wellbeing and human and legal rights of people using services are protected and promoted. <ul style="list-style-type: none"> - 4.3 The organisation has processes for reporting and responding to potential or actual harm, abuse and/or neglect that may occur for people using services. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> • Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> - 6.3 The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.
<ul style="list-style-type: none"> • Staff home numbers are made 'silent' and addresses are removed from Queensland Transport registration databases. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> - 1.2.6 Staff are competent in identifying, assessing and responding to the risks to their own safety when delivering services that prioritise the safety and wellbeing of victims. - 1.2.7 Staff recognise the need for self-reflection and assess their own safety and social and emotional wellbeing, in order to develop appropriate responses for victims and to develop appropriate interventions for perpetrators. <ul style="list-style-type: none"> ▪ xx. Staff are aware of the tools and guidance relating to workplace risk management and ensuring safety at work. This includes, for example, awareness of the organisations protocols for keeping staff safe, awareness around how to contact Workplace Health and Safety Queensland for further advice, awareness of the Queensland Government's Workplace risk management guide: domestic and family violence and the Code of Practice on how to manage work health and safety risks. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> • Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> - 6.1 The organisation has human resource management systems that are consistent with regulatory requirements, industrial relations legislation, work health and safety legislation and relevant agreements or awards.
<ul style="list-style-type: none"> • Staff must work in pairs for group work and leave premises in pairs after dark. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> - 1.2.6 Staff are competent in identifying, assessing and responding to the risks to their own safety when delivering services that prioritise the safety and wellbeing of victims. - 1.2.7 Staff recognise the need for self-reflection and assess their own safety and social and emotional wellbeing, in order to develop appropriate responses for victims and to develop appropriate interventions for perpetrators. <ul style="list-style-type: none"> ▪ xx. Staff are aware of the tools and guidance relating to workplace risk management and ensuring safety at work. This includes, for example, awareness of the organisations protocols for keeping staff safe, awareness around how to contact Workplace Health and Safety Queensland for further advice, awareness of the Queensland Government's Workplace risk management guide: domestic and family violence and the Code of Practice on how to manage work health and safety risks. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> • Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> - 6.1 The organisation has human resource management systems that are consistent with regulatory requirements, industrial relations legislation, work health and safety legislation and relevant agreements or awards.
<ul style="list-style-type: none"> • Staff must work in lockable and well-lit premises, especially after dark. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> - 1.2.6 Staff are competent in identifying, assessing and responding to the risks to their own safety when delivering services that prioritise the safety and wellbeing of victims. - 1.2.7 Staff recognise the need for self-reflection and assess their own safety and social and emotional wellbeing, in order to develop appropriate responses for victims and to develop appropriate interventions for perpetrators. <ul style="list-style-type: none"> ▪ xx. Staff are aware of the tools and guidance relating to workplace risk management and ensuring safety at work. This includes, for example, awareness of the organisations protocols for keeping staff safe, awareness around how to contact Workplace Health and Safety Queensland for further advice, awareness of the Queensland Government's Workplace risk management guide: domestic and family violence and the Code of Practice on how to manage work health and safety risks. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> • Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> - 6.1 The organisation has human resource management systems that are consistent with regulatory requirements, industrial relations legislation, work health and safety legislation and relevant agreements or awards.
<ul style="list-style-type: none"> • Keys, security alarms, static (room) panic buttons or personal alarm pendants (linked to an emergency number if the button is pressed) are available as required. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> - 1.2.6 Staff are competent in identifying, assessing and responding to the risks to their own safety when delivering services that prioritise the safety and wellbeing of victims.

Current: <i>Professional Practice Standards – Working with men who perpetrate domestic and family violence</i>	Revised: <i>Domestic and family violence support services: Practice standards and guidance</i>
	<ul style="list-style-type: none"> - 1.2.7 Staff recognise the need for self-reflection and assess their own safety and social and emotional wellbeing, in order to develop appropriate responses for victims and to develop appropriate interventions for perpetrators. <ul style="list-style-type: none"> ▪ xx. Staff are aware of the tools and guidance relating to workplace risk management and ensuring safety at work. This includes, for example, awareness of the organisations protocols for keeping staff safe, awareness around how to contact Workplace Health and Safety Queensland for further advice, awareness of the Queensland Government’s Workplace risk management guide: domestic and family violence and the Code of Practice on how to manage work health and safety risks. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> • Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> - 6.1 The organisation has human resource management systems that are consistent with regulatory requirements, industrial relations legislation, work health and safety legislation and relevant agreements or awards.
<ul style="list-style-type: none"> • Land lines and mobile phones are available and where possible numbers are stored in phone memories for 000 or the closest 24-hour police station, or a police officer’s after-hours contact number. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> - 1.2.6 Staff are competent in identifying, assessing and responding to the risks to their own safety when delivering services that prioritise the safety and wellbeing of victims. - 1.2.7 Staff recognise the need for self-reflection and assess their own safety and social and emotional wellbeing, in order to develop appropriate responses for victims and to develop appropriate interventions for perpetrators. <ul style="list-style-type: none"> ▪ xx. Staff are aware of the tools and guidance relating to workplace risk management and ensuring safety at work. This includes, for example, awareness of the organisations protocols for keeping staff safe, awareness around how to contact Workplace Health and Safety Queensland for further advice, awareness of the Queensland Government’s Workplace risk management guide: domestic and family violence and the Code of Practice on how to manage work health and safety risks. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> • Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> - 6.1 The organisation has human resource management systems that are consistent with regulatory requirements, industrial relations legislation, work health and safety legislation and relevant agreements or awards.
<ul style="list-style-type: none"> • The program must have options clearly understood by program staff for the exclusion of men on the basis of risk to staff or other participants. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> - 1.2.6 Staff are competent in identifying, assessing and responding to the risks to their own safety when delivering services that prioritise the safety and wellbeing of victims. - 1.2.7 Staff recognise the need for self-reflection and assess their own safety and social and emotional wellbeing, in order to develop appropriate responses for victims and to develop appropriate interventions for perpetrators. <ul style="list-style-type: none"> ▪ xii. Staff working with perpetrators inform their clients that they may be reported to statutory and/or emergency services if they are perceived as presenting a threat to the safety of other people. ▪ xvii. For staff working with perpetrators, when a perpetrator is perceived as being a threat to the safety of other people, staff notify the appropriate prescribed entities, for example, the police. ▪ xx. Staff are aware of the tools and guidance relating to workplace risk management and ensuring safety at work. This includes, for example, awareness of the organisations protocols for keeping staff safe, awareness around how to contact Workplace Health and Safety Queensland for further advice, awareness of the Queensland Government’s Workplace risk management guide: domestic and family violence and the Code of Practice on how to manage work health and safety risks. <p>Practice Standards and Guidance: Principle 6 – Services are client-centred and accessible for all</p> <ul style="list-style-type: none"> • 6.3 Accessible and equitable support and assistance <ul style="list-style-type: none"> - 6.3.2 Staff ensure their assessment of eligibility for service access is at all times based on an antidiscriminatory, non-prejudicial, and consistent judgement of a person’s individual needs and experiences. <ul style="list-style-type: none"> ▪ x. For staff working with perpetrators, they ensure perpetrators enter into an agreement about standards of acceptable behaviour for group participation so that all participants have equitable access to the benefits of the program and support from facilitators. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> • Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> - 6.1 The organisation has human resource management systems that are consistent with regulatory requirements, industrial relations legislation, work health and safety legislation and relevant agreements or awards. - 6.3 The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.
<ul style="list-style-type: none"> • The service must employ sufficiently qualified and trained staff who can make accurate assessments of a man’s risk of aggressive behaviour 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> - 1.2.1 Staff prioritise the safety and wellbeing of victims. - 1.2.3 Staff are competent in dealing with risks around safety and implementing effective strategies to maintain victim safety, including the specific safety needs of children.

Current: Professional Practice Standards – Working with men who perpetrate domestic and family violence	Revised: Domestic and family violence support services: Practice standards and guidance
	<ul style="list-style-type: none"> • 1.3 Risk assessment, management and safety plans <ul style="list-style-type: none"> – 1.3.2 Staff are trained to recognise and identify the variety of risks that can be present for adult and child victims and maintain a contemporary knowledge of emerging risk factors. – 1.3.3 Staff are trained to recognise and identify the variety of risk factors that perpetrators may present with including attitudinal, behavioural and physical risk factors, and use this information to inform risk assessment, management and the development of safety plans for victims (for example, high risk factors include a history of strangulation, weapons use and/or suicide attempts and general risk factors include pet abuse and acceptance of violence). • Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence • 2.1 Understanding of domestic and family violence <ul style="list-style-type: none"> – 2.1.2 Staff have the expertise to identify signs of domestic and family violence and the ability to respond to disclosures of both adults and children. – 2.1.3 Staff competency levels, knowledge and qualifications align with the level of service and care provided to clients, and staff have the required skills consistent with their roles and responsibilities. • 2.2 Understanding of gender, power, and control <ul style="list-style-type: none"> – 2.2.1 Staff have a nuanced and intersectional understanding of the dynamics of gender, power, and control which informs all aspects of their practice. – 2.2.2 Staff recognise the significance of patterns of perpetrator behaviour beyond individual incidents of violence and are able to meaningfully assess these patterns to develop appropriate responses for the victim and appropriate interventions for the perpetrator. • Practice Standards and Guidance: Principle 3 – Services are evidence-informed • 3.1 Evidence-informed practice <ul style="list-style-type: none"> – 3.1.1 Staff stay informed on current theoretical frameworks and contemporary best practice interventions and incorporate these into their responses and practice. – 3.1.2 Staff understand the meaning of evidence based practice and develop skills in engaging with evidence and applying it to their daily practice. – 3.1.3 Staff access learning and development opportunities to ensure continuous professional development and to maintain currency, competency and confidence in their role in working with adult and child victims, and in working with perpetrators. • Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions • 4.1 Ensuring safety, responsibility, and accountability <ul style="list-style-type: none"> – 4.1.4 Staff working with perpetrators in a one-on-one setting establish an ongoing relationship with the adult and child victim, either directly or through a victim advocate, to monitor the situation and provide support where needed. <ul style="list-style-type: none"> ▪ xii. Staff working with perpetrators establish clear boundaries in line with their roles in delivering perpetrator services. This is in recognition of the frequent invitations to collusion that exist in practice with perpetrators and the risks of unintended consequences this poses to their victims. • Practice Standards and Guidance: Principle 6 – Services are client-centred and accessible for all • 6.2 Client focused approach <ul style="list-style-type: none"> – 6.2.1 Staff provide services that are tailored to client needs taking into account a client's individual circumstances including their family situation, their personal values and preferences and specific risk and protective factors <ul style="list-style-type: none"> ▪ iv. For staff working with perpetrators, staff tailor responses to meet the individual risk levels of, and patterns of coercive control by, perpetrators. • Human Services Quality Standards: Standard 6 – Human resources • Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> – 6.2 The organisation has transparent and accountable recruitment and selection processes that ensure people working in the organisation possess the knowledge, skills and experience required to fulfil their roles. – 6.3 The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.
<ul style="list-style-type: none"> • One facilitator or supervisor must conduct or review assessments made as to the inclusion or exclusion of group participants. 	<ul style="list-style-type: none"> • Practice Standards and Guidance: Principle 6 – Services are client-centred and accessible to all • 6.1 Ensuring appropriate responses for all cohorts <ul style="list-style-type: none"> – 6.1.3 Staff recognise the complexity of how violence is experienced and perpetrated and the importance of context in assessing the responsibility for perpetration and identifying appropriate supports and services for the victim or perpetrator. • 6.2 Client focused approach <ul style="list-style-type: none"> – 6.2.1 Staff provide services that are tailored to client needs taking into account a client's individual circumstances including their family situation, their personal values and preferences and specific risk and protective factors <ul style="list-style-type: none"> ▪ iv. For staff working with perpetrators, staff tailor responses to meet the individual risk levels of, and patterns of coercive control by, perpetrators. • 6.3 Accessible and equitable support and assistance <ul style="list-style-type: none"> – 6.3.2 Staff ensure their assessment of eligibility for service access is at all times based on anti-discriminatory, non-prejudicial, and consistent judgment of a person's individual needs for experiences. • Human Services Quality Standards: Standard 3 – Responding to individual need • The assessed needs of the individual are being appropriately responded to within resource capacity <ul style="list-style-type: none"> – 3.3 The organisation ensures that services to individual/s are delivered, monitored, reviewed and reassessed in a timely manner.
<ul style="list-style-type: none"> • Staff will be given the opportunity for broad program and individual session preparation. Note: Levels of confidence between co-workers impacts positively or negatively on 	<ul style="list-style-type: none"> • Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence • 2.1 Understanding of domestic and family violence <ul style="list-style-type: none"> – 2.1.3 Staff competency levels, knowledge and qualifications align with the level of service and care provided to clients, and staff have the required skills consistent

Current: <i>Professional Practice Standards – Working with men who perpetrate domestic and family violence</i>	Revised: <i>Domestic and family violence support services: Practice standards and guidance</i>
<p>the confidence of men in the program and their sense of personal or emotional security, which in turn could mitigate against or work towards a man’s potentially aggressive reactions to challenging session material.</p>	<p>with their roles and responsibilities.</p> <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> • Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> – 6.3 The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles. – 6.4 The organisation provides ongoing support, supervision, feedback and fair disciplinary processes for people working in the organisation.
<p>Unacceptable practice includes:</p>	
<ul style="list-style-type: none"> • Lack of documented workplace safety audit and procedures available for staff working with potentially abusive clients. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> – 1.2.6 Staff are competent in identifying, assessing and responding to the risks to their own safety when delivering services that prioritise the safety and wellbeing of victims. – 1.2.7 Staff recognise the need for self-reflection and assess their own safety and social and emotional wellbeing, in order to develop appropriate responses for victims and to develop appropriate interventions for perpetrators. <ul style="list-style-type: none"> ▪ xx. Staff are aware of the tools and guidance relating to workplace risk management and ensuring safety at work. This includes, for example, awareness of the organisations protocols for keeping staff safe, awareness around how to contact Workplace Health and Safety Queensland for further advice, awareness of the Queensland Government’s Workplace risk management guide: domestic and family violence and the Code of Practice on how to manage work health and safety risks. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> • Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> – 6.1 The organisation has human resource management systems that are consistent with regulatory requirements, industrial relations legislation, work health and safety legislation and relevant agreements or awards. – 6.3 The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.
<ul style="list-style-type: none"> • Lack of documented procedures for staff detailing what to do during or following critical incidents or emergencies. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> – 1.2.6 Staff are competent in identifying, assessing and responding to the risks to their own safety when delivering services that prioritise the safety and wellbeing of victims. – 1.2.7 Staff recognise the need for self-reflection and assess their own safety and social and emotional wellbeing, in order to develop appropriate responses for victims and to develop appropriate interventions for perpetrators. <ul style="list-style-type: none"> ▪ xx. Staff are aware of the tools and guidance relating to workplace risk management and ensuring safety at work. This includes, for example, awareness of the organisations protocols for keeping staff safe, awareness around how to contact Workplace Health and Safety Queensland for further advice, awareness of the Queensland Government’s Workplace risk management guide: domestic and family violence and the Code of Practice on how to manage work health and safety risks. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> • Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> – 6.1 The organisation has human resource management systems that are consistent with regulatory requirements, industrial relations legislation, work health and safety legislation and relevant agreements or awards. – 6.3 The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.
<ul style="list-style-type: none"> • Requiring staff to work alone as program facilitators or after hours with participants. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> – 1.2.6 Staff are competent in identifying, assessing and responding to the risks to their own safety when delivering services that prioritise the safety and wellbeing of victims. – 1.2.7 Staff recognise the need for self-reflection and assess their own safety and social and emotional wellbeing, in order to develop appropriate responses for victims and to develop appropriate interventions for perpetrators. <ul style="list-style-type: none"> ▪ xx. Staff are aware of the tools and guidance relating to workplace risk management and ensuring safety at work. This includes, for example, awareness of the organisations protocols for keeping staff safe, awareness around how to contact Workplace Health and Safety Queensland for further advice, awareness of the Queensland Government’s Workplace risk management guide: domestic and family violence and the Code of Practice on how to manage work health and safety risks. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> • Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> – 6.1 The organisation has human resource management systems that are consistent with regulatory requirements, industrial relations legislation, work health and safety legislation and relevant agreements or awards.
<p>2.4 Supervision Essential professional practice will include the following:</p>	

Current: <i>Professional Practice Standards – Working with men who perpetrate domestic and family violence</i>	Revised: <i>Domestic and family violence support services: Practice standards and guidance</i>
<ul style="list-style-type: none"> Staff supervision being provided by a senior practitioner or supervisor with the following qualifications and experience: <ul style="list-style-type: none"> a three-year degree in a relevant discipline from a recognised tertiary institution the equivalent of a Graduate Certificate in Social Science (Male Family Violence Group Facilitation) relevant and diverse skills in counselling and group work at least three years professional experience in the domestic and family violence field at least 100 hours experience facilitating men’s behaviour change groups a current knowledge of issues in male family violence and the men’s behaviour change field. 	<p>Full intent of the standard not captured in the revised Practice Standards. Standard under consideration for inclusion in contractual documents or the forthcoming Quality Framework as appropriate.</p> <p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> 2.1 Understanding of domestic and family violence <ul style="list-style-type: none"> 2.1.3 Staff competency levels, knowledge and qualifications align with the level of service and care provided to clients, and staff have the required skills consistent with their roles and responsibilities. <p>Practice Standards and Guidance: Principle 3 – Services are evidence-informed</p> <ul style="list-style-type: none"> 3.1 Evidence-informed practice <ul style="list-style-type: none"> 3.1.1 Staff stay informed on current theoretical frameworks and contemporary best practice interventions and incorporate these into their responses and practice. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> 6.2 The organisation has transparent and accountable recruitment and selection processes that ensure people working in the organisation possess the knowledge, skills and experience required to fulfil their roles. 6.3 The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.
<ul style="list-style-type: none"> Supervision of facilitators at a minimum of one hour per fortnight or equivalent, during the operation of programs. 	<p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> 6.4 The organisation provides ongoing support, supervision, feedback and fair disciplinary processes for people working in the organisation. 6.3 The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.
<ul style="list-style-type: none"> Observation of the group program (direct observation or video) by a supervisor at least once in the group work curriculum, to identify sound and/or or incompetent practice. 	<p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> 6.4 The organisation provides ongoing support, supervision, feedback and fair disciplinary processes for people working in the organisation. 6.3 The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.
<ul style="list-style-type: none"> When a senior practitioner is not available to conduct fortnightly supervision, for example in rural or remote areas, provision of monthly supervision with an external senior practitioner. 	<p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> 6.4 The organisation provides ongoing support, supervision, feedback and fair disciplinary processes for people working in the organisation. 6.3 The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.
<ul style="list-style-type: none"> Standing agenda items in supervision sessions will include safety issues and liaison with advocacy work and worker self-care. 	<p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> 6.4 The organisation provides ongoing support, supervision, feedback and fair disciplinary processes for people working in the organisation. 6.3 The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.
Unacceptable practice includes:	
<ul style="list-style-type: none"> Unacceptable practice includes the service having no regular documented supervision. 	<p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> 2.1 Understanding of domestic and family violence <ul style="list-style-type: none"> 2.1.4 Staff understand the impact that working in domestic and family violence can have on their wellbeing, and the wellbeing of their colleagues, and how to manage vicarious trauma. <ul style="list-style-type: none"> ix. Staff seek out information and training in order to build their knowledge and skills to better recognise the early signs of vicarious trauma. Staff regularly access trauma-informed supervision provided by their organisation. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> 6.4 The organisation provides ongoing support, supervision, feedback and fair disciplinary processes for people working in the organisation.
2.5 Professional development	
Essential professional practice will include the following:	
<ul style="list-style-type: none"> Professional development opportunities are made available for full-time staff and pro-rata for part-time staff, across the range of skills and interventions involved in work with men who perpetrate domestic and family violence. 	<p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> 2.1 Understanding of domestic and family violence <ul style="list-style-type: none"> 2.1.3 Staff competency levels, knowledge, and qualifications align with the level of service and care provided to clients, and staff have the required skills consistent with their roles and responsibilities. <ul style="list-style-type: none"> ix. Staff seek out information and training in order to build their knowledge and skills to better recognise the early signs of vicarious trauma. Staff regularly access trauma-informed supervision provided by their organisation. <p>Practice Standards and Guidance: Principle 3 – Services are evidence informed</p> <ul style="list-style-type: none"> 3.1 Evidence-informed practice <ul style="list-style-type: none"> 3.1.3 Staff access learning and development opportunities to ensure continuous professional development and to maintain currency, competency and confidence in their role in working with adult and child victims, and in working with perpetrators. <ul style="list-style-type: none"> vi. Staff in supervisory roles enable critical reflection for their team to assist in translating theory into evidence-informed practice

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<ul style="list-style-type: none"> At least one facilitator and at least one other staff member engaged in professional development specific to domestic violence at least on an annual basis. 	<ul style="list-style-type: none"> vii. Staff are aware, and make use, of their organisation’s professional development framework (competency based training) to meet the needs of their role and their clients. viii. Staff continually improve their understanding of the evidence base underpinning contemporary practice and understandings of domestic and family violence. ix. Staff are encouraged to keep up to date with their professional development including attended conferences and networking events with colleagues across the sector. <p>Practice Standards and Guidance: Principle 5 – Services are culturally safe for Aboriginal and Torres Strait Islander people</p> <ul style="list-style-type: none"> 5.1 Ensuring cultural safety <ul style="list-style-type: none"> 5.1.2 Staff have a high level understanding of Aboriginal and Torres Strait Islander culture in all aspects of service delivery and practice. <ul style="list-style-type: none"> iv. Staff maintain and build their cultural competency and ensure respectful relationships and culturally safe practice through training recognising the diverse nature of Aboriginal and Torres Strait Islander communities. Staff also seek out ongoing refresher courses relating to cultural competency for a particular community so that they are kept abreast of any changes in community protocols and structures. ix. Staff seek out information and training in order to build their knowledge and skills to better recognise the early signs of vicarious trauma. Staff regularly access trauma-informed supervision provided by their organisation. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> 6.3 The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.
<p>Unacceptable practice includes:</p> <ul style="list-style-type: none"> No provision for professional development for program staff. 	<p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> 2.1 Understanding of domestic and family violence <ul style="list-style-type: none"> 2.1.3 Staff competency levels, knowledge, and qualifications align with the level of service and care provided to clients, and staff have the required skills consistent with their roles and responsibilities. <ul style="list-style-type: none"> ix. Staff seek out information and training in order to build their knowledge and skills to better recognise the early signs of vicarious trauma. Staff regularly access trauma-informed supervision provided by their organisation. <p>Practice Standards and Guidance: Principle 3 – Services are evidence informed</p> <ul style="list-style-type: none"> 3.1 Evidence-informed practice <ul style="list-style-type: none"> 3.1.3 Staff access learning and development opportunities to ensure continuous professional development and to maintain currency, competency and confidence in their role in working with adult and child victims, and in working with perpetrators. <ul style="list-style-type: none"> vi. Staff in supervisory roles enable critical reflection for their team to assist in translating theory into evidence-informed practice vii. Staff are aware, and make use, of their organisation’s professional development framework (competency based training) to meet the needs of their role and their clients. viii. Staff continually improve their understanding of the evidence base underpinning contemporary practice and understandings of domestic and family violence. ix. Staff are encouraged to keep up to date with their professional development including attended conferences and networking events with colleagues across the sector. <p>Practice Standards and Guidance: Principle 5 – Services are culturally safe for Aboriginal and Torres Strait Islander people</p> <ul style="list-style-type: none"> 5.1 Ensuring cultural safety <ul style="list-style-type: none"> 5.1.2 Staff have a high level understanding of Aboriginal and Torres Strait Islander culture in all aspects of service delivery and practice. <ul style="list-style-type: none"> iv. Staff maintain and build their cultural competency and ensure respectful relationships and culturally safe practice through training recognising the diverse nature of Aboriginal and Torres Strait Islander communities. Staff also seek out ongoing refresher courses relating to cultural competency for a particular community so that they are kept abreast of any changes in community protocols and structures. ix. Staff seek out information and training in order to build their knowledge and skills to better recognise the early signs of vicarious trauma. Staff regularly access trauma-informed supervision provided by their organisation. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> 6.3 The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.

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	<ul style="list-style-type: none"> ▪ vi. Staff in supervisory roles enable critical reflection for their team to assist in translating theory into evidence-informed practice ▪ vii. Staff are aware, and make use, of their organisation’s professional development framework (competency based training) to meet the needs of their role and their clients. ▪ viii. Staff continually improve their understanding of the evidence base underpinning contemporary practice and understandings of domestic and family violence. ▪ ix. Staff are encouraged to keep up to date with their professional development including attended conferences and networking events with colleagues across the sector. <p>Practice Standards and Guidance: Principle 5 – Services are culturally safe for Aboriginal and Torres Strait Islander people</p> <ul style="list-style-type: none"> • 5.1 Ensuring cultural safety <ul style="list-style-type: none"> – 5.1.2 Staff have a high level understanding of Aboriginal and Torres Strait Islander culture in all aspects of service delivery and practice. <ul style="list-style-type: none"> ▪ iv. Staff maintain and build their cultural competency and ensure respectful relationships and culturally safe practice through training recognising the diverse nature of Aboriginal and Torres Strait Islander communities. Staff also seek out ongoing refresher courses relating to cultural competency for a particular community so that they are kept abreast of any changes in community protocols and structures. ▪ ix. Staff seek out information and training in order to build their knowledge and skills to better recognise the early signs of vicarious trauma. Staff regularly access trauma-informed supervision provided by their organisation. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> • Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> – 6.3 The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.
Standard 3 – Overall program structure and operation	
3.1 Program accountability	
3.1.1. Client’s rights	
<p>Essential professional practice will include:</p> <ul style="list-style-type: none"> • A policy specifically addressing limited confidentiality. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> – 1.2.1 Staff prioritise the safety and wellbeing of victims. – 1.2.4 Staff ensure confidentiality in all aspects of service delivery and practice, including client data and files, consistent with legislative obligations. – 1.2.5 Staff make clients aware of when information may be shared with other agencies as a duty of care, for example, through mandatory reporting of child protection concerns under the <i>Child Protection Act 1999</i> or as part of a court process. <ul style="list-style-type: none"> ▪ viii. Staff are trained in legislative requirements regarding consent and information sharing and are made aware of the importance of maintaining privacy and confidentiality. ▪ ix. Staff understand the consequences of not sharing information with other agencies when required (e.g. not sharing information may jeopardise the safety of a victim or people close to them, and the <i>Domestic and Family Violence Act 2012</i> and the <i>Child Protection Act 1999</i> state that safety and wellbeing takes precedence over the protection of an individual’s privacy. ▪ xv. Staff working with perpetrators liaise closely with organisations supporting the victim of violence to ensure that there is an integrated and coordinated response to ensuring victim safety. ▪ xvii. For staff working with perpetrators, when a perpetrator is perceived as being a threat to the safety of other people, staff notify the appropriate prescribed entities, for example, the police. ▪ xviii. For staff working with perpetrators in a one-on-one setting such as counselling, when a perpetrator completes, withdraws or is terminated from the intervention service, and there is a victim’s advocate, staff will contact the victim’s advocate to inform them of the change in circumstance and any other information relevant to managing any risks to the victim’s safety. This communication is conducted in such a way that it does not increase risk to the victim, and where possible should be negotiated with the victim. ▪ xix. For staff working with perpetrators in a group setting such as a men’s behavioural change program, when a perpetrator completes, withdraws or is terminated from the intervention service, staff will contact the relevant prescribed entity, for example, Queensland Corrective Services and/or the Queensland Police Service. • 1.3 Risk assessment, management and safety plans <ul style="list-style-type: none"> – 1.3.5 Staff working with perpetrators assist them to develop practical and meaningful safety plans designed to address the safety of victims and those impacted by the violence. <ul style="list-style-type: none"> ▪ x. When working with perpetrators, staff understand that perpetrators may inadvertently disclose information that a victim is unaware of and which can impact on the risk assessment or risk management of victims. For example, perpetrators may disclose information such as, changes in their level of drinking or substance abuse; violation of an existing order; and/or other instances of violence at work or against other victims. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> • 4.1 Ensuring safety, responsibility and accountability <ul style="list-style-type: none"> – 4.1.5 Staff understand overall system accountability and how the interactions of staff across all points of the service system, for example, generalist services, HRTs, specialist services and prescribed entities, can better support victims and families.

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<ul style="list-style-type: none"> • Clients being notified of the above policies and encouraged to exercise their rights in the use of the policies. 	<ul style="list-style-type: none"> ix. Where a victim advocate exists, staff working with perpetrators engage regularly with the victim’s advocate to ensure victim’s needs are considered when delivering interventions for perpetrators. <p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.1 Respectful, developmentally appropriate, culturally appropriate and non-judgemental approach <ul style="list-style-type: none"> – 1.1.1 Staff recognise victims’ rights to self-determination and the dignity of choice. <ul style="list-style-type: none"> ▪ i. Obtaining consent before sharing information is preferred and, where possible, staff should receive the victim’s expressed, informed consent prior to engagement. ▪ ii. Circumstances where people may not be informed or their consent obtained to share personal information include where seeking and containing consent could jeopardise the safety and wellbeing of a person. • 1.2 Ensuring victim safety <ul style="list-style-type: none"> – 1.2.1 Staff prioritise the safety and wellbeing of victims – 1.2.4 Staff ensure confidentiality in all aspects of service delivery and practice, including client data and files, consistent with legislative obligations. – 1.2.5 Staff make clients aware of when information may be shared with other agencies as a duty of care, for example through mandatory reporting of child protection concerns under the <i>Child Protection Act 1999</i> or as part of a court process. <ul style="list-style-type: none"> ▪ viii. Staff are trained in legislative requirements regarding consent and information sharing and are made aware of the importance of maintaining privacy and confidentiality. ▪ ix. Staff understand the consequences of not sharing information with other agencies when required, for example, not sharing information may jeopardise the safety of a victim or people close to them, and the <i>Domestic and Family Violence Act 2012</i> and the <i>Child Protection Act 1999</i> state that safety and wellbeing takes precedence over the protection of an individual’s privacy. ▪ x. Staff understand that information can be shared and referrals can be made to prescribed entities without the consent of the victim or perpetrator according to the principles for sharing information described in the <i>Domestic Violence Act 2012</i> and <i>Child Protection Act 1999</i>. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> • 4.1 Ensuring safety, responsibility and accountability <ul style="list-style-type: none"> – 4.1.1 Victim’s, including children’s, safety and freedom underpins all services for perpetrators of domestic and family violence, including after separation. <ul style="list-style-type: none"> ▪ iv. Where the victim is already in contact with a specialist service and does not want ongoing contact with staff from the perpetrator service, staff will liaise with the victim’s case manager and/or the victim advocate for the purposes of sharing information and ensuring the safety of the victim. Whenever safe, possible and practical, a victim’s consent should be obtained before sharing information but in certain circumstances information may be shared with prescribed entities and specialist domestic and family violence service providers. ▪ vii. Staff working with perpetrators communicate with the victim (if known) regarding participation of the perpetrator in a program. This includes providing verbal or written information about the content and approach of the program. <p>Practice Standards and Guidance: Principle 7 – Services collaborate to provide an integrated response</p> <ul style="list-style-type: none"> • 7.1 Working with other specialist domestic and family violence service providers <ul style="list-style-type: none"> – 7.1.1 Staff proactively work with staff in other domestic and family violence services to provide a holistic response to clients. <ul style="list-style-type: none"> ▪ i. Staff share accurate and appropriate information with relevant agencies providing support to clients to streamline services and prevent clients from having to tell their story multiple times. Whenever safe, possible and practical, a victim’s consent should be obtained before sharing information but in certain circumstances information may be shared without consent with prescribed entities and specialist domestic and family violence service providers.
<ul style="list-style-type: none"> • Advocates being informed about the policies to assist their clients to access the policies’ procedures. 	<p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> • 4.1 Ensuring safety, responsibility, and accountability <ul style="list-style-type: none"> – 4.1.2 Staff follow their organisation’s processes, policy and procedures to assess risk for the victim, maintain victim safety and keep perpetrators accountable regardless of relationship status. <p>Practice Standards and Guidance: Principle 7 – Services collaborate to provide an integrated response</p> <ul style="list-style-type: none"> • 7.1 Working with other specialist domestic and family violence service providers <ul style="list-style-type: none"> – 7.1.3 Staff have a comprehensive understanding of their organisation’s offerings, limitations, and referral pathways to other services to address client’s needs.
<ul style="list-style-type: none"> • All participants being informed that signing the waiver limiting confidentiality enables disclosure of information to relevant services and professionals: <ul style="list-style-type: none"> – this information will include any threat or act of violence or abuse and may include information in relation to a participant’s attendance and engagement in the program – this facilitates action to protect those against whom participants have perpetrated domestic and family violence. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> – 1.2.4 Staff ensure confidentiality in all aspects of service delivery and practice, including data and files, consistent with legislative obligations. – 1.2.5 Staff make clients aware of when information may be shared with other agencies as a duty of care, for example, through mandatory reporting of child protection concerns under the <i>Child Protection Act 1999</i> or as part of a court process. <ul style="list-style-type: none"> ▪ viii. Staff are trained in legislative requirements regarding consent and information sharing and are made aware of the importance of maintaining privacy and confidentiality. ▪ ix. Staff understand the consequences of not sharing information with other agencies when required (e.g. not sharing information may jeopardise the safety of a victim or people close to them, and the <i>Domestic and Family Violence Act 2012</i> and the <i>Child Protection Act 1999</i> state that safety and wellbeing takes precedence over the protection of an individual’s privacy. ▪ x. Staff understand that information can be shared and referrals can be made to prescribed entities without the consent of the victim or perpetrator according to the principles for sharing information described in the <i>Domestic Violence Act 2012</i> and <i>Child Protection Act 1999</i>.

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<p>Unacceptable practice includes:</p> <ul style="list-style-type: none"> No policy specifically written for domestic and family violence work, in particular outlining limited confidentiality provisions. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> 1.2 Ensuring victim safety <ul style="list-style-type: none"> 1.2.1 Staff prioritise the safety and wellbeing of victims. 1.2.4 Staff ensure confidentiality in all aspects of service delivery and practice, including client data and files, consistent with legislative obligations. 1.2.5 Staff make clients aware of when information may be shared with other agencies as a duty of care, for example, through mandatory reporting of child protection concerns under the <i>Child Protection Act 1999</i> or as part of a court process. <ul style="list-style-type: none"> viii. Staff are trained in legislative requirements regarding consent and information sharing and are made aware of the importance of maintaining privacy and confidentiality. ix. Staff understand the consequences of not sharing information with other agencies when required (e.g. not sharing information may jeopardise the safety of a victim or people close to them, and the <i>Domestic and Family Violence Act 2012</i> and the <i>Child Protection Act 1999</i> state that safety and wellbeing takes precedence over the protection of an individual's privacy. xv. Staff working with perpetrators liaise closely with organisations supporting the victim of violence to ensure that there is an integrated and coordinated response to ensuring victim safety. xvii. For staff working with perpetrators, when a perpetrator is perceived as being a threat to the safety of other people, staff notify the appropriate prescribed entities, for example, the police. xviii. For staff working with perpetrators in a one-on-one setting such as counselling, when a perpetrator completes, withdraws or is terminated from the intervention service, and there is a victim's advocate, staff will contact the victim's advocate to inform them of the change in circumstance and any other information relevant to managing any risks to the victim's safety. This communication is conducted in such a way that it does not increase risk to the victim, and where possible should be negotiated with the victim. xix. For staff working with perpetrators in a group setting such as a men's behavioural change program, when a perpetrator completes, withdraws or is terminated from the intervention service, staff will contact the relevant prescribed entity, for example, Queensland Corrective Services and/or the Queensland Police Service. 1.3 Risk assessment, management and safety plans <ul style="list-style-type: none"> 1.3.5 Staff working with perpetrators assist them to develop practical and meaningful safety plans designed to address the safety of victims and those impacted by the violence. <ul style="list-style-type: none"> x. When working with perpetrators, staff understand that perpetrators may inadvertently disclose information that a victim is unaware of and which can impact on the risk assessment or risk management of victims. For example, perpetrators may disclose information such as, changes in their level of drinking or substance abuse; violation of an existing order; and/or other instances of violence at work or against other victims. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> 4.1 Ensuring safety, responsibility and accountability <ul style="list-style-type: none"> 4.1.5 Staff understand overall system accountability and how the interactions of staff across all points of the service system, for example, generalist services, HRTs, specialist services and prescribed entities, can better support victims and families. <ul style="list-style-type: none"> ix. Where a victim advocate exists, staff working with perpetrators engage regularly with the victim's advocate to ensure victim's needs are considered when delivering interventions for perpetrators.
<p>3.1.2 Safety and risk assessment Essential professional practice will include the following:</p> <ul style="list-style-type: none"> At the initial contact with clients (or as soon as practicable thereafter) staff will: <ul style="list-style-type: none"> assess lethality assess the extent and history of abuse assess the extent and history of other violence including attitudes to and respect for the law advise that, as a matter of best practice, the safety of those who experience abusive behaviour is a critical aspect of work advise of limitations of the program: <ul style="list-style-type: none"> for those who experience domestic and family violence — this especially includes the fact that attending the program in and of itself is not an indication or guarantee of change to the participant's behaviour toward respectful and safe behaviour for participants — this includes that merely 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> 1.2 Ensuring victim safety <ul style="list-style-type: none"> 1.2.1 Staff prioritise the safety and wellbeing of victims. 1.2.3 Staff are competent in dealing with risks around safety and implementing effective strategies to maintain victim safety, including the specific safety needs of children. 1.2.4 Staff ensure confidentiality in all aspects of service delivery and practice, including client data and files, consistent with legislative obligations. <ul style="list-style-type: none"> xii. Staff working with perpetrators inform their clients that they may be reported to statutory and/or emergency services if they are perceived as presenting a threat to the safety of other people. xv. Staff working with perpetrators liaise closely with organisations supporting the victim of violence to ensure that there is an integrated and coordinated response to ensuring victim safety. xvi. Staff working with perpetrators, use an inquiring yet respectful approach to account for potentially high levels of deceit, manipulation and justification (rather than the principle of believing the client's word at face value); and make the victim's needs and safety a main priority of the work (not the perpetrator's). xvii. For staff working with perpetrators, when a perpetrator is perceived as being a threat to the safety of other people, staff notify the appropriate prescribed entities, for example, the police. xviii. For staff working with perpetrators in a one-on-one setting such as counselling, when a perpetrator completes, withdraws or is terminated from the intervention service, and there is a victim's advocate, staff will contact the victim's advocate to inform them of the change in circumstance and any other information relevant to

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<p>attending is neither acceptable nor sufficient to bring about change</p> <ul style="list-style-type: none"> - conduct and explain safety planning - provide details of various relevant resources and services. - obtain from those who experience the abuse (and keep confidential from participants) an emergency contact number - encourage contact with the service at any time in office hours - encourage contact with relevant 24-hour or after hours services (such as 1800 or 13 call services) - advise about the program’s grievance procedures. 	<p>managing any risks to the victim’s safety. This communication is conducted in such a way that it does not increase risk to the victim, and where possible should be negotiated with the victim.</p> <ul style="list-style-type: none"> ▪ xix. For staff working with perpetrators in a group setting such as a men’s behavioural change program, when a perpetrator completes, withdraws or is terminated from the intervention service, staff will contact the relevant prescribed entity, for example, Queensland Corrective Services and/or the Queensland Police Service. <ul style="list-style-type: none"> • 1.3 Risk assessment, management and safety plans <ul style="list-style-type: none"> - 1.3.1 Staff undertake a risk assessment and develop a risk management plan with the victim to determine safety and other needs based on the risks posed by the perpetrator. Staff undertake the risk assessment at first contact and manage and update the assessment throughout the provision of interventions. - 1.3.2 Staff are trained to recognise and identify the variety of risks that can be present for adult and child victims and maintain a contemporary knowledge of emerging risk factors. - 1.3.3 Staff are trained to recognise and identify the variety of risk factors that perpetrators may present with including attitudinal, behavioural and physical risk factors, and use this information to inform risk assessment, management and the development of safety plans for victims (for example, high risk factors include a history of strangulation, weapons use and/ or suicide attempts and general risk factors include pet abuse and acceptance of violence). - 1.3.5 Staff working with perpetrators assist them to develop practical and meaningful safety plans designed to address the safety of victims and those impacted by the violence. <ul style="list-style-type: none"> ▪ i. Staff use formal, documented, evidence-based processes in place for risk assessment including, where available, a common risk assessment framework. Staff are trained to use these processes, and staff regularly participate in training to maintain currency. ▪ iii. Staff follow their organisation’s risk management processes. These are clear, understood by all staff, and able to be actioned by staff if the risk is assessed as sufficient to instigate such a process. ▪ iv. In preparing a safety plan, staff work closely with both adult and child victims regarding their needs. ▪ v. In preparing a safety plan, staff seek to understand the patterns of violence that have been perpetrated in order to develop a safety plan that supports the victim in responding to potential future incidents of violence. ▪ vi. Staff consider the tools and guidance provided by their organisation and the Queensland Government (for example, the Child Protection Guide) to determine the most appropriate response to the signs and/or risk factors for child abuse and neglect that they have identified. ▪ vii. Staff develop safety plans that outline strategies to increase safety and security if the victim(s) remains with the perpetrator, including specific strategies to support their safety if they live with the perpetrator. ▪ viii. Staff review and update risk management plans on a continuous basis and undertake case reviews as a team. ▪ ix. When assessing risk and managing risk, staff consider both the covert behaviours of perpetrators (for example, financial control and the use of technological surveillance) as well as the overt behaviours of perpetrators, (for example, physical and sexual abuse). ▪ x. When working with perpetrators, staff understand that perpetrators may inadvertently disclose information that a victim is unaware of and which can impact on the risk assessment or risk management of victims. For example, perpetrators may disclose information such as, changes in their level of drinking or substance abuse; violation of an existing order; and/or other instances of violence at work or against other victims. ▪ xi. When interacting with a perpetrator, staff understand that a respectful, positive or engaged interaction with the perpetrator does not necessarily indicate that they pose less of a risk. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> • 4.1 Ensuring safety, responsibility and accountability <ul style="list-style-type: none"> - 4.1.1 Victim’s, including children’s, safety and freedom underpins all services for perpetrators of domestic and family violence, including after separation. - 4.1.2 Staff follow their organisations processes, policy and procedures to assess risk for the victim, maintain victim safety and keep perpetrators accountable regardless of the relationship status. - 4.1.3 Staff work with perpetrators to assist them to take responsibility for their actions and end their violent behaviour and coercive control. - 4.1.4 Staff working with perpetrators in a one-on-one setting establish an ongoing relationship with the adult and child victim, either directly or through a victim advocate, to monitor the situation and provide support where needed. <ul style="list-style-type: none"> ▪ i. Staff ensure the initial assessment with the perpetrator identifies those affected by the violence and informs the identification of an appropriate program or service to support the perpetrator taking responsibility for their actions. ▪ ii. Staff assist perpetrators to take responsibility for their actions and use intervention practices that promote and create accountability, for example, encouraging perpetrators to be held accountable through the formal criminal justice, civil justice or child protection systems; non-mandated services such as perpetrator support services; or through being accountable to prior victims and acknowledging their own violent behaviour and the impact of violence on victims. ▪ iii. Where the victim is not being supported by another specialist domestic and family violence service, staff working in perpetrator services either refer the victim to a specialist domestic and family violence service or undertake all relevant risk assessment, risk management and safety planning procedures in an ongoing way for the duration of the program. ▪ iv. Where the victim is already in contact with a specialist service and does not want ongoing contact with staff from the perpetrator service, staff will liaise with the victim’s case manager and/or the victim advocate for the purposes of sharing information and ensuring the safety of the victim. Whenever safe, possible and practical, a victim’s consent should be obtained before sharing information but in certain circumstances information may be shared with prescribed entities and specialist domestic and family violence service providers. ▪ vi. Staff recognise that victims have the right to choose not to engage with providers of perpetrator interventions.

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	<ul style="list-style-type: none"> ▪ vii. Staff working with perpetrators communicate with the victim (if known) regarding participation of the perpetrator in a program. This includes providing verbal or written information about the content and approach of the program. ▪ viii. Where children are involved, staff follow their organisation’s protocols on gaining an understanding of the child’s perspective of the perpetrator, for example, the staff may conduct an assessment themselves or refer to a Principal Child Protection Practitioner or other specialist service provider to conduct an assessment. The assessment includes questions about the strengths and risks of the relationship between the child/ren and the perpetrator in order to better understand the power, coercion and control tactics being used and the patterns of perpetration. ▪ ix. Where a victim advocate exists, staff working with perpetrators engage regularly with the victim’s advocate to ensure the victim’s needs are considered when delivering interventions for perpetrators. ▪ x. Staff assist and support perpetrators to take responsibility for their actions and change their attitudes and beliefs that can lead to violent behaviour. ▪ xi. Staff hold perpetrators to account in relation to their behaviour. ▪ xii. Staff working with perpetrators establish clear boundaries in line with their roles in delivering perpetrator services. This is in recognition of the frequent invitations to collusion that exist in practice with perpetrators and the risks of unintended consequences this poses to their victims. ▪ xiii. Staff working with perpetrators provide clear, accessible communication to create the setting for perpetrators to understand how their attitudes and beliefs impact on victims and how changing their behaviour will create a safer environment for victims. ▪ xiv. Staff delivering perpetrator interventions provide clear, accessible communication to perpetrators about attendance requirements and the consequences of non-attendance. ▪ xv. Staff delivering perpetrator interventions understand that it is important for perpetrators to attend all sessions (not just mandatory sessions) and to complete the full program wherever the perpetrator has been referred to a specific perpetrator intervention program. <p>Practice Standards and Guidance: Principle 6 – Services are client-centred and accessible for all</p> <ul style="list-style-type: none"> • 6.2 Client focused approach <ul style="list-style-type: none"> – 6.2.1 Staff provide services that are tailored to client needs taking into account a client’s individual circumstances including their family situation, their personal values and preferences and specific risk and protective factors. <ul style="list-style-type: none"> ▪ iv. For staff working with perpetrators, staff tailor responses to meet the individual risk levels of and patterns of coercive control by perpetrators. ▪ v. Where the victim is already in contact with a specialist service and does not want ongoing contact with staff from the perpetrator service, staff will liaise with the victim’s case manager and/or the victim advocate for the purposes of sharing information and ensuring the safety of the victim. Whenever safe, possible and practical, a victim’s consent should be obtained before sharing information but in certain circumstances information may be shared with prescribed entities and specialist domestic and family violence service providers. ▪ xi. Staff inform clients about their organisation’s feedback and complaints processes so that clients have an opportunity to provide input into how services and programs are designed to support victims and promote engagement and behavioural change for perpetrators. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> • Effective human resource management systems including recruitment, induction and supervisory processes, result in quality service provision <ul style="list-style-type: none"> – 6.5 The organisation ensures that people working in the organisation have access to fair and effective systems for dealing with grievances and disputes
<ul style="list-style-type: none"> • In addition, work with clients will: <ul style="list-style-type: none"> – caution against couples-related work until after the man has clearly taken responsibility for his abusive behaviour. Note: where couples-related work is a required intervention, such as mediation for family law matters, a safety and risk assessment should be done specifically to assist with each intervention – undertake ongoing risk assessments throughout the program including assessments from: <ul style="list-style-type: none"> ▪ the advocate ▪ the facilitator ▪ other service providers where available ▪ the participant’s partner or ex-partner ▪ the participant (self-assessment). 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> – 1.2.1 Staff prioritise the safety and wellbeing of victims. • 1.3 Risk assessment, management and safety plans <ul style="list-style-type: none"> – 1.3.5 Staff working with perpetrators assist them to develop practical and meaningful safety plans designed to address the safety of victims and those impacted by the violence. <ul style="list-style-type: none"> ▪ vii. Staff develop safety plans that outline strategies to increase safety and security if the victim remains with the perpetrator, including specific strategies to support their safety if they live with the perpetrator. ▪ viii. Staff review and update risk management plans on a continuous basis and undertake case reviews as a team. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> • 4.1 Ensuring safety, responsibility and accountability <ul style="list-style-type: none"> – 4.1.1 Victim’s, including children’s, safety and freedom underpins all services for perpetrators of domestic and family violence, including after separation – 4.1.2 Staff follow their organisations processes, policy and procedures to assess risk for the victim, maintain victim safety and keep perpetrators accountable regardless of the relationship status. – 4.1.4 Staff working with perpetrators in a one-on-one setting establish an ongoing relationship with the adult and child victim, either directly or through a victim advocate, to monitor the situation and provide support where needed. – 4.1.5 Staff understand overall system accountability and how the interactions of staff across all points of the service system (for example, generalist services, HRTs, specialist services and prescribed entities) can better support victims and families. <ul style="list-style-type: none"> ▪ iii. Where the victim is not being supported by another specialist domestic and family violence service, staff working in perpetrator services either refer the victim to a specialist domestic and family violence service or undertake all relevant risk assessment, risk management and safety planning procedures in an ongoing way for the duration of the program.

Current: Professional Practice Standards – Working with men who perpetrate domestic and family violence	Revised: Domestic and family violence support services: Practice standards and guidance
	<ul style="list-style-type: none"> ▪ iv. Where the victim is already in contact with a specialist service and does not want ongoing contact with staff from the perpetrator service, staff will liaise with the victim’s case manager and/or the victim advocate for the purposes of sharing information and ensuring the safety of the victim. Whenever safe, possible and practical, a victim’s consent should be obtained before sharing information but in certain circumstances information may be shared with prescribed entities and specialist domestic and family violence service providers. ▪ vii. Staff working with perpetrators communicate with the victim (if known) regarding participation of the perpetrator in a program. This includes providing verbal or written information about the content and approach of the program. ▪ viii. Where children are involved, staff follow their organisation’s protocols on gaining an understanding of the child’s perspective of the perpetrator, for example, the staff may conduct an assessment themselves or refer to a Principal Child Protection Practitioner or other specialist service provider to conduct an assessment. The assessment includes questions about the strengths and risks of the relationship between the child/ren and the perpetrator in order to better understand the power, coercion and control tactics being used and the patterns of perpetration. ▪ ix. Where a victim advocate exists, staff working with perpetrators engage regularly with the victim’s advocate to ensure the victim’s needs are considered when delivering interventions for perpetrators. ▪ xi. Staff hold perpetrators to account in relation to their behaviour. <p>Practice Standards and Guidance: Principle 7 – Services collaborate to provide an integrated response</p> <ul style="list-style-type: none"> • 7.1 Working with other specialist domestic and family violence service providers <ul style="list-style-type: none"> – 7.1.1 Staff proactively work with staff in other domestic and family violence services to provide a holistic response to clients. <ul style="list-style-type: none"> ▪ v. Staff working with perpetrators establish and maintain strong working relationships with other relevant service providers (e.g. specialist domestic and family violence services, Government Service providers, other support services etc.) in order to manage risk, hold perpetrators to account and create efficient referral pathways and information sharing.
<ul style="list-style-type: none"> • Identify a participant’s medium or high levels or risk of further domestic and family violence while in the program; the higher the level of risk, the stronger the action. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.3 Risk assessment, management and safety plans <ul style="list-style-type: none"> – 1.3.5 Staff working with perpetrators assist them to develop practical and meaningful safety plans designed to address the safety of victims and those impacted by the violence. <ul style="list-style-type: none"> ▪ i. Staff use formal, documented, evidence-based processes in place for risk assessment including, where available, a common risk assessment framework. Staff are trained to use these processes, and staff regularly participate in training to maintain currency. ▪ iii. Staff follow their organisation’s risk management processes. These are clear, understood by all staff, and able to be actioned by staff if the risk is assessed as sufficient to instigate such a process. ▪ v. In preparing a safety plan, staff seek to understand the specific patterns of violence that have been perpetrated in the relationship, in order to develop a unique safety plan that supports the victim in responding to potential future incidents of violence. ▪ vii. Staff develop safety plans that outline strategies to increase safety and security if the victim remains with the perpetrator, including specific strategies to support their safety if they live with the perpetrator. ▪ viii. Staff review and update risk management plans on a continuous basis and undertake case reviews as a team. ▪ ix. When assessing risk and managing risk, staff consider both the covert behaviours of perpetrators (for example, financial control and the use of technological surveillance) as well as the overt behaviours of perpetrators, (for example, physical and sexual abuse). ▪ x. When working with perpetrators, staff understand that perpetrators may inadvertently disclose information that a victim is unaware of and which can impact on the risk assessment or risk management of victims. For example, perpetrators may disclose information such as, changes in their level of drinking or substance abuse; violation of an existing order; and/or other instances of violence at work or against other victims. ▪ xi. When interacting with a perpetrator, staff understand that a respectful, positive or engaged interaction with the perpetrator does not necessarily indicate that they pose less of a risk. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> • 4.1 Ensuring safety, responsibility and accountability <ul style="list-style-type: none"> – 4.1.2 Staff follow their organisations processes, policy and procedures to assess risk for the victim, maintain victim safety and keep perpetrators accountable regardless of the relationship status. – 4.1.4 Staff working with perpetrators in a one-on-one setting establish an ongoing relationship with the adult and child victim, either directly or through a victim advocate, to monitor the situation and provide support where needed. – 4.1.5 Staff understand overall system accountability and how the interactions of staff across all points of the service system (for example, generalist services, HRTs, specialist services and prescribed entities) can better support victims and families. <p>Practice Standards and Guidance: Principle 6 – Services are client-centred and accessible to all</p> <ul style="list-style-type: none"> • 6.1 Ensuring appropriate responses for all cohort <ul style="list-style-type: none"> – 6.1.3 Staff recognise the complexity of how violence is experienced and perpetrated and the importance of context in assessing the responsibility for perpetration and identifying appropriate supports and services for the victim or perpetrator. • 6.2 Client focused approach <ul style="list-style-type: none"> – 6.2.1 Staff provide services that are tailored to client needs taking into account a client’s individual circumstances including their family situation, their personal values and preferences and specific risk and protective factors. <ul style="list-style-type: none"> ▪ iv. For staff working with perpetrators, staff tailor responses to meet the individual risk levels of and patterns of coercive control by perpetrators.

Current: <i>Professional Practice Standards – Working with men who perpetrate domestic and family violence</i>	Revised: <i>Domestic and family violence support services: Practice standards and guidance</i>
<ul style="list-style-type: none"> • Include the development of protocols to ensure that, when medium or high levels of risk are identified, action at a management level is taken and documented. • This includes, for example: <ul style="list-style-type: none"> – contact with those likely to be impacted by the abuse, preferably through the advocate, in order to: <ul style="list-style-type: none"> ▪ assess the implications of the service reporting to police any breach of a DVO or other criminal matter ▪ reassess safety plans and offer further support – contact with the relevant police station to flag the residential address of those potentially impacted by further abuse – the development and implementation of a group session/s or individual session/s which deal with the nature of a participant’s identified at-risk behaviour (making sure those impacted by a potential abuse are not implicated in any such intervention) – a specific discussion with the whole group of participants about self-assessment of risk and about relapse prevention – utilising a risk assessment tool which enables comparisons between early group and end-of-group assessments of risk and safety. 	<p>Practice Standards and Guidance: Principle 7 – Working with other specialist domestic and family violence service providers</p> <ul style="list-style-type: none"> • 7.1 Working with other specialist domestic and family violence service providers <ul style="list-style-type: none"> – 7.1.1 Staff proactively work with staff in other domestic and family violence services to provide a holistic response to clients. <ul style="list-style-type: none"> ▪ i. Staff share accurate and appropriate information with relevant agencies providing support to clients to streamline services and prevent clients from having to tell their story multiple times. Whenever safe, possible and practical, a victim’s consent should be obtained before sharing information but in certain circumstances information may be shared without consent with prescribed entities and specialist domestic and family violence service providers. ▪ v. Staff working with perpetrators establish and maintain strong working relationships with other relevant service providers (for example, specialist domestic and family violence services, government service providers, other support services etc.) in order to manage risk, hold perpetrators to account and create efficient referral pathways and information sharing. <p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> – 1.2.1 Staff prioritise the safety and wellbeing of victims. <ul style="list-style-type: none"> ▪ xii. Staff working with perpetrators inform their clients that they may be reported to statutory and/or emergency services if they are perceived as presenting a threat to the safety of other people. ▪ xv. Staff working with perpetrators liaise closely with organisations supporting the victim of violence to ensure that there is an integrated and coordinated response to ensuring victim safety. ▪ xvii. For staff working with perpetrators, when a perpetrator is perceived as being a threat to the safety of other people, staff notify the appropriate prescribed entities, for example, the police. ▪ xviii. For staff working with perpetrators in a one-on-one setting such as counselling, when a perpetrator completes, withdraws or is terminated from the intervention service, and there is a victim’s advocate, staff will contact the victim’s advocate to inform them of the change in circumstance and any other information relevant to managing any risks to the victim’s safety. This communication is conducted in such a way that it does not increase risk to the victim, and where possible should be negotiated with the victim. ▪ xix. For staff working with perpetrators in a group setting such as a men’s behavioural change program, when a perpetrator completes, withdraws or is terminated from the intervention service, staff will contact the relevant prescribed entity, for example, Queensland Corrective Services and/or the Queensland Police Service. • 1.3 Risk assessment, management and safety plans <ul style="list-style-type: none"> – 1.3.5 Staff working with perpetrators assist them to develop practical and meaningful safety plans designed to address the safety of victims and those impacted by the violence. <ul style="list-style-type: none"> ▪ viii. Staff review and update risk management plans on a continuous basis and undertake case reviews as a team. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> • 4.1 Ensuring safety, responsibility and accountability <ul style="list-style-type: none"> – 4.1.4 Staff working with perpetrators in a one-on-one setting establish an ongoing relationship with the adult and child victim, either directly or through a victim advocate, to monitor the situation and provide support where needed. <ul style="list-style-type: none"> ▪ ix. Where a victim advocate exists, staff working with perpetrators engage regularly with the victim’s advocate to ensure victim’s needs are considered when delivering interventions for perpetrators. <p>Practice Standards and Guidance: Principle 6 – Services are client-centred and accessible to all</p> <ul style="list-style-type: none"> • 6.2 Client focused approach <ul style="list-style-type: none"> – 6.2.1 Staff provide services that are tailored to client needs taking into account a client’s individual circumstances including their family situation, their personal values and preferences and specific risk and protective factors. <ul style="list-style-type: none"> ▪ iv. For staff working with perpetrators, staff tailor responses to meet the individual risk levels of and patterns of coercive control by perpetrators. <p>Practice Standards and Guidance: Principle 7 – Services collaborate to provide an integrated response</p> <ul style="list-style-type: none"> • 7.2 Working with organisations outside the service system <ul style="list-style-type: none"> – 7.2.1 Staff participate in multi-agency support services as appropriate to the needs of the clients (such as police, the court system, legal services, and medical and mental health services, disability services, housing services, child protection and Centrelink). <ul style="list-style-type: none"> ▪ vi. Where appropriate, staff dealing with perpetrators, work with staff from other organisations such as police to better educate perpetrators about the legal and community impact of their actions and increase accountability to those impacted by their violence and to the people and services supporting them. ▪ vii. Where appropriate, staff either assist clients to understand the conditions and requirements of Domestic Violence Orders, as well as other Court orders and requirements, or provide referrals to other service providers who can deliver this advice.
<p>Unacceptable practice includes:</p> <ul style="list-style-type: none"> • No documented initial or ongoing risk assessment processes with clients. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.3 Risk assessment, management and safety plans <ul style="list-style-type: none"> – 1.3.5 Staff working with perpetrators assist them to develop practical and meaningful safety plans designed to address the safety of victims and those impacted by the violence. <ul style="list-style-type: none"> ▪ i. Staff use formal, documented, evidence-based processes in place for risk assessment including, where available, a common risk assessment framework. Staff are trained to use these processes, and staff regularly participate in training to maintain currency.

Current: Professional Practice Standards – Working with men who perpetrate domestic and family violence	Revised: Domestic and family violence support services: Practice standards and guidance
	<ul style="list-style-type: none"> ▪ ii. Where risk assessment reveals a safety risk to the victim (and where safe to do so) staff discuss, work, and collaborate with victims and relevant service providers including generalist and specialist providers, and prescribed entities around next steps and confirm agreed action. ▪ iii. Staff follow their organisation's risk management processes. These are clear, understood by all staff, and able to be actioned by staff if the risk is assessed as sufficient to instigate such a process. ▪ iv. In preparing a safety plan, staff work closely with both adult and child victims regarding their needs. ▪ v. In preparing a safety plan, staff seek to understand the specific patterns of violence that have been perpetrated in the relationship, in order to develop a unique safety plan that supports the victim in responding to potential future incidents of violence. ▪ vii. Staff develop safety plans that outline strategies to increase safety and security if the victim remains with the perpetrator, including specific strategies to support their safety if they live with the perpetrator. ▪ viii. Staff review and update risk management plans on a continuous basis and undertake case reviews as a team. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> • 4.1 Ensuring safety, responsibility and accountability <ul style="list-style-type: none"> – 4.1.4 Staff working with perpetrators in a one-on-one setting establish an ongoing relationship with the adult and child victim, either directly or through a victim advocate, to monitor the situation and provide support where needed. <ul style="list-style-type: none"> ▪ iii. Where the victim is not being supported by another specialist domestic and family violence service, staff working in perpetrator services either refer the victim to a specialist domestic and family violence service or assign a victim advocate to undertake all relevant risk assessment, risk management and safety planning procedures in an ongoing way for the duration of the program. ▪ ix. Where a victim advocate exists, staff working with perpetrators engage regularly with the victim's advocate to ensure victim's needs are considered when delivering interventions for perpetrators.
<ul style="list-style-type: none"> • No agreed process of contact with the advocate in relation to any negative risk assessments resulting from contact with the participant. 	<p>Practice Standards and Guidance: Principle 1 – Ensuring victim safety</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> – 1.2.1 Staff prioritise the safety and wellbeing of victims. <ul style="list-style-type: none"> ▪ xviii. For staff working with perpetrators in a one-on-one setting such as counselling, when a perpetrator completes, withdraws or is terminated from the intervention service, and there is a victim's advocate, staff will contact the victim's advocate to inform them of the change in circumstance and any other information relevant to managing any risks to the victim's safety. This communication is conducted in such a way that it does not increase risk to the victim, and where possible should be negotiated with the victim. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> • 4.1 Ensuring safety, responsibility and accountability <ul style="list-style-type: none"> – 4.1.2 Staff follow their organisations processes, policy and procedures to assess risk for the victim, maintain victim safety and keep perpetrators accountable regardless of the relationship status. – 4.1.4 Staff working with perpetrators in a one-on-one setting establish an ongoing relationship with the adult and child victim, either directly or through a victim advocate, to monitor the situation and provide support where needed. – 4.1.5 Staff understand overall system accountability and how the interactions of staff across all points of the service system (for example, generalist services, HRTs, specialist services and prescribed entities) can better support victims and families. <ul style="list-style-type: none"> ▪ iii. Where the victim is not being supported by another specialist domestic and family violence service, staff working in perpetrator services either refer the victim to a specialist domestic and family violence service or assign a victim advocate to undertake all relevant risk assessment, risk management and safety planning procedures in an ongoing way for the duration of the program. ▪ iv. Where the victim is already in contact with a specialist service and does not want ongoing contact with staff from the perpetrator service, staff will liaise with the victim's case manager and/or the victim advocate for the purposes of sharing information and ensuring the safety of the victim. Whenever safe, possible and practical, a victim's consent should be obtained before sharing information but in certain circumstances information may be shared with prescribed entities and specialist domestic and family violence service providers. ▪ ix. Where a victim advocate exists, staff working with perpetrators engage regularly with the victim's advocate to ensure the victim's needs are considered when delivering interventions for perpetrators.
<p>3.1.3 Advocacy work (where funded) Essential professional practice will include the following:</p>	
<ul style="list-style-type: none"> • Advocates will at least have: <ul style="list-style-type: none"> – a demonstrated understanding of the men's behavioural change process in relation to domestic and family violence – knowledge of the processes and content of group sessions – observed a minimum of six men's behaviour change group sessions 	<p>Full intent of the standard not captured in the revised Practice Standards.</p> <p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> • 2.1 Understanding of domestic and family violence <ul style="list-style-type: none"> – 2.1.1 Staff have a contemporary and nuanced understanding of the drivers, dynamics, and impacts of domestic and family violence including as it relates to at-risk cohorts including Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, people with a disability and people who identify as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ+). – 2.1.2 Staff have the expertise to identify signs of domestic and family violence and the ability to respond to disclosures of both adults and children. – 2.1.3 Staff competency levels, knowledge and qualifications align with the level of service and care provided to clients, and staff have the required skills consistent with their roles and responsibilities.

<p>Current: Professional Practice Standards – Working with men who perpetrate domestic and family violence</p>	<p>Revised: Domestic and family violence support services: Practice standards and guidance</p>
<ul style="list-style-type: none"> - experience in direct service delivery with a service complying with either of the following: <ul style="list-style-type: none"> ▪ the Professional Practice Standards — Working with women affected by domestic and family violence, or ▪ a service working with men who perpetrate domestic and family violence (and therefore complies with these standards). 	<ul style="list-style-type: none"> • 2.2 Understanding of gender, power and control <ul style="list-style-type: none"> - 2.2.1 Staff have a nuanced and intersectional understanding of the dynamics of gender, power, and control which informs all aspects of their practice. - 2.2.2 Staff recognise the significance of patterns of perpetrator behaviour beyond individual incidents of violence and are able to meaningfully assess the patterns to develop appropriate responses for the victim and appropriate interventions for the perpetrator. - 2.2.3 Staff adopt a gendered analysis of violence in their practice acknowledging that gender inequality is a predominant cause and consequence of domestic and family violence. • Human Services Quality Standards: Standard 6 – Human resources • Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> - 6.2 The organisation has transparent and accountable recruitment and selection processes that ensure people working in the organisation possess the knowledge, skills and experience required to fulfil their roles. - 6.3 The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.
<ul style="list-style-type: none"> • Advocates are required to: <ul style="list-style-type: none"> - contact their clients fortnightly during the program, most critically before the program commences and after the first few sessions, and monthly following the program for a period of six months - document any contact and attempted contact. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> - 1.1.3 Staff build strong rapport and developmentally and culturally appropriate relationships with adult and child victims. <ul style="list-style-type: none"> ▪ xviii. For staff working with perpetrators in a one-on-one setting such as counselling, when a perpetrator completes, withdraws or is terminated from the intervention service, and there is a victim’s advocate, staff will contact the victim’s advocate to inform them of the change in circumstance and any other information relevant to managing any risks to the victim’s safety. This communication is conducted in such a way that it does not increase risk to the victim, and where possible should be negotiated with the victim. • 1.2 Ensuring victim safety <ul style="list-style-type: none"> - 1.2.2 Contact with a victim only occurs when it is safe for them, which is confirmed with the victim at each contact. If the victim is in immediate danger, staff action a crisis response in consultation with all prescribed entities, specialist service providers and support service providers. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> • 4.1 Ensuring safety, responsibility and accountability <ul style="list-style-type: none"> - 4.1.1 Victims’, including children’s safety and freedom underpins all services for perpetrators of domestic and family violence, especially after separation. - 4.1.4 Staff working with perpetrators in a one-on-one setting establish an ongoing relationship with the adult and child victim, either directly or through a victim advocate, to monitor the situation and provide support where needed. <ul style="list-style-type: none"> ▪ iii. Where the victim is not being supported by another specialist domestic and family violence service, staff working in perpetrator services either refer the victim to a specialist domestic and family violence service or assign a victim advocate to undertake all relevant risk assessment, risk management and safety planning procedures in an ongoing way for the duration of the program. ▪ iv. Where the victim is already in contact with a specialist service and does not want ongoing contact with staff from the perpetrator service, staff will liaise with the victim’s case manager and/or the victim advocate for the purposes of sharing information and ensuring the safety of the victim. Whenever safe, possible and practical, a victim’s consent should be obtained before sharing information but in certain circumstances information may be shared with prescribed entities and specialist domestic and family violence service providers. ▪ ix. Where a victim advocate exists, staff working with perpetrators engage regularly with the victim’s advocate to ensure the victim’s needs are considered when delivering interventions for perpetrators. ▪ vi. Staff recognise that victims have the right to choose not to engage with providers of perpetrator interventions.
<ul style="list-style-type: none"> • Advocates will: <ul style="list-style-type: none"> - respect the rights of their clients, in particular their right to accept limited or no contact - prioritise those clients who may be at potentially greater risk, such as those who: <ul style="list-style-type: none"> ▪ live with a participant at the commencement of the program ▪ plan to remain in the relationship ▪ are recently separated ▪ in any of the above events have children as a part of a relationship. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.1 Respectful, developmentally appropriate, culturally appropriate and non-judgmental approach <ul style="list-style-type: none"> - 1.1.1 Staff recognise victim’s rights to self-determination and dignity of choice. • 1.3 Risk assessment, management and safety plans <ul style="list-style-type: none"> - 1.3.1 Staff undertake a risk assessment and develop a risk management plan with the victim to determine safety and other needs based on the risks posed by the perpetrator. Staff undertake the risk assessment at first contact and manage and update the assessment throughout the provision of interventions. <ul style="list-style-type: none"> ▪ vii. Staff develop safety plans that outline strategies to increase safety and security if the victim remains with the perpetrator, including specific strategies to support their safety if they live with the perpetrator. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> • 4.1 Ensuring safety, responsibility and accountability <ul style="list-style-type: none"> - 4.1.1 Victims’, including children’s safety and freedom underpins all services for perpetrators of domestic and family violence, especially after separation. - 4.1.4 Staff working with perpetrators in a one-on-one setting establish an ongoing relationship with the adult and child victim, either directly or through a victim advocate, to monitor the situation and provide support where needed. <ul style="list-style-type: none"> ▪ iv. Where the victim is already in contact with a specialist service and does not want ongoing contact with staff from the perpetrator service, staff will liaise with the victim’s case manager and/or the victim advocate for the purposes of sharing information and ensuring the safety of the victim. Whenever safe, possible and practical, a victim’s consent should be obtained before sharing information but in certain circumstances information may be shared with prescribed entities and specialist domestic and family violence service providers. ▪ iii. Where the victim is not being supported by another specialist domestic and family violence service, staff working in perpetrator services either refer the victim to a specialist domestic and family violence service or assign a victim advocate to undertake all relevant risk assessment, risk management and safety planning procedures in an ongoing way for the duration of the program. ▪ iv. Where the victim is already in contact with a specialist service and does not want ongoing contact with staff from the perpetrator service, staff will liaise with the victim’s case manager and/or the victim advocate for the purposes of sharing information and ensuring the safety of the victim. Whenever safe, possible and practical, a victim’s consent should be obtained before sharing information but in certain circumstances information may be shared with prescribed entities and specialist domestic and family violence service providers.

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	<p>practical, a victim’s consent should be obtained before sharing information but in certain circumstances information may be shared with prescribed entities and specialist domestic and family violence service providers.</p> <ul style="list-style-type: none"> ▪ ix. Where a victim advocate exists, staff working with perpetrators engage regularly with the victim’s advocate to ensure the victim’s needs are considered when delivering interventions for perpetrators. ▪ vi. Staff recognise that victims have the right to choose not to engage with providers of perpetrator interventions.
<ul style="list-style-type: none"> • In relation to spousal abuse, advocates will also attempt contact with any ex-partner/s with whom the participant has had children and where there are ongoing parenting arrangements or orders. 	<p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> • 2.2 Understanding of gender, power and control <ul style="list-style-type: none"> – 2.2.4 Staff recognise the complex ways in which children are harmed through experiencing violence, and the tactics of control and abuse of power that they experience. <ul style="list-style-type: none"> ▪ vii. Staff understand how the relationship between the non-offending parent and the child can be disrupted by violence and the perpetrator’s attempts to control this relationship. Staff work in an integrated way to support both parties in strengthening this relationship. ▪ xiv. Staff understand that the tactics of power and control are frequently targeted at interfering in the relationship between children and their mothers, both directly and indirectly and is a source of harm. For example, perpetrators may insist on the adult victim performing sexual or domestic functions before they are ‘allowed’ to attend to a crying infant. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> • 4.1 Ensuring safety, responsibility and accountability <ul style="list-style-type: none"> – 4.1.1 Victims’, including children’s safety and freedom underpins all services for perpetrators of domestic and family violence, especially after separation. <p>Practice Standards and Guidance: Principle 6 – Services are client-centred and accessible to all</p> <ul style="list-style-type: none"> • 6.2 Client focused approach <ul style="list-style-type: none"> – 6.2.3 Staff give attention to the relationship between children and the non-offending parent and the opportunities to build on existing strengths in the relationship.
<ul style="list-style-type: none"> • Advocates will assess with their client and discuss with program staff any issues of safety and risk. In particular, they will ascertain their client’s assessment of and discuss with program staff: <ul style="list-style-type: none"> – the likelihood of re-assault – any likely consequences for their client, especially where their client advises against <ul style="list-style-type: none"> ▪ confronting a man about his abusive behaviour ▪ contact with police or other services about, for example, a breach of a DVO by the man. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.3 Risk assessment, management and safety plans <ul style="list-style-type: none"> – 1.3.1 Staff undertake a risk assessment and develop a risk management plan with the victim to determine safety and other needs based on the risks posed by the perpetrator. Staff undertake the risk assessment at first contact and manage and update the assessment throughout the provision of interventions. <p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> • 2.2 Understanding of gender, power and control <ul style="list-style-type: none"> ▪ vi. Staff working with victims assist their clients in responding to power, coercion and control tactics by exploring new problem-solving techniques and validating clients’ existing strategies (based on prior risk assessment) in a strength-based approach that encourages self-determination and self-agency. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> • 4.1 Ensuring safety, responsibility and accountability <ul style="list-style-type: none"> – 4.1.2 Staff follow their organisation’s processes, policy and procedures to assess risk for the victim, maintain victim safety and keep perpetrators accountable regardless of relationship status <ul style="list-style-type: none"> ▪ vi. Staff working with victims assist their clients in responding to power, coercion and control tactics by exploring new problem-solving techniques and validating clients’ existing strategies (based on prior risk assessment) in a strength-based approach that encourages self-determination and self-agency. <p>Practice Standards and Guidance: Principle 6 – Services are client-centred and accessible to all</p> <ul style="list-style-type: none"> • 6.1 Ensuring appropriate responses for all cohorts <ul style="list-style-type: none"> – 6.1.3 Staff recognise the complexity of how violence is experienced and perpetrated and the importance of context in assessing the responsibility for perpetration and identifying appropriate supports and services for the victim or perpetrator. <ul style="list-style-type: none"> ▪ iii. Staff tailor services to meet specific client needs deciding in conjunction with a victim what services are most appropriate and consulting with them as to what assistance they need and are comfortable receiving. • 6.2 Client focused approach <ul style="list-style-type: none"> – 6.2.1 Staff provide services that are tailored to client needs taking into account a client’s individual circumstances including their family situation, their personal values and preferences and specific risk and protective factors. <ul style="list-style-type: none"> ▪ ii. Staff work with victims and children to actively involve them in deciding the best way to address their needs.
<ul style="list-style-type: none"> • Advocates will inform their clients that the client may contact and meet with program facilitators, with the advocate present if requested. 	<p>Not captured in the revised Practice Standards. Standard under consideration for inclusion in contractual documents or the forthcoming Quality Framework as appropriate.</p>
<ul style="list-style-type: none"> • An advocate: <ul style="list-style-type: none"> – is not a program facilitator – will be a female practitioner, where their client is a woman – will prior to making contact, check that an ‘acknowledgment of contact’ statement has been signed 	<p>Not captured in the Revised Practice Standards. Standard under consideration for inclusion in contractual documents or the forthcoming Quality Framework as appropriate.</p>

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<p>by a participant, explaining that an advocate will speak with those impacted by their abuse.</p> <ul style="list-style-type: none"> Information obtained from these contacts is not to be passed onto participants as it may jeopardise the safety of those who have been abused by the participant. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> 1.1 Respectful, developmentally appropriate, culturally appropriate and non-judgemental approach <ul style="list-style-type: none"> 1.1.1 Staff recognise victims’ rights to self-determination and the dignity of choice. <ul style="list-style-type: none"> i. Obtaining consent before sharing information is preferred and, where possible, staff should receive the victim’s expressed, informed consent prior to engagement. 1.2 Ensuring victim safety <ul style="list-style-type: none"> 1.2.1 Staff prioritise the safety and wellbeing of victims. 1.2.3 Staff are competent in dealing with risks around safety and implementing effective strategies to maintain victim safety, including the specific safety needs of children. 1.2.4 Staff ensure confidentiality in all aspects of service delivery and practice, including client data and files, consistent with legislative obligations. <ul style="list-style-type: none"> viii. Staff are trained in legislative requirements regarding consent and information sharing and are made aware of the importance of maintaining privacy and confidentiality. xviii. For staff working with perpetrators in a one-on-one setting such as counselling, when a perpetrator completes, withdraws or is terminated from the intervention service, and there is a victim’s advocate, staff will contact the victim’s advocate to inform them of the change in circumstance and any other information relevant to managing any risks to the victim’s safety. This communication is conducted in such a way that it does not increase risk to the victim, and where possible should be negotiated with the victim. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> 4.1 Ensuring safety, responsibility, and accountability <ul style="list-style-type: none"> 4.1.1 Victim’s, including children’s, safety and freedom underpins all services for perpetrators of domestic and family violence, including after separation. <ul style="list-style-type: none"> iv. Where the victim is already in contact with a specialist service and does not want ongoing contact with staff from the perpetrator service, staff will liaise with the victim’s case manager and/or the victim advocate for the purposes of sharing information and ensuring the safety of the victim. Whenever safe, possible and practical, a victim’s consent should be obtained before sharing information but in certain circumstances information may be shared with prescribed entities and specialist domestic and family violence service providers.
<ul style="list-style-type: none"> In relation to children, where an advocate is working with and on behalf of a child under the age of 18 years the advocate will: <ul style="list-style-type: none"> either have the requisite professional training or experience, or work in consultation with relevant professionals, including officers of the Department of Communities (Child Safety Services) as required by the service’s child abuse notification policy, and any contact with children under the age of 18 will be with the consent of the non-offending parent or guardian. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> 1.1 Respectful, developmentally appropriate, culturally appropriate and non-judgmental approach <ul style="list-style-type: none"> 1.1.3 Staff build strong rapport and developmentally and culturally appropriate relationships with adult and child victims. <ul style="list-style-type: none"> v. Staff support the safety of adult and child victims by listening to their account of their experiences and concerns, and demonstrating this in their responses and actions. vi. Staff work with children as victims in their own right where possible, recognising the unique impacts and relationships between parent and child. vii. Staff recognise how children who witness violence in the home suffer emotional and psychological trauma and are able to provide a developmentally appropriate response. 1.2 Ensuring victim safety <ul style="list-style-type: none"> 1.2.3 Staff are competent in dealing with risks around safety and implementing effective strategies to maintain victim safety, including the specific safety needs of children. 1.2.5 Staff make clients aware of when information may be shared with other agencies as a duty of care, for example, through mandatory reporting of child protection concerns under the <i>Child Protection Act 1999</i> or as part of a court process. <ul style="list-style-type: none"> vii. Staff demonstrate an understanding of the specific safety needs of children and take these into account in safety planning for the victim and family. xi. Staff working with victims inform their clients that they may be referred to statutory and/or emergency services if their safety, or the safety of people around them, is considered to be under threat. For mandatory reporting organisations under the <i>Child Protection Act 1999</i> (for example, those organisations performing a child advocate function under the <i>Public Guardian Act 2014</i>), it is a legislative requirement for them to report any reasonable suspicion that a child is in need of protection caused by any other form of abuse or neglect. 1.3 Risk assessment, management and safety plans <ul style="list-style-type: none"> 1.3.2 Staff are trained to recognise and identify the variety of risks that can be present for adult and child victims and maintain a contemporary knowledge of emerging risk factors. 1.3.4 Staff working with victims, develop safety plans and engage in harm reduction in partnership with both adult and child victims which suit their individual circumstances. Where the adult victim has children, wherever possible staff develop individual safety plans that explicitly address the needs of both the adult and child victims. <ul style="list-style-type: none"> iv. In preparing a safety plan, staff work closely with both adult and child victims regarding their needs. vi. Staff consider the tools and guidance provided by their organisation and the Queensland Government, for example, the <i>Child Protection Guide</i>, to determine the most appropriate response to the signs and/or risk factors for child abuse and neglect that they have identified. <p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> 2.1 Understanding of domestic and family violence <ul style="list-style-type: none"> 2.1.2 Staff have the expertise to identify signs of domestic and family violence and the ability to respond to disclosures of both adults and children.

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	<ul style="list-style-type: none"> ▪ vi. Staff recognise that domestic and family violence can have lifelong impacts on children and young people who witness and experience violence and significantly impact the relationships between the parent, child and community. ▪ vii. Staff provide a safe and supportive environment to enable adult and child victims to disclose their experiences and provide supportive, developmentally appropriate services in response. <p>– 2.2.4 Staff recognise the complex ways in which children are harmed through experiencing violence, and the tactics of control and abuse of power that they experience.</p> <ul style="list-style-type: none"> ▪ vii. Staff understand how the relationship between the non-offending parent and the child can be disrupted by violence and the perpetrator’s attempts to control this relationship. Staff work in an integrated way to support both parties in strengthening this relationship. ▪ xiii. Staff understand that children’s attachment relationship with their primary caregiver (usually mothers) plays a critical role in mitigating some of the effects of witnessing or experiencing domestic and family violence. In the context of domestic and family violence, mothers may often take steps to mitigate the effects of abusive fathers, for example, providing additional emotional support, regulation and caregiving. ▪ xiv. Staff understand that the tactics of power and control are frequently targeted at interfering in the relationship between children and their mothers, both directly and indirectly, and is a source of harm. For example, perpetrators may insist on the adult victim performing sexual or domestic functions before they are ‘allowed’ to attend to a crying infant. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> • 4.1 Ensuring safety, responsibility and accountability <ul style="list-style-type: none"> ▪ viii. Where children are involved, staff follow their organisation’s protocols in gaining an understanding of the child’s perspective of the perpetrator (for example, the staff may conduct an assessment themselves or refer to a Principle Child Protection Practitioner or other specialist service provider to conduct an assessment). The assessment includes questions about the strengths and risks of the relationship between the child/ren and the perpetrator in order to better understand the power, coercion and control tactics being used and the patterns of perpetration.
<ul style="list-style-type: none"> • The service will enter into negotiations toward a formal agreement with an external service working with those who experience domestic and family violence in relation to sharing information between the advocacy service and program staff. 	<p>Not captured in the revised Practice Standards. Standard under consideration for inclusion in contractual documents or the forthcoming Quality Framework as appropriate.</p>
<ul style="list-style-type: none"> • Advocates are required to: <ul style="list-style-type: none"> – contact their clients fortnightly during the program, most critically before the program commences and after the first few sessions, and monthly following the program for a period of six months – document any contact and attempted contact. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> – 1.2.2 Contact with a victim only occurs when it is safe for them, which is confirmed with the victim at each contact. If the victim is in immediate danger, staff action a crisis response in consultation with all prescribed entities, specialist service providers and support service providers. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> • Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> – 6.2 The organisation has transparent and accountable recruitment and selection processes that ensure people working in the organisation possess the knowledge, skills and experience required to fulfil their roles. – 6.3 The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.
<ul style="list-style-type: none"> • Advocates will: <ul style="list-style-type: none"> – demonstrate an understanding of the men’s behaviour change process in relation to domestic and family violence – have knowledge of the processes and content of group sessions – have observed a minimum of six men’s behaviour changes group sessions – have experience in direct service delivery with a service complying with either: <ul style="list-style-type: none"> ▪ the Professional Practice Standards — Working with women affected by domestic and family violence ▪ these standards, in relation to Working with men who perpetrate domestic and family violence. 	<p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> • 2.1 Understanding of domestic and family violence <ul style="list-style-type: none"> – 2.1.1 Staff have a contemporary and nuanced understanding of the drivers, dynamics, and impacts of domestic and family violence including as it relates to at-risk cohorts including Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, people with a disability and people who identify as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ+). – 2.1.2 Staff have the expertise to identify signs of domestic and family violence and the ability to respond to disclosures of both adults and children. – 2.1.3 Staff competency levels, knowledge and qualifications align with the level of service and care provided to clients, and staff have the required skills consistent with their roles and responsibilities. • 2.2 Understanding of gender, power and control <ul style="list-style-type: none"> – 2.2.1 Staff have a nuanced and intersectional understanding of the dynamics of gender, power, and control which informs all aspects of their practice. – 2.2.2 Staff recognise the significance of patterns of perpetrator behaviour beyond individual incidents of violence and are able to meaningfully assess the patterns to develop appropriate responses for the victim and appropriate interventions for the perpetrator. – 2.2.3 Staff adopt a gendered analysis of violence in their practice acknowledging that gender inequality is a predominant cause and consequence of domestic and family violence. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> • 4.1 Ensuring safety, responsibility and accountability <ul style="list-style-type: none"> – 4.1.2 Staff follow their organisation’s processes, policy and procedures to assess risk for the victim, maintain victim safety and keep perpetrators accountable regardless of their relationship status. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> • Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> – 6.2 The organisation has transparent and accountable recruitment and selection processes that ensure people working in the organisation possess the knowledge,

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	<p>skills and experience required to fulfil their roles.</p> <ul style="list-style-type: none"> - 6.3 The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.
Unacceptable practice includes:	
<ul style="list-style-type: none"> • No negotiated contact with those who have been abused by the participant. 	<p>Not captured in the revised Practice Standards. Standard under consideration for inclusion in contractual documents or the forthcoming Quality Framework as appropriate.</p>
<ul style="list-style-type: none"> • No attempted phone or face-to-face contact in addition to the initial written contact with their clients. 	<p>Not captured in the revised Practice Standards. Standard under consideration for inclusion in contractual documents or the forthcoming Quality Framework as appropriate.</p>
<ul style="list-style-type: none"> • No information given to their clients as to the value and purpose of ongoing contact with the service. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> - 1.2.1 Staff prioritise the safety and wellbeing of victims. - 1.2.2 Contact with a victim only occurs when it is safe for them, which is confirmed with the victim at each contact. If the victim is in immediate danger, staff action a crisis response in consultation with all prescribed entities, specialist service providers and support service providers. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> • 4.1 Ensuring safety, responsibility and accountability <ul style="list-style-type: none"> - 4.1.1 Victim’s, including children’s, safety and freedom underpins all services for perpetrators of domestic and family violence, including after separation. - 4.1.2 Staff follow their organisation’s processes, policy and procedures to assess risk for the victim, maintain victim safety and keep perpetrators accountable regardless of relationship status. - 4.1.4 Staff working with perpetrators in a one-on-one setting establish an ongoing relationship with the adult and child victim, either directly or through a victim advocate, to monitor the situation and provide support where needed. <ul style="list-style-type: none"> ▪ iv. Where the victim is already in contact with a specialist service and does not want ongoing contact with staff from the perpetrator service, staff will liaise with the victim’s case manager and/or the victim advocate for the purposes of sharing information and ensuring the safety of the victim. Whenever safe, possible and practical, a victim’s consent should be obtained before sharing information but in certain circumstances information may be shared with prescribed entities and specialist domestic and family violence service providers. ▪ vi. Staff recognise that victims have the right to choose not to engage with providers of perpetrator interventions. ▪ vii. Staff working with perpetrators communicate with the victim (if known) regarding participation of the perpetrator in a program. This includes providing verbal or written information about the content and approach of the program. ▪ ix. Where a victim advocate exists, staff working with perpetrators engage regularly with the victim’s advocate to ensure the victim’s needs are considered when delivering interventions for perpetrators.
<ul style="list-style-type: none"> • No risk assessment of and safety planning with clients who are willing to engage in contact with the service. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> - 1.2.1 Staff prioritise the safety and wellbeing of victims. <ul style="list-style-type: none"> ▪ vii. Staff demonstrate an understanding of the specific safety needs of children and take these into account in safety planning for the victim and family. • 1.3 Risk assessment, management and safety plans <ul style="list-style-type: none"> - 1.3.1 Staff undertake a risk assessment and develop a risk management plan with victim to determine safety and other needs based on the risks posed by the perpetrator. Staff undertake the risk assessment at first contact and manage and update the assessment throughout the provision of interventions. - 1.3.3 Staff are trained to recognise and identify the variety of risk factors that perpetrators may present with including attitudinal, behavioural and physical risk factors, and use this information to inform risk assessment, management and the development of safety plans for victims (for example, high risk factors include a history or strangulation, weapons use and/or suicide attempts and general risk factors include pet abuse and acceptance of violence). - 1.3.4 Staff working with victims, develop safety plans and engage in harm reduction in partnership with both adult and child victims which suit their individual circumstances. Where the adult victim has children, wherever possible staff develop individual safety plans that explicitly address the needs of both the adult and child victims. - 1.3.5 Staff working with perpetrators assist them to develop practical and meaningful safety plans designed to address the safety of victims and those impacted by the violence. <ul style="list-style-type: none"> ▪ i. Staff use formal, documented, evidence-based processes in place for risk assessment including, where available, a common risk assessment framework. Staff are trained to use these processes, and staff regularly participate in training to maintain currency. ▪ ii. Where risk assessment reveals a safety risk to the victim (and where safe to do so) staff discuss, work, and collaborate with victims and relevant service providers including generalist and specialist providers, and prescribed entities around next steps and confirm agreed action. ▪ iv. In preparing a safety plan, staff work closely with both adult and child victims regarding their needs. ▪ v. In preparing a safety plan, staff seek to understand the specific patterns of violence that have been perpetrated in the relationship, in order to develop a unique safety plan that supports the victim in responding to potential future incidents of violence. ▪ vii. Staff develop safety plans that outline strategies to increase safety and security if the victim remains with the perpetrator, including specific strategies to support their safety if they live with the perpetrator. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> • 4.1 Ensuring safety, responsibility and accountability

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	<ul style="list-style-type: none"> - 4.1.1 Victim's, including children's, safety and freedom underpins all services for perpetrators of domestic and family violence, including after separation. - 4.1.2 Staff follow their organisation's processes, policy and procedures to assess risk for the victim, maintain victim safety and keep perpetrators accountable regardless of relationship status. - 4.1.4 Staff working with perpetrators in a one-on-one setting establish an ongoing relationship with the adult and child victim, either directly or through a victim advocate, to monitor the situation and provide support where needed. <ul style="list-style-type: none"> ▪ iv. Where the victim is already in contact with a specialist service and does not want ongoing contact with staff from the perpetrator service, staff will liaise with the victim's case manager and/or the victim advocate for the purposes of sharing information and ensuring the safety of the victim. Whenever safe, possible and practical, a victim's consent should be obtained before sharing information but in certain circumstances information may be shared with prescribed entities and specialist domestic and family violence service providers. ▪ vi. Staff recognise that victims have the right to choose not to engage with providers of perpetrator interventions. ▪ vii. Staff working with perpetrators communicate with the victim (if known) regarding participation of the perpetrator in a program. This includes providing verbal or written information about the content and approach of the program. ▪ ix. Where a victim advocate exists, staff working with perpetrators engage regularly with the victim's advocate to ensure the victim's needs are considered when delivering interventions for perpetrators.
<ul style="list-style-type: none"> • No agreed range of questions or list of referrals used by the advocate during contact with their clients. 	<p>Practice Standards and Guidance: Principle 7 – Services collaborate to provide an integrated response</p> <ul style="list-style-type: none"> • 7.1 Working with other specialist domestic and family violence service providers <ul style="list-style-type: none"> - 7.1.3 Staff have a comprehensive understanding of their organisation's offerings, limitations, and referral pathways to other services to address client needs. <ul style="list-style-type: none"> ▪ ii. Staff develop and maintain a local network to ensure ease of referral and an integrated response. Ideally and where mutually beneficial, resources are shared between these organisations, including financial, human, knowledge and good practice. ▪ iii. Staff follow up contact with the receiving agency and the client to determine if the service has been taken up and is progressing, in alignment with the information sharing framework in the legislation. ▪ v. Staff working with perpetrators establish and maintain strong working relationships with other relevant service providers (e.g. specialist domestic and family violence services, Government service providers, other support services etc.) in order to manage risk, hold perpetrators to account and create efficient referral pathways and information sharing. • 7.2. Working with organisations outside the service system <ul style="list-style-type: none"> - 7.2.2 Staff understand the intersections between domestic and family violence services and other mainstream services such as mental health, housing and alcohol and other drug services and can make appropriate referrals and connections. <ul style="list-style-type: none"> ▪ i. Staff participate in local and regional inter-agency forums and networks to support information sharing, best practice when working with clients with specific needs, service coordination and seamless service delivery.
<ul style="list-style-type: none"> • No formal liaison or information sharing between the advocate and staff or facilitators. 	<p>Not captured in the revised Practice Standards. Standard under consideration for inclusion in contractual documents or the forthcoming Quality Framework as appropriate.</p>
<ul style="list-style-type: none"> • No established protocol of confidentiality concerning information shared by the advocate with staff or facilitators. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> - 1.2.1 Staff prioritise the safety and wellbeing of victims. - 1.2.3 Staff are competent in dealing with risks around safety and implementing effective strategies to maintain victim safety, including the specific safety needs of children. - 1.2.4 Staff ensure confidentiality in all aspects of service delivery and practice, including client data and files, consistent with legislative obligations. <ul style="list-style-type: none"> ▪ viii. Staff are trained in legislative requirements regarding consent and information sharing and are made aware of the importance of maintaining privacy and confidentiality. ▪ xviii. For staff working with perpetrators in a one-on-one setting such as counselling, when a perpetrator completes, withdraws or is terminated from the intervention service, and there is a victim's advocate, staff will contact the victim's advocate to inform them of the change in circumstance and any other information relevant to managing any risks to the victim's safety. This communication is conducted in such a way that it does not increase risk to the victim, and where possible should be negotiated with the victim.
<ul style="list-style-type: none"> • No check as to whether a limited confidentiality waiver was signed by the man prior to contact with their client. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> - 1.2.1 Staff prioritise the safety and wellbeing of victims. - 1.2.4 Staff ensure confidentiality in all aspects of service delivery and practice, including client data and files, consistent with legislative obligations. - 1.2.5 Staff make clients aware of when information may be shared with other agencies as a duty of care, for example, through mandatory reporting of child protection concerns under the <i>Child Protection Act 1999</i> or as part of a court process. <ul style="list-style-type: none"> ▪ viii. Staff are trained in legislative requirements regarding consent and information sharing and are made aware of the importance of maintaining privacy and confidentiality. ▪ ix. Staff understand the consequences of not sharing information with other agencies when required (e.g. not sharing information may jeopardise the safety of a victim or people close to them, and the <i>Domestic and Family Violence Act 2012</i> and the <i>Child Protection Act 1999</i> state that safety and wellbeing takes precedence over the protection of an individual's privacy.

Current: Professional Practice Standards – Working with men who perpetrate domestic and family violence	Revised: Domestic and family violence support services: Practice standards and guidance
	<ul style="list-style-type: none"> ▪ xv. Staff working with perpetrators liaise closely with organisations supporting the victim of violence to ensure that there is an integrated and coordinated response to ensuring victim safety. ▪ xvii. For staff working with perpetrators, when a perpetrator is perceived as being a threat to the safety of other people, staff notify the appropriate prescribed entities, for example, the police. ▪ xviii. For staff working with perpetrators in a one-on-one setting such as counselling, when a perpetrator completes, withdraws or is terminated from the intervention service, and there is a victim’s advocate, staff will contact the victim’s advocate to inform them of the change in circumstance and any other information relevant to managing any risks to the victim’s safety. This communication is conducted in such a way that it does not increase risk to the victim, and where possible should be negotiated with the victim. ▪ xix. For staff working with perpetrators in a group setting such as a men’s behavioural change program, when a perpetrator completes, withdraws or is terminated from the intervention service, staff will contact the relevant prescribed entity, for example, Queensland Corrective Services and/or the Queensland Police Service. <ul style="list-style-type: none"> • 1.3 Risk assessment, management and safety plans <ul style="list-style-type: none"> – 1.3.5 Staff working with perpetrators assist them to develop practical and meaningful safety plans designed to address the safety of victims and those impacted by the violence. <ul style="list-style-type: none"> ▪ x. When working with perpetrators, staff understand that perpetrators may inadvertently disclose information that a victim is unaware of and which can impact on the risk assessment or risk management of victims. For example, perpetrators may disclose information such as, changes in their level of drinking or substance abuse; violation of an existing order; and/or other instances of violence at work or against other victims. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> • 4.1 Ensuring safety, responsibility and accountability <ul style="list-style-type: none"> – 4.1.5 Staff understand overall system accountability and how the interactions of staff across all points of the service system, for example, generalist services, HRTs, specialist services and prescribed entities, can better support victims and families. <ul style="list-style-type: none"> ▪ ix. Where a victim advocate exists, staff working with perpetrators engage regularly with the victim’s advocate to ensure victim’s needs are considered when delivering interventions for perpetrators.
<ul style="list-style-type: none"> • The use of an advocate with no professional domestic and family violence experience or training in relation to work with those who experience domestic and family violence. 	<p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> • 2.1 Understanding of domestic and family violence <ul style="list-style-type: none"> – 2.1.3 Staff competency levels, knowledge, and qualifications align with the level of service and care provided to clients, and staff have the required skills consistent with their roles and responsibilities. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> • Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> – 6.2 The organisation has transparent and accountable recruitment and selection processes that ensure people working in the organisation possess the knowledge, skills and experience required to fulfil their roles. 6.3 The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.
<ul style="list-style-type: none"> • In relation to advocacy work external to the program, unacceptable practice includes no negotiations towards a formal agreement with an external service working with those who experience domestic and family violence. This applies to sharing information between the advocacy service and program staff in particular. 	<p>Not captured in the revised Practice Standards. Standard under consideration for inclusion in contractual documents or the forthcoming Quality Framework as appropriate.</p>
<p>3.1.4 Reporting Essential professional practice will include the following:</p>	
<ul style="list-style-type: none"> • Service reporting protocols will include: <ul style="list-style-type: none"> – the reporting of crimes associated with domestic and family violence to statutory and other relevant authorities – a requirement that program facilitators report to service management any threats or acts of violence by the man or his associates communicated <ul style="list-style-type: none"> ▪ by the man himself ▪ by the person who has experienced the man’s abusive behaviour ▪ by other relevant services – a requirement that management assess whether or not such threats or acts of violence will be reported for their information or action to: 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> – 1.2.1 Staff prioritise the safety and wellbeing of victims. <ul style="list-style-type: none"> ▪ xvii. For staff working with perpetrators, when a perpetrator is perceived as being a threat to the safety of other people, staff notify the appropriate prescribed entities (for example, the Queensland Police Service). <p>Practice Standards and Guidance: Principle 7 – Services collaborate to provide an integrated response</p> <ul style="list-style-type: none"> • 7.2 Working with organisations outside the service system <ul style="list-style-type: none"> – 7.2.1 Staff participate in multi-agency support services as appropriate to the needs of the clients (such as police, the court system, legal services, medical and mental health services, disability services, housing services, child protection and Centrelink. <ul style="list-style-type: none"> ▪ vi. Where appropriate, staff dealing with perpetrators, work with staff from other organisations, such as police to better educate perpetrators about the legal and community impact of their actions and increase accountability to those impacted by their violence and to the people and services supporting them.

Current: <i>Professional Practice Standards – Working with men who perpetrate domestic and family violence</i>	Revised: <i>Domestic and family violence support services: Practice standards and guidance</i>
<ul style="list-style-type: none"> ▪ the Queensland Police Service in relation to any breach of a DVO or other criminal matter, and/or ▪ other statutory authorities. 	
<ul style="list-style-type: none"> • All decisions or actions to report to statutory and other relevant authorities should, where possible, be done in consultation with the person who has experienced the participant's abusive behaviour. All such decisions to act should be taken only at a service management level. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.1 Respectful, developmentally appropriate, culturally appropriate and non-judgmental approach <ul style="list-style-type: none"> – 1.1.1 Staff recognise victims' rights to self-determination and the dignity of choice. <ul style="list-style-type: none"> ▪ i. Obtaining consent before sharing information is preferred and, where possible, staff should receive the victim's expressed, informed consent prior to engagement. ▪ ii. Circumstances where people may not be informed or their consent obtained to share personal information include where seeking and obtaining consent could jeopardise the safety or wellbeing of a person. ▪ iii. Circumstances where people may not be informed or their consent obtained prior to sharing personal information include where seeking and obtaining consent could jeopardise the safety or wellbeing of a person. • 1.2 Ensuring victim safety <ul style="list-style-type: none"> – 1.2.1 Staff prioritise the safety and wellbeing of victims.
<ul style="list-style-type: none"> • Protocols or agreed processes between relevant services, including negotiated limited confidentiality provisions must be sought and, where possible, established to ensure effective reporting. These agreements would provide a coordinated response to domestic and family violence and ideally would be with services in a coordinated response to domestic and family violence who: <ul style="list-style-type: none"> – may have information for the program in relation to a participant's threats or incidents – could receive material from service management in relation to reportable incidents or other information that may be relevant to a participant's risk of committing further abuse. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> – 1.2.1 Staff prioritise the safety and wellbeing of victims. – 1.2.4 Staff ensure confidentiality in all aspects of service delivery and practice, including client data and files, consistent with legislative obligations. – 1.2.5 Staff make clients aware of when information may be shared with other agencies as a duty of care, for example, through mandatory reporting of child protection concerns under the <i>Child Protection Act 1999</i> or as part of a court process. <ul style="list-style-type: none"> ▪ viii. Staff are trained in legislative requirements regarding consent and information sharing and are made aware of the importance of maintaining privacy and confidentiality. ▪ ix. Staff understand the consequences of not sharing information with other agencies when required (e.g. not sharing information may jeopardise the safety of a victim or people close to them, and the <i>Domestic and Family Violence Act 2012</i> and the <i>Child Protection Act 1999</i> state that safety and wellbeing takes precedence over the protection of an individual's privacy. ▪ xv. Staff working with perpetrators liaise closely with organisations supporting the victim of violence to ensure that there is an integrated and coordinated response to ensuring victim safety. ▪ xvii. For staff working with perpetrators, when a perpetrator is perceived as being a threat to the safety of other people, staff notify the appropriate prescribed entities, for example, the police. ▪ xviii. For staff working with perpetrators in a one-on-one setting such as counselling, when a perpetrator completes, withdraws or is terminated from the intervention service, and there is a victim's advocate, staff will contact the victim's advocate to inform them of the change in circumstance and any other information relevant to managing any risks to the victim's safety. This communication is conducted in such a way that it does not increase risk to the victim, and where possible should be negotiated with the victim. ▪ xix. For staff working with perpetrators in a group setting such as a men's behavioural change program, when a perpetrator completes, withdraws or is terminated from the intervention service, staff will contact the relevant prescribed entity, for example, Queensland Corrective Services and/or the Queensland Police Service. • 1.3 Risk assessment, management and safety plans <ul style="list-style-type: none"> – 1.3.5 Staff working with perpetrators assist them to develop practical and meaningful safety plans designed to address the safety of victims and those impacted by the violence. <ul style="list-style-type: none"> ▪ x. When working with perpetrators, staff understand that perpetrators may inadvertently disclose information that a victim is unaware of and which can impact on the risk assessment or risk management of victims. For example, perpetrators may disclose information such as, changes in their level of drinking or substance abuse; violation of an existing order; and/or other instances of violence at work or against other victims. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> • 4.1 Ensuring safety, responsibility and accountability <ul style="list-style-type: none"> – 4.1.5 Staff understand overall system accountability and how the interactions of staff across all points of the service system, for example, generalist services, HRTs, specialist services and prescribed entities, can better support victims and families. <ul style="list-style-type: none"> ▪ ix. Where a victim advocate exists, staff working with perpetrators engage regularly with the victim's advocate to ensure victim's needs are considered when delivering interventions for perpetrators. <p>Practice Standards and Guidance: Principle 7 – Services collaborate to provide an integrated response</p> <ul style="list-style-type: none"> • 7.1 Working with other specialist domestic and family violence service providers <ul style="list-style-type: none"> – 7.1.1 Staff proactively work with staff in other domestic and family violence services to provide a holistic response to clients. <ul style="list-style-type: none"> ▪ ii. Staff develop and maintain a local network to ensure ease of referral and an integrated response. Ideally and where mutually beneficial, resources are shared between these organisations, including financial, human, knowledge and good practice.

Current: <i>Professional Practice Standards – Working with men who perpetrate domestic and family violence</i>	Revised: <i>Domestic and family violence support services: Practice standards and guidance</i>
<ul style="list-style-type: none"> When a man leaves the program before completion, facilitators, preferably through the relevant advocate, are required to: <ul style="list-style-type: none"> contact those who have been abused by the participant advise them of the situation and circumstances of the man leaving the program make a safety and risk assessment and offer further options or resources. 	<ul style="list-style-type: none"> v. Staff working with perpetrators establish and maintain strong working relationships with other relevant service providers (for example, specialist domestic and family violence services, government service providers, other support services etc.) in order to manage risk, hold perpetrators to account and create efficient referral pathways and information sharing. <p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> 1.2 Ensuring victim safety <ul style="list-style-type: none"> 1.2.1 Staff prioritise the safety and wellbeing of victims <ul style="list-style-type: none"> xviii. For staff working with perpetrators in a one-on-one setting such as counselling, when a perpetrator completes, withdraws or is terminated from the intervention service, and there is a victim’s advocate, staff will contact the victim’s advocate to inform them of the change in circumstance and any other information relevant to managing any risks to the victim’s safety. This communication is conducted in such a way that it does not increase risk to the victim, and where possible should be negotiated with the victim. xix. For staff working with perpetrators in a group setting such as a men’s behavioural change program, when a perpetrator completes, withdraws or is terminated from the intervention service, staff will contact the relevant prescribed entity, for example, Queensland Corrective Services and/or the Queensland Police Service. 1.3 Risk assessment, management and safety plans <ul style="list-style-type: none"> 1.3.1 Staff undertake a risk assessment and develop a risk management plan with the victim to determine safety and other needs based on the risks posed by the perpetrator. Staff undertake the risk assessment at first contact and manage and update the assessment throughout the provision of interventions. 1.3.3 Staff are trained to recognise and identify the variety of risk factors that perpetrators may present with including attitudinal, behavioural and physical risk factors, and use this information to inform risk assessment, management and the development of safety plans for victims (for example, high risk factors include a history of strangulation, weapons use and/ or suicide attempts and general risk factors include pet abuse and acceptance of violence). <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their action</p> <ul style="list-style-type: none"> 4.1 Ensuring safety, responsibility, and accountability <ul style="list-style-type: none"> 4.1.4 Staff working with perpetrators in a one-on-one setting establish an ongoing relationship with the adult and child victim, either directly or through a victim advocate, to monitor the situation and provide support where needed. <ul style="list-style-type: none"> vii. Staff working with perpetrators communicate with the victim (if known) regarding participation of the perpetrator in a program. This includes providing verbal or written information about the content and approach of the program. ix. Where a victim advocate exists, staff working with perpetrators engage regularly with the victim’s advocate to ensure the victim’s needs are considered when delivering interventions for perpetrators.
<ul style="list-style-type: none"> When a man leaves the program before completion, facilitators are required to contact statutory referrers to advise them of the situation and circumstances of the man leaving the program. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> 1.2 Ensuring victim safety <ul style="list-style-type: none"> 1.2.1 Staff prioritise the safety and wellbeing of victims <ul style="list-style-type: none"> xviii. For staff working with perpetrators in a group setting such as a men’s behavioural change program, when a perpetrator completes, withdraws or is terminated from the intervention service, staff will contact the relevant prescribed entity (for example, Queensland Corrective Services and/or Queensland Police Services).
<ul style="list-style-type: none"> Feedback to referral services including statutory bodies will include specific behaviour change identified by preferably both the participant and those impacted by his abuse. Such feedback should include caveats and conditions that may, for example, recommend that a man: <ul style="list-style-type: none"> repeat the program seek further assistance with related issues such as alcohol or other drug use where a statutory agency is involved, regular and frequent contact with that agency to check-in about his behaviour, with options for recommencing the program as required. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> 1.2 Ensuring victim safety <ul style="list-style-type: none"> 1.2.1 Staff prioritise the safety and wellbeing of victims <ul style="list-style-type: none"> xviii. For staff working with perpetrators in a group setting such as a men’s behavioural change program, when a perpetrator completes, withdraws or is terminated from the intervention service, staff will contact the relevant prescribed entity (for example, Queensland Corrective Services and/or Queensland Police Services). <p>Practice Standards and Guidance: Principle 7 – Services collaborate to provide an integrated response</p> <ul style="list-style-type: none"> 7.1 Working with other specialist domestic and family violence service providers <ul style="list-style-type: none"> 7.1.1 Staff proactively work with staff in other domestic and family violence services to provide a holistic response to clients. <ul style="list-style-type: none"> iii. Staff follow up contact with the receiving agency and the client to determine if the service has been taken up and is progressing, in alignment with the information sharing framework in the legislation. v. Staff working with perpetrators establish and maintain strong working relationships with other relevant service providers (for example, specialist domestic and family violence services, government service providers, other support services etc.) in order to manage risk, hold perpetrators to account and create efficient referral pathways and information sharing. 7.2 Working with organisations outside the service system <ul style="list-style-type: none"> 7.2.1 Staff participate in multi-agency support services as appropriate to the needs of the clients (such as police, the court system, legal services, medical and mental health services, disability services, housing services, child protection and Centrelink. <ul style="list-style-type: none"> v. Where appropriate, staff identify and refer clients to other services they may require including alcohol and other drugs services, gambling support services and/or homelessness and housing support services. For perpetrator services, these referrals should be done in a way that addresses any belief that problems such as substance abuse or gambling minimise the importance or accountability of the perpetrator’s behaviour. vi. Where appropriate, staff dealing with perpetrators, work with staff from other organisations, such as police to better educate perpetrators about the legal and community impact of their actions and increase accountability to those impacted by their violence and to the people and services supporting them.
<p>Unacceptable practice includes:</p>	

Current: <i>Professional Practice Standards – Working with men who perpetrate domestic and family violence</i>	Revised: <i>Domestic and family violence support services: Practice standards and guidance</i>
<ul style="list-style-type: none"> Unacceptable practice includes no documented reporting procedures. 	<p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> 4.1 Ensuring safety, responsibility and accountability <ul style="list-style-type: none"> 4.1.2 Staff follow their organisation’s processes, policy and procedures to assess risk for the victim, maintain victim safety and keep perpetrators accountable regardless of relationship status. <p>Practice Standards and Guidance: Principle 7 – Services collaborate to provide an integrated response</p> <ul style="list-style-type: none"> 7.2 Working with organisations outside the service system <ul style="list-style-type: none"> 7.2.1 Staff participate in multi-agency support services as appropriate to the needs of the clients (such as police, the court system, legal services, medical and mental health services, disability services, housing services, child protection and Centrelink. <ul style="list-style-type: none"> vi. Where appropriate, staff dealing with perpetrators, work with staff from other organisations, such as police to better educate perpetrators about the legal and community impact of their actions and increase accountability to those impacted by their violence and to the people and services supporting them.
<p>3.2 Individual and group program practice</p>	
<p>3.2.1 Intake and assessment Essential professional practice will include the following:</p>	
<ul style="list-style-type: none"> Staff who undertake assessments of men will: <ul style="list-style-type: none"> be a Level 3 facilitator or have the equivalent of a Graduate Certificate in Social Science (Male Family Violence Group Facilitation), and Have at least 100 hours of experience facilitating men’s behaviour change groups. 	<p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> 2.1 Understanding of domestic and family violence <ul style="list-style-type: none"> 2.1.3 Staff competency levels, knowledge, and qualifications align with the level of service and care provided to clients, and staff have the required skills consistent with their roles and responsibilities. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> 6.2 The organisation has transparent and accountable recruitment and selection processes that ensure people working in the organisation possess the knowledge, skills and experience required to fulfil their roles. 6.3 The organisation provides people working in the organisation with induction, training and development opportunities relevant to their roles.
<ul style="list-style-type: none"> Individual assessments that identify, acknowledge and address the participant’s use of violence and abuse 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> 1.2 Ensuring victim safety <ul style="list-style-type: none"> 1.2.1 Staff prioritise the safety and wellbeing of victims. 1.2.3 Staff are competent in dealing with risks around safety and implementing effective strategies to maintain victim safety, including the specific safety needs of children. <ul style="list-style-type: none"> xiv. Staff do not engage with perpetrators in a way that increases the risk to adult or child victims. An example of this might be asking questions of a perpetrator that appear to be ‘screening’ for violence or abuse, which may make the perpetrator suspicious of what a victim has disclosed. xvi. Staff working with perpetrators, use an inquiring yet respectful approach to account for potentially high levels of deceit, manipulation and justification (rather than the principle of believing the client’s word at face value); and make the victim’s needs and safety a main priority of the work (not the perpetrator’s). 1.3 Risk assessment, management and safety plans <ul style="list-style-type: none"> 1.3.1 Staff undertake a risk assessment and develop a risk management plan with the victim to determine safety and other needs based on the risks posed by the perpetrator. Staff undertake the risk assessment at first contact and manage and update the assessment throughout the provision of interventions. 1.3.3 Staff are trained to recognise and identify the variety of risk factors that perpetrators may present with including attitudinal, behavioural and physical risk factors, and use this information to inform risk assessment, management and the development of safety plans for victims, for example, high risk factors include a history of strangulation, weapons use and/or suicide attempts and general risk factors include pet abuse and acceptance of violence. 1.3.5 Staff working with perpetrators assist them to develop practical and meaningful safety plans designed to address the safety of victims and those impacted by the violence. <ul style="list-style-type: none"> i. Staff use formal, documented, evidence-based processes in place for risk assessment including, where available, a common risk assessment framework. Staff are trained to use these processes, and staff regularly participate in training to maintain currency. x. When working with perpetrators, staff understand that perpetrators may inadvertently disclose information that a victim is unaware of and which can impact on the risk assessment or risk management of victims. For example, perpetrators may disclose information such as, changes in their level of drinking or substance abuse; violation of an existing order; and/or other instances of violence at work or against other victims. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> 4.1 Ensuring safety, responsibility, and accountability <ul style="list-style-type: none"> 4.1.1 Victim’s, including children’s, safety and freedom underpins all services for perpetrators of domestic and family violence, including after separation. 4.1.2 Staff follow their organisation’s processes, policy and procedures to assess risk for the victim, maintain victim safety and keep perpetrators accountable regardless of relationship status. <ul style="list-style-type: none"> i. Staff ensure that initial assessment with the perpetrator identifies those affected by the violence and informs the identification of an appropriate program or service to support the perpetrator taking responsibility for their actions. ii. Staff assist perpetrators to take responsibility for their actions and use intervention practices that promote and create accountability (for example, encouraging perpetrators to be held accountable through formal criminal justice, civil justice or child protection systems; non-mandated services such as perpetrator support services; or through being accountable to prior victims and acknowledging their own violent behaviour and the impact of violence on victims).

Current: Professional Practice Standards – Working with men who perpetrate domestic and family violence	Revised: Domestic and family violence support services: Practice standards and guidance
	<ul style="list-style-type: none"> ▪ xiii. Staff working with perpetrators provide clear, accessible communication to create the setting for perpetrators to understand how their attitudes and beliefs impact on victims and how changing their behaviour will create a safer environment for victims. <p>Practice Standards and Guidance: Principle 6 – Services are client-centred and accessible to all</p> <ul style="list-style-type: none"> • 6.2 Client focused approach <ul style="list-style-type: none"> – 6.1.3 Staff recognise the complexity of how violence is experienced and perpetrated and the importance of context in assessing the responsibility for perpetration and identifying appropriate supports and services for the victim or perpetrator. ▪ viii. Staff working with perpetrators support them in taking responsibility for their behaviour and identifying their capacity to be non-violent (e.g. encouraging the perpetrator to identify what a desirable future looks like and what would need to change.
<ul style="list-style-type: none"> • An individual or small group orientation process prior to the man joining the group to introduce a basic understanding of core concepts such as accountability, empathy, definitions of domestic and family violence and group rules, time, date, duration and location of further sessions. 	<p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> • 4.1 Ensuring safety, responsibility, and accountability <ul style="list-style-type: none"> – 4.1.3 Staff work with perpetrators to assist them to take control of their actions and end their violent behaviour and coercive control. <ul style="list-style-type: none"> ▪ ii. Staff assist perpetrators to take responsibility for their actions and use intervention practices that promote and create accountability (for example, encouraging perpetrators to be held accountable through the formal criminal justice, civil justice or child protection systems; non-mandated services such as perpetrator support services; or through being accountable to prior victims and acknowledging their own violent behaviour and impact of violence on victims). ▪ xiv. Staff working with perpetrators provide clear, accessible communication to perpetrators about attendance requirements and consequences of non-attendance. ▪ xv. Staff delivering perpetrator interventions understand that it is important for perpetrators to attend all sessions (not just mandatory sessions) and to complete the full program wherever the perpetrator has been referred to a specific perpetrator intervention program. • 6.3 Accessible and equitable support and assistance <ul style="list-style-type: none"> – 6.3.2 Staff ensure their assessment of eligibility for service access is at all times based on anti-discriminatory, non-prejudicial, and consistent judgment of a person's individual needs for experiences. <ul style="list-style-type: none"> ▪ x. For staff working with perpetrators, they ensure perpetrators enter into an agreement about standards of acceptable behaviour for group participation so that all participants have equitable access to the benefits of the program and support from the facilitators.
<ul style="list-style-type: none"> • An explanation of program policies relating to advocacy, limited confidentiality, fee for service, attendance, self or third-party disclosures of abusive behaviour, and consequences of non-compliance. While a service may charge a fee for the program, the service will also ensure such a fee neither: <ul style="list-style-type: none"> – financially impacts those who experience abuse by the participant – Prevents an otherwise suitable participant from entering a program. 	<p>Practice Standards and Guidance: Principle 6 – Services are client-centred and accessible to all</p> <ul style="list-style-type: none"> • 6.3 Accessible and equitable support and assistance <ul style="list-style-type: none"> – 6.3.2 Staff ensure their assessment of eligibility for service access is at all times based on anti-discriminatory, non-prejudicial, and consistent judgment of a person's individual needs for experiences. <ul style="list-style-type: none"> ▪ ix. For staff working with perpetrators, they ensure that group work environments are accessible for perpetrators from a range of socioeconomic and cultural backgrounds by being supportive of: change; modelling respectful, safe communication; emotional regulation; and collaboration. <p>Human Services Quality Standards: Standard 2 – Service access</p> <ul style="list-style-type: none"> • Sound eligibility, entry and exit processes facilitate access to services on the basis of relative need and available resources. <ul style="list-style-type: none"> – 2.1 Where the organisation has responsibility for eligibility, entry and exit processes, these are consistently applied based on relative need, available resources and the purpose of the service. – 2.2 The organisation has processes to communicate, interact effectively and respond to the individual's decision to access and/or exit services. .
<ul style="list-style-type: none"> • Written agreement detailing program requirements signed by the participant 	<p>Practice Standards and Guidance: Principle 6 – Services are client-centred and accessible to all</p> <ul style="list-style-type: none"> • 6.3 Accessible and equitable support and assistance <ul style="list-style-type: none"> – 6.3.2 Staff ensure their assessment of eligibility for service access is at all times based on an antidiscriminatory, non-prejudicial, and consistent judgement of a person's individual needs and experiences <ul style="list-style-type: none"> ▪ x. For staff working with perpetrators, they ensure perpetrators enter into an agreement about standards of acceptable behaviour for group participation so that all participants have equitable access to the benefits of the program and support from facilitators.
<p>Unacceptable practice includes:</p>	
<ul style="list-style-type: none"> • Unacceptable practice includes no documented intake and assessment procedures. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2 Ensuring victim safety <ul style="list-style-type: none"> – 1.2.1 Staff prioritise the safety and wellbeing of victims. – 1.2.3 Staff are competent in dealing with risks around safety and implementing effective strategies to maintain victim safety, including the specific safety needs of children. <ul style="list-style-type: none"> ▪ xiv. Staff do not engage with perpetrators in a way that increases the risk to adult or child victims. An example of this might be asking questions of a perpetrator that appear to be 'screening' for violence or abuse, which may make the perpetrator suspicious of what a victim has disclosed. ▪ xvi. Staff working with perpetrators, use an inquiring yet respectful approach to account for potentially high levels of deceit, manipulation and justification (rather than the principle of believing the client's word at face value); and make the victim's needs and safety a main priority of the work (not the perpetrator's). • 1.3 Risk assessment, management and safety plans <ul style="list-style-type: none"> – 1.3.1 Staff undertake a risk assessment and develop a risk management plan with the victim to determine safety and other needs based on the risks posed by the perpetrator. Staff undertake the risk assessment at first contact and manage and update the assessment throughout the provision of interventions. – 1.3.3 Staff are trained to recognise and identify the variety of risk factors that perpetrators may present with including attitudinal, behavioural and physical risk factors, and use this information to inform risk assessment, management and the development of safety plans for victims, for example, high risk factors include a

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	<p>history of strangulation, weapons use and/or suicide attempts and general risk factors include pet abuse and acceptance of violence.</p> <ul style="list-style-type: none"> - 1.3.5 Staff working with perpetrators assist them to develop practical and meaningful safety plans designed to address the safety of victims and those impacted by the violence. <ul style="list-style-type: none"> ▪ i. Staff use formal, documented, evidence-based processes in place for risk assessment including, where available, a common risk assessment framework. Staff are trained to use these processes, and staff regularly participate in training to maintain currency. ▪ x. When working with perpetrators, staff understand that perpetrators may inadvertently disclose information that a victim is unaware of and which can impact on the risk assessment or risk management of victims. For example, perpetrators may disclose information such as, changes in their level of drinking or substance abuse; violation of an existing order; and/or other instances of violence at work or against other victims. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> • 4.1 Ensuring safety, responsibility, and accountability <ul style="list-style-type: none"> - 4.1.1 Victim’s, including children’s, safety and freedom underpins all services for perpetrators of domestic and family violence, including after separation. - 4.1.2 Staff follow their organisation’s processes, policy and procedures to assess risk for the victim, maintain victim safety and keep perpetrators accountable regardless of relationship status. <ul style="list-style-type: none"> ▪ i. Staff ensure that initial assessment with the perpetrator identifies those affected by the violence and informs the identification of an appropriate program or service to support the perpetrator taking responsibility for their actions. ▪ ii. Staff assist perpetrators to take responsibility for their actions and use intervention practices that promote and create accountability (for example, encouraging perpetrators to be held accountable through formal criminal justice, civil justice or child protection systems; non-mandated services such as perpetrator support services; or through being accountable to prior victims and acknowledging their own violent behaviour and the impact of violence on victims). ▪ xiii. Staff working with perpetrators provide clear, accessible communication to create the setting for perpetrators to understand how their attitudes and beliefs impact on victims and how changing their behaviour will create a safer environment for victims. <p>Practice Standards and Guidance: Principle 6 – Services are client-centred and accessible to all</p> <ul style="list-style-type: none"> • 6.2 Client focused approach <ul style="list-style-type: none"> - 6.1.3 Staff recognise the complexity of how violence is experienced and perpetrated and the importance of context in assessing the responsibility for perpetration and identifying appropriate supports and services for the victim or perpetrator. <ul style="list-style-type: none"> ▪ viii. Staff working with perpetrators support them in taking responsibility for their behaviour and identifying their capacity to be non-violent (e.g. encouraging the perpetrator to identify what a desirable future looks like and what would need to change.
<p>3.2.2 Post-intake individual practice Essential professional practice will include the following:</p>	
<ul style="list-style-type: none"> • Where group work is not available, individual work will also be done under accountability and reporting conditions. 	<p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> • 4.1 Ensuring safety, responsibility, and accountability <ul style="list-style-type: none"> - 4.1.3 Staff work with perpetrators to assist them to take responsibility for their actions and end their violent behaviour and coercive control. - 4.1.4 Staff working with perpetrators in a one-on-one setting establish an ongoing relationship with the adult and child victim, either directly or through a victim advocate, to monitor the situation and provide support where needed. <ul style="list-style-type: none"> ▪ i. Staff ensure that initial assessment with the perpetrator identifies those affected by the violence and informs the identification of an appropriate program or service to support the perpetrator taking responsibility for their actions. ▪ ii. Staff assist perpetrators to take responsibility for their actions and use intervention practices that promote and create accountability (for example, encouraging perpetrators to be held accountable through formal criminal justice, civil justice or child protection systems; non-mandated services such as perpetrator support services; or through being accountable to prior victims and acknowledging their own violent behaviour and the impact of violence on victims). ▪ xiii. Staff working with perpetrators provide clear, accessible communication to create the setting for perpetrators to understand how their attitudes and beliefs impact on victims and how changing their behaviour will create a safer environment for victims.
<ul style="list-style-type: none"> • Matters such as personal development as listed above will, if addressed, be focussed on in order to find alternatives to abusive behaviour and not primarily for therapeutic purposes, although this may be a secondary benefit. 	<p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> • 2.2 Understanding of gender, power, and control <ul style="list-style-type: none"> - 2.2.2 Staff recognise the significance of patterns of perpetrator behaviour beyond individual incidents of violence and are able to meaningfully assess these patterns to develop appropriate responses for the victim and appropriate interventions for the perpetrator. <p>Practice Standards and Guidance: Principle 6 – Services are client-centred and accessible to all</p> <ul style="list-style-type: none"> • 6.2 Client focused approach <ul style="list-style-type: none"> - 6.2.1 Staff provide services that are tailored to client needs taking into account a client’s individual circumstances including their family situation, their personal values and preferences and specific risk and protective factors. - 6.2.2 Staff look for what the client can do (rather than what they cannot do) with the resources available to them focusing on their aspirations, goals and successes and exploring their hopes for the future. <p>Practice Standards and Guidance: Principle 7 – Working with organisations outside the service system</p> <ul style="list-style-type: none"> • 7.2 Working with organisations outside the service system <ul style="list-style-type: none"> - 7.2.1 Staff participate in multi-agency support services as appropriate to the needs of the clients (such as police, the court system, legal services, and medical and mental health services, disability services, housing services, child protection and Centrelink).

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	<ul style="list-style-type: none"> - 7.2.2 Staff understand the intersections between domestic and family violence services and other mainstream services such as mental health, housing and alcohol and other drug services and can make appropriate referrals and connections. <ul style="list-style-type: none"> ▪ v. Where appropriate, staff identify and refer clients to other services they may require including alcohol and other drugs services, gambling support services and/or homelessness and housing support services. For perpetrator services, these referrals should be done in a way that addresses any belief that problems such as substance abuse or gambling minimise the importance or accountability of the perpetrator's behaviour.
<ul style="list-style-type: none"> • Incidents of abuse represented as denial, blame, minimisation or justification will be utilised as opportunities to invite personal accountability and responsibility. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2. Ensuring victim safety <ul style="list-style-type: none"> - 1.2.3 Staff are competent in dealing with risks around safety and implementing effective strategies to maintain victim safety, including the specific safety needs of children. <ul style="list-style-type: none"> ▪ xvi. Staff working with perpetrators, use an inquiring yet respectful approach to account for potentially high levels of deceit, manipulation and justification (rather than the principle of believing the client's word at face value); and make the victim's needs and safety a main priority of the work (not the perpetrator's). <p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> • 2.2 Understanding of gender, power, and control <ul style="list-style-type: none"> - 2.1.1 Staff have a contemporary and nuanced understanding of the drivers, dynamics, and impacts of domestic and family violence including as it relates to at-risk cohorts including Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, people with a disability and people who identify as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ+). - 2.2.2 Staff recognise the significance of patterns of perpetrator behaviour beyond individual incidents of violence and are able to meaningfully assess these patterns to develop appropriate responses for the victim and appropriate interventions for the perpetrator <ul style="list-style-type: none"> ▪ iv. Staff working with perpetrators are aware of the ways in which power and control can manifest including minimising, denying and blaming victims or past events for their violence, which might otherwise prompt staff to sympathise with the perpetrator. ▪ v. Staff understand that a perpetrator is likely to escalate their use of violence and abuse where there is a perceived loss of their personal power and control including, for example, during and after separation. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> • 4.1 Ensuring safety, responsibility, and accountability <ul style="list-style-type: none"> - 4.1.2 Staff follow their organisation's processes, policy and procedures to assess risk for the victim, maintain victim safety and keep perpetrators accountable regardless of relationship status. - 4.1.3 Staff work with perpetrators to assist them to take responsibility for their actions and end their violent behaviour and coercive control. <ul style="list-style-type: none"> ▪ i. Staff ensure that initial assessment with the perpetrator identifies those affected by the violence and informs the identification of an appropriate program or service to support the perpetrator taking responsibility for their actions. ▪ ii. Staff assist perpetrators to take responsibility for their actions and use intervention practices that promote and create accountability (for example, encouraging perpetrators to be held accountable through the formal criminal justice, civil justice or child protection systems; non- mandated services such as perpetrator support services; or through being accountable to prior victims and acknowledging their own violent behaviour and the impact of violence on victims). ▪ x. Staff assist and support perpetrators to take responsibility for their actions and change their attitudes and beliefs that can lead to violent behaviour. ▪ xi. Staff hold perpetrators to account in relation to their behaviour.
<ul style="list-style-type: none"> • External services doing individual work with the participant, such as general practitioners who may have prescribed medications, mental health or substance misuse workers, will be informed of the participant's involvement with the program so as to: <ul style="list-style-type: none"> - identify and support the man to take personal responsibility - invite other service workers to assist in maintaining a position of non-violence - offer informed support to those who experience the abuse and identify any (including medical) side-effects and other interventions which might work against the practice of non-abusive behaviour. 	<p>Practice Standards and Guidance: Principle 7 – Services collaborate to provide an integrated response</p> <ul style="list-style-type: none"> • 7.2 Working with organisations outside the service system <ul style="list-style-type: none"> - 7.2.1 Staff participate in multi-agency support services as appropriate to the needs of the clients (such as police, the court system, legal services, and medical and mental health services, disability services, housing services, child protection and Centrelink). - 7.2.2 Staff understand the intersections between domestic and family violence services and other mainstream services such as mental health, housing and alcohol and other drug services and can make appropriate referrals and connections. <ul style="list-style-type: none"> ▪ v. Where appropriate, staff identify and refer clients to other services they may require including alcohol and other drugs services, gambling support services and/or homelessness and housing support services. For perpetrator services, these referrals should be done in a way that addresses any belief that problems such as substance abuse or gambling minimise the importance or accountability of the perpetrator's behaviour.
<p>Unacceptable practice includes:</p>	
<ul style="list-style-type: none"> • Relationship counselling between the person who experiences the abuse and the person perpetrating the abuse as the primary intervention for men who use abusive behaviour in relationships. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.2. Ensuring victim safety <ul style="list-style-type: none"> - 1.2.1 Staff prioritise the safety and wellbeing of victims. - 1.2.3 Staff are competent in dealing with risks around safety and implementing effective strategies to maintain victim safety, including the specific safety needs of children. <p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p>

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<ul style="list-style-type: none"> Individual work which does not engage in a strategic intervention to challenge abusive behaviour but rather focuses primarily on a participant’s personal needs such as: <ul style="list-style-type: none"> the participant’s current circumstances his childhood his personal development blame and responsibility placed outside of the choices faced by the participant, in particular blame of those who experienced the abusive behaviour rather than identifying and finding alternatives to abusive behaviour. Ongoing individual work as a substitute for group work where group work is available. 	<ul style="list-style-type: none"> 2.2 Understanding of gender, power, and control <ul style="list-style-type: none"> 2.2.1 Staff have a nuanced and intersectional understanding of the dynamics of gender, power and control which informs all aspects of their practice. <p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> 1.2. Ensuring victim safety <ul style="list-style-type: none"> 1.2.3 Staff are competent in dealing with risks around safety and implementing effective strategies to maintain victim safety, including the specific safety needs of children. <ul style="list-style-type: none"> xvi. Staff working with perpetrators, use an inquiring yet respectful approach to account for potentially high levels of deceit, manipulation and justification (rather than the principle of believing the client’s word at face value); and make the victim’s needs and safety a main priority of the work (not the perpetrator’s). <p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> 2.2 Understand of gender, power, and control <ul style="list-style-type: none"> 2.1.1 Staff have a contemporary and nuanced understanding of the drivers, dynamics, and impacts of domestic and family violence including as it relates to at-risk cohorts including Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, people with a disability and people who identify as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ+). 2.2.2 Staff recognise the significance of patterns of perpetrator behaviour beyond individual incidents of violence and are able to meaningfully assess these patterns to develop appropriate responses for the victim and appropriate interventions for the perpetrator <ul style="list-style-type: none"> iv. Staff working with perpetrators are aware of the ways in which power and control can manifest including minimising, denying and blaming victims or past events for their violence, which might otherwise prompt staff to sympathise with the perpetrator. v. Staff understand that a perpetrator is likely to escalate their use of violence and abuse where there is a perceived loss of their personal power and control including, for example, during and after separation. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> 4.1 Ensuring safety, responsibility, and accountability <ul style="list-style-type: none"> 4.1.2 Staff follow their organisation’s processes, policy and procedures to assess risk for the victim, maintain victim safety and keep perpetrators accountable regardless of relationship status. 4.1.3 Staff work with perpetrators to assist them to take responsibility for their actions and end their violent behaviour and coercive control. <ul style="list-style-type: none"> i. Staff ensure that initial assessment with the perpetrator identifies those affected by the violence and informs the identification of an appropriate program or service to support the perpetrator taking responsibility for their actions. ii. Staff assist perpetrators to take responsibility for their actions and use intervention practices that promote and create accountability (for example, encouraging perpetrators to be held accountable through the formal criminal justice, civil justice or child protection systems; non- mandated services such as perpetrator support services; or through being accountable to prior victims and acknowledging their own violent behaviour and the impact of violence on victims). x. Staff assist and support perpetrators to take responsibility for their actions and change their attitudes and beliefs that can lead to violent behaviour. xi. Staff hold perpetrators to account in relation to their behaviour.
<p>3.2.3 Group Practice Essential professional practice will include the following:</p>	
<ul style="list-style-type: none"> The use of violence and the abuse of power as the primary theme in all session topics. 	<p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> 2.2 Understanding of gender, power, and control <ul style="list-style-type: none"> 2.2.1 Staff have a nuanced and intersectional understanding of the dynamics of gender, power and control which informs all aspects of their practice. 2.2.2 Staff recognise the significance of patterns of perpetrator behaviour beyond individual incidents of violence and are able to meaningfully assess these patterns to develop appropriate responses for the victim and appropriate interventions for the perpetrator. 2.2.3 Staff adopt a gendered analysis of violence in their practice acknowledging that gender inequality is a predominant cause and consequence of domestic and family violence. <ul style="list-style-type: none"> iv. Staff working with perpetrators are aware of the ways in which power and control can manifest including minimising, denying and blaming victims or past events for their violence, which might otherwise prompt staff to sympathise with the perpetrator. v. Staff understand that a perpetrator is likely to escalate their use of violence and abuse where there is a perceived loss of their personal power and control including, for example, during and after separation. <p>Practice Standards and Guidance: Principle 3 – Services are evidence informed</p> <ul style="list-style-type: none"> 3.1 Evidence-informed practice <ul style="list-style-type: none"> 3.1.1 Staff stay informed on current theoretical frameworks and contemporary best practice interventions and incorporate these into their responses and practice. 3.1.2 Staff understand the meaning of evidence based practice and develop skills in engaging with evidence and applying it to their daily practice.
<ul style="list-style-type: none"> Structured group processes, including: <ul style="list-style-type: none"> recording participants’ attendance compliance issues for statutory mandated participants risk assessment check-in round follow-up requirements. 	<p>Practice Standards and Guidance: Principle 3 – Services are evidence informed</p> <ul style="list-style-type: none"> 3.1 Evidence-informed practice <ul style="list-style-type: none"> 3.1.1 Staff stay informed on current theoretical frameworks and contemporary best practice interventions and incorporate these into their responses and practice. 3.1.2 Staff understand the meaning of evidence based practice and develop skills in engaging with evidence and applying it to their daily practice.

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<ul style="list-style-type: none"> The cessation of violence and the establishment of safe and respectful alternatives is prioritised over other potential outcomes, such as personal development. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> 1.2. Ensuring victim safety <ul style="list-style-type: none"> 1.2.1 Staff prioritise the safety and wellbeing of victims. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> 4.1 Ensuring safety, responsibility, and accountability <ul style="list-style-type: none"> 4.1.1 Victims’ including children’s safety and freedom underpins all services for perpetrators of domestic and family violence, especially after separation.
<ul style="list-style-type: none"> Active engagement through challenging and questioning of the participant’s use of language and expression that is pro-violent, sexist, racist or homophobic. 	<p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> 4.1 Ensuring safety, responsibility, and accountability <ul style="list-style-type: none"> 4.1.3 Staff work with perpetrators to assist them to take responsibility for their actions and end their violent behaviour and coercive control. <ul style="list-style-type: none"> x. Staff assist and support perpetrators to take responsibility for their actions and change their attitudes and beliefs that can lead to violent behaviour. xiii. Staff working with perpetrators provide clear, accessible communication to create the setting for perpetrators to understand how their attitudes and beliefs impact on victims and how changing their behaviour will create a safer environment for victims.
<ul style="list-style-type: none"> Group programs with a limit of up to 16 participants. 	<p>Not captured in the revised Practice Standards. Standard under consideration for inclusion in contractual documents or the forthcoming Quality Framework as appropriate.</p>
<ul style="list-style-type: none"> Sessions which at least cover but are not limited to the following: <ul style="list-style-type: none"> definitions of domestic and family violence. understanding and assessing build-up and the risk of using abusive behaviour. legal consequences and issues such as the implications of DVO conditions and breaches. alternatives to aggressive behaviour such as time-out. empathy and consequences for those impacted by their abuse. attitudes and beliefs which support abusive behaviour. relapse prevention plans for the maintenance of changed behaviour. 	<p>Practice Standards and Guidance: Principle 3 – Services are evidence informed</p> <ul style="list-style-type: none"> 3.1 Evidence informed practice <ul style="list-style-type: none"> 3.1.1 Staff stay informed on current theoretical frameworks and contemporary best practice interventions and incorporate these into their responses and practice. 3.1.2 Staff understand the meaning of evidence based practice and develop skills in engaging with evidence and applying it to their daily practice. <p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> 4.1 Ensuring safety, responsibility, and accountability <ul style="list-style-type: none"> 4.1.3 Staff work with perpetrators to assist them to take responsibility for their actions and end their violent behaviour and coercive control. <ul style="list-style-type: none"> x. Staff assist and support perpetrators to take responsibility for their actions and change their attitudes and beliefs that can lead to violent behaviour. xiii. Staff working with perpetrators provide clear, accessible communication to create the setting for perpetrators to understand how their attitudes and beliefs impact on victims and how changing their behaviour will create a safer environment for victims. xiv. Staff delivering perpetrator interventions provide clear, accessible communication to perpetrators about attendance requirements and the consequences of non-attendance. <p>Practice Standards and Guidance: Principle 7 – Services collaborate to provide an integrated response</p> <ul style="list-style-type: none"> 7.2 Working with organisations outside the service system <ul style="list-style-type: none"> 7.1.1 Staff proactively work with staff in other domestic and family violence services to provide a holistic response to clients. 7.1.2 Staff ensure that clients who cannot be directly supported by their organisation are referred to an appropriate service. <ul style="list-style-type: none"> vi. Where appropriate, staff dealing with perpetrators, work with staff from other organisations such as police to better educate perpetrators about the legal and community impact of their actions and increase accountability to those impacted by their violence and to the people and services supporting them. vii. Where appropriate, staff either assist clients to understand the conditions and requirements of Domestic Violence Orders, as well as other Court orders and requirements, or provide referrals to other service providers who can deliver this advice.
<p>Unacceptable practice includes:</p>	
<ul style="list-style-type: none"> Unstructured or loosely structured safety considerations such as starting and finishing times. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> 1.2 Ensuring victim safety <ul style="list-style-type: none"> 1.2.6 Staff are competent in identifying, assessing and responding to the risks to their own safety when delivering services that prioritise the safety and wellbeing of victims. <ul style="list-style-type: none"> xx. Staff are aware of the tools and guidance relating to workplace risk management and ensuring safety at work. This includes, for example, awareness of the organisations protocols for keeping staff safe, awareness around how to contact Workplace Health and Safety Queensland for further advice, awareness of the Queensland Government’s Workplace risk management guide: domestic and family violence and the Code of Practice on how to manage work health and safety risks. <p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> 2.1 Understanding of domestic and family violence <ul style="list-style-type: none"> 2.1.4 Staff understand the impact that working in domestic and family violence can have on their wellbeing, and the wellbeing of their colleagues, and how to manage vicarious trauma. <p>Human Services Quality Standards: Standard 6 – Human resources</p> <ul style="list-style-type: none"> Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service. <ul style="list-style-type: none"> 6.1 The organisation has human resource management systems that are consistent with regulatory requirements, industrial relations legislation, work health and safety legislation and relevant agreements or awards.
<ul style="list-style-type: none"> Extended and unfocused group discussion not directly related to the participants’ use of abuse or violence. 	<p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> 2.1 Understanding of domestic and family violence <ul style="list-style-type: none"> 2.1.3 Staff competency levels, knowledge, and qualifications align with the level of service and care provided to clients, and staff have the required skills consistent

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	<p>with their roles and responsibilities.</p> <ul style="list-style-type: none"> • 2.2 Understanding of gender, power, and control <ul style="list-style-type: none"> – 2.2.1 Staff have a nuanced and intersectional understanding of the dynamics of gender, power and control which informs all aspects of their practice. – 2.2.2 Staff recognise the significance of patterns of perpetrator behaviour beyond individual incidents of violence and are able to meaningfully assess these patterns to develop appropriate responses for the victim and appropriate interventions for the perpetrator. – 2.2.3 Staff adopt a gendered analysis of violence in their practice acknowledging that gender inequality is a predominant cause and consequence of domestic and family violence. <ul style="list-style-type: none"> ▪ iv. Staff working with perpetrators are aware of the ways in which power and control can manifest including minimising, denying and blaming victims or past events for their violence, which might otherwise prompt staff to sympathise with the perpetrator. ▪ v. Staff understand that a perpetrator is likely to escalate their use of violence and abuse where there is a perceived loss of their personal power and control including, for example, during and after separation. <p>Practice Standards and Guidance: Principle 3 – Services are evidence informed</p> <ul style="list-style-type: none"> • 3.1 Evidence-informed practice <ul style="list-style-type: none"> – 3.1.1 Staff stay informed on current theoretical frameworks and contemporary best practice interventions and incorporate these into their responses and practice. – 3.1.2 Staff understand the meaning of evidence based practice and develop skills in engaging with evidence and applying it to their daily practice
<ul style="list-style-type: none"> • No documented group program plan. 	<p>Practice Standards and Guidance: Principle 3 – Services are evidence informed</p> <ul style="list-style-type: none"> • 3.1 Evidence-informed practice <ul style="list-style-type: none"> – 3.1.1 Staff stay informed on current theoretical frameworks and contemporary best practice interventions and incorporate these into their responses and practice. – 3.1.2 Staff understand the meaning of evidence based practice and develop skills in engaging with evidence and applying it to their daily practice.
<ul style="list-style-type: none"> • Less than 32 hours of group work. 	<p>Not captured in the revised Practice Standards. Standard under consideration for inclusion in contractual documents or the forthcoming Quality Framework as appropriate.</p>
<ul style="list-style-type: none"> • Program content focused on anger management. 	<p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> • 2.1 Understanding of domestic and family violence <ul style="list-style-type: none"> – 2.1.1 Staff have a contemporary and nuanced understanding of the drivers, dynamics, and impacts of domestic and family violence including as it relates to at-risk cohorts including Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, people with a disability and people who identify as lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ+). • 2.2 Understanding of gender, power, and control <ul style="list-style-type: none"> – 2.2.1 Staff have a nuanced and intersectional understanding of the dynamics of gender, power and control which informs all aspects of their practice. – 2.2.2 Staff recognise the significance of patterns of perpetrator behaviour beyond individual incidents of violence and are able to meaningfully assess these patterns to develop appropriate responses for the victim and appropriate interventions for the perpetrator. – 2.2.3 Staff adopt a gendered analysis of violence in their practice acknowledging that gender inequality is a predominant cause and consequence of domestic and family violence. <ul style="list-style-type: none"> ▪ i. Staff demonstrate an understanding of the behaviours that constitute domestic and family violence, the different types of violence and the harm it causes. ▪ iv. Staff working with perpetrators are aware of the ways in which power and control can manifest including minimising, denying and blaming victims or past events for their violence, which might otherwise prompt staff to sympathise with the perpetrator. ▪ v. Staff understand that a perpetrator is likely to escalate their use of violence and abuse where there is a perceived loss of their personal power and control including, for example, during and after separation. <p>Practice Standards and Guidance: Principle 3 – Services are evidence informed</p> <ul style="list-style-type: none"> • 3.1 Evidence-informed practice <ul style="list-style-type: none"> – 3.1.1 Staff stay informed on current theoretical frameworks and contemporary best practice interventions and incorporate these into their responses and practice. – 3.1.2 Staff understand the meaning of evidence based practice and develop skills in engaging with evidence and applying it to their daily practice
<ul style="list-style-type: none"> • Program content which overtly or covertly emphasises the following solely for therapeutic rather than behaviour change purposes: <ul style="list-style-type: none"> – ‘relationship issues’ – reconciliation with those who have experienced the abusive behaviour – blaming the violence on the those against whom abusive behaviour is perpetrated. • No documented structure, content, debriefing, planning or reflection. 	<p>Practice Standards and Guidance: Principle 2 – Staff understand domestic and family violence</p> <ul style="list-style-type: none"> • 2.2 Understanding of gender, power, and control <ul style="list-style-type: none"> – 2.2.1 Staff have a nuanced and intersectional understanding of the dynamics of gender, power and control which informs all aspects of their practice. – 2.2.2 Staff recognise the significance of patterns of perpetrator behaviour beyond individual incidents of violence and are able to meaningfully assess these patterns to develop appropriate responses for the victim and appropriate interventions for the perpetrator. – 2.2.3 Staff adopt a gendered analysis of violence in their practice acknowledging that gender inequality is a predominant cause and consequence of domestic and family violence. <ul style="list-style-type: none"> ▪ iv. Staff working with perpetrators are aware of the ways in which power and control can manifest including minimising, denying and blaming victims or past events for their violence, which might otherwise prompt staff to sympathise with the perpetrator. ▪ v. Staff understand that a perpetrator is likely to escalate their use of violence and abuse where there is a perceived loss of their personal power and control including, for example, during and after separation. <p>Practice Standards and Guidance: Principle 3 – Services are evidence informed</p> <ul style="list-style-type: none"> • 3.1 Evidence-informed practice <ul style="list-style-type: none"> – 3.1.1 Staff stay informed on current theoretical frameworks and contemporary best practice interventions and incorporate these into their responses and practice.

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	<ul style="list-style-type: none"> – 3.1.2 Staff understand the meaning of evidence based practice and develop skills in engaging with evidence and applying it to their daily practice.
Standard 4 – Internal/External review and evaluation	
Essential professional practice will include the following:	
<ul style="list-style-type: none"> • Planning, monitoring and evaluation to measure program performance. 	<p>Human Services Quality Standards: Standard 1 – Governance and management</p> <ul style="list-style-type: none"> • Sound governance and management systems that maximise outcomes for stakeholders <ul style="list-style-type: none"> – 1.1 The organisation has accountable and transparent governance arrangements that ensure compliance with relevant legislation, regulations and contractual arrangements. – 1.5 Mechanisms for continuous improvement and demonstrated in organisational management and service delivery processes. <p>Human Services Quality Standards: Standard 3 – Responding to individual need</p> <ul style="list-style-type: none"> • The assessed needs of the individual are being appropriately addressed and responded to within resource capacity. <ul style="list-style-type: none"> – 3.3 The organisation ensures that services to the individual/s are delivered, monitored, reviewed and reassessed in a timely manner.
<ul style="list-style-type: none"> • Evaluation of each group will focus on the outcomes of the program’s objectives. 	<p>Human Services Quality Standards: Standard 1 – Governance and management</p> <ul style="list-style-type: none"> • Sound governance and management systems that maximise outcomes for stakeholders <ul style="list-style-type: none"> – 1.3 The organisation develops and implements a vision, purpose statement, values, objectives and strategies for service delivery that reflect contemporary practice. – 1.5 Mechanisms for continuous improvement and demonstrated in organisational management and service delivery processes. <p>Human Services Quality Standards: Standard 3 – Responding to individual need</p> <ul style="list-style-type: none"> • The assessed needs of the individual are being appropriately addressed and responded to within resource capacity. <ul style="list-style-type: none"> – 3.3 The organisation ensures that services to the individual/s are delivered, monitored, reviewed and reassessed in a timely manner.
<ul style="list-style-type: none"> • Performance measures include: <ul style="list-style-type: none"> – <i>effectiveness — the extent to which service activities deliver sustainable benefits.</i> 	<p>Human Services Quality Standards: Standard 1 – Governance and management</p> <ul style="list-style-type: none"> • Sound governance and management systems that maximise outcomes for stakeholders <ul style="list-style-type: none"> – 1.3 The organisation develops and implements a vision, purpose statement, values, objectives and strategies for service delivery that reflect contemporary practice. – 1.5 Mechanisms for continuous improvement and demonstrated in organisational management and service delivery processes. <p>Human Services Quality Standards: Standard 3 – Responding to individual need</p> <ul style="list-style-type: none"> • The assessed needs of the individual are being appropriately addressed and responded to within resource capacity. <ul style="list-style-type: none"> – 3.3 The organisation ensures that services to the individual/s are delivered, monitored, reviewed and reassessed in a timely manner.
<ul style="list-style-type: none"> – <i>access — the extent to which relevant services are being provided to the target group, including Aboriginal and Torres Strait Islander and other CALD populations</i> <ul style="list-style-type: none"> ▪ <i>implement methods to measure and evaluate the development of cross-cultural competencies through cross-cultural training of staff and access to interpreters as required.</i> 	<p>Practice Standards and Guidance: Principle 5 – Services are culturally safe for Aboriginal and Torres Strait Islander people</p> <ul style="list-style-type: none"> • 5.1 Ensuring cultural safety <ul style="list-style-type: none"> – 5.1.2 Staff have a high level understanding of Aboriginal and Torres Strait Islander culture in all aspects of service delivery and practice. <ul style="list-style-type: none"> ▪ i. Staff have a knowledge of Aboriginal and or Torres Strait Islander domestic and family violence dynamics and the impacts on victims, families and community. For example, staff recognise that domestic and family violence is not always caused by an intimate partner but can also include lateral violence and violence from the extended community in Aboriginal and Torres Strait Islander communities. ▪ iii. Staff recognise their own cultural bias and seek to understand the lived experience of Aboriginal and Torres Strait Islander people in dealing with domestic and family violence. ▪ iv. Staff maintain and build their cultural competency and ensure respectful relationships and culturally safe practice through training recognising the diverse nature of Aboriginal and Torres Strait Islander communities. Staff also seek out ongoing refresher courses relating to cultural competency for a particular community so that they are kept abreast of any changes in community protocols and structures. ▪ v. Staff seek out opportunities to engage with Aboriginal and/or Torres Strait Islander community members as part of cultural induction and orientation before working with a particular community. ▪ xviii. Where practical, staff give victims a choice of Aboriginal and Torres Strait Islander or non-Aboriginal and Torres Strait Islander workers as well as interpreter services where appropriate. <p>Practice Standards and Guidance: Principle 6 – Services are client-centred and accessible to all</p> <ul style="list-style-type: none"> • 6.1 Ensuring appropriate responses for all cohorts <ul style="list-style-type: none"> – 6.1.1 Staff recognise that an individual client may have specific needs or a cultural background that impacts on their experience of violence or use of violence, their expectations of service support, and what might be an appropriate service response. – 6.1.3 Staff recognise the complexity of how violence is experienced and perpetrated and the importance of context in assessing the responsibility for perpetration and identifying appropriate supports and services for the victim or perpetrator. <ul style="list-style-type: none"> ▪ x. Staff inform clients of their right to an interpreter, and if the client wishes to use one, obtain the client’s agreement to use the interpreter. Staff recognise that some clients may not feel safe using an interpreter from their own community. ▪ xi. Where possible, staff use interpreters from an accredited service which can provide interpreters who are trained and/or experienced in dealing with domestic and family violence; matching gender and background where appropriate. • 6.3 Accessible and equitable support and assistance <ul style="list-style-type: none"> – 6.3.1 Staff ensure services are welcoming and accessible to a diverse range of client groups so that anyone can access the service regardless of their race, religion, language or cultural background. <p>Practice Standards and Guidance: Principle 7 – Services collaborate to provide an integrated response</p>

Current: <i>Professional Practice Standards – Working with men who perpetrate domestic and family violence</i>	Revised: <i>Domestic and family violence support services: Practice standards and guidance</i>
	<ul style="list-style-type: none"> • 7.1 Working with other specialist domestic and family violence providers <ul style="list-style-type: none"> ▪ iv. Staff attend capacity building sessions, training programs and access available information from their organisation regarding how to respond to client diversity in order to provide effective and appropriate services. Human Services Quality Standards: Standard 2 – Service access • Sound eligibility, entry and exit processes facilitate access to services on the basis of relative need and available resources. <ul style="list-style-type: none"> – 2.1 Where the organisation has responsibility for eligibility, entry and exit processes, these are consistently applied based on relative need, available resources and the purpose of the service. – 2.2 The organisation has processes to communicate, interact effectively and respond to the individual's decision to access and/or exit services. Human Services Quality Standards: Standard 3 – Responding to individual need • The assessed needs of the individual are being appropriately addressed and responded to within resource capacity. <ul style="list-style-type: none"> – 3.3 The organisation ensures that services to the individual/s are delivered, monitored, reviewed and reassessed in a timely manner. Human Services Quality Standards: Standard 4 – Safety, wellbeing and rights • The safety, wellbeing and human and legal rights of people using services are protected and promoted. <ul style="list-style-type: none"> – 4.4 People using services are enabled to access appropriate supports and advocacy.
<ul style="list-style-type: none"> – <i>quality — compliance with practice standards including client rights are achieved</i> 	<p>Practice Standards and Guidance: Principle 3 – Services are evidence informed</p> <ul style="list-style-type: none"> • 3.1 Evidence informed practice <ul style="list-style-type: none"> – 3.1.1 Staff stay informed on current theoretical frameworks and contemporary best practice interventions and incorporate these into their responses and practice. Human Services Quality Standards: Standard 3 – Responding to individual need • The assessed needs of the individual are being appropriately addressed and responded to within resource capacity. <ul style="list-style-type: none"> – 3.3 The organisation ensures that services to the individual/s are delivered, monitored, reviewed and reassessed in a timely manner.
<ul style="list-style-type: none"> – <i>accountability — the extent to which services comply with accountability requirements, in particular in relation to issues of safety for those experiencing abuse</i> 	<p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> • 4.1 Ensuring safety, responsibility and accountability <ul style="list-style-type: none"> – 4.1.1 Victims', including children's safety and freedom underpins all services for perpetrators of domestic and family violence, especially after separation – 4.1.2 Staff follow their organisation's processes, policy and procedures to assess risk for the victim, maintain victim safety and keep perpetrators accountable regardless of relationship status. – 4.1.4 Staff working with perpetrators in a one-on-one setting establish an ongoing relationship with the adult and child victim, either directly or through a victim advocate, to monitor the situation and provide support where needed. <ul style="list-style-type: none"> ▪ Staff ensure the initial assessment with the perpetrator identifies those affected by the violence and informs the identification of an appropriate program or service to support the perpetrator taking responsibility for their actions. ▪ ii. Staff assist perpetrators to take responsibility for their actions and use intervention practices that promote and create accountability, for example, encouraging perpetrators to be held accountable through the formal criminal justice, civil justice or child protection systems; non-mandated services such as perpetrator support services; or through being accountable to prior victims and acknowledging their own violent behaviour and the impact of violence on victims. ▪ iii. Where the victim is not being supported by another specialist domestic and family violence service, staff working in perpetrator services either refer the victim to a specialist domestic and family violence service or assign a victim advocate to undertake all relevant risk assessment, risk management and safety planning procedures in an ongoing way for the duration of the program. ▪ iv. Where the victim is already in contact with a specialist service and does not want ongoing contact with staff from the perpetrator service, staff will liaise with the victim's case manager and/or the victim advocate for the purposes of sharing information and ensuring the safety of the victim. Whenever safe, possible and practical, a victim's consent should be obtained before sharing information but in certain circumstances information may be shared with prescribed entities and specialist domestic and family violence service providers. ▪ vii. Staff working with perpetrators communicate with the victim (if known) regarding participation of the perpetrator in a program. This includes providing verbal or written information about the content and approach of the program. ▪ ix. Where a victim advocate exists, staff working with perpetrators engage regularly with the victim's advocate to ensure the victim's needs are considered when delivering interventions for perpetrators. Human Services Quality Standards: Standard 3 – Responding to individual need • The assessed needs of the individual are being appropriately addressed and responded to within resource capacity. <ul style="list-style-type: none"> – 3.3 The organisation ensures that services to the individual/s are delivered, monitored, reviewed and reassessed in a timely manner.
<ul style="list-style-type: none"> • Program facilitators will make an assessment of participants' behaviour and attitudes before and after each program to measure changes. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.3 Risk assessment, management and safety plans <ul style="list-style-type: none"> – 1.3.3 Staff are trained to recognise and identify the variety of risk factors that perpetrators may present with including attitudinal, behavioural and physical risk factors, and use this information to inform risk assessment, management and the development of safety plans for victims (for example, high risk factors include a history of strangulation, weapons use and/ or suicide attempts and general risk factors include pet abuse and acceptance of violence). – 1.3.5 Staff working with perpetrators assist them to develop practical and meaningful safety plans designed to address the safety of victims and those impacted by the violence.

Current: <i>Professional Practice Standards – Working with men who perpetrate domestic and family violence</i>	Revised: <i>Domestic and family violence support services: Practice standards and guidance</i>
<ul style="list-style-type: none"> Information from pre and post-program assessment of participants should include monitoring changes in attitude and behaviour towards their partner. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> 1.3 Risk assessment, management and safety plans <ul style="list-style-type: none"> 1.3.3 Staff are trained to recognise and identify the variety of risk factors that perpetrators may present with including attitudinal, behavioural and physical risk factors, and use this information to inform risk assessment, management and the development of safety plans for victims (for example, high risk factors include a history of strangulation, weapons use and/ or suicide attempts and general risk factors include pet abuse and acceptance of violence). 1.3.5 Staff working with perpetrators assist them to develop practical and meaningful safety plans designed to address the safety of victims and those impacted by the violence.
<ul style="list-style-type: none"> The results of these pre and post-program assessments should inform the overall evaluation of the program. 	<p>Human Services Quality Standards: Standard 1 – Governance and management</p> <ul style="list-style-type: none"> Sound governance and management systems that maximise outcomes for stakeholders <ul style="list-style-type: none"> 1.3 The organisation develops and implements a vision, purpose statement, values, objectives and strategies for service delivery that reflect contemporary practice. 1.5 Mechanisms for continuous improvement and demonstrated in organisational management and service delivery processes. <p>Human Services Quality Standards: Standard 3 – Responding to individual need</p> <ul style="list-style-type: none"> The assessed needs of the individual are being appropriately addressed and responded to within resource capacity. <ul style="list-style-type: none"> 3.3 The organisation ensures that services to the individual/s are delivered, monitored, reviewed and reassessed in a timely manner.
<ul style="list-style-type: none"> Information relating to safety concerns and any related decisions or actions must be recorded for inclusion in supervision and evaluation of the program. 	<p>Human Services Quality Standards: Standard 3 – Responding to individual need</p> <ul style="list-style-type: none"> The assessed needs of the individual are being appropriately addressed and responded to within resource capacity. <ul style="list-style-type: none"> 3.3 The organisation ensures that services to the individual/s are delivered, monitored, reviewed and reassessed in a timely manner.
<ul style="list-style-type: none"> Evaluation findings will be utilised to inform and enhance future program development. 	<p>Human Services Quality Standards: Standard 1 – Governance and management</p> <ul style="list-style-type: none"> Sound governance and management systems that maximise outcomes for stakeholders <ul style="list-style-type: none"> 1.5 Mechanisms for continuous improvement are demonstrated in organisational management and service delivery processes. <p>Human Services Quality Standards: Standard 3 – Responding to individual need</p> <ul style="list-style-type: none"> The assessed needs of the individual are being appropriately addressed and responded to within resource capacity. <ul style="list-style-type: none"> 3.3 The organisation ensures that services to the individual/s are delivered, monitored, reviewed and reassessed in a timely manner.
<ul style="list-style-type: none"> Internal evaluation of program effectiveness should include advocacy interventions intended to enhance the safety of those (predominantly women and children) who experience domestic and family violence. 	<p>Human Services Quality Standards: Standard 1 – Governance and management</p> <ul style="list-style-type: none"> Sound governance and management systems that maximise outcomes for stakeholders <ul style="list-style-type: none"> 1.5 Mechanisms for continuous improvement are demonstrated in organisational management and service delivery processes. <p>Human Services Quality Standards: Standard 3 – Responding to individual need</p> <ul style="list-style-type: none"> The assessed needs of the individual are being appropriately addressed and responded to within resource capacity. <ul style="list-style-type: none"> 3.3 The organisation ensures that services to the individual/s are delivered, monitored, reviewed and reassessed in a timely manner.
<ul style="list-style-type: none"> Planning and evaluation processes will occur developmentally, with each new program being informed by an evaluation of the preceding program. 	<p>Practice Standards and Guidance: Principle 3 – Services are evidence informed</p> <ul style="list-style-type: none"> 3.1 Evidence informed practice <ul style="list-style-type: none"> 3.1.1 Staff stay informed on current theoretical frameworks and contemporary best practice interventions and incorporate these into their responses and practice. <p>Human Services Quality Standards: Standard 1 – Governance and management</p> <ul style="list-style-type: none"> Sound governance and management systems that maximise outcomes for stakeholders <ul style="list-style-type: none"> 1.5 Mechanisms for continuous improvement are demonstrated in organisational management and service delivery processes. <p>Human Services Quality Standards: Standard 3 – Responding to individual need</p> <ul style="list-style-type: none"> The assessed needs of the individual are being appropriately addressed and responded to within resource capacity. <ul style="list-style-type: none"> 3.3 The organisation ensures that services to the individual/s are delivered, monitored, reviewed and reassessed in a timely manner.
<ul style="list-style-type: none"> Feedback provided by those who experience domestic and family violence and by advocates will be incorporated into the processes for evaluating the program. 	<p>Practice Standards and Guidance: Principle 6 – Services are client-centred and accessible to all</p> <ul style="list-style-type: none"> 6.1 Ensuring appropriate responses for all cohorts <ul style="list-style-type: none"> 6.1.1 Staff recognise that an individual client may have specific needs or a cultural background that impacts on their experience of violence or use of violence, their expectations of service support, and what might be an appropriate service response. <ul style="list-style-type: none"> iv. Staff follow their organisation's processes for collecting feedback from service users and consider this feedback as part of their self-reflection on how to best deliver appropriate responses to a diverse range of cohorts who are impacted by or who perpetrate violence. <p>Human Services Quality Standards: Standard 5 – Feedback, complaints and appeals</p> <ul style="list-style-type: none"> Effective feedback, complaints and appeals processes that lead to improvements in service delivery <ul style="list-style-type: none"> 5.1 The organisation has fair, accessible and accountable feedback, complaints and appeals processes. 5.2 The organisation effectively communicates feedback, complaints and appeals processes to people using services and other relevant stakeholders. 5.3 People using services and other relevant stakeholders are informed of and enabled to access any external avenues or appropriate supports for feedback, complaints or appeals and assisted to understand how they access them. 5.4 The organisation demonstrates that feedback, complaints and appeals processes lead to improvements within the service and that outcomes are communicated to relevant stakeholders.
<ul style="list-style-type: none"> Evaluation of program effectiveness in consultation with: 	<p>Human Services Quality Standards: Standard 1 – Governance and management</p>

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<ul style="list-style-type: none"> - advocacy (including women’s) services - other external stakeholders - clients. 	<ul style="list-style-type: none"> • Sound governance and management systems that maximise outcomes for stakeholders <ul style="list-style-type: none"> - 1.5 Mechanisms for continuous improvement are demonstrated in organisational management and service delivery processes. • Human Services Quality Standards: Standard 3 – Responding to individual need • The assessed needs of the individual are being appropriately addressed and responded to within resource capacity. <ul style="list-style-type: none"> - 3.3 The organisation ensures that services to the individual/s are delivered, monitored, reviewed and reassessed in a timely manner.
Unacceptable practice includes:	
<ul style="list-style-type: none"> • No formal written monitoring or evaluation. 	<p>Human Services Quality Standards: Standard 1 – Governance and management</p> <ul style="list-style-type: none"> • Sound governance and management systems that maximise outcomes for stakeholders <ul style="list-style-type: none"> - 1.5 Mechanisms for continuous improvement are demonstrated in organisational management and service delivery processes. • Human Services Quality Standards: Standard 3 – Responding to individual need • The assessed needs of the individual are being appropriately addressed and responded to within resource capacity. <ul style="list-style-type: none"> - 3.3 The organisation ensures that services to the individual/s are delivered, monitored, reviewed and reassessed in a timely manner.
<ul style="list-style-type: none"> • No formalised system of data collection. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.3 Risk assessment, management and safety plans <ul style="list-style-type: none"> - 1.2.4 Staff ensure confidentiality in all aspects of service delivery and practice, including client data and files, consistent with legislative obligations. <ul style="list-style-type: none"> ▪ v. Where possible, staff access tools which enable them to collect and analyse data about the services that are being achieved for the clients they work with. <p>Practice Standards and Guidance: Principle 3 – Services are evidence informed</p> <ul style="list-style-type: none"> • 3.1 Evidence informed practice <ul style="list-style-type: none"> - 3.1.2 Staff understand the meaning of evidence based practice and develop skills in engaging with evidence and applying it to their daily practice. <ul style="list-style-type: none"> ▪ ii. Staff are confident in using and generating evidence about what works for their clients and are able to draw together information from research and academic studies, practice wisdom and the experience of service users to support effective practice. <p>Practice Standards and Guidance: Principle 6 – Services are client-centred and accessible to all</p> <ul style="list-style-type: none"> • 6.1 Ensuring appropriate responses for all cohorts <ul style="list-style-type: none"> - 6.1.1 Staff recognise that an individual client may have specific needs or a cultural background that impacts on their experience of violence or use of violence, their expectations of service support, and what might be an appropriate service response. <ul style="list-style-type: none"> ▪ iv. Staff follow their organisation’s processes for collecting feedback from service users and consider this feedback as part of their self-reflection on how to best deliver appropriate responses to a diverse range of cohorts who are impacted by or who perpetrate violence. <p>Human Services Quality Standards: Standard 1 – Governance and management</p> <ul style="list-style-type: none"> • Effective feedback, complaints and appeals processes that lead to improvements in service delivery <ul style="list-style-type: none"> - 1.1 The organisation has accountable and transparent governance arrangements that ensure compliance with relevant legislation, regulations and contractual arrangements. - 1.7 The organisation has effective information management systems that maintain appropriate controls of privacy and confidentiality for stakeholders.
<ul style="list-style-type: none"> • No regular review of the information gathered through data collection. 	<p>Practice Standards and Guidance: Principle 1 – The rights, safety and dignity of victims are paramount</p> <ul style="list-style-type: none"> • 1.3 Risk assessment, management and safety plans <ul style="list-style-type: none"> - 1.2.4 Staff ensure confidentiality in all aspects of service delivery and practice, including client data and files, consistent with legislative obligations. <ul style="list-style-type: none"> ▪ v. Where possible, staff access tools which enable them to collect and analyse data about the services that are being achieved for the clients they work with. <p>Practice Standards and Guidance: Principle 3 – Services are evidence informed</p> <ul style="list-style-type: none"> • 3.1 Evidence informed practice <ul style="list-style-type: none"> - 3.1.2 Staff understand the meaning of evidence based practice and develop skills in engaging with evidence and applying it to their daily practice. <ul style="list-style-type: none"> ▪ ii. Staff are confident in using and generating evidence about what works for their clients and are able to draw together information from research and academic studies, practice wisdom and the experience of service users to support effective practice. <p>Practice Standards and Guidance: Principle 6 – Services are client-centred and accessible to all</p> <ul style="list-style-type: none"> • 6.1 Ensuring appropriate responses for all cohorts <ul style="list-style-type: none"> ▪ iv. Staff follow their organisation’s processes for collecting feedback from service users and consider this feedback as part of their self-reflection on how to best deliver appropriate responses to a diverse range of cohorts who are impacted by or who perpetrate violence. <p>Human Services Quality Standards: Standard 1 – Governance and management</p> <ul style="list-style-type: none"> • Effective feedback, complaints and appeals processes that lead to improvements in service delivery <ul style="list-style-type: none"> - 1.7 The organisation has effective information management systems that maintain appropriate controls of privacy and confidentiality for stakeholders.
<ul style="list-style-type: none"> • Reliance solely on a participant’s self-disclosures and evaluations of change. 	<p>Practice Standards and Guidance: Principle 4 – Perpetrators are held accountable for their actions</p> <ul style="list-style-type: none"> • 4.1 Ensuring safety, responsibility and accountability <ul style="list-style-type: none"> - 4.1.2 Staff follow their organisation’s processes, policy and procedures to assess risk for the victim, maintain victim safety and keep perpetrators accountable regardless of relationship status.

<p>Current: <i>Professional Practice Standards – Working with men who perpetrate domestic and family violence</i></p>	<p>Revised: <i>Domestic and family violence support services: Practice standards and guidance</i></p>
	<ul style="list-style-type: none"> ▪ ii. Staff assist perpetrators to take responsibility for their actions and use intervention practices that promote and create accountability, for example, encouraging perpetrators to be held accountable through the formal criminal justice, civil justice or child protection systems; non-mandated services such as perpetrator support services; or through being accountable to prior victims and acknowledging their own violent behaviour and the impact of violence on victims. ▪ x. Staff assist and support perpetrators to take responsibility for their actions and change their attitudes and beliefs that can lead to violent behaviour. ▪ xi. Staff hold perpetrators to account in relation to their behaviour.