



# The Respect Accreditation Standard

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Full version: includes guidance  
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The Respect Service Standard was written by Neil Blacklock with additional input from Thangam Debbonaire.

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## Organisations supporting the Respect Standard



Home Office



Scottish Government



Association of  
Directors of  
Children's Services



AVA Project



Coordinated Action  
Against Domestic  
Abuse



Lankelly Chase  
Foundation



Refuge



Relate



Scottish  
Women's Aid



Welsh Women's Aid



Women's Aid



Women's Aid  
Federation  
Northern Ireland

## Foreword

The Government has made it very clear that domestic violence is not acceptable in our society and our approach to ending domestic violence is set out in our Call to End Violence Against Women and Girls narrative and supporting action plan.

In order to increase the safety of those experiencing domestic violence it is essential to engage with the abusers to reduce the risk. Challenging and changing the attitudes and behaviour of those who feel that violence against another is acceptable is therefore a key part of our approach. Our action plans sets out our commitment to fund the Respect Phoneline which provides information and advice to help domestic violence perpetrators stop their violence and change their abusive behaviours.

Services which address the behaviour of men who are violent against their partners should be an important element of every community's response to domestic violence. The Respect Service Standard requires services to effectively manage risk and work as part of a co-ordinated response to domestic violence to ensure that the men attending these services are given the best chance possible of ending their abusive behaviour.

Safety is critical. The Respect Service Standard provides a framework for the delivery of quality, safe and effective services to men using intimate partner violence as well as getting the best possible outcomes in increasing the safety of women and children at risk from domestic violence. I am therefore delighted to introduce the second version of the Respect Service Standard.



LYNNE FEATHERSTONE MP

Minister for Equalities and Criminal Information



# GUIDANCE FOR SERVICE PROVIDERS SEEKING RESPECT ACCREDITATION

## Introduction

The Respect Accreditation Standard applies to all organisations providing domestic violence prevention programmes (DVPPs) working with men who use intimate partner violence (IPV), and also providing integrated safety services (ISS) for partners and ex-partners of these perpetrators. This document ('the Standard') sets out all the requirements for the management and operation of these services. It sets out the evidence that will be sought to demonstrate that an organisation meets these requirements. It also provides guidance on how the requirements can be met.

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

This is the 2nd edition of the Standard. It is informed by the experience of the Respect accreditation assessors, the accreditation panel and Respect members. It has drawn on lessons from the first 24 assessments<sup>1</sup> and integrates the feedback from a consultation with Respect members and external stakeholders.

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

## Support for organisations seeking accreditation

Respect provides high quality support and information designed to meet the needs of our members to enable them to meet the requirements of the Standard. This support includes:

- the Respect resource manual, containing sample policies, procedures and other documents
- training, information and support for organisations seeking to provide services in line with the service standard
- the Redamos case and data management system
- pre-accreditation support from Respect accreditation staff, including on site service review

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<sup>1</sup> <http://www.respect.uk.net/pages/review-of-accreditation-assessments.html>

## Services eligible for accreditation

The minimum unit considered for accreditation is usually a combination of a Domestic Violence Prevention Programme (DVPP), working with male perpetrators of domestic violence and an Integrated Support Service (ISS), working with their female partners and ex-partners. Respect accreditation applies to services operating entirely in the voluntary, statutory or private sectors, or for those operating as a partnership or consortium, or where part of the service is subcontracted. Currently, there are no national standards for work with other categories of people using IPV, such as women or any person in a same sex relationship. This is because there is insufficient evidence and practice experience on which to base such a standard. However, Respect staff are monitoring the development of such research and practice and will provide a Standard for these other categories of work in due course.

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

## Accreditation of ISS linked to the probation service

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

## Accreditation of organisations providing only individual work with perpetrators of domestic violence

Respect recognises that some organisations provide some or all of their work with domestic violence perpetrators in an individual work setting. Current and recent experience shows that group work is usually the most cost effective and appropriate setting for work with most domestic violence perpetrators. There are

circumstances when this is not possible or desirable. Individual work is an option - sometimes the only option.

Respect is exploring the challenges of delivering individual work interventions with perpetrators of domestic violence through interviews with practitioners and working with individual work programme providers.

Services that use a combination of individual and group work will find that there are a small number of additional requirements which now bring the individual work element under the scope of this Standard.

Organisations providing only individual work can also apply for accreditation under the 2nd edition of the Service Standard.

## **Terminology**

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

Domestic violence is often taken to include violence against adult relatives as well as partners/ex-partners. Another commonly used term for violence against partners or ex-partners is intimate partner violence (IPV). This is useful for distinguishing between different categories of domestic violence. Most DVPPs in the UK are currently working mainly with people using IPV but some are expanding this or can adapt their materials. The Standard refers to domestic violence throughout, as this is probably the most familiar term. However, many DVPPs will want to interpret this as IPV only. The use of the term domestic violence in no way implies that DVPPs should be responding to all forms of domestic violence and in all settings.

Other terms are defined in the glossary in Appendix A.

## **Services working with other client groups**

The majority of domestic violence involves a male perpetrator and a female survivor. The body of knowledge used to develop this Standard applies to this client group only. Services that work with LBGT perpetrators of domestic violence and with women who are using violence towards male partners are developing. As practice, research and policy develop there will be more evidence upon which to extend the current scope of this Standard to fit the specific needs of working with other client groups.

## The model of work of a Respect accredited organisation

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

The organisation can choose any model of work that suits their own situation providing it includes adherence to the aims and principles set out below. This system of assessment and accreditation does not prescribe one specific model of provision, professional approach or philosophical understanding. Experience so far has demonstrated that in fact the Standard provides a strong framework in which different approaches and models can be and are used safely and effectively.

## The aims of a Respect accredited service

Any organisation seeking Respect accreditation must be able to demonstrate that they are providing a service that embodies the aims outlined below:

### *1. To increase the safety of victims*

- To increase the safety of women, children and others at risk of experiencing domestic violence
- To provide information and support to women in order to empower them, advocate for them and identify ways of helping them and their children to be safer

### *2. To assess and manage risk*

- To assess the risk of future domestic violence and escalation of severity
- To monitor and manage this risk jointly between DVPP and ISS
- To communicate this effectively with other professionals and contribute to the multi-agency management of the risk of domestic violence

### *3. To be part of a co-ordinated community response to domestic violence*

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

### *4. To provide services which recognise and respond to the needs of diverse communities*

- To respect, recognise and understand the diversity of the local communities they serve
- To apply anti-discriminatory practice in all aspects of work

- To ensure that services are as accessible and effective as possible for all local communities
- To ensure that potential clients are helped to use their services on an equitable basis

*5. To promote respectful relationships*

- To provide interventions which challenge, support and encourage men who use intimate partner violence to engage in safe and respectful relationships
- To promote the principle that everyone has the right to be treated with respect and dignity

*6. To work accountably*

- To work with other professionals to ensure that men who use intimate partner violence are treated as responsible and accountable for their own behaviour and for changing it
- To provide services which are open to scrutiny
- To work in ways which are accountable to the views and experiences of survivors of domestic violence

*7. To support social change*

- To promote the wider social and community changes necessary to support a community-wide intolerance of intimate partner violence, domestic violence and other forms of violence against women
- To work in a way which recognises the nature, prevalence, incidence, dynamics and effects of domestic violence

*8. To offer a competent response*

- To ensure that the organisation provides a highly competent, professional, informed response to members of the public and other professionals

## Two stages of assessment for Respect accreditation

Accreditation can now be done in two stages.

### Safe Minimum Practice – safety and risk management

This is an initial, safe minimum practice assessment. It involves assessment against 60 of the requirements in this Standard. This stage one assessment will reassure referrers and the public that the organisation is delivering a service that is capable of managing risk and safeguarding concerns. Unlike full accreditation, the quality of work and the effectiveness are not assessed, beyond the requirements about safety and risk management. Organisations with SMP status are safe to use but are not accredited.

All services wishing to continue take referrals from the Respect advice line services will need to pass the SMP within two years of first joining as a Respect member, as of 1 October 2011.

The SMP has to be renewed annually to remain valid.

A copy of the SMP Standard is available on the Respect website.

### Full accreditation – quality and effectiveness

Full accreditation involves being assessed against every one of the 94 requirements in this Standard. This provides programmes, funders, commissioners, referring agencies, clients and members of the public with assurance that the accredited service is both safe and as effective as possible. This means that the organisation is as likely to achieve success as possible under current conditions and based on current knowledge.

Organisations can move from SMP to full accreditation without repeating those sections already assessed, providing this is done within one year.

Accreditation will have to be renewed every three years, or earlier if there are significant changes to the structure or operation of the organisation or services.

### Further monitoring

All organisations who have passed SMP or full accreditation are required to send Respect a copy of their annual report each year and to notify Respect if there are any significant changes in management or operations. All organisations who have passed full accreditation may be subject to spot checks, with notice, from Respect assessors.

# STRUCTURE OF THE STANDARD

The Standard consists of the following sections:

- **Section A – Management of the organisation**
  - A1. Policies and procedures
  - A2. Resources
  - A3. Management and accountability
  - A4. Recruitment and training
  - A5. Case management
  - A6. Practice management and clinical supervision
  - A7. Outcomes and outputs
- **Section B – Service structure and process**
  - B1. Service specification
  - B2. Service principles
  - B3. Joint working DVPP and ISS
  - B4. Eligibility and suitability criteria
  - B5. Domestic violence that is not men’s violence to female partner/ex
  - B6. Couples work
  - B7. Working with clients involved with social services
  - B8. Working with clients involved in child contact disputes
  - B9. Working with clients involved with the Criminal Justice System
- **Section C – Diversity**
- **Section D – Risk management**
- **Section E – Children**
- **Section F – Partnership working**

**Each section is divided up as follows:**

- An overall heading which describes what the section is about (A to F).
- A number of service standards (such as ‘A1’) that contain the basic requirements of each section.
- A statement of the purpose of that service standard.
- The evidence that will be sought by assessors to show that an organisation is meeting that service standard. This evidence must be demonstrated to achieve accreditation.
- The information in the right hand column shows which of the service aims (see page 4) the service standard is most closely related to.
- Guidance that contains advice about how to meet the service standard.

# A Management of the organisation

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

## A1 Service Standard

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

### *Purpose*

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

### *Evidence*

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

a) Health and Safety policy (covering safety for staff and clients); lone working and home visits policy; a procedure for staff in responding to abuse from clients	Safety
b) Equal opportunities & diversity strategy; equal opportunities, diversity and anti-discrimination policies for service delivery and employment	Diversity
c) Confidentiality, data protection and information sharing policies; procedure and guidelines on information sharing internally and externally	Safety

d) Safeguarding children and vulnerable adults policy and procedure	<b>Safety</b>
e) Risk management policy and procedure	<b>Assess and manage risk</b>
f) Complaints policy and procedure	<b>Accountability</b>
g) Couples work policy	<b>Safety</b>
h) Policy covering responding to domestic violence where the primary aggressor is not an adult male and/or primary victim is not an adult female	<b>Accountability</b>
i) Policy and procedure on the use of interpreters, signers, etc	<b>Safety</b>
j) Model of work covering main activities (see p4)	<b>Accountability</b>
k) Recruitment and induction policy and procedure	<b>Competence</b>
l) Code of conduct for staff	<b>Competence</b>
m) Policy about staff experience of domestic violence and procedure for responding to information about past or current domestic violence involving a staff member as perpetrator or victim	<b>Safety</b>
n) Disciplinary and grievance policy and procedure	<b>Competence</b>
o) Record keeping policy and procedure	<b>Accountability</b>

### Guidance

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

All policies and procedures are approved by the governing body.

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

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

Policies and procedures are monitored and reviewed every three years by the governing body and staff as appropriate.

When the DVPP is delivered under the umbrella of a larger organisation, the governing body should ensure that policies are relevant for the specific work of a DVPS.

## A2 Service Standard

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

### *Purpose*

To ensure that there are sufficient resources available for the organisation to undertake its main tasks as set out in the model of work, and that it strives to provide maximum benefit.

<i>Evidence</i>	<i>Main aim</i>
<b>A2.1</b> An annual budget is produced and the governing body reviews actual spend and projected expenditure at least quarterly and this is minuted.	<b>Accountability</b>
<b>A2.2</b> The governing body ensures that the resources available are sufficient to meet the agreed requirements of service provision as set out in this standard and in the organisation's model of work. The governing body regularly reviews how effectively resources are used.	<b>Accountability</b>
<b>A2.3</b> The organisation sets aside a proportionate element of its budget to ensure the services it provides are accessible to the communities within which they are working.	<b>Diversity</b>
<b>A2.4</b> Service delivery staff are on the same pay scale for similar or equivalent work (e.g. both ISS and DVPP staff have equivalent pay scales).	<b>Respectful Relationships</b>

### *Guidance*

**A2.1** It is important that there are sufficient resources available to meet the organisation's objectives and the Respect Standard.

**A2.2** The governing body has a responsibility to ensure that resources are used effectively. This means ensuring that staff are not over-stretched to the point where the quality of the service is unduly affected. It also means ensuring that the organisation is not under-using its resources and failing to maximise these for the benefit of the community, for example, by running groups regularly under capacity without doing anything to attract more referrals. This review process should be visible in the minutes of meetings.

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**A2.3** Improving access to the service will be an important objective for all organisations. This can rarely be achieved without resources to enable this to happen. Every organisation wishing to achieve accreditation takes all reasonable steps to monitor the local population in order to assess what proportion would need interpreters and/or translators to make full use of the services. Resources are allocated in a manner which is proportionate to its overall income and to the needs of the local population. Even organisations with limited funding should set aside an appropriate portion to further its objectives in relation to diversity. There is guidance and information contained in the Respect resource manual to help organisations to achieve this.

In most areas there is good local data on what languages are spoken and what languages are requested most frequently from local interpreter services. Organisations seeking accreditation should be able to show how they have reached a decision about how much of their funding to allocate specifically for interpreters and translation.

Organisations will have their own strategy to improve provision for people from all six elements of diversity monitoring: these are gender, age, race, disability, sexuality and religion. The strategy states clearly how the activities included will be funded, carried out and monitored.

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**A2.4** The organisation seeks to prevent employment discrimination. Where the ISS and DVPP services are provided by different organisations pay structures for the whole service should be jointly reviewed and managed to ensure that there is no discriminatory pay practice. Where the service or part of it is provided by staff seconded to the service provider then compliance with this standard will not be required for these seconded staff.

## A3 Service Standard

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

### Purpose

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

<i>Evidence</i>	<i>Main aim</i>
<p><b>A3.1</b> The organisation has a documented management structure with clear lines of accountability. Responsibilities, reporting and accountability structures are clearly defined to enable the lead staff member, members of the governing body and other members of staff to fulfil their specific functions adequately.</p>	<p><b>Accountability</b></p>
<p><b>A3.2</b> Minuted, quorate meetings of the governing body take place at least quarterly. The members of the governing body understand the work of the organisation and are able to make informed decisions and give clear direction to the lead members of staff.</p>	<p><b>Accountability</b></p>
<p><b>A3.3</b> The governing body receives regular reports on the activities of the organisation. This includes the number of men who were referred, were assessed, started any pre-programme work, started a programme and completed a programme. It also includes the numbers of: partners and ex-partners who were contacted, repeat contacts with partners and ex-partners, face to face individual sessions and groupwork sessions.</p>	<p><b>Accountability</b></p>

### Guidance

**A3.1** This requirement includes identifying with whom responsibility lies for case and risk management, treatment management and line management.

**A3.2** Guidance not required.

**A3.3** Changes in referrals and take-up can indicate a need to review and manage workloads, waiting lists and relationships with external referrers. The governing body and/or lead member of staff will review these and identify changes needed to ensure best use of human and financial resources.

## A4 Service Standard

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

### *Purpose*

To ensure that the organisation has suitable staff who can perform effectively and are adequately trained for their role.

<i>Evidence</i>	<i>Main aim</i>
<b>A4.1</b> There are written job descriptions, person specifications and contracts for all staff and volunteers.	<b>Accountability</b>
<b>A4.2</b> All prospective staff and volunteers are asked about their experience of domestic violence, as a perpetrator or victim, and if there are other ways that domestic violence has affected their life. The organisation has a clear procedure for responding to any disclosures of personal experience or use of domestic violence and to any allegations that a member of staff has used or is using domestic violence.	<b>Safety</b>
<b>A4.3</b> All staff and volunteers are Criminal Records Bureau or Disclosure Scotland checked before starting work in any capacity within the organisation. These checks are then repeated every three years thereafter.	<b>Safety</b>
<b>A4.4</b> The organisation provides its staff and volunteers with the relevant training and support to equip them with the core competencies for their role, including a good knowledge of the other services relevant to their clients. Staff receive induction or training on these.	<b>Competence</b>
<b>A4.5</b> Staff who have completed their probationary period are subject to a regular line management review which includes review of their competency and training needs.	<b>Competence</b>
<b>A4.6</b> There are written records of line management sessions.	<b>Accountability</b>
<b>A4.7</b> The governing body provides a suitable person who provides supervision and support for the lead member of staff.	<b>Competence</b>

## *Guidance*

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A4.1 Where the service is provided by a national organisation, these should not be generic but specific to the role of the DVPS.

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

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

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

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A4.4 All service delivery staff receive induction, and, where necessary, training, covering the core competencies of their role. Some staff will have the relevant specialist knowledge and skills at the point of recruitment but many will need additional training and support.

Staff will be skilled and knowledgeable in the following areas:

- nature and dynamics of domestic violence
- the organisation's model of work
- groupwork or individual work, as per the model of work
- assessment
- developing motivation to change
- risk identification and management
- cross-cultural working and diversity
- the law and domestic violence
- basic understanding of substance misuse and domestic violence
- the impact of domestic violence on children and on parenting
- forming enabling and respectful relationships with clients

- the theory of change underpinning the work of the organisation
- the management of threatening or abusive behaviour by clients
- awareness of the needs of children, to a level where staff are able to identify where these are not being adequately met
- information sharing and safety
- the purpose and operation of multi-agency management processes such as MARAC (Multi Agency Risk Assessment Conference) and MAPPA (Multi Agency Public Protection Arrangement).

In addition to the above ISS workers will be competent in the following:

- making proactive contact and safety work with partners and ex-partners of programme participants
- safety planning including risk related to alcohol/drug use, mental health and to separation
- undertaking advocacy work to improve responses to domestic violence
- legal, financial and housing options available to women experiencing abuse.

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

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

- safeguarding and child protection, every two years
- cross-cultural working, every three years
- risk assessment and management, every three years

The organisation should consider whether ISS staff should complete accredited training on domestic and sexual violence and/or advocacy work.

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

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**A4.5** Regular line management should routinely consider stress levels and other personal issues that may be affecting staff.

All staff receive probationary period review and annual appraisals. Their line manager must take responsibility for ensuring these are completed. Where staff are falling below the expected level of competency, their line manager or other relevant person recognises this and responds to it effectively. This requires that the person who is managing staff is sufficiently experienced or has enough external support to be able to recognise good/poor practice, and can address this.

All staff have opportunities for ongoing professional development.

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**A4.6** Additional guidance not required.

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**A4.7** The lead member of staff should have access to adequate supervision and support either through a named member of the governing body or a suitable external person.

## A5 Service Standard

The organisation has an effective case management process.

### Purpose

To ensure that the organisation is monitoring and responding to changes in risk and the safety needs of its clients and their children.

<i>Evidence</i>	<i>Main aim</i>
<p><b>A5.1</b> The organisation undertakes regular (at least monthly) case management in which decisions are taken and previous decisions are reviewed on how best to manage risk and increase the safety of clients and their children. This is recorded and covers all clients and their children. Case management includes representation from both ISS and DVPP services. Within this process risk assessments are revisited and revised where necessary.</p>	<p><b>Assess and manage risk</b></p>
<p><b>A5.2</b> The manager with responsibility for case management has a minimum of three years' relevant experience and adequate specialist knowledge, including of risk factors and assessment.</p>	<p><b>Competence</b></p>

### Guidance

**A5.1** Case management is a central component of any effective DVPS. Case management provides the mechanism for the organisation, through its managers, to hold responsibility for managing risk. Care is taken to ensure that it is well run, recorded and given sufficient time. Effective case management is highly focused, and the required information is available at the time, without delay. Discussions are focused on, and result in, decision making and taking action to reduce risk. All decisions from the previous case management meeting are reviewed.

**A5.2** Managers taking the case management role should have at least three years experience of responding to domestic violence, a track record of effective inter-agency work, a thorough knowledge of the work of the organisation and of the role of statutory and voluntary sectors in relation to domestic violence. They are ideally the staff member who also attends the MARAC. They have a detailed and thorough knowledge of current research, policy and practice about domestic violence risk factors, assessment and management.

## A6 Service Standard

The organisation provides staff with Practice Management (sometimes referred to as Treatment Management) and clinical supervision.

### Purpose

To ensure that the content and quality of its service to clients is as described in the model of work and to support the development of the skills, knowledge and well being of its staff.

<i>Evidence</i>	<i>Main aim</i>
<b>A6.1</b> Clinical supervision is provided for and used by all front line staff.	<b>Safety</b>
<b>A6.2</b> All staff attend practice management at least monthly which is provided by a suitably experienced senior practitioner. The Practice Manager keeps notes of practice management sessions.	<b>Competence</b>
<b>A6.3</b> Sessional staff and volunteers are provided with the same practice management and access to clinical supervision, on a pro rata basis, as staff working full time.	<b>Competence</b>

### Guidance

**A6.1** Clinical supervision is defined in the glossary in Appendix A. Clinical supervision is usually provided by someone external to the organisation who can meet all the needs defined in the glossary. Some organisations have merged the practice management and clinical supervision functions into the same role. While this is possible, the organisation must demonstrate how this arrangement allows staff to reflect on the personal impact of their work in the same session as activities to ensure their adherence to the model of work.

The frequency depends on the experience and needs of the members of staff but should not fall below six sessions per year.

**A6.2** The Practice Manager will be a highly experienced practitioner who can guide staff to improve their practice and ensure that the organisation is either delivering what it set out to do or that changes to service delivery are noted and have a clear rationale. The Practice Manager will review co-working, and support staff in meeting specific challenges in service delivery. The practice manager does not have responsibility for making decisions about risk management; this belongs in case management.

## *A. Management of the organisation*

Practice managers review group (or individual work) recordings of at least one in four sessions. The Practice Manager cannot practice manage their own work or that of someone they co-facilitate with.

Practice managers of ISS staff will focus of safety planning and advocacy for appropriate responses for women and their children from other agencies.

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**A6.3** Guidance not required.

## A7 Service Standard

The organisation obtains, monitors and analyses data on the numbers of people who use the service and on the results of their use of the service.

### *Purpose*

To be able to demonstrate that its services are well used and that they have a positive impact on the lives of those who use them. To be able to analyse the use and results of services by demographic information so that the organisation can identify how effective it is at reaching all sections of the local community.

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

<i>Evidence</i>	<i>Main aim</i>
<b>A7.1</b> Staff maintain clear records of clients, which meet the requirements of the service, of this Standard and of the Data Protection Act.	<b>Accountability</b>
<b>A7.2</b> The organisation collects and analyses output data as defined in the guidance. It publishes a summary of this information in its Annual Report.	<b>Accountability</b>
<b>A7.3</b> The organisation obtains and publishes in its Annual Report, information on the effectiveness of its service. This involves using Respect's outcome measures and procedure.	<b>Accountability</b>
<b>A7.4</b> The organisation obtains and uses the views of clients on the quality of the service offered to them.	<b>Accountability</b>
<b>A7.5</b> The governing body, lead member of staff and others as appropriate, use output and outcome data as key performance indicators and set targets for improvement when necessary.	<b>Accountability</b>

### *Guidance*

**A7.1** Client records must support staff to work effectively, safely and consistently with clients. The Respect resource manual contains guidance on record keeping.

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A7.2 Demographic and other data may be collected using the Respect database (Redamos) in order to analyse the use of the service by gender, age, sexuality, income level etc. In any case it includes:

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

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

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

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

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

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A7.3 Outcome data is collected using the Respect outcome measurement tool, whether or not the organisation uses the Respect database Redamos. This allows the data to be analysed locally and centrally. Outcome data evidence is gathered from women whose partners or ex-partners have attended all or part of the DVPP or who have been assessed for it but not attended. This includes data about any incidents of violence and abuse experienced before, during and after the programme and women's feelings of safety.

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A7.4 Organisations will use a range of methods, which may include: distributing and collecting feedback forms for individual use, consulting annually with survivors of domestic violence in a focus group or other setting on aspects of their service (e.g. programme content, marketing, breadth of service) and ideas for developing these. They may also consult DVPP completers in a similar way.

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A7.5 The organisation uses the output and outcome data in order to set clear objectives on, for example, waiting times for first appointments, programme starts, number of completers, number of partners contacted and number of partners taking up more than two sessions with the ISS. These are used to support improved performance.

## Service structure and process

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

### B1 Service Standard

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

#### *Purpose*

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

To ensure that the ISS and DVPP have adequate time to carry out core functions.

<i>Evidence</i>	<i>Main aims</i>
<p><b>B1.1</b> The ISS staff have time dedicated to:</p> <ul style="list-style-type: none"> <li>• Contact all partners of men referred to the service (see guidance for exceptions)</li> <li>• Undertake proactive contact with all partners or ex-partners of the men who have attended an assessment with the DVPP</li> <li>• Identify levels of risk for partners or ex-partners of men referred to the DVPP</li> <li>• Provide information about the nature, possible impact and limitations of the programme</li> <li>• Undertake risk assessments and safety planning</li> <li>• Have provision for up to six further contacts with one hour of contact time allowed for each of these. These will be spread over the anticipated time the perpetrator will be involved with the organisation and extend at least six months after he stops attending</li> </ul>	<p style="text-align: center;"><b>Competence and Safety</b></p>

<ul style="list-style-type: none"> <li>• Participate in or contribute to case management with DVPP workers</li> <li>• Communicate effectively with other professionals to manage risk within a multi-agency context</li> <li>• Participate in all required training and supervision activities</li> <li>• Plan, debrief and undertake the necessary follow-up work in relation to client contact</li> <li>• Develop good joint working arrangements with other organisations providing frontline support to those at risk from domestic violence</li> <li>• Participate in practice management and clinical supervision</li> <li>• Make priority contact with women as the need arises, including when there are concerns about an increase in risk.</li> </ul>	<p><b>Competence and Safety</b></p>
<p><b>B1.2</b> The DVPP staff have time dedicated to:</p> <ul style="list-style-type: none"> <li>• Provide clients with sufficient hours of contact with staff and over a long enough time period to provide a reasonable opportunity for behaviour change and to sustain a reduction in risk (e.g. a minimum of 60 hours for group work and 24 hours for individual work over six months)</li> <li>• Undertake client assessments, which will usually take three hours per client</li> <li>• Carry out preparation, delivery and follow up of group work (see below)</li> <li>• Participate in case management with ISS staff if needed, including regular reviews of risk and of programme suitability</li> <li>• Communicate effectively with other professionals to manage risk within a multi-agency context</li> <li>• Participate in all required training and supervision activities</li> <li>• Participate in practice management</li> </ul>	<p><b>Competence and Safety</b></p>

	<p>The number of hours allocated for a facilitator to prepare for and run a DVPP group will be about the following:</p> <ul style="list-style-type: none"> <li>• One hour planning (both facilitators)</li> <li>• Two hours or more running the group session (both facilitators)</li> <li>• One hour de-brief immediately after the session or as soon as possible (both facilitators)</li> <li>• Three hours follow up, feedback to ISS staff, links to case management (one facilitator)</li> </ul> <p>Where the intervention is provided through individual work, staff will have time allocated to undertake any relevant follow up work, e.g. if the session is one hour in duration the staff member will have a further hour for follow up work.</p> <p>Sessional facilitators employed solely for running groups with another facilitator will therefore be employed for a minimum of four hours per week for group delivery, with additional hours allocated for staff supervision, practice management and training.</p> <p>Group work will be undertaken by a minimum of two staff; in the DVPP this will be a male and a female.</p> <p>Individual work with men using IPV may be undertaken by male or female workers.</p>	<p><b>Competence and Safety</b></p>
<p><b>B1.3</b></p>	<p>All proactive contact by ISS workers will be done by women.</p>	<p><b>Competence and Safety</b></p>

*Guidance*

**B1.1** and **B1.2** are the minimum requirements to gain accreditation. Additional interventions complement the basic service and improve the organisation’s effectiveness at reducing abusive behaviour.

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

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

First contact should occur as soon as possible after referral, unless there are no contact details for the woman, no way of obtaining these and no obvious concerns for her immediate safety. If the woman's contact details are not supplied at referral, they should be supplied by the man at the first contact with him and the reasons for this explained. The woman's contact details should then be passed to the ISS within 24 hours. The ISS will then make contact with the woman as soon as possible within one week.

Many referrals to DVPPs are now from agencies which supply information about both adults. The risk factors of separation and conflict over child contact, combined with the delays presented if the perpetrator fails to turn up to assessments or other delays make this early contact imperative, unless there is no safe or practical way to do this.

This does not imply that the woman can, should or will be offered a full service. DVPPs are rarely funded to provide an ISS to women whose partners are not yet on the programme. It is therefore not reasonable to expect them to provide this. However, the aim of promoting her safety and recognition of the factors above mean that it is usually necessary to contact her to:

- check she knows about the referral
- check on her safety and access to information, advice and support
- discuss the implications for her of this referral
- inform her of what services are available for her locally
- let her know when her partner will be seen and what information will be shared with her

If the man attends assessment their partner should be informed of the outcome and if he is being offered a place on a DVPP, all partners or ex-partners should be offered the full ISS service at this point.

The main focus of the ISS is to work with women associated with the men who have been assessed and/or are part of a group or individual programme. Given the dropout rate between referral and assessment, offering the full ISS service at referral could result in the service being over-stretched and not able to respond to the needs of the partners of men attending the DVPP.

The ISS will work with other domestic violence agencies in order to ensure they are providing accurate information and an advocacy and support service. There will be times when the role of the ISS will be to advocate for an improved response from other agencies. Sometimes this will include the agency making the referral to the DVPP; this will need to be handled sensitively but should not be avoided.

The close working between ISS and the DVPP is critical to the identification of risk, informed risk management and to enhancing safety. It also promotes a

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

Organisations should have procedures and practical measures that enable this information sharing through a range of processes. The more effective and collaborative the relationship between the two services, the greater will be the opportunities to improve women and children's safety.

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

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

- an unexplained absence by the man from the group
- a second consecutive absence (explained or not)
- her partner being assessed as unsuitable for the programme
- if he completes the programme
- if he is suspended from the programme
- if his behaviour or words in the group give the facilitators cause to believe he may be an imminent risk of harm to her or to her children

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

This edition of the Standard does not set a minimum number of contact hours or a minimum time period for the intervention to take place over. The research and practice evidence is not conclusive about exactly how to measure this, particularly across different types of intervention. However it is difficult to see how organisations can meet the objectives of a Respect accredited service in less than 60 hours of contact if providing a group programme or 24 hours if providing only individual work. Research evidence suggests that the period of time over which the intervention should be delivered needs to be over several months for the level of risk to be properly identified, managed and reduced and for changes in men's lives to be tested and integrated, so that they can be sustained. The ISS should extend beyond the end of the intervention with the man.

The Respect research briefing *Domestic Violence Perpetrator programmes - What counts as success?* (August 2010) sets out what men, women and

commissioners see as success (see Respect website). All services seeking accreditation, particularly those delivering less than 60 hours group work or 24 hours individual work, or over less than six months, must be able to demonstrate how the amount of time is adequate to allow that success to be achieved.

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

Organisations providing only individual work will need to demonstrate their rationale for working in this way.

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

The maximum number for a group should reflect the experience of the staff and the model of work. Groupworkers should not be expected to work with a greater number than they feel is effective or safe. No groupworker should be required to work with any individual with whom they do not feel safe.

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

Workers undertaking individual work should not be expected to undertake more than 10 individual sessions per week if full-time, or pro rata if part-time.

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

Individual work can be undertaken by one man, or one woman, or by two staff working together in cross or same gender combinations. However, in individual work, identity differences between worker and client (such as age, race, culture, class and gender) can be experienced more intensely than in group work. Practice management should address this explicitly.

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**B1.3** The ISS staff are all women as most ISS clients will have a preference for talking to a woman about domestic violence and abuse. This is covered by the obligations under the Sex Discrimination Act 1975, provided the partners and ex-partners using the service are all women, or, if male, they are also offered a choice of male worker. When services are developed with client groups such as gay or lesbian survivors and perpetrators, or female perpetrators, this is likely to mean further specialist provision. This will be the subject of additional Standard requirements when these services become more established.

## B2 Service Standard

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

### *Purpose*

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

<i>Evidence</i>	<i>Main aim</i>
<p><b>B2.1</b> The organisation has a written model of their work with clients. Staff are required to follow this. It reflects clearly the following principles:</p> <ul style="list-style-type: none"> <li>• The primary focus is on the safety of the victim/s and relevant children</li> <li>• The use of violent or abusive behaviour towards a partner, ex-partner or her children is unacceptable. The use of physical force as part of genuine self-defence is different (see glossary)</li> <li>• The perpetrator is 100% responsible for his use of abusive behaviour and the use of such behaviour is a choice</li> <li>• The use of violent and abusive behaviour is functional and instrumental</li> <li>• A willingness to choose to use violent and abusive behaviour towards a partner is influenced by learnt expectations and a gender-based sense of entitlement.</li> </ul> <p>Workers conduct all work in way that is non-collusive with:</p> <ul style="list-style-type: none"> <li>• Abusive behaviour</li> <li>• Expectations of power and control over women</li> </ul>	<p style="text-align: center;"><b>Competence, Accountability and Promote respectful relationships</b></p>

	<ul style="list-style-type: none"> <li>• Denial and minimisation of abusive behaviour or any justifications for using abusive behaviour including the use of drugs and alcohol</li> <li>• The use of culture, race, or faith as a justification for domestic violence</li> <li>• Any marginalisation of the needs of children living with domestic violence</li> </ul>	<p><b>Competence, Accountability and Promote respectful relationships</b></p>
<p><b>B2.2</b></p>	<p>DVPP workers promote behaviour and thinking that:</p> <ul style="list-style-type: none"> <li>• Diminishes denial and minimisation of abusive behaviour and its effects</li> <li>• Promotes the taking of responsibility for an individual's own behaviour</li> <li>• Engages men using intimate partner violence in the questioning of any attitudes and beliefs, especially their own, which support a gender-based sense of entitlement</li> <li>• Is respectful of different cultures, ethnic backgrounds and sexual orientations and of the right to follow different faiths or none</li> <li>• Promotes safe and child-focused parenting (see glossary)</li> <li>• Enhances men's beliefs that they are able to develop and nurture respectful intimate relationships</li> <li>• Increases men's understanding of, and empathy for, others affected by their abusive behaviour</li> <li>• Recognises and addresses risk and contributes to risk management process</li> <li>• Promotes respectful, egalitarian ways of being in personal and intimate relationship</li> </ul>	<p><b>Competence, Accountability and Promote respectful relationships</b></p>

<p>ISS workers conduct work which is empowering of women by:</p> <ul style="list-style-type: none"> <li>• Enabling each woman to have informed and realistic expectations of whether her partner's or ex-partner's involvement in the DVPP will increase her safety. This will be based on the understanding that the perpetrator is the only one who can make the choice to stop the domestic violence and that whilst the programme and other interventions or people will help him to do this, he will still have to make the changes for himself</li> <li>• Supporting women in identifying the risks to their own and their children's wellbeing and safety; this will include carrying out risk assessment (see Standard D)</li> <li>• Informing an individual woman if her partner/ ex-partner fails to attend or is suspended from the programme, or if there are particular concerns about her safety</li> <li>• Contributing to the risk assessment and management process of the organisation (and within a multi-agency context) prioritising actions which are likely to increase safety</li> <li>• Supporting survivors to make informed decisions and develop strategies that may increase their safety and that of their children (safety planning)</li> <li>• Providing survivors with sufficient information about legal rights, and other relevant support services, in order for them to make informed decisions about these and to facilitate referral to other agencies (e.g. alcohol and drug agencies)</li> </ul>	<p><b>Competence, Accountability and Promote respectful relationships</b></p>
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	<ul style="list-style-type: none"> <li>• Providing survivors with information about the content of service provided to her partner or ex-partner</li> <li>• Helping survivors to develop their own understanding of the abuse they have experienced</li> <li>• Assisting an individual survivor to focus on her own needs and those of her children, rather than her partner or ex-partner changing</li> </ul>	<p>Competence, Accountability and Promote respectful relationships</p>
<p><b>B2.3</b></p>	<p>The organisation and its staff have a coherent understanding as to why they use their particular approach, the sequencing of interventions and their style of delivery. There are clear aims/outcomes for discrete interventions. This is written in the model of work.</p>	<p>Competence, Accountability and Promote respectful relationships</p>
<p><b>B2.4</b></p>	<p>Practice Management operates as a mechanism for ensuring that the service is being delivered in a manner that is consistent with its stated approach and model of work. All organisations record all group sessions with perpetrators (not with survivors) in order to provide a direct method for monitoring group work against the model of work. Individual work with DVPP clients beyond the assessment session will also be recorded to enable effective Practice Management. This can be either audio or video. There are clear guidelines for how these recordings are used for supervision/training and for how these recordings are stored. This is in line with the organisation’s confidentiality policy and agreement with clients.</p>	<p>Competence, Accountability and Promote respectful relationships</p>
<p><b>B2.5</b></p>	<p>The organisation’s model of work will be reviewed regularly, and, where appropriate, changes are made to content, sequence or methods of delivery.</p>	<p>Competence, Accountability and Promote respectful relationships</p>

### *Guidance*

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

Any suitable professional approach and philosophical understanding of domestic violence may be used, providing that the model reflects and can deliver the aims set out in this Standard on page 4 and the requirements in sections B1 and B2.

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

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**B2.3** The model of work will show clearly how the theoretical understanding links to the methods used and evidence of effectiveness.

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**B2.4** Observation of groups and individual work is also vital for many reasons, including:

- developing worker competency
- identifying training needs
- supporting the development of worker skills in programme delivery
- monitoring staff adherence to the programme goals and model of work or when necessary the rationale for divergence from this
- supporting effective co-working between facilitators
- monitoring the ability of facilitators to foster and promote an ethos of respect for women, in all contact with clients, partners/ex-partners of clients, with professionals and with colleagues

One in four recordings of programme sessions, whether individual or group, should be reviewed by someone (the position is frequently referred to as the Practice Manager, or Treatment Manager in a criminal justice context) with at least two years experience of programme delivery, for monitoring, supervision and training purposes. They will give feedback about these sessions to staff delivering group or individual programmes in treatment/practice management.

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

### B3 Service Standard

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

*Purpose*

To ensure that work with survivors of domestic violence is enhanced by using what is known about the risks the partner or ex-partner poses. To ensure that work with the perpetrators is enhanced by being rooted in their partner or ex-partner’s experience and risk management can occur effectively.

<i>Evidence</i>	<i>Main aim</i>
<b>B3.1</b> All those being assessed for the DVPP must provide information on how to contact their partner and/or ex-partner.	<b>Safety</b>
<b>B3.2</b> The ISS is offered to any adult who is at risk from the perpetrator.	<b>Safety</b>
<b>B3.3</b> The women using the ISS are offered a safe and appropriate space in which to meet with ISS staff.	<b>Safety</b>
<b>B3.4</b> There will be separate confidentiality agreements for use by each service. These agreements should set out clearly what information will be shared, with whom and under what circumstances. The staff should help the client to understand the implications of the confidentiality agreement. A client must sign this form as a condition of taking up the services of the organisation.	<b>Competence</b>
<b>B3.5</b> The organisation provides limited confidentiality to DVPP clients and greater confidentiality to survivors. The DVPP confidentiality agreement will include each man agreeing to case files being reviewed and session recordings being viewed by managers, Respect assessors and external evaluators as part of accreditation, monitoring and other quality assurance processes. The organisation makes it clear to clients that this is something to which they have agreed if they sign the agreement or contract to attend a group or individual work. The confidentiality policy states these limits clearly.	<b>Assess and manage risk</b>

<p><b>B3.6</b></p>	<p>Contact details for partners and relevant ex-partners are given to the ISS within 24 hours of the men accessing the service or within 24 hours of a referral in which her details were also included. The ISS makes every possible effort to ensure that successful contact is made with the woman/women within one week.</p>	<p><b>Assess and manage risk</b></p>
<p><b>B3.7</b></p>	<p>All contact with clients and with other professionals, planned and unplanned, in relation to a client, are recorded clearly. This is contemporaneous within 24 hours.</p>	<p><b>Competence</b></p>
<p><b>B3.8</b></p>	<p>All client records are stored in secure cabinets. Where client information is stored electronically it is done so securely.</p>	<p><b>Safety</b></p>
<p><b>B3.9</b></p>	<p>It is a condition of the DVPP that men who deliberately frustrate the ISS efforts to make or maintain contact with their partners will be suspended from the programme.</p>	<p><b>Assess and manage risk</b></p>

*Guidance*

**B3.1** No service will be offered to a man who refuses to provide accurate information about his partner or ex-partner. The one exception to this is where he genuinely does not know her whereabouts. In these cases the staff will discourage him from taking any steps to locate her.

**B3.2** Where the service is working with more than one partner or ex-partner of a client, they must ensure that different workers are allocated to each and that procedures are in place to prevent them meeting. The ISS is not compulsory for women and should not be taken as a condition of the man’s involvement with the DVPP. However, ISS workers carefully explain to women the reasons for the ISS wanting to stay in contact with her, particularly the specific benefits for her relating to the programme.

**B3.3** The organisation ensures that women will not come into contact with their own partner or ex-partner through attending the ISS. This involves managing client appointment times appropriately and keeping all client records securely. The Respect resource manual contains more information on this.

**B3.4** When a man starts to engage with the DVPP (i.e. attends an assessment) his partner or ex-partner should have access to information on the service at the earliest opportunity. This will help prevent him from giving her misleading information about the service. Men should be informed that they should co-operate with and not frustrate the efforts of the ISS to make contact with partners and ex-partners, as a condition of their attendance.

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**B3.5** There is written guidance for clients which clearly describes:

- what information is confidential
- in which circumstances information will be shared and with whom
- what information the client has access to
- how long information/data is kept

As an example, a child contact dispute may come before the court some years after the client has ended contact with the service. Services should therefore keep records for at least five years.

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**B3.6** All partners or ex-partners who are or have recently been involved with a man participating in group or individual work with the DVPP should be offered a service by the ISS within a week of him attending an assessment session or within one week of her details being passed to the ISS from a referral of both adults. This must take place before any further work is offered to him. This is to ensure that women are aware of the purpose and content of the programme and that his attendance will not in itself increase their safety and their children's safety. Please see the guidance to B1.1 for more information about initial contact with women before a full service can be offered – this will take place where an agency such as child protection has made the referral of both adults to the service.

In between referral and assessment of the man there is no expectation that the full ISS service is offered to all partners but information, assessment of risk, safety planning and signposting must be available to her.

New partners of men on programmes are also contacted proactively by the ISS in the same way. DVPP practitioners are alert to the possibility of new relationships and ask men about any relationship which appears to have lasted a month.

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

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**B3.7** Records contain sufficient detail so that another staff member accessing the file could have a clear and concise picture of how the work is progressing. Group and individual session attendance is recorded, including what was covered during the session and the contribution of the individual man to that session.

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**B3.8** Access to information in relation to clients is restricted to those who are authorised by the organisation. Access by clients to their own files is permissible in accordance with the terms and conditions of the Data Protection Act. Information from third parties, such as police, social worker etc should be clearly marked so that it can be easily removed if the client asks to see their own file.

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**B3.9** If men frustrate or prevent the ISS from being able to contact relevant women, the woman's choices about her safety are being limited by him. Without contact with those at risk from the DVPP client, risk assessment and management is hampered. Deliberate attempts to prevent ISS contact should be seen as an escalation of risk and require action from the organisation.

## B4 Service Standard

The organisation will not offer services to men who use IPV where there is little or no expectation of a reduction in risk.

### *Purpose*

To ensure that DVPPs have a clear process for the start of the intervention, which increases men's motivation, assesses risk and provides the opportunity for change. However, programmes should not continue to offer places to men who show little chance of benefiting from their work or reducing the risk they pose.

<i>Evidence</i>	<i>Main aim</i>
<p><b>B4.1</b> DVPP clients are assessed as to whether they are able to benefit from the service. They are offered adequate opportunity to discover their motivation to engage in change. They are not offered or continue to hold a programme place unless they can demonstrate that there is the potential for their behaviour to improve as a result of this intervention.</p>	<p><b>Competence</b></p>
<p><b>B4.2</b> Where a client is disruptive, the organisation takes steps to manage this or remove the client from the service.</p>	<p><b>Safety Accountability</b></p>
<p><b>B4.3</b> Assessment of programme suitability is a regular activity within the case management structure. The organisation has a formal de-selection process to guide staff to remove someone from the programme who is no longer benefiting from it.</p>	<p><b>Safety</b></p>
<p><b>B4.4</b> Staff working with clients in assessments and beyond routinely enquire about and remain alert to any substance use and misuse by all their clients, including the use and misuse of alcohol and prescription medication. They consider whether this may need to be addressed and how this will affect their participation in the programme.</p>	<p><b>Competence</b></p>
<p><b>B4.5</b> Staff working with clients in assessments and beyond routinely enquire about the mental health of all their clients, including the use of medication, and consider whether this may need to be addressed and how this will affect their participation in the programme.</p>	<p><b>Competence</b></p>
<p><b>B4.6</b> Unless the organisation has specific provision to meet the needs of young men, programme places are not offered to men younger than 18 years old.</p>	<p><b>Safety</b></p>

<h1>B4.7</h1>	<p>If a programme place is offered to someone who is 21 or younger then particular care is taken to ensure that the intervention is suitable for him and to assess whether additional support is required.</p>	<p><b>Assess and manage risk</b></p>
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### Guidance

**B4.1** Staff must have criteria for deciding whether a man is suitable for the service and vice versa. They are clear as to how they would determine that someone meets the criteria. If possible, and it is safe to do so, clients must be informed of the outcome of the assessment, along with the referring agency. The *Practice Guidance: Suitability* tool contained in the Respect Resource Manual covers relevant considerations. Programmes using a different tool should be able to demonstrate its relevance for their model of work.

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

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

**B4.3** Programme suitability will be under constant review as part of the case management process. If a man is on a programme and does not seem able to contribute to or learn from the process, it is important to deal with this promptly.

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

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

**B4.5** Questions relating to mental health are part of the initial assessment: previous mental health problems, prescribed medication, self-harming, suicidal thoughts and violent fantasies are routinely asked about and recorded.

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

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**B4.6** Additional guidance not required.

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**B4.7** For assessing under 21 year olds, this should consider their own experience of victimisation if applicable, how current this is, to whom they present a risk, and if this includes other family members. If a young person under 21 is in a group with adults, their position within this group, the influence of the peer group, and whether they are participating in gang activities will need to be assessed. The organisation should consider the role of people around the young person in supporting change.

## B5 Service Standard

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

### *Purpose*

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

<i>Evidence</i>	<i>Main aim</i>
<p><b>B5.1</b> If the organisation offers a service addressing domestic violence other than men’s violence towards female partners (e.g. women using intimate partner violence or people in same sex relationships), it will have considered the specific needs of these clients and made adjustments to the service it offers in response to this.</p>	<p><b>Safety</b></p>
<p><b>B5.2</b> Domestic violence perpetrators who are not heterosexual men should not be placed in a group of heterosexual men. If the organisation addresses domestic violence other than adult male perpetrators to adult female partners, it will usually require separate provision and additional content. The organisation puts sufficient resources aside to do so.</p>	<p><b>Competence</b></p>

### *Guidance*

**B5.1** Organisations frequently come under pressure to take referrals outside of their stated client group. The organisation should not offer a service where it does not feel able to. Organisations wishing to address the needs of new client groups have gone through a period of development. This should include: reviewing the relevant available research, consulting relevant agencies and individuals.

**B5.2** It is not appropriate to mix clients who are using or experiencing abusive behaviour in differing contexts (e.g. it is not appropriate to place perpetrators of domestic violence in a same sex relationship into the programme for those using abusive behaviour in an opposite sex relationship, nor should women using intimate partner violence be placed in the same programme as men).

This will usually therefore mean providing individual work or other separate provision and developing additional or different materials. Developing new materials may also involve reviewing the current research and practice evidence and consultation with relevant community groups and survivors. Practice and case management for any such specialist services should routinely consider the specific nature of this work.

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## B6 Service Standard

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

### Purpose

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

<i>Evidence</i>	<i>Main aim</i>
<p><b>B6.1</b> The organisation clearly informs its clients that couples counselling is not appropriate whilst the perpetrator is using abusive behaviour or is engaged in ending it.</p>	<p><b>Safety</b></p>
<p><b>B6.2</b> Where the organisation provides couples work, or refers to an agency or individual that provides this service, they will use the Relate/Respect tool (contained in the Resource Manual) for assessing safety for couples work and this will be recorded in the case files.</p>	<p><b>Assess and manage risk</b></p>
<p><b>B6.3</b> The organisation's position and practice in relation to couples work extends to cover other types of conjoint intervention (family therapy, family group conferencing, mediation, etc).</p>	<p><b>Assess and manage risk</b></p>

### Guidance

**B6.1** If couples therapy is seen as an appropriate intervention to address domestic violence this is usually because the violence is being understood as a relational/systemic problem. This type of intervention is problematic and potentially dangerous for the following reasons:

- Undertaking conjoint work to respond to and prevent further abuse and violence will by its very nature blur the boundaries as to who is responsible for ending the abuse within the relationship.
- Perpetrators often see their partner as provoking their behaviour and women will often blame themselves for the abuse. A couple-based intervention plays into this process; therefore it will undermine the man's work in taking responsibility for and ending his abusive behaviour.
- Couples therapy puts the woman in a difficult or dangerous position if she speaks openly about the abuse in the joint sessions and may increase the risk to her.
- The woman may feel unable to participate openly in sessions and the process itself is then of little value.

- Engaging in conjoint work whilst the perpetrator is still attending a DVPP may undermine the work of the programme. This is because it is essential for the perpetrator to take sole responsibility for their own abusive behaviour and not seeing it as a problem of the relationship.

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

Couples work, or other conjoint work, including work looking at relationship dynamics and communication skills can take place after the violence has been stopped and the victim feels safe to participate in this work. The *Respect Assessment Template for Assessing whether Couples Counselling is Safe* is available from the Respect Resource Manual, developed jointly with Relate.

In order to ensure that this is done as safely as possible, referral on to couples counselling should only take place after a comprehensive assessment using this tool.

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

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

## B7 Service Standard

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

### *Purpose*

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

<i>Evidence</i>	<i>Main aim</i>
<p><b>B7.1</b> Where a man is attending the DVPP and then becomes involved in a child protection investigation, the organisation has a responsibility to ensure that information in relation to risk is available to the child protection professionals. In all cases, the organisation provides the professionals involved with adequate information about the work done with the client. This will include an explanation of the limitations of this information in the form of a brief report (see guidance).</p>	<p>Safety</p>
<p><b>B7.2</b> There is routine screening for social service involvement in all referrals to the organisation. Where there is social service involvement, the man is required to provide the name of the social worker (or lead professional) concerned, if possible.</p>	<p>Co-ordinated Community Response</p>
<p><b>B7.3</b> Where there is social work involvement, the organisation informs the social worker (lead professional) that they are working with this client. The organisation makes proactive efforts to obtain and share information about key concerns and risks of harm to the victim and to the children.</p>	<p>Assess and manage risk</p>
<p><b>B7.4</b> Where a child is considered at risk of significant harm and undergoing a section 47 assessment or is subject to child protection plan, there is a written plan of intervention agreed with the organisation, social worker and the client/s. This will cover the sharing of information and the dates for review. A copy of the intervention plan is in the client case files for both the woman and the man.</p>	<p>Co-ordinated Community Response</p>

<p><b>B7.5</b></p>	<p>Where the children of a client are subject to a child protection plan the first steps in the intervention includes assessments of: risk from domestic violence, the safety of the woman and children and the suitability of the man for the DVPP. This assessment should be shared with the social worker.</p>	<p><b>Competence</b></p>
<p><b>B7.6</b></p>	<p>If the children of a man referred to the DVPP are subject to public law legal proceedings the organisation makes every effort to ensure that there is an expert assessment of domestic violence risk and harm. If the assessment recommends that the man should attend the DVPP, then the organisation states its views on progress and changes in risk to the court and to the expert assessor.</p>	<p><b>Safety</b></p>
<p><b>B7.7</b></p>	<p>Where the children of a client using the DVPP become subject to a section 47 assessment (or, in Scotland, an assessment by a lead professional) after he has started the programme, the organisation ensures that points B7.2, B7.3, B7.4 and B7.5 are followed. If it is not possible to do this then the organisation must takes steps to raise this at a senior level in children’s services. The organisations should also consider whether it can safely continue to offer a service to the perpetrator.</p>	<p><b>Co-ordinated Community Response and Assess and manage risk</b></p>
<p><b>B7.8</b></p>	<p>If there is another incident of domestic violence this automatically prompts a re-examination of the needs of the child/ren. This also occurs when there is a birth of a new baby, the introduction of a new child to the household, or a new pregnancy, or change in contact arrangement whether formal or informal. This is recorded via the case management process.</p>	<p><b>Assess and manage risk</b></p>
<p><b>B7.9</b></p>	<p>One of the roles of the ISS will be to advocate for the safety needs of the woman to be recognised and responded to, and for the woman not to be held responsible for the abusive behaviour of their partner or ex-partner within the child protection process.</p>	<p><b>Safety</b></p>

*Guidance*

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**B7.1** Where the organisation has been working with a man whose children are subject to legal proceedings and there is no expert witness assessment then the organisation still has a responsibility to share information. However this is limited to:

- Attendance
- Reported abusive behaviour towards a partner or others
- Any significant concerns
- The limits to the conclusions which can be drawn from this information

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

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**B7.2** This takes place at the referral and/or initial assessment stage.

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**B7.3** Information sharing between the social worker and the organisation is the basis for planning effective intervention. There are arrangements in place for reporting and an agreement as to what information will be shared in line with the organisation's confidentiality policy and the current national and local government policy and guidance on working together to protect children.

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

Information sharing is not a one way process. If a statutory agency expects a DVPS to undertake work with families then there should be a collaborative, joint working relationship where the expertise and professionalism of both is valued.

Whilst the accreditation assessment cannot make conditions of an external agency, the DVPP will be able to demonstrate that it is taking reasonable steps to foster this joint working relationship even where it is difficult to achieve.

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**B7.4** There will usually be a joint meeting with the client and the referring social worker early in the process. The aims of the programme, the expectations of the client and key themes of the work should be outlined at this time. All DVPS have a responsibility to attempt to develop good working relationships with children's services.

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

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

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

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

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

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**B7.6** The expert witness should be someone separate from the intervention work with clients and is often external to the organisation. If they are an employee of the organisation, there must be a separation between the assessment role and the ongoing work with the client.

A directory of expert domestic violence risk assessors is available on the Respect website in the risk assessment section. There is guidance in the Respect Resource Manual for deciding if an expert assessment is required. See also B8 in this Standard.

Respect has produced guidance for when an expert assessment is required see B8.4.

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**B7.7** Points B7.2, B7.3 & B7.4 are necessary where children are considered at risk of significant harm and to ensure effective joint working and manage risk effectively.

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

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**B7.8** Additional guidance not required.

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**B7.9** The ISS's function is to support the safety needs of its clients and to advocate for an appropriate response from other agencies to increase their client's safety and that of their children. This extends to agencies that may also be referring to the organisation.

## B8 Service Standard

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

### Purpose

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

<i>Evidence</i>	<i>Main aim</i>
<p><b>B8.1</b> Organisations do not offer a service to men pursuing child contact through the family courts without there being an expert assessment of domestic violence risk and harm. The only exception to this is where attendance is a requirement of a court order in the criminal court or the organisation is a recognised Cafcass (England only) contact activity provider and the referral is under the contact activity provisions.</p>	<p><b>Safety</b></p>
<p><b>B8.2</b> Where a court appointed expert has undertaken an assessment of domestic violence risks and their report recommends that the man address his abusive behaviour the service can take the referral. The service will then inform the court (including ex-partner’s solicitor) of the man’s attendance, participation and progress.</p>	<p><b>Safety and Assess and manage risk</b></p>
<p><b>B8.3</b> Where a man is attending the DVPP and then becomes involved in a child contact dispute, the organisation has a responsibility to ensure that information in relation to risk is available to the court. In all cases and especially where there is no expert assessment of domestic violence risks, the organisation provides the court with adequate information about the work done with the client. This includes an explanation of the limitations of this information in the form of a brief report (see guidance). The organisation ensures that the man’s ex-partner or her solicitor and the court have access to this report.</p>	<p><b>Assess and manage risk</b></p>

<p><b>B8.4</b></p>	<p><i>Applies only to Cafcass approved providers of contact activity services.</i> Organisations providing DVPP as a contact activity must follow the guidance that indicates when an expert assessment of domestic violence risk and harm may be required (see guidance).</p>	<p><b>Assess and manage risk</b></p>
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*Guidance*

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

There are a number of qualified experts in the UK who are able to undertake such assessments. If the organisation is not able to provide these, they should refer the court or the applicant’s solicitor to the directory of suitably qualified professionals undertaking expert domestic violence assessments held on the Respect website.

In England there is provision for men to attend a DVPP referred by Cafcass to an ‘approved provider’ of DVPP services. The referral process for approved providers is available from Respect.

**B8.2** The court should be informed of the attendance, participation and progress of the man. There should be a process for this to occur; this is best done by the assessor revisiting the original assessment and looking at what, if anything, has changed. If there is no expert witness to revisit the initial report then the organisation should report to the court as set out in B8.3.

**B8.3** Where a man attending the programme becomes involved in a child contact dispute the organisation has a particular responsibility to establish contact with the ex-partner and for her to be offered the services of the ISS. This will often mean attempting to make renewed contact with a woman who has previously declined the services of the ISS, or trying again to establish contact with a woman who could not be contacted and who was not the primary victim of the perpetrator at the time of his assessment and so not the primary object of concern.

The reasons for trying to establish contact with an ex-partner of a programme participant in these circumstance (beyond those set out elsewhere in the standards) are:

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

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

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

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

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

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**B8.4** Attendance at a DVPP as a contact activity requirement under the provision of the 2006 children and Adoption Act is used by the family court when this provides the possibility to a move towards contact between child and father. Further information is available from Respect.

Services are required to assess the programme suitability and risk of all contact activity referrals. When receiving a contact activity referral services should ensure that they have all the relevant documents to inform them of the background of the referral. Using the training and assessment tools provided through Respect the service must consider whether a expert assessment would be appropriate. If the service believes an expert assessment would enable the court to fulfil its safeguarding function then the referral must be returned to Cafcass.

The issue at the heart of this is not whether services can work with high risk, complex referrals but the impact of the reintroduction of the father to the child's life.

## B9 Service Standard

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

### Purpose

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

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

### Guidance

**B9.1** Routine screening for Criminal Justice System involvement will be part of the referral process.

**B9.2** When a man applies to the DVPP who has recently been charged with a criminal offence against his partner or ex-partner, she should be considered as at risk and therefore treated the same as all other partners or ex-partners and the ISS should make proactive efforts to contact her in the same way, regardless of the fact that the organisation will not be working with him until the criminal proceedings have reached a conclusion.

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

## *B. Service structure and process*

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

If a client is sentenced to one of the Probation Service's CSAP Accredited programmes, the organisation should be willing to share information and the ISS worker will contact the Women's Safety Worker who is working with partners and ex-partners of men on a Probation Service programme.

## Diversity and equality of access to services

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

### C1 Service Standard

Organisations are committed to monitoring and improving the relevance and accessibility of their services to all sections of their community.

#### *Purpose*

To ensure that the organisation is constantly taking steps to be as accessible and effective as possible to all sections of the community in which the service works.

<i>Evidence</i>	<i>Main aim</i>
<b>C1.1</b> Organisations have taken into account and have forecasted what their need for interpreters will be in order to serve the local population. They ring-fence sufficient resources in line with overall budget, to cover the cost of this.	<b>Diversity</b>
<b>C1.2</b> Statistics on referrals and take-up of services are collated and analysed at least every year. Analysis should be of as many of the six strands of diversity as possible against the demographic profile of the community they serve.	<b>Diversity</b>
<b>C1.3</b> The organisation has a strategy to improve the accessibility and effectiveness of its services to all sections of the local community and to improve its compliance with the terms of the Equality Act 2010.	<b>Diversity</b>

C1.4	The organisation takes steps to ensure that its staff develop the skills and experience to enable their clients to explore the cultural landscape they inhabit and how this affects both their presentation and understanding of the domestic violence they have used.	Competence
C1.5	The organisation does not offer a service to a man if it is not able to offer an adequate service to his partner or ex-partner because of her language needs.	Safety
C1.6	The organisation takes reasonable steps to ensure that its services are accessible to clients with additional needs.	Diversity
C1.7	Services are offered at times designed to be as accessible as reasonably possible to a majority of people who need them.	Competence
C1.8	Materials and language used in materials, publicity and service delivery are free of jargon and as accessible as possible.	Competence

### Guidance

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

C1.2 The six equality strands are age, disability, gender, race, religion or belief and sexual orientation. Unfortunately, census data currently does not provide information on all of these. However, the organisation can still maintain this information about clients and try to find other sources of information about the local population to compare with.

C1.3 Organisations need to set themselves specific targets on how they are going to improve performance in this area. A few examples of actions that could be included in this are:

- having material available in more than one language
- reviewing the recruitment process
- developing new materials for the service
- improving the cross cultural working skills of staff

They may also want to develop links with local community organisations or faith groups. However, they should be aware that in some cases these groups may have significantly different ideas about gender equality and domestic violence to those of the organisation. This is of course part of the reason to develop these links – information can be shared and both sets of people can learn from each other. However, the organisation will also want to try to find specialist women’s groups within communities to consult with, who will have other perspectives. It is important not to take a singular view of different communities – there will be many different voices within a community who may have differing contributions.

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**C1.4** Staff will be able to recognise the many influences over their client’s lives and be able to help their clients to explore these influences so as to enable their clients to negotiate them in a way that reduces risk.

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**C1.5** Ideally, the provisions of C1.1 will mean that these circumstances do not arise. Organisations will do everything possible to ensure that the woman can be provided with adequate interpreting services to allow her to use the service. However, in some circumstances this may not be possible.

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**C1.6** It may not always be possible to deliver the service in an environment that is accessible and effective for all. If this is the case then the organisation must have access to other premises where they can accommodate the needs of someone who has a physical, sensory or mental health disability. Clients with low levels of literacy may need additional support as may some clients with childcare responsibilities.

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**C1.7** Both the ISS and DVPP will need to be available outside normal office hours.

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**C1.8** The organisation must be able to present itself and its work in a way that is clear and understandable.

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

### D1 Service Standard

The identification and management of risk are a central function of any accredited organisation, including risk identification, communication of risk internally and externally and having effective procedures to manage risk on a day-to-day basis through a case management process.

#### *Purpose*

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

<i>Evidence</i>	<i>Main aim</i>
<b>D1.1</b> There is a procedure for identifying the risk of further serious domestic violence by clients of both the DVPP and ISS. Organisations must use a recognised and commonly used risk assessment tool in all cases.	<b>Assess and manage risk</b>
<b>D1.2</b> The organisation brings together information on risk from partners and ex-partners of men attending the DVPP, third parties, and the men themselves to develop an overall view on risk within the case management process and at other times when needed and within 24 hours. The risk to children and other adults should also be reviewed.	<b>Assess and manage risk</b>
<b>D1.3</b> The organisation shares information with other professionals on risk, in line with its confidentiality policy. It does so using the risk identification tool used most commonly across agencies in its local area.	<b>Assess and manage risk</b>
<b>D1.4</b> When reporting to external agencies about risk, this is done with a clear understanding of the limitations of its assessment of risk. These limitations are clearly communicated.	<b>Competence</b>

D1.5	Clients are informed of the outcomes of risk assessments and are given the opportunity to comment on these unless there is a compelling safety reason not to do so.	Safety
D1.6	The organisation refers to the MARAC and supports the management of risk through the MARAC process where a case meets the referral threshold.	Assess and manage risk
D1.7	The organisation is signed up to the local information sharing protocol that exists to enable the work of the MARAC.	Co-ordinated Community Response
D1.8	DVPPs promote the value of referrals to the DVPP service as part of the available responses for MARAC. They support the development of effective referrals arising from MARAC proceedings.	Co-ordinated community response

*Guidance*

**D1.1** Staff working with perpetrators and their partners and ex-partners should be able to make judgements in relation to risk and victim safety. These judgements should be informed by the current knowledge about risk indicators. There are a number of risk assessment tools which organisations can use.

The development of a unified approach to risk identification across the domestic violence sector helps to create a common language amongst professionals about domestic violence risks. The DASH (Domestic Abuse, Stalking and Harassment) risk identification tool is the instrument which is most commonly used across most agencies and with the MARAC structures. A DVPP perpetrator version of the DASH has been developed by Respect staff in consultation with other agencies. This is available on the risk assessment pages of the Respect website.

Whichever instrument the organisation uses there will be a methodical and routine assessment of risk in relation to all clients. The DVPP and the ISS will both use the same tool. This will occur at the initial assessment stage and subsequently in all further work with clients. The Respect version of the DASH, on paper and in the Redamos system, contains specific forms for ISS and DVPP and a combined form for bringing information together.

**D1.2** Case management will bring together information from the ISS and DVPP and other sources (third parties) to review risk on each client and their children on a regular basis (at least monthly).

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

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**D1.3** Sharing information with other professionals using the risk identification tool will provide a shared understanding of the seriousness/threat a perpetrator presents to his victim(s). Sharing information about risk does not necessarily lead to a reduction in risk. The organisation should consider the impact of information sharing with external agencies and take steps to ensure that such information sharing does not in itself create or increase risk. Focus will be on using the information from risk assessment to develop and implement a risk reduction or safety plan.

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**D1.4** All risk identification tools have limitations and they are all limited by the accuracy of the information available. Organisations should exercise care in reporting on changes in risk and communicate the limitations of their assessment.

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

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**D1.6** MARACs provide a forum for information to be shared from and with a range of agencies. A shared strategy can be produced to increase the safety of clients. The decision to refer to MARAC should be taken at the case manager level and the person responsible for case management must be familiar with the local MARAC process.

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**D1.7** All accredited services will have cases that meet the MARAC threshold. Being an active participant in MARAC is part of the work of accredited services and for this to happen the organisation should be signed up to local information sharing arrangements. There will be a named person with responsibility for this, in most organisations this will be the person with responsibility for case management.

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**D1.9** MARACs often seek to make referrals to a DVPP but do not know how or do not have a DVPP available. DVPPs who attend MARACs have not always felt able to seek referrals directly from the MARAC or to make clear that DVPPs are part of co-ordinated community responses to protecting victims and their children. Effective referrals from MARAC are made when agencies know what the DVPP does, how to make a referral and also how to engage and motivate the man to agree to and cooperate with the referral. The DVPP may wish to provide some training for MARAC members and staff in MARAC member agencies about this.

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

## E1 Service Standard

The organisation will consider the safety and needs of the children connected to its adult clients in all aspects of its work.

### *Purpose*

To ensure that the safety and welfare of children are clearly recognised and responded to effectively.

<i>Evidence</i>		<i>Main aim</i>
<b>E1.1</b>	The initial assessment explores the impact of domestic violence on the lives of any relevant children. This is recorded in the client's file.	<b>Assess and manage risk</b>
<b>E1.2</b>	Staff have training and support to enable them to explore with their clients the impact of domestic violence on the lives of any relevant children.	<b>Competence</b>
<b>E1.3</b>	The organisation regularly monitors the safety and well being of any relevant children as part of the case management process and this is recorded in case management notes.	<b>Safety</b>
<b>E1.4</b>	The organisation's services include activities within individual and group work as specified in the model of work, designed to support and expand the parenting skills and capacity of its clients. These are informed by an understanding of how being a parent is affected by being a perpetrator, of how being a parent is affected by being a survivor, and of the differences and connections between these two circumstances.	<b>Promote respectful relationships</b>

E1.5	Staff are familiar with the Common Assessment Framework (England and Wales) and the Integrated Assessment, Planning and Recording framework (Scotland) and equivalent body in Northern Ireland, and how to carry out or obtain information about such an assessment. If the organisation is unable to undertake an assessment then staff must know whom to contact to provide such an assessment.	Co-ordinated response
E1.6	The organisation promotes its service to local children's services, has a clear referral process and takes positive steps to engage with senior children's services staff to promote effective working relationships.	Co-ordinated response
E1.7	Staff have a clear understanding of what constitutes child abuse and when to seek further support in order to safeguard children. Staff know who to contact in their organisation if they believe that urgent action needs to be taken to safeguard a child. All staff are aware of their responsibilities under the organisation's safeguarding policy.	Safety
E1.8	All service managers are competent in reporting to case conferences, core group meetings and professionals' meetings. They know what actions to take to call such a meeting and when to do so.	Competence

### Guidance

E1.1 Organisations seeking accreditation will be aware of their role in safeguarding children exposed to domestic violence and overlap between domestic violence and direct abuse of children; as well the way children can be a huge motivation for change. The organisation will cover the following in relation to assessing the needs of the children, stepchildren, grandchildren or other children who are affected by the domestic violence of each of its clients:

- Impact of domestic violence on the children
- Discipline of the children
- Involvement of the children in the domestic violence
- Any injuries to the children
- If there is a non resident parent, the level of contact with the children or stepchildren
- Any disputes over child contact (whether these are in legal proceedings or not)
- Protective factors such as the presence of other significant and positive adults in the child's life

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

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

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**E1.4** Work on parenting will be informed by an understanding of how being a parent is affected by being a perpetrator, of how being a parent is affected by being a survivor, and of the differences and connections between these two circumstances. The service should address the effects of domestic violence on children, identify the impact of domestic violence on child contact arrangements and support the development of child-centred approaches to parenting. In working with the parenting of survivors of domestic violence, the organisation will ensure that its approach does not imply that she is responsible for protecting the children from the perpetrator when she was unable to do this. The approach should support her confidence and ability in mitigating the effects of domestic violence on her children and on her ability to parent.

Staff must also know which other services are able to support children and be able to refer clients to these services where appropriate.

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**E1.5** Additional guidance not required.

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**E1.6** Domestic violence features in the lives of a large number of families that come to the attention of statutory children's social care and social service intervention rarely addresses the perpetrator's behaviour. Respect members' services can be a valuable resource for social workers in making children safer and in responding to the needs of fathers whose children are subject to a child protection (safeguarding) plan. See also B7.

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

Organisations will benefit greatly from being able to discuss specific cases with a child protection professional and the service manager will make every effort to ensure that there are good links with children's social care.

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

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

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

## Partnership working

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

### F1 Service Standard

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

#### *Purpose*

To ensure that responses to domestic violence improve across all agencies and in the wider community.

<i>Evidence</i>	<i>Main aim</i>
F1.1 The organisation is an active participant in local multi-agency forums addressing domestic violence at a strategic level and is represented at 75% of meetings.	Co-ordinated community response
F1.2 The organisation plays an active role in the development of improved inter-agency structures and functioning.	Co-ordinated community response
F1.3 The organisation has a named person who is their representative at the local MARAC.	Co-ordinated community response
F1.4 The organisation consults with local violence against women groups on significant changes to their service and new initiatives.	Accountability
F1.5 The organisation takes steps to create co-ordination between professionals on a case-by-case basis.	Co-ordinated community response

<p><b>F1.6</b></p>	<p>The organisation supports the development of effective criminal justice system responses to domestic violence. The organisation informs men that their violence is a criminal act and gives clear messages to their clients that encourage reporting crimes.</p>	<p><b>Co-ordinated community response</b></p>
<p><b>F1.7</b></p>	<p>The organisation has effective ways of making referrals to agencies responding to alcohol and drug misuse and to mental health agencies.</p>	<p><b>Competence</b></p>
<p><b>F1.8</b></p>	<p>The organisation shows commitment to social change and can demonstrate how they take action to bring about change in the wider community in which its clients live and work.</p>	<p><b>Promote respectful relationships</b></p>
<p><b>F1.9</b></p>	<p>The ISS supports women in using criminal and civil justice remedies to protect themselves and others from their partner’s abusive behaviour. All staff understand what an effective response from criminal justice personnel should be and where their clients do not receive this they should inform their manager, so that their concerns can be raised at a senior level.</p>	<p><b>Accountability</b></p>

*Guidance*

- F1.1** Some areas have multi-agency groups which address violence against women at a strategic level. They may have differing degrees of decision making power and influence. This may be a domestic violence forum but may have a different name or be part of another structure. This is separate to and not the same as inter-agency work on case and risk management for individuals, such as MARAC. Organisations seeking accreditation must be active in these networks for their local area.
- F1.2** The organisation (in particular its senior staff) participates in multi-agency initiatives that increase accountability for perpetrators and safety for victims.
- Organisations are likely to be taking the lead in developing community responses to domestic violence – e.g. chairing a local forum, being the lead organisation in inter-agency partnerships, influencing institutional change.
- F1.3** The organisation will be a member of the local MARAC as part of its risk management activity. As stated in section D, it will be encouraging effective referrals from MARAC to DVPP as part of protecting women.
- F1.4** A coherent and co-ordinated response across the violence against women sector is vital to ensure both effective responses and the efficient use of resources. If the organisation wishes to start a new service or change significantly what it currently provides, this needs to be done through engagement and consultation with local agencies.

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**F1.5** The organisation must be active in fostering joint working and not hesitate to take a lead in calling a meeting to promote coherence of approach from other agencies.

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**F1.6** Additional guidance not required.

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**F1.7** The organisation refers clients to drug or alcohol or mental health agencies that adhere to safe working practices in relation to domestic violence.

The following should be considered as good practice:

- there is a named contact in each organisation
  - there is a written agreement about how a referral will be made and information shared
  - the organisation has links with the local relevant forum and ensures that its members are aware of its services and how to refer
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**F1.8** Ending domestic violence requires creating a community that is intolerant of oppression and discrimination in all its forms. Therefore organisations will be able to demonstrate what actions they have taken to promote gender equality in the wider community. This could involve taking part in media events and campaigns such as the White Ribbon Campaign.

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**F1.9** Additional guidance not required.

# GLOSSARY OF TERMS USED IN THE STANDARD

Term	Definition
Accreditation	The process of assessment and eventual decision that an organisation has satisfied all the requirements of this Standard.
Accreditation assessment	The various activities carried out to assess how far the organisation is meeting the requirements of the Standard. This will include: interviews with staff; watching recordings of group work with men or listening to audio recordings of individual work; examining case files and other activities as required.
Accreditation panel	The independent panel appointed to scrutinise the assessment procedure and come to an independent decision about whether or not an organisation has satisfied the requirements of the Standard and can therefore be accredited.
Assessment	See separate listings for programme suitability assessment; risk assessment; accreditation assessment.
Case management	Case management is part of the risk management process as well as a mechanism for ensuring effective service delivery. It is expected that staff will communicate with each other on a day to day basis, in a way that is responsive to changes in risk regarding clients. While the term case management encompasses this, it is used in the Standard specifically to refer to a routine, systematic and comprehensive process that reviews risk and progress of work with all clients. As part of the case management process, decisions will be made and recorded as to how best to respond to individual needs or behaviour.
Child contact and residence proceedings	Also known as Children Act private proceedings Section 8. These are civil court proceedings (see below) to settle disputes between parents or carers or others about where a child should live and with whom (residence) and whom they should have contact with and how (contact).
Civil proceedings	Court proceedings which take place in the civil, rather than criminal courts and are therefore between individuals (or in some situations, between individuals and organisations), rather than between an individual and the Crown Prosecution Service. In responding to domestic violence, these cases are therefore usually between the victim of violence and the perpetrator. Relevant civil proceedings include applications for occupancy (or ouster), non-molestation (or protection) and harassment (or stalking) injunctions/orders. Other relevant civil proceedings include child contact and residence (see above). The person applying for the order is known as the applicant and the person responding is known as the respondent.
Clinical supervision	Clinical supervision is a term commonly used within counselling and psychology practices. In social care the terms consultancy or external supervision or non line management supervision are also used. These terms refer to the supervision and professional guidance provided by someone who is often external to the organisation with specific relevant skills and knowledge, for staff who work with clients, to give them opportunities to consider how they work with their clients, how their personal responses to clients may affect the work and to improve how they use the relationships they have with clients as tools for change.

Conjoint work	Any work with both adult intimate partners at the same time and usually in the same room, but without additional family members. This includes couples counselling and mediation.
Co-ordinated community response	A response to, for example, domestic violence in which all relevant agencies, individuals and, ideally, the community as a whole are involved. In domestic violence work, this has been demonstrated to be the most effective way of protecting victims and children and holding perpetrators to account. This usually involves the police, courts, specialist domestic violence agencies, child protection authorities, housing and others as relevant.
Couples work	Any work where both adult intimate partners or ex-partners are present in the same room, such as family therapy, couples counselling, mediation.
Criminal justice proceedings	Court proceedings which take place in criminal courts and under criminal law, rather than civil law (see above), taken out by the Crown Prosecution Service (CPS) against an individual alleged to have committed a criminal offence.
Cross cultural working	Working with clients from different cultures in ways which are respectful of differences of culture. In domestic violence work this presents particular challenges such as being able to recognise the use of culture as a justification for abuse and views on women in general and respond to such justifications clearly and in ways that help to support change. This is likely to include helping people to revise their understanding of what their culture means to them and changing some of the ways they describe and live out their culture.
DASH	The Domestic Abuse, Stalking and Harassment risk identification tool, developed by Co-ordinated Action Against Domestic Abuse (CAADA) particularly for use in MARAC work. There is a Respect version for use in DVPP and work with perpetrators, available on the Respect website in the risk assessment section.
DVPP	Domestic Violence Prevention Programme. In this Standard, this is taken to mean all the work with men who use violence against their partner, in order to help to hold them to account and to prevent them from continuing to abuse. See B2.2 for the range of activities included.
DVPS	Domestic Violence Prevention Service. The DVPP working with men and the ISS working with women together form the Domestic Violence Prevention Service. This is sometimes referred to in this document as 'the organisation'.
Extent	The amount of, for example, domestic violence in the population or a given section of the population.
Governing body/Board	The entity responsible for the overall management and direction of the organisation seeking accreditation. In most organisations running a DVPS this will be a voluntary management committee. Where the service is commissioned by a particular agency, this may be the commissioning body, or it may be a management sub-group of larger inter-agency partnership. This arrangement will vary and will always include a coherent management structure, clear lines of accountability and a governing body responsible for these.
Incidence	The number of individual incidents of something happening, in this case, individual incidents of domestic violence.
ISS	Integrated Support Service. This is the service for the partners and ex-partners of programme participants. The range of work of the ISS of an accredited organisation is described throughout this document and particularly in B2.1

Line management	Line management or supervision is the mechanism to monitor the effectiveness and welfare of individual staff. Managers and staff frequently discuss their work and deal with problems or questions as they arise. However, line management also includes time set aside specifically to focus on the development and performance of a member of staff, with a written record of what is discussed and agreed.
MAPPA	Multi Agency Public Protection Arrangement, convened by the Multi Agency Public Protection Panel (MAPPP), a locally based multi agency group with statutory responsibilities to protect the public from named individuals assessed as being at high risk of committing violent and sexual offences.
MARAC	Multi Agency Risk Assessment Conference. This is a locally initiated multi agency group who convene regularly to monitor risk of domestic violence involving specific named individuals and to agree and monitor action to reduce that risk. Usually this will include police, probation, DVPS, child protection agencies, women's organisations and others as relevant.
Model of work	The aims, underlying philosophy, content and methods for delivering the service. This will include descriptions of all activities including programme work and case management. It will also include a description of the theoretical and philosophical basis for the work.
Perpetrator	The term commonly used and the one used in this Standard to describe someone who is abusing or has recently abused their partner or ex-partner and/or children. Another commonly used term is abuser. Neither of these terms is usually suitable for use to describe a particular client to his face, as it labels them purely in terms of their abusiveness rather than their wider potential as a person to change and develop the ability to have respectful relationships. As this Standard is applicable to organisations working only with male perpetrators of domestic violence the term 'man' may sometimes also be used, particularly where the person's abusive behaviour is not the most relevant characteristic.
Practice or Treatment management	The process through which the delivery of the organisation's model of work is monitored. This should cover the ISS, DVPP and assessment processes. Commonly, one senior practitioner or someone externally with relevant experience has responsibility for this, as Practice or Treatment Manager. They will usually watch one in four video recordings of groups or audio recordings of individual work and discuss these with the facilitators, identifying with them any changes needed in their practice
Pre-programme work	Work carried out with an individual who is waiting to join a group work programme and is part of the preparation for the main programme. This pre-programme work can be in group or individual sessions. It will often include familiarising the man with programme material, helping to sustain motivation for change and continuing to monitor risk.
Prevalence	The number of people experiencing a particular condition or situation, in this case, domestic violence.
Proactive contact	Taking the initiative and making repeated efforts to make contact with someone (in this case, women referred to the ISS) and not waiting for them to make contact themselves. See B2.1 for further details.
Programme completer	Individual who completes the entire DVPP group work programme (or in some cases, individual programme).

Programme starter	Individuals starting a DVPP group work programme (or in some cases, individual programme). Organisations monitoring how many men start and complete programmes will count programme starts as men attending their first session, which may not necessarily be the first module of the programme, if this is a rolling programme.
Programme suitability assessment	The process of assessing an individual's suitability for a particular programme. This is likely to include looking at levels of abuse used and risk presented, motivation to change, recognition of the abuse as a problem and capacity to take an active part in group work.
Referral	Person being put into contact with an organisation to receive their services and the process of doing this.
Risk	For the purposes of this Standard, risk is taken to mean risk of domestic violence occurring either by a particular individual or to another particular individual or both.
Risk assessment	The processes of assessing levels of risk from a particular individual to specific other individuals, or vice versa. This will usually include gathering relevant information about an individual's circumstances, behaviour and demographic data and reviewing this regularly, identifying when risk factors change and reacting to these. It usually includes the use of a recognised risk assessment tool, such as the DASH tool (see above).
Risk management	The process of monitoring and reviewing risk, identifying and carrying out or initiating suitable responses to reduce risk, monitoring and reviewing these.
Routine screening	Asking the same or similar questions about a specific condition, behaviour or situation, such as being a survivor of domestic violence, or being involved in social services investigations.
Self defence	This has a legal meaning and does not mean all acts of retaliatory violence. Acts of self defence must be in order to protect life and limb of the self or of another vulnerable person and must be in proportion to the danger presented by the other person.
Sessional staff	Staff who work for a short, fixed time, usually on a regular basis, rather than as full or part time employees. In this work facilitators of group work with men will often be sessional staff working with permanent staff.
Staff	Anyone who undertakes tasks on behalf of the organisation (paid or voluntary)
Survivor	This is a commonly used term to describe someone who is experiencing or has experienced domestic violence. Survivor is usually used to emphasise strength and resilience over victim status in someone who has been abused. Another commonly used term is victim. Although these terms are sometimes taken to mean the same thing, they have slightly different meanings and sometimes one is more accurate than the other and both are used in this Standard. See below for a definition of the term 'victim'. Some individuals and organisations have a preference for one or other term. As this Standard currently applies only to organisations working with male perpetrators (see above for a definition of this term) of female partners or ex-partners, the term 'woman' may also be used, though this will not apply to future standards for work with other categories of perpetrators and their partners/ex-partners. Wherever there is no need for a specific one of these terms to be used, the terms 'survivor' or 'woman' will be used.

Victim	<p>The legal term for someone who is the object of a crime or series of criminal acts. It is therefore also a commonly used term to describe someone who has experienced or is experiencing domestic violence. Criminal justice agencies in particular often use this term rather than the other commonly used term 'survivor' (see above) as they are making a legal response. Agencies may also use this term to describe someone who is currently experiencing domestic violence as the person may not yet see themselves as having survived or the agency may need to be clear that they are currently the victim of a crime. The term victim is also the term used for someone who has been killed by their partner or has committed suicide as a result of the effects of the abuse. As this Standard currently applies only to organisations working with male perpetrators (see above for a definition of this term) of female partners or ex-partners, the term 'woman' may also be used, though this will not apply to future standards for work with other categories of perpetrators and their partners/ex-partners. Wherever there is no need for a specific one of these terms to be used, the terms 'survivor' or 'woman' will be used.</p>
Violent resistance	<p>The use of violence in resistance to domestic violence and abuse, which may be after many years or incidents of abuse, out of a feeling that there is no other option or in reaction to feelings that there is nothing that will ever stop the person using abuse. It includes, but is not confined to, self defence.</p>

## A

Advocacy services with/for women: A4.4 guidance (training on)  
 Age limits for clients: B4.6  
 Aims of the programme: Introduction; B1; B2  
 Alcohol: see substances  
 Anger management: B2.1 guidance  
 Assessment for couple counselling: B6.2  
 Assessment of risk: see risk assessment  
 Assessment of potential clients for programme suitability: B1.2; B4; B7.5; B8.4

## B

Budget requirements: A2  
 Budget for interpreters: A2.3; C1.1

## C

Case files: see Assessors' Workbook  
 Case management: A5; A6.2 guidance; B1.1; B1.2; B4.2; B5.2 guidance  
 Child abuse: E1.7  
 Childcare responsibilities: C1.6 guidance  
 Child contact disputes: B1.1 guidance; B3.5; B8  
 Child protection: B7.5; B7.9; E  
 Child protection case conference: B7.3; E1.8; E1.9 guidance  
 Child protection screening: B7.2  
 Child protection proceedings: B7.6  
 Children: E  
 Civil court proceedings: B8  
 Clinical supervision: A6  
 Common Assessment Framework (CAF) (England and Wales only): E1.5  
 Competencies: A4.4; B2; E.1.2; E1.8; F1.7  
 Confidentiality: B2.4; B3; D1.3  
 Couples counselling/conjoint work: B6  
 Court reports: B7.1 (child protection); B8.3 guidance; B8.3 (child contact); B9.3 (criminal)  
 Criminal proceedings: B9; F1.6; F1.9  
 Criminal Records Bureau: A4.3

## D

Data Protection Act: A7.1; B3.8 guidance  
 Demographics: A7; C1.2  
 Disability: C1.2  
 Disclosure Scotland (criminal record checks): A4.3  
 Diversity: A4.4 guidance; C  
 Diversity strategy: A1.1; C1.3  
 Domestic violence definition: Introduction  
 Domestic Violence Forum (DVF): F1.1; F1.2 guidance; F1.4 guidance; F1.7 guidance  
 Drugs: see substances

DVPP required elements and model of work:  
 Introduction; A1.1 guidance; A2; A4.4 guidance; A6.1; B

## E

Equal pay for male/female service: A2.4  
 Ex-partners: see ISS, B8  
 Expert witness: B7.1 guidance; B7.6 guidance (child protection); B8.1 guidance; B8.2 guidance; B8.3 guidance (child contact)

## F

Facilitator: B1.2; B1.3; B2.4 guidance  
 Female perpetrators: B1.3; B5

## G

Gender based sense of entitlement: B2.1; B2.2  
 Group work with men: B1.2; B2.4; B4.2 guidance; B4.3 guidance; E1.4

## H

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

## I

Initial assessment of clients: B4  
 Integrated Assessment, Planning and Recording Framework (Scotland): E1.5  
 Interpreters: A1.1; A2.3; C1.1  
 ISS required elements: A4.4 guidance; B1.1; B1.3  
 ISS offered to: B3.2; B8.3 guidance; B9.2

## J

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

## L

Line management: A3.1; A4.5; A4.6  
 Literacy needs: C1.6

## M

MARAC and MAPPA/MAPPP: A4.4 guidance; A5.2 guidance; D1.1 guidance; D1.6; D1.7; D1.8; F1.3  
 Maximum number of groups for workers to lead: B1.2 guidance  
 Maximum number of participants in groups: B1.2 guidance  
 Mediation: B6.3  
 Mental health: A4.4 guidance; A7.2 guidance; B4.5; C1.6 guidance; F1.7

Minimum contact time with women: B1.1  
Minimum contact time with men: B1.2  
Model of work: Introduction; A1.1; A4.4 guidance;  
A6; B  
Monitoring demographics: C1.2  
Monitoring outputs: A7  
Monitoring outcomes: A7

## N

New partners of men on programmes: B1.1  
guidance

## O

Outcome data: A7  
Output data: A7

## P

Personal experiences of domestic violence (staff):  
A4.2  
Policies: A1  
Practice Management: A6; B1.1; B1.2; B2.4  
Primary focus of the work: Introduction; B1; B2  
Principles of work: Introduction; B2  
Proactive contact with women: Introduction;  
A4.4; B1.1; B1.3; B3.6; B9.2  
Probationary period for staff and volunteers: A4.5  
Procedures: Introduction; A1

## R

Recruitment of staff: A4  
Reporting to management: A3  
Risk: Introduction; A1.1; A4.4 guidance; A5; B1;  
B2.2; B3; B6.1; B7.1; B7.3; B7.4; B8 purpose; B8.1;  
B8.3; B9.2; B9.3; C1.4; D; E1.2 guidance  
Risk assessment: A4.4 guidance; A5; B1.2; B2.2; B3;  
B4 purpose; B4.1; B4.4 guidance; B4.7; B7.5; B7.6;  
B7.7; B8.1; B8.2; B8.4; B8.3; D; E1.1  
Risk management: A3.1 guidance; A4.4  
guidance; A5.1; A6.2; B1.1; B2.2; B3; B4.7; B6.2;  
B7.8; B8.3; B8.4; D; E1.1; F1.1 guidance; F1.3  
guidance

## S

Safety assessments with women: B1.1  
Same sex relationships (abuse in): B5  
Selection of clients: B4  
Social workers: B3.8 guidance; B7; E1.6 guidance  
Substances: A4.4; A7.2; B2.1; B2.2; B4.4; F1.7  
Suitability of clients: B4  
Supervision, clinical: A6  
Supervision, line management A4.7; B1.1; B1.2;  
B2.4

## T

Time limit for attempted contact with women:  
B3.6  
Time of group: C1.7  
Training: A4  
Treatment Management see Practice  
Management

## U

Understanding of domestic violence: Introduction  
Under 21s/U18s: B4.6; B4.7

## V

Violence against staff: A1.1  
Violence against women groups, liaison with: F1.4  
Voluntary involvement in ISS for women: B3.2  
guidance  
Volunteers: A1.1 guidance; A4.1; A4.2; A4.3; A4.4;  
A6.3

## W

Women's Support Service: see ISS

## Y

Young perpetrators: B4.6; B4.7