**Case Management Program Requirements and Human Service Standards Self-Assessment Tool**

**Self-Assessment of Case Management Functions**

Ratings – M = Met – NYM = Not yet met – NA = Not applicable – EX = Exemption

**3.2.1 Screening, Identification and Triage function**

| **Program requirements**  **3.2.1 Screening Identification and Triage function** | | **Human Service Standards Criteria** | **Rating**  **M, NYM, NA, EX** | **Evidence of Alignment** | **Gap in Alignment** |
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| 1 | Ensure a worker is contactable for screening and triage during funded hours of operation including processing incoming referrals. | 2.1 Services have a clear and accessible point of contact. |  |  |  |
| 2 | Review information received through facilitated referrals (e.g., screening assessment, or previous risk assessment) and confirm the information with each victim survivor directly where possible | 3.2 People actively participate  in an assessment of their  strengthens, risks wants and needs. |  |  |  |
| 3 | Operate with a ‘no wrong door’ approach and facilitate victim survivors’ pathway into the family violence service system in an inclusive and equitable manner | 2.2 Services are delivered in a fair, equitable and transparent manner. |  |  |  |
| 4 | Explain the purpose of the screening, the support that the organisation offers, and eligibility criteria of the organisation in accordance with funding guidelines. | 2.1 Services have a clear and accessible point of contact. |  |  |  |
| 5 | Ensure your service has the capacity to accept and progress referrals in a timely manner from the state-wide 24/7 crisis service and The Orange Door or other agencies when victim survivors have been referred to or accommodated in emergency accommodation in your local area as per contractual requirements. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral. |  |  |  |
| 6 | Ensure you have a process to respond to secondary consultations and follow up cases identified as at serious risk that you receive through information sharing, and to initiate secondary consultation wherever appropriate and possible | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral |  |  |  |
| 7 | Use the brief risk assessment tool to undertake timely and efficient assessment of risk level or review pre-assessed risks and risk level if a referral is provided by another specialist family violence service including The Orange Door or TIER 2 and 3 services. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral |  |  |  |
| 8 | Seek informed consent from victim survivors by informing them of how their personal and sensitive information is collected, stored and shared, the limitations of consent, and how they can request access and make amendments to their personal records | 1.1 People understand their rights and responsibilities.  1.2 People exercise their rights and responsibilities. |  |  |  |
| 9 | Ensure your service is accessible, culturally responsive and inclusive, and has processes to identify and meet the needs of diverse communities and age groups, as well as providing referrals to targeted services if victim survivor prefers this (e.g., Ask adult victim survivors if they or their children identify as Aboriginal or Torres Strait Islander, or if they identify as LGBTIQ and their pronouns, or as a person with a disability, etc.). Be sensitive to fact that: • there may be a range of possible motivations for Aboriginal people choosing to use a mainstream service • diverse and cultural groups’ previous service experiences may create heightened anxiety and reduce their willingness to engage with your service. | 1.1: People understand their rights and responsibilities.  2.1 Services have a clear and accessible point of contact. |  |  |  |
| 10 | Ensure you use victim survivors’ preferred language and communication method, and that all information is easy to understand regardless of educational background, culture, language etc. Use government-funded, accredited professional interpreters, including accredited Auslan interpreters, where victim survivors preferred language cannot be accommodated in the service or access to communication support professionals for persons with a hearing impairment or disability, and other inclusive and accessible communication strategies where preferred by the victim survivor. | 2.1 Services have a clear and accessible point of contact.  2.2 Services are delivered in a fair, equitable and transparent manner.  2.3 People access services most appropriate to their needs through timely, responsive service integration and referral. |  |  |  |
| 11 | Prioritise harm minimisation approaches to victim survivors presenting with alcohol and other drug use issues seeking support, noting that this is a common indicator of family violence risk and consequence of trauma. Avoid abstinence or zero tolerance policies on the use of drugs and alcohol in service environments, wherever possible. With victim survivors’ consent, facilitate referrals to and secondary consultations with mental health and alcohol and other drug support services where these needs are identified to support safe withdrawal, specialist AOD support and rehabilitation alongside family violence case management support | 3.5 Services are provided in a safe environment for all people, free from abuse, neglect, violence and/or preventable injury. |  |  |  |
| 12 | Coordinate responses with police, ambulance or other emergency services if the victim survivor is experiencing an immediate threat to their life, health, safety or welfare. Victim survivors’ views and consent should always be sought prior, where safe and reasonable to do so. | 3.5 Services are provided in a safe environment for all people, free from abuse, neglect, violence and/or preventable injury. |  |  |  |
| 13 | If for any circumstance your agency’s triage process determines victim survivors are ineligible for your service, as a minimum, undertake a brief risk assessment, a basic safety plan and offer a facilitated referral. This may include referring to housing services or specialist children’s services. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral. |  |  |  |
| 14 | Where victim survivors are referred to another service, provide the completed risk assessments and safety plans for all family members to the receiving service and other information collected during the screening and triage function, with victim survivors’ informed consent. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral. |  |  |  |

**3.2.1 Screening, Identification and Triage function- additional requirements for children and young people**

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| **Program requirements**  **3.2.1 Screening Identification and Triage function** | | **Human Service Standards Criteria** | **Rating**  **M, NYM, NA, EX** | **Evidence of Alignment** | **Gap in Alignment** |
| 15 | If children and young people are identified as victim survivors:  • Ensure practitioners are trained to recognise children as victim survivors in their own right and respond accordingly including engaging with children directly.  • Identify the children’s experience of violence using the child screening tool, whether directly or through the adult victim survivor if the age of the child precludes direct engagement | 3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs. |  |  |  |

**3.2.1 Screening, Identification and Triage function- additional requirements for family violence accommodation services**

| **Program requirements**  **3.2.1 Screening Identification and Triage function** | | **Human Service Standards Criteria** | **Rating**  **M, NYM, NA, EX** | **Evidence of Alignment** | **Gap in Alignment** |
| --- | --- | --- | --- | --- | --- |
| 16 | Allocate vacancies to victim survivors at serious risk who are unable to stay safely at home within agreed timeframes of receiving the referral from the state-wide 24/7 phone crisis service or other local specialist family violence services, in line with the ‘Guideline: Family violence services and accommodation-Complying with the equal opportunity act 2010’. This includes planning for any person with a protected characteristic or companion animals and accommodating them within the facility whenever possible | 1.1 People understand their rights and responsibilities.  1.2 People exercise their rights and responsibilities. |  |  |  |
| 17 | Ensure that access to your accommodation is not restricted to victim survivors on the basis of age, income, disability, mental illness, alcohol and other drug use, or gender identity unless you have a documented exemption under the Equal Opportunity Act 2010 | 2.1 Services have a clear and accessible point of contact.  2.2 Services are delivered in a fair, equitable and transparent manner. |  |  |  |

**3.2.2 Risk Assessment Function**

| **Program requirements**  **3.2.2 Risk Assessment function** | | **Human Services Standards Criteria** | **Rating**  **M, NYM, NA, EX** | **Evidence of Alignment** | **Gap in Alignment** |
| --- | --- | --- | --- | --- | --- |
| 1 | Assess the FV risk and the victim survivor’s safety needs using the structured professional judgement approach under the MARAM framework | 3.2 People actively participate in an assessment of their strengths, risks, wants and needs. |  |  |  |
| 2 | Ensure victim survivors are well informed of their rights to privacy, agency and choice throughout the risk management process, including when and how information sharing may occur between agencies during periods of support if safety and wellbeing is impacted | 3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  4.1 People exercise choice and control in service delivery and life decisions. |  |  |  |
| 3 | Lead agency to complete a brief risk assessment or comprehensive risk assessment, including child risk assessment according to the response requested / needed. If the duration of the contact with victim survivors increases, it is expected that a comprehensive risk assessment is undertaken. Risk assessment and monitoring of risk should be undertaken continuously | 3.2 People actively participate in an assessment of their strengths, risks, wants and needs. |  |  |  |
| 4 | After conducting a risk assessment (which includes a needs assessment) and applying the MARAM model of structured professional judgement to the victim survivor’s circumstances, establish and agree with them if they need crisis, brief noncrisis, intensive or intermediate to longer-term responses to manage risk and respond accordingly. | 2.1 Services have a clear and accessible point of contact.  2.2 Services are delivered in a fair, equitable and transparent manner.  2.3 People access services most appropriate to their needs through timely, responsive service integration and referral. |  |  |  |
| 5 | Tailor your service response to the victim survivor’s life circumstances that may be exacerbated by the perpetrator’s tactics and which create access barriers to services (e.g., alcohol and other drugs use, disability, experience of racism, mental ill-health, involvement in the justice system, Involvement In the sex industry, LGBTIQ). Risk assessment must be inclusive of diverse communities by exploring the impact of systemic oppression and continuously working to address and remove barriers to service access through individual and systemic advocacy. | 2.1 Services have a clear and accessible point of contact.  2.2 Services are delivered in a fair, equitable and transparent manner.  2.3 People access services most appropriate to their needs through timely, responsive service integration and referral. |  |  |  |
| 6 | Identify the perpetrator’s tactics and behaviours that directly and indirectly impact on the risk, safety and ongoing wellbeing of victim survivors across life domains and other support needs to highlight and support protective factors and strategies used by victim survivors to resist the perpetrator’s pattern of violent behaviour against them (e.g., ensuring continuance of education for children, establishing therapeutic supports for victim survivors, or connecting with material aid support) | 3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  4.1 People exercise choice and control in service delivery and life decisions. |  |  |  |
| 7 | Undertake continuous monitoring of risk with each victim survivor in the family group and relevant coordinated services. This should include those who have insight into the whereabouts and risk presentation of the perpetrator to update risk assessments, safety plans and risk management procedures. | 3.2 People actively participate in an assessment of their strengths, risks, wants and needs. |  |  |  |
| 8 | Ensure you use the victim survivor’s preferred language and communication method, ensuring all information is easy to understand regardless of educational background, culture, language etc. Use government-funded, accredited professional interpreters including accredited Auslan interpreters, where victim survivors preferred language cannot be accommodated in the service or access to communication support professionals for persons with a hearing impairment or disability, and other inclusive and accessible communication strategies where preferred by the victim survivor | 1.1 People understand their rights and responsibilities.  3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  4.1 People exercise choice and control in service delivery and life decisions. |  |  |  |
| 9 | Use the Information-sharing guidelines when seeking or providing information for the purpose of assessing family violence risk. Seek consent or views of victim survivors. | * 1. People understand their rights and responsibilities.   2. People exercise their rights and responsibilities. |  |  |  |

**3.2.2 Risk Assessment function- additional requirements for children and young people**

| **Program requirements**  **3.2.2 Risk Assessment function** | | **Human Services Standards Criteria** | **Rating**  **M, NYM, NA, EX** | **Evidence of Alignment** | **Gap in Alignment** |
| --- | --- | --- | --- | --- | --- |
| 10 | If children and young people are identified as victim survivors: • Assess children and young people in the care of an adult victim survivor as victim survivors in their own right. Identify and monitor current and emerging risk to each child and young person as a result of the perpetrator’s behaviour. Complete an individual risk assessment, with information gathered either through the adult victim survivor, information sharing, or directly from any child and young person, considering the child or young person’s age and stage of development if appropriate. • Comply with legislative thresholds within the Children, Youth and Families Act 2005 to report child wellbeing, safety or protection concerns, and ensure the adult victim survivor is aware of services’ reporting obligations as per legislative thresholds under that Act. • Partner and coordinate with the adult victim survivor, Child Protection and wellbeing specialists to assess and manage child risk. | 3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals).  3.4 Each person’s assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate. |  |  |  |
| 11 | If you are aware that children and young people are using violence: • Ensure policies and processes recognise that adolescents using family violence are distinguished from adult perpetrators • Assess, if appropriate, the adolescent’s violence with the parent who is not using violence to guide referrals to appropriate services for the adolescent. It is important to consider the young person’s behaviour within their personal context. This includes their age, developmental status, attachment and relational history, their strengths and protective factors, their care situation and individual circumstances, including if they have experienced or are currently experiencing family violence, other trauma or have a disability. | 3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals). |  |  |  |

**3.2.3 Case Planning and Risk Management Function**

| **Program requirements**  **3.2.3 Case Planning and Risk Management function** | | **Human Services Standards Criteria** | **Rating**  **M, NYM, NA, EX** | **Evidence of Alignment** | **Gap in Alignment** |
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| 1 | Have documentation, policies and processes that are aligned with the person-centred empowerment and child-centred principles of the Code by recording on an ongoing basis in client record management systems:  • the efforts that adult victim survivors have taken to promote safety and wellbeing for themselves and their children, and  • the impact of perpetrator’s life circumstances and pattern of behaviour on victim survivor’s safety and life domains, gathering information from different sources in line with the information sharing legislation.  Note that all victim survivor documentation including case plans, cultural and safety plans may be subject to family court subpoenas, that certain confidential information may increase risk if shared with the perpetrator and other parties through court or justice processes, and that all information must be recorded carefully and with the consent and knowledge of victim survivors | * 1. People understand their rights and responsibilities.   2. People exercise their rights and responsibilities.   3.1 Services adopt a strengths based and early intervention approach to service delivery that enhances people’s wellbeing.  4.1 People exercise choice and control in service delivery and life decisions. |  |  |  |
| 2 | Develop individualised, inclusive safety plans that respond to each victim survivor’s needs and circumstances (e.g., there may be particular cultural and safety issues to be aware of when supporting Aboriginal people and victim survivors from culturally diverse communities including concerns around privacy, attending cultural events etc., or mental and other health needs which impact service engagement and communication and require emergency contacts/back up support at times), and review on an agreed basis with victim survivors. Cultural plans with Child Protection and CHILD First / Family Services must be supported | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral.  3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals).  3.4 Each person’s assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate.  4.1 People exercise choice and control in service delivery and life decisions. |  |  |  |
| 3 | Develop case plans with victim survivors, stating goals and responsibilities to address their safety and support needs in their life domains and strengthen victim survivors’ protective factors, depending on the type of response to be provided. If more than one service is involved, the lead agency provides dedicated support to the victim survivor and coordinates action planning with clear roles and responsibilities with other services. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral.  3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals).  3.4 Each person’s assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate.  4.1 People exercise choice and control in service delivery and life decisions. |  |  |  |
| 4 | Ensure Aboriginal victim survivors are provided with options that recognise that culture and cultural connection can be a powerful protective factor and support them to make choices that will protect and promote their long-term physical, emotional and cultural safety. | 3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals).  3.4 Each person’s assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate.  3.5 Services are provided in a safe environment for all people, free from abuse, neglect, violence and/or preventable injury.  4.3 People maintain connections with family and friends as appropriate.  4.4 People maintain sand strengthen connection to their Aboriginal or Torres Strait Islander culture and community.  4.5 People maintain and strengthen their cultural, spiritual and language connections. |  |  |  |
| 5 | Review case plans on an agreed basis with victim survivors and other services (when there is more than one service with responsibility in progressing the case plan) to ensure victim survivors’ safety and support needs are effectively addressed. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral.  3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals).  3.4 Each person’s assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate.  4.1 People exercise choice and control in service delivery and life decision. |  |  |  |
| 6 | Have processes in place to ensure that victim survivors are supported in making their own decisions about all aspects of the case plan and risk management goals to address safety and support needs across their life domains with an intersectional lens, taking into consideration the ongoing complexities and barriers they face when seeking assistance. | 3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  4.1 People exercise choice and control in service delivery and life decisions.  4.2 People actively participate in their community by identifying goals and pursuing opportunities including those related to health, education, training and employment.  4.3 People maintain connections with family and friends, as appropriate.  4.4 People maintain and strengthen connection to their Aboriginal or Torres Strait Islander culture and community.  4.5 People maintain and strengthen their cultural, spiritual and language connections. |  |  |  |
| 7 | Assign victim survivors (individual or family) a specific case manager to ensure that they have a primary contact for ongoing risk management, risk assessment and coordination of their case, whenever possible. | 2.1 Services have a clear and accessible point of contact.  2.2 Services are delivered in a fair, equitable and transparent manner.  2.3 People access services most appropriate to their needs through timely, responsive service integration and referral. |  |  |  |
| 8 | Have flexible and tailored processes to support victim survivors’ safety needs:  • when they wish to maintain relationships with the perpetrator, their family, community, culture and pets/animals, etc.  • when they are from diverse groups and different age groups (e.g., people with physical, auditory, sensory, cognitive, communication, intellectual and / or learning disabilities; young people; LGBTIQ victim survivors, victim survivors involved in the justice system, and victim survivors with alcohol and other drugs, and mental health intersected needs, etc).  • when they are from Aboriginal or culturally diverse communities and want to maintain or restore connections with culture, country, family, kinship and community networks | 3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  4.1 People exercise choice and control in service delivery and life decisions  4.2 People actively participate in their community by identifying goals and pursuing opportunities including those related to health, education, training and employment.  4.3 People maintain connections with family and friends, as appropriate.  4.4 People maintain and strengthen connection to their Aboriginal or Torres Strait Islander culture and community.  4.5 People maintain and strengthen their cultural, spiritual and language connections. |  |  |  |
| 9 | Have processes to support Aboriginal victim survivors’ right to choose whether they want to engage with Aboriginal specific services or other mainstream specialist family violence services and statutory agencies and understand and recognise their preferences for how the connection is made. | 4.1 People exercise choice and control in service delivery and life decisions.  4.4 People maintain and strengthen connection to their Aboriginal or Torres Strait Islander culture and community. |  |  |  |
| 10 | Tailor the duration and intensity of service provision to victim survivors’ assessed safety and support needs and review regularly to ensure relevance to changing risks and circumstances. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral.  3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals).  3.4 Each person’s assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate.  4.1 People exercise choice and control in service delivery and life decisions |  |  |  |
| 11 | Correct any information when an adult victim survivor has been misidentified as a perpetrator to rectify the exacerbation of risk, and advocate to ensure other services correct misidentification in their systems. | * 1. People understand their rights and responsibilities.   2. People exercise their rights and responsibilities.   3.5 Services are provided in a safe environment for all people, free from abuse, neglect, violence and/or preventable injury. |  |  |  |
| 12 | Coordinate responses and referral pathways with other services to address victim survivors’ safety and support needs (immediate and ongoing) with respect to their personal choice, agency and decision-making. (e.g., Seeking and providing secondary consultation with other agencies or collaborative practice). | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals).  3.4 Each person’s assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate. |  |  |  |
| 13 | Whenever possible, develop formal, documented partnerships, including co-case management and secondary consult relationships, with services that represent diverse populations and age groups to tailor and enable inclusive and culturally safe responses and effective referral pathways and coordination. Processes that underpin these partnerships must understand and respect the victim survivor’s preference for how connection with other services is made and operate consistently in a way which prevents the onus for coordination of their own support from falling on victim survivors. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs. |  |  |  |
| 14 | Fulfil the responsibilities of using operational crisis and risk management responses, such as The Orange Door brokerage, Family Violence Crisis Brokerage, Family Violence Flexible Support Packages (FSPs), the Personal Safety Initiative (PSI), Support funding for victim survivors on temporary visas in refuge, Disability Family Violence Crisis Response Initiative, etc. This includes communicating consistent, accurate messages about funding and other resources to victim survivors directly, and how often and in what circumstances they may access these. | 2.1 Services have a clear and accessible point of contact.  2.2 Services are delivered in a fair, equitable and transparent manner.  2.3 People access services most appropriate to their needs through timely responsive service integration and referral. |  |  |  |
| 15 | Consider a Risk Assessment and Management Panel (RAMP) referral for victim survivors where other responses have failed to effectively manage and reduce high risk, always informing victim survivors and explaining implications wherever possible before taking this step. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral.  3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals).  3.4 Each person’s assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate.  4.1 People exercise choice and control in service delivery and life decisions. |  |  |  |
| 16 | Advocate on behalf of victim survivors to manage and reduce perpetrators’ risk and keep the perpetrator in view and accountable by holding services and systems to the standards and responsibilities that they are required to fulfill. This includes checking with victim survivors their level of confidence with advocating for themselves and offering practical assistance with activities like reporting breaches or making complaints. Contribute information and data about systemic issues and barriers faced by victim survivors in the system response. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral.  3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals).  3.4 Each person’s assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate.  4.1 People exercise choice and control in service delivery and life decisions. |  |  |  |
| 17 | Use the Information-sharing guidelines when seeking or providing information for the purpose of managing family violence risk. Seek consent or view of victim survivor to securely transfer case information and the victim survivor’s critical preferences to other agencies. Update and review consent and information sharing responsibilities throughout the duration of support (responses). | * 1. People understand their rights and responsibilities.   2. People exercise their rights and responsibilities |  |  |  |
| 18 | Ensure that victim survivors are involved in decision-making to safety plan for coordinated responses and communication with services and authorities that provide direct interventions with perpetrators. | 3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  4.1 People exercise choice and control in service delivery and life decisions. |  |  |  |

**3.2.3 Case Planning and Risk Management function- additional requirements for children and young people**

| **Program requirements**  **3.2.3 Case Planning and Risk Management function** | | **Human Services Standards Criteria** | **Rating**  **M, NYM, NA, EX** | **Evidence of Alignment** | **Gap in Alignment** |
| --- | --- | --- | --- | --- | --- |
| 19 | If children and young people are identified as victim survivors, services, based on response type, are expected to:  • Articulate actions and goals to meet the unique risks and needs of children and young people in the family case plan, and wherever possible create a separate case plan for individual children that contemplates their life domains. Include the needs of unborn children and infants in all safety planning with the family group.  • Provide independent communication mechanisms and contact numbers for children to engage directly with their allocated practitioner if they choose. • Seek the input of children and young people, where safe, age appropriate and reasonable, in developing their own safety plan, and share it with them.  • Where appropriate, provide age and stage-appropriate and accessible information to children and young people about what your service does, how their information is managed, how they will be involved in decisions that impact them, how to make a complaint in line with child safe standards and how to ask for help. Support skills development in articulating their needs and preferences, e.g., offer phrases that they can use, how to reach out for help safely and ensure they know their rights.  • Have a sound understanding of the impact of family violence and trauma on children and young people and provide responses that are child-focused, developmentally appropriate and culturally safe. This includes understanding the complex relationship children have with the perpetrator of family violence and their potential wish to maintain connection and seek reparation.  • Coordinate with statutory authorities and other support services to manage the risk and impact of perpetrators’ violent behaviour on children and address the needs of children and promote their wellbeing (e.g., referrals, child programs).  • Support cultural planning with Child Protection, such as cultural programs for children in out of home care. If desired by victim survivors, advocate for safe, supervised access visits between children and young people and the perpetrator, particularly if Child Protection initially implemented this service and has withdrawn.  • Collaborate with, plan with, or refer to a range of services and supports for children and young people to ensure their rights and needs are met. These services will range from age-appropriate universal services through to family services.  • Provide opportunities and referrals for adult victim survivor to restore the parent-carer-child bond and strengthen parenting capacity to support children’s ongoing safety and wellbeing. Note that specialist parenting and therapeutic services may be best placed to provide essential healing, recovery and processing of trauma, whilst your service arranges other practical supports which help adult victim survivors take care of children while this occurs (such as childcare, recreational opportunities for children and young people, home help, etc.)  • Have processes that promote and enhance positive diverse parenting styles, including within Aboriginal and Torres Strait Islander communities and the specific cultural context of CALD communities. | 3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs. |  |  |  |
| 20 | If children and young people are using violence  • Partner with other victim survivors in the family to develop a safety plan for family members affected by the adolescent’s violent behaviour with a trauma-informed approach. This includes asking all children and young people which family members they trust and feel safe with, prioritising the safety of infants and unborn children, and coordinating safety interventions in episodes of risk.  • Coordinate with the adult victim survivor and other specialist services working with children and young people to respond to adolescent FV. Advocate for the rights and needs of the protective parent with statutory and justice services such as Child Protection and in family law matters.  • Undertake comprehensive risk assessments and case planning with young people using violence to identify and address risks of violence from other family members to themselves which may not have been disclosed previously.  • Ensure safety planning for all family members considers the impact of adolescents using violence in the home, especially on other children. In partnership with appropriate specialist services, develop and coordinate consistent care and risk management plans responding to the needs and wellbeing of each family member.  • If your service is engaged with the adolescent who uses violence, encourage and support them to reflect on the circumstances and impact of their use of violence and where appropriate and possible, to encourage accountability and commitment to change. It is also important to work with other interrelated issues of concern for the young person wherever safe to do so.  • Coordinate responses and referral pathways with services that specialise in working with children and young people to support them to learn skills and abilities to move away from the use of violence to address their specific needs, e.g., with therapeutic youth services or Child FIRST. | 3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals). |  |  |  |

**3.2.3 Case Planning and Risk Management function- additional requirements for family violence accommodation services**

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| **Program requirements**  **3.2.2 Case Planning and Risk Management function** | | **Human Services Standards Criteria** | **Rating**  **M, NYM, NA, EX** | **Evidence of Alignment** | **Gap in Alignment** |
| 21 | Ensure that DFFH requirements for security and safety of premises are followed ( Human Service Standards). | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral |  |  |  |

**3.2.4 Pathway to Case Closure function**

| **Program requirements**  **3.2.4 Pathway to Case Closure function** | | **Human Services Standards Criteria** | **Rating**  **M, NYM, NA, EX** | **Evidence of Alignment** | **Gap in Alignment** |
| --- | --- | --- | --- | --- | --- |
| 1 | Evaluate with all victim survivors in the family group whether case plan goals have been achieved and address issues or concerns that arise at this point. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral.  3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals).  3.4 Each person’s assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate.  4.1 People exercise choice and control in service delivery and life decisions. |  |  |  |
| 2 | Check and finalise any outstanding individualised brokerage or other funding applications, expenditure and acquittals to ensure each victim survivor has received the maximum benefits anticipated. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral.  3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals).  3.4 Each person’s assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate.  4.1 People exercise choice and control in service delivery and life decisions |  |  |  |
| 3 | Ensure victim survivors feel well-supported during their transition to case closure by updating risk assessment, referring them to other services wherever necessary and facilitating access to ongoing resources to consolidate safety, stabilisation and freedom from violence. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral.  3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals).  3.4 Each person’s assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate.  4.1 People exercise choice and control in service delivery and life decisions. |  |  |  |
| 4 | Ensure that case files are reviewed at time of closure, that any information which may increase risk to victim survivors is canvassed with them (e.g., in the event of a subpoena) and that the victim survivor is fully informed of the contents of their file should they wish to access this or the service again in future. | 1.1 People understand their rights and responsibilities.  1.2 People exercise their rights and responsibilities. |  |  |  |
| 5 | Ensure victim survivors are empowered to make the connections with other services to the extent that they wish to do this for themselves by agreeing this together with them (e.g., the victim survivor may want to do this themselves, with support, or may want the connections to be made for them). | 3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  4.1 People exercise choice and control in service delivery and life decisions. |  |  |  |
| 6 | If possible, establish a period of crossover with other services and follow up with all victim survivors and other services involved in the victim survivor’s case plan to ensure that they know what they should do if they identify changes to risk. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals). |  |  |  |
| 7 | Ensure all victim survivors understand how any new service and support connection fits with their current situation. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs. |  |  |  |
| 8 | Ensure victim survivors have a digital or physical way – whichever works best for them – that they can take information with them when exiting your service (where it’s safe to do so) that includes everything about their experience, so they have agency and independence to reflect on what has been done and what comes next. | 1.1 People understand their rights and responsibilities.  1.2 People exercise their rights and responsibilities. |  |  |  |
| 9 | Ensure all victim survivors have an up-to-date safety plan prior to case closure and feel confident to identify early signs of a recurrence of family violence risk, and to manage this risk by seeking support or reengaging with your service, if required post-exit. | 3.2 People actively participate in an assessment of their strengths, risks, wants and needs. |  |  |  |
| 10 | Offer diverse mechanisms that are age, language, format and culturally appropriate for victim survivors to provide feedback about their experience of your service. For example, tools should be tailored to ensure they are accessible and adaptable to offset any barriers associated with the experience of disability. | * 1. People understand their rights and responsibilities.   2. People exercise their rights and responsibilities. |  |  |  |
| 11 | Acknowledge and celebrate the achievements and strengths of all victim survivors in the family group at the closing point. | 3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  4.1 People exercise choice and control in service delivery and life decisions.  4.2 People actively participate in their community by identifying goals and pursuing opportunities including those related to health, education, training and employment.  4.3 People maintain connections with family and friends, as appropriate.  4.4 People maintain and strengthen connection to their Aboriginal or Torres Strait Islander culture and community.  4.5 People maintain and strengthen their cultural, spiritual and language connections. |  |  |  |
| 12 | When an adult victim survivor exits your service in an unplanned manner, attempt to safely contact victim survivors, share and request information sharing with relevant services as authorised and take other necessary steps to promote safety of all victim survivors in the family group and perpetrator accountability before closing the case (e.g. information sharing with schools or family services about children and young people and consideration of mandatory reporting requirements for child safety). | 3.5 Services are provided in a safe environment for all people, free from abuse, neglect, violence and/or preventable injury. |  |  |  |
| 13 | Consider a report to Victoria Police, Child Protection and RAMP referral to address outstanding serious risk or unknown risk, particularly for victim survivors who have disengaged from your service in an unplanned way and keep the case open until outcome of referral has been received and considered. | 3.5 Services are provided in a safe environment for all people, free from abuse, neglect, violence and/or preventable injury. |  |  |  |

**3.2.4 Pathway to Case Closure function- additional requirements for children and young people**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Program requirements**  **3.2.4 Pathway to Case Closure function** | | **Human Services Standards Criteria** | **Rating**  **M, NYM, NA, EX** | **Evidence of Alignment** | **Gap in Alignment** |
| 14 | If children and young people are identified as victim survivors, services are expected to:  • Wherever possible, evaluate with children and young people the achievement of their case plan goals, considering the child or young person’s age, and stage of development.  • Ensure that informal and formal feedback mechanisms for children and young people are implemented and tailored to their developmental stage.  • Acknowledge and celebrate children and young people’s strengths and prepare them to exit your service. | 3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals).  3.4 Each person’s assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate. |  |  |  |

**Self-Assessment for Case Management Domains**

**3.3.1 HOUSING DOMAIN**

| **Program Requirements**  **3.3.1 Housing Domain** | | **Human Services Standards Criteria** | **Rating**  M, NYM, NA, EX | **Evidence of Alignment** | **Gap in Alignment** |
| --- | --- | --- | --- | --- | --- |
| **1** | Ensure all direct service staff have a thorough and up to date understanding of the housing and homelessness services system including:  • housing options such as crisis, refuge, transitional, rooming houses and housing programs such as head-leasing and the private rental assistance program (PRAP).  • Housing options which cater to Aboriginal communities and diverse groups, e.g., LGBTIQ housing services, older people, people with a disability, and youth specific housing programs, etc.  • brokerage and other funding that enables access to accommodation. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral. |  |  |  |
| **2** | Assess victim survivors’ current housing situation including tenancy and property type, residency arrangements for all family members and pets including current risks and needs for all parties. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral.  3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals).  3.4 Each person’s assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate. |  |  |  |
| **3** | Explore with victim survivors whether a ‘Safe at Home’ type response is appropriate and ensure that basic safety measures are undertaken using the Family Violence Crisis Brokerage (FVCB) and/or The Orange Door Brokerage where necessary. The Personal Safety Initiative (PSI) can provide basic security measures alongside more advanced responses. The needs of all family members must be considered in this decision. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral. |  |  |  |
| **4** | When a victim survivor needs temporary alternative accommodation, secure emergency accommodation for them in their area, where safe and reasonable and culturally appropriate, to minimise further impact on other life domains (e.g., employment and education, health and wellbeing of all family members, etc.). When it is unsafe for the victim survivor to remain in their geographic area of residence, coordinate an out of area placement with safe steps. Family violence supported accommodation placement must always be prioritised over motels. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral. |  |  |  |
| **5** | Coordinate emergency accommodation out-of-area placement with safe steps if a victim survivor cannot remain in their local area for safety reasons. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral. |  |  |  |
| **6** | When necessary, support and facilitate the temporary relocation of pets to safe care. | 3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  4.1 People exercise choice and control in service delivery and life decisions. |  |  |  |
| **7** | Support and facilitate victim survivors’ pathway to long-term, suitable, stable housing via collaboration with housing services, including cultural, age and disability-specific housing support services. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals).  3.4 Each person’s assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate. |  |  |  |
| **8** | For Aboriginal victim survivors, explore any options and funding available through Aboriginal Housing services for culturally safe, specific options in partnership with victim survivors. | 3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  4.4 People maintain and strengthen connection to their Aboriginal or Torres Strait Islander culture and community.  4.5 People maintain and strengthen their cultural, spiritual and language connections. |  |  |  |

**3.3.1 Housing Domain - additional requirements for children and young people**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Program requirements**  **3.3.1 Housing Domain** | | **Human Services Standards Criteria** | **Rating**  **M, NYM, NA, EX** | **Evidence of Alignment** | **Gap in Alignment** |
| 9 | Provide safe infant, child and young people friendly facilities and spaces and ensure they feel welcome, safe and supported to engage in activities and programs appropriate to their age and developmental stage. | 4.1 People exercise choice and control in service delivery and life decisions. |  |  |  |

**3.3.1 Housing Domain - additional requirements for family violence accommodation services**

| **Program requirements**  **3.3.1 Housing Domain** | | **Human Services Standards Criteria** | **Rating**  **M, NYM, NA, EX** | **Evidence of Alignment** | **Gap in Alignment** |
| --- | --- | --- | --- | --- | --- |
| 10 | Provide and maintain an accurate and up to date description of your service, bed / household capacity, disability accessibility and any eligibility requirements or restrictions on the Family Violence Accommodation Register. | 2.1 Services have a clear and accessible point of contact.  2.2 Services are delivered in a fair, equitable and transparent manner.  2.3 People access services most appropriate to their needs through timely, responsive service integration and referral. |  |  |  |
| 11 | Where a referral is accepted by your service and the victim survivor commences their stay, within 48 hours inform safe steps and other relevant services (with informed consent) that the victim survivor is residing at your accommodation. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral. |  |  |  |
| 12 | Coordinate with safe steps if a referred victim survivor finds that your facility is not suitable, to secure alternative accommodation. | 2.2 Services are delivered in a fair, equitable and transparent manner.  2.3 People access services most appropriate to their needs through timely, responsive service integration and referral. |  |  |  |
| 13 | Ensure that processes are welcoming and include a full orientation for all victim survivors in the family group to the accommodation service, including invitations to participate in everyday decision making and choices about personal routines and use of common areas and resources | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral  4.1 People exercise choice and control in service delivery and life decisions. |  |  |  |
| 14 | Ensure that victim survivors are actively engaged to inform facility rules and routines, that staff are supported to apply rules consistently and fairly and that eviction of residents for rule breaches is always a last resort to prevent homelessness. | 1.2 People exercise their rights and responsibilities.  4.1 People exercise choice and control in service delivery and life decisions.  4.2 People actively participate in their community by identifying goals and pursuing opportunities including those related to health, education, training and employment.  4.3 People maintain connections with family and friends, as appropriate.  4.4 People maintain and strengthen connection to their Aboriginal or Torres Strait Islander culture and community.  4.5 People maintain and strengthen their cultural, spiritual and language connections.  4.6 People develop, sustain and strengthen independent life skills. |  |  |  |
| 15 | Ensure that processes are in place to minimise multiple relocations of victim survivors through the service system by having flexible stay duration arrangements in place, tailored to individual needs and safety requirements. | 2.1 Services have a clear and accessible point of contact.  2.2 Services are delivered in a fair, equitable and transparent manner.  2.3 People access services most appropriate to their needs through timely, responsive service integration and referral. |  |  |  |
| 16 | Keep a vacancy for victim survivors that must leave the family violence accommodation service to receive treatment for any health-related crisis (e.g., mental health crisis episode) wherever possible. | 2.1 Services have a clear and accessible point of contact.  2.2 Services are delivered in a fair, equitable and transparent manner.  2.3 People access services most appropriate to their needs through timely, responsive service integration and referral. |  |  |  |
| 17 | In the event of the refuge placement breaking down before a planned exit date due to a safety breach or other risk issue, notify safe steps and, wherever possible, support the victim survivor to secure suitable, safe alternative accommodation. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral. |  |  |  |

**3.3.2 Health and Wellbeing Domain**

| **Program Requirements**  **3.3.2 Health and Wellbeing Domain** | | **Human Services Standards Criteria** | **Rating**  M, NYM, NA, EX | **Evidence of Alignment** | **Gap in Alignment** |
| --- | --- | --- | --- | --- | --- |
| **1** | Regularly explore the health and wellbeing status of all victim survivors in the family group receiving support, including their developmental, physical, mental, sexual and reproductive health, alcohol and other drugs use, disability needs and any possible physical injuries including possible acquired brain injuries. These assessments must take place on a routine basis, integrating this into regular case planning conversations and in collaboration with other services where appropriate. Ensure that this assessment explores and documents identified instances of where the perpetrator’s violence may have impacted on the person’s health and wellbeing, how any underlying health conditions may have been used against them or exacerbated by the violence, or when their efforts to access treatment were interfered with. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral.  3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals).  3.4 Each person’s assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate. |  |  |  |
| **2** | Ensure that policies and processes are in place that tailor a response to victim survivors who experience more than one form of oppression, recognising that tailoring a response to one intersectional identity or attribute may inadvertently privilege another. This includes tailoring service responses to respond to victim survivors with intersecting complex needs to family violence such as those who have a disability, have mental health needs, and/or substance abuse issues, or other health needs based on principles of inclusion and equity and in accordance with legislation. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral.  3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals).  3.4 Each person’s assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate.  4.1 People exercise choice and control in service delivery and life decisions. |  |  |  |
| **3** | Ensure all direct service staff have a thorough and up-to-date understanding of the health and disability services system and pathways to access essential services, including:  • Awareness of and training in wellbeing, mental health, drug and alcohol, acquired brain injury, developmental delay, and disability and trauma practice frameworks.  • Knowledge of the processes and pathways in their local area for victim survivors to receive mental health support, drug and alcohol treatment and support, brain injury assessments, counselling, dental, sexual assault support services, reproductive and maternal and child health support, Child FIRST, and the National Disability Insurance Scheme (NDIS), among others if needed.  • Brokerage and other funding that enables access to these services or specific support if needed internally or externally. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals).  3.4 Each person’s assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate. |  |  |  |
| **4** | Understand the importance of family, culture, Country and community to support Aboriginal health, culture and identity wellbeing in your service response, and display visual indicators that your service is inclusive of victim survivors’ culture (e.g., Aboriginal flag). | 3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.5 Services are provided in a safe environment for all people, free from abuse, neglect, violence and/or preventable injury.  4.1 People exercise choice and control in service delivery and life decisions.  4.4 People maintain and strengthen connection to their Aboriginal or Torres Strait Islander culture and community.  4.5 People maintain and strengthen their cultural, spiritual and language connections. |  |  |  |
| **5** | Support victim survivors with tools for successful self-advocacy or advocate in partnership with victim survivors with compromised physical health, complex emotional and psychological responses, drug and alcohol, sexual assault, child and family services, and other statutory services such as Child Protection to access and address any identified barriers | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals). |  |  |  |
| **6** | Ensure processes, referral pathways and partnerships are in place for all victim survivors in the family group to access generalist and clinical specialist services including counselling, mental health support, disability, NDIS, sexual, reproductive, alcohol and other drugs and child, family and youth services among others or engage secondary consultation. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals).  3.4 Each person’s assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate. |  |  |  |
| **7** | Ensure processes and referral pathways are in place with Aboriginal, multicultural and ethno-specific services in order to support victim survivors from Aboriginal and culturally diverse backgrounds if they wish. | 4.4 People maintain and strengthen connection to their Aboriginal or Torres Strait Islander culture and community.  4.5 People maintain and strengthen their cultural, spiritual and language connections. |  |  |  |
| **8** | Ensure a process to activate emergency services when victim survivors need an urgent clinical assessment or reach a crisis point with regards to their health, mental wellbeing or alcohol and other drugs use, or when their safety or other people’s safety is compromised. Wherever possible this needs to be discussed and agreed with victim survivors upfront. | 3.5 Services are provided in a safe environment for all people, free from abuse, neglect, violence and/or preventable injury. |  |  |  |
| **9** | Ensure that your service environment has visual information available about the impact of family violence and trauma on mental wellbeing and drug and alcohol use. Ensure your service environment displays information about disability services, LGBTIQ services, and child and family services, and that there is information about health and wellbeing support included in your service’s welcome/information pack. | 2.1 Services have a clear and accessible point of contact.  2.2 Services are delivered in a fair, equitable and transparent manner.  3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing. |  |  |  |
| **10** | Support victim survivors to access local community groups, recreational, sports and cultural services for all members of the family group to build social connections and enhance their freedom and independence if they are interested in doing so. | 3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  4.1 People exercise choice and control in service delivery and life decisions.  4.2 People actively participate in their community by identifying goals and pursuing opportunities including those related to health, education, training and employment.  4.3 People maintain connections with family and friends, as appropriate.  4.4 People maintain and strengthen connection to their Aboriginal or Torres Strait Islander culture and community.  4.5 People maintain and strengthen their cultural, spiritual and language connections. |  |  |  |

**3.3.2 Health and Wellbeing Domain - additional requirements for children and young people**

| **Program requirements**  **3.3.2 Health and Wellbeing Domain** | | **Human Services Standards Criteria** | **Rating**  **M, NYM, NA, EX** | **Evidence of Alignment** | **Gap in Alignment** |
| --- | --- | --- | --- | --- | --- |
| 11 | Ensure the health and developmental needs of children and young people are supported and encouraged to address their specific safety, stabilisation and recovery needs to live free from violence. This could include referrals to paediatricians, maternal child health services, youth services and specific therapeutic supports for children and young people. | 3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals). |  |  |  |
| 12 | Ensure children have opportunities to restore leisure, creative and recreational activities including independent play. | 4.1 People exercise choice and control in service delivery and life decisions.  4.2 People actively participate in their community by identifying goals and pursuing opportunities including those related to health, education, training and employment.  4.3 People maintain connections with family and friends, as appropriate. |  |  |  |

**3.3.3 Family, Social and Community Connections Domain**

| **Program Requirements**  **3.3.3 Family, Social and Community Connections Domain** | | **Human Services Standards Criteria** | **Rating**  M, NYM, NA, EX | **Evidence of Alignment** | **Gap in Alignment** |
| --- | --- | --- | --- | --- | --- |
| **1** | Assess and document the tactics used by perpetrators to prevent, disrupt and damage the relationships between all victim survivors in the family group with other family members, friends, and community (e.g., neighbours, teachers, cultural communities and groups, LGBTIQ community, etc.). | 3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  4.1 People exercise choice and control in service delivery and life decisions.  4.2 People actively participate in their community by identifying goals and pursuing opportunities including those related to health, education, training and employment.  4.3 People maintain connections with family and friends, as appropriate.  4.4 People maintain and strengthen connection to their Aboriginal or Torres Strait Islander culture and community.  4.5 People maintain and strengthen their cultural, spiritual and language connections. |  |  |  |
| **2** | Assess and document which family, friends and other social networks or relationships victim survivors have that are safe and act or can act as a resilience factor or protective net. | 3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  4.1 People exercise choice and control in service delivery and life decisions.  4.2 People actively participate in their community by identifying goals and pursuing opportunities including those related to health, education, training and employment.  4.3 People maintain connections with family and friends, as appropriate.  4.4 People maintain and strengthen connection to their Aboriginal or Torres Strait Islander culture and community.  4.5 People maintain and strengthen their cultural, spiritual and language connections. |  |  |  |
| **3** | Ensure processes that consider the needs and preferences of all victim survivors in the family group in establishing and preserving the family, friends and community relationships and create opportunities for them to foster these connections. | 3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  4.1 People exercise choice and control in service delivery and life decisions.  4.2 People actively participate in their community by identifying goals and pursuing opportunities including those related to health, education, training and employment.  4.3 People maintain connections with family and friends, as appropriate.  4.4 People maintain and strengthen connection to their Aboriginal or Torres Strait Islander culture and community.  4.5 People maintain and strengthen their cultural, spiritual and language connections. |  |  |  |
| **4** | Establish mechanisms to support victim survivors from Aboriginal backgrounds to maintain or restore connections with culture, Country, family, kindship and community networks. | 1.1 People understand their rights and responsibilities.  4.2 People actively participate in their community by identifying goals and pursuing opportunities including those related to health, education, training and employment.  4.3 People maintain connections with family and friends, as appropriate.  4.4 People maintain and strengthen connection to their Aboriginal or Torres Strait Islander culture and community.  4.5 People maintain and strengthen their cultural, spiritual and language connections. |  |  |  |
| **5** | Ensure your service has in place partnerships and referral pathways in the local area for victim survivors to access services and programs in the community, including schools, child-care, social groups, sports, religious, arts, recreational and cultural activities among others. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals).  3.4 Each person’s assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate. |  |  |  |

**3.3.3 Family, Social and Community Connections Domain - additional requirements for children and young people**

| **Program requirements**  **3.3.3 Family, Social and Community Connections Domain** | | **Human Services Standards Criteria** | **Rating**  **M, NYM, NA, EX** | **Evidence of Alignment** | **Gap in Alignment** |
| --- | --- | --- | --- | --- | --- |
| 6 | Advocate for family reunification on behalf of all victim survivors in the family group for continued parenting/caring arrangements for children when there is risk of or statutory child removal or temporary separation/placement with extended family because of perpetrator violence. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals). |  |  |  |
| 7 | If children are identified as victim survivors:  • Offer opportunities for children to reconnect, engage and build relationships that feel safe, responsive and play a positive role in their lives (i.e., teacher, extended family, friends, extracurricular activity).  • Have processes to explore with children (or with the adult victim survivor/caregiver on behalf of the children) the relationship and attachment they may have with the parent who is perpetrating the violence and be sensitive of this connection at every stage of case management.  • Assess with the adult victim survivor, other services and the child if age appropriate, the impact of any ongoing contact with the parent who perpetuate violence to develop a safety plan and other protective measures. | 3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals).  4.3 People maintain connections with family and friends, as appropriate. |  |  |  |

**3.3.4 Employment and Education Domain**

| **Program Requirements**  **3.3.4 Employment and Education Domain** | | **Human Services Standards Criteria** | **Rating**  M, NYM, NA, EX | **Evidence of Alignment** | **Gap in Alignment** |
| --- | --- | --- | --- | --- | --- |
| **1** | For all victim survivors in the family group ensure the risk assessment includes how the perpetrator’s violent behaviour has impacted employment and education access and retention, with an intersectional lens. | 3.2 People actively participate in an assessment of their strengths, risks, wants and needs. |  |  |  |
| **2** | Tailor service responses to support victim survivors who want to retain their job and/or studies, so they can continue being linked with paid work including when employment is in the context of a family business and/or education in a safe manner. | 3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  4.1 People exercise choice and control in service delivery and life decisions.  4.2 People actively participate in their community by identifying goals and pursuing opportunities including those related to health, education, training and employment.  4.3 People maintain connections with family and friends, as appropriate.  4.4 People maintain and strengthen connection to their Aboriginal or Torres Strait Islander culture and community.  4.5 People maintain and strengthen their cultural, spiritual and language connections. |  |  |  |
| **3** | Assist all victim survivors in the family group to self-advocate, and advocate on their behalf if required to retain their jobs or studies by partnering and collaborating with employment and education providers. | 3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  4.1 People exercise choice and control in service delivery and life decisions.  4.2 People actively participate in their community by identifying goals and pursuing opportunities including those related to health, education, training and employment.  4.3 People maintain connections with family and friends, as appropriate.  4.4 People maintain and strengthen connection to their Aboriginal or Torres Strait Islander culture and community.  4.5 People maintain and strengthen their cultural, spiritual and language connections. |  |  |  |
| **4** | Partner with all victim survivors in the family group to plan their safety around school, higher education or employment settings in collaboration with education providers and employers, including accessing family violence leave where it is available. | 3.5 Services are provided in a safe environment for all people, free from abuse, neglect, violence and/or preventable injury. |  |  |  |
| **5** | Assess individual employment, study or training goals with victim survivors and connect them with opportunities via referral. | 3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  4.1 People exercise choice and control in service delivery and life decisions.  4.2 People actively participate in their community by identifying goals and pursuing opportunities including those related to health, education, training and employment.  4.3 People maintain connections with family and friends, as appropriate.  4.4 People maintain and strengthen connection to their Aboriginal or Torres Strait Islander culture and community.  4.5 People maintain and strengthen their cultural, spiritual and language connections |  |  |  |
| **6** | Ensure all direct service staff have a thorough and up-to-date understanding of work rights for temporary visa holders and the education, training and employment services in their local area, including pathways to access and refer victim survivors of all ages and abilities. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral. |  |  |  |
| **7** | Create opportunities / spaces to enhance victim survivors’ work and education life skills (e.g., literacy and numeracy, English classes, computer skills, volunteering, etc.) directly or via referral, if they want to do so. | 3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  4.1 People exercise choice and control in service delivery and life decisions. |  |  |  |

**3.3.4 Employment and Education Domain - additional requirements for children and young people**

| **Program Requirements**  **3.3.4 Employment and Education Domain** | | **Human Services Standards Criteria** | **Rating**  **M, NYM, NA, EX** | **Evidence of Alignment** | **Gap in Alignment** |
| --- | --- | --- | --- | --- | --- |
| 8 | • When education has been disrupted, provide support to children to remain connected to education and engage with learning (e.g., keeping in contact with schools or teachers online or face to face) in a safe manner and in partnership with the adult victim survivor.  • Ensure that children enrol in schools or childcare as soon as possible when they have to relocate due to family violence.  • Enhance the adult victim survivor’s parenting skills to support their children’s schooling and to partner with education providers to enhance their safety and children’s wellbeing (e.g., teachers, student wellbeing coordinator) | 3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals).  3.4 Each person’s assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate. |  |  |  |

**3.3.5 Financial, Material and Transport Domain**

| **Program Requirements**  **3.3.5 Financial, Material and Transport Domain** | | **Human Services Standards Criteria** | **Rating**  M, NYM, NA, EX | **Evidence of Alignment** | **Gap in Alignment** |
| --- | --- | --- | --- | --- | --- |
| **1** | Ensure all direct staff understand how to assess the economic abuse and impact of perpetrator’s coercive control and violent behaviour on victim survivors’ financial, material and transport means, needs, debts and deficits. This includes an awareness of specific barriers associated with having no income due to temporary visa status. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral. |  |  |  |
| **2** | Ensure all direct service staff have comprehensive knowledge of internal agency managed and local resources to address financial, material and transport needs of victim survivors available in their local area, including but not limited to:  • eligibility criteria  • referral pathways and secondary consultation sources  • application processes  • approval timeframes  • budget or asset limits (amounts and frequencies)  • financial acquittals and client record keeping processes. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral.  3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals).  3.4 Each person’s assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate.  4.1 People exercise choice and control in service delivery and life decisions. |  |  |  |
| **3** | Ensure that each victim survivor is offered access to basic financial status assessment and financial literacy support as part of case management service delivery. This involves documenting specific information about people’s income and assets, material needs of them and their dependants, and access to and control over their own financial resources to pay for the things they need. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral.  3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals).  3.4 Each person’s assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate.  4.1 People exercise choice and control in service delivery and life decisions. |  |  |  |
| **4** | Ensure victim survivors are supported to manage their own financial resources and address any financial needs. This includes:  • addressing any debts and shortfalls in income through advocacy and systems navigation,  • connecting people with timely and accurate information about their financial rights and obligations,  • Referring to financial counselling and legal services to address the impacts of financial abuse and associated support needs, and  • Supporting temporary visa holders to access migration information and advice and assistance to work towards securing economic participation goals. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals).  3.4 Each person’s assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate. |  |  |  |
| **5** | Where funding is allocated to specialist family violence services to manage internally and provide directly to victim survivors, ensure that this funding is dispersed equitably, accountably and in accordance with funding and privacy guidelines. This includes:  • compliance with financial accountability measures for effective governance, and  • continuous monitoring of expenditure to ensure that resources are available for the duration of the funding period; and clearly documented policies about the agency’s administration of any material aid or brokerage for all service users and relevant stakeholders, including eligibility criteria, access processes and any limits or restrictions. | 2.1 Services have a clear and accessible point of contact.  2.2 Services are delivered in a fair, equitable and transparent manner.  2.3 People access services most appropriate to their needs through timely responsive service integration and referral. |  |  |  |
| **6** | Complete funding applications on behalf of all victim survivors in the family group and ensure these are managed and expended in accordance with relevant guidelines and interagency protocol, when victim survivors need additional individualised funding (in excess of resources the agency can directly provide) | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs. |  |  |  |
| **7** | Advocate with other services and secure access to material aid and transport resources for victim survivors where their risk and needs assessment identifies the need for additional material aid (in excess of resources the agency can directly provide). This includes:  • educating victim survivors about available resources and access pathways, including options for temporary visa holders,  • coordinating different types of assistance with local services to create a tailored package of support,  • making referrals as required to partner services and ensuring any necessary items are provided, and  • supporting victim survivors to be ‘travel-ready’ through community education. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs. |  |  |  |
| **8** | Ensure that all planning and delivery of material, financial and transport assistance offered to victim survivors is mindful of age, cultural and faith-based preferences. | 2.1 Services have a clear and accessible point of contact.  2.2 Services are delivered in a fair, equitable and transparent manner.  2.3 People access services most appropriate to their needs through timely, responsive service integration and referral. |  |  |  |
| **9** | Have processes in place to provide material/financial resources to all victim survivors in the family group in an empowering way and within the relevant funding guidelines. This includes allowing them to manage the resources and select goods to provide to their family members wherever possible (e.g., select toys for their children, decide what food to buy, etc.). | 1.1 People understand their rights and responsibilities.  3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  4.1 People exercise choice and control in service delivery and life decisions. |  |  |  |
| **10** | Support and advocate for victim survivors to recuperate, protect and secure their personal possessions, in coordination with police, housing providers and other relevant agencies, wherever possible and safe. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals).  3.4 Each person’s assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate. |  |  |  |

**3.3.5 Financial, Material and Transport Domain - additional requirements for children and young people**

| **Program Requirements**  **3.3.5 Financial, Material and Transport Domain** | | **Human Services Standards Criteria** | **Rating**  **M, NYM, NA, EX** | **Evidence of Alignment** | **Gap in Alignment** |
| --- | --- | --- | --- | --- | --- |
| 11 | Where children and young people are identified as needing separate, additional material, financial or transport resources, ensure that this is addressed and arranged by the agency in partnership with their accompanying parent or guardian and in accordance with other relevant legislation. Wherever possible, any goods or funding provided to children and young people should be given by their parent or guardian and not by a staff member. | 3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals).  3.4 Each person’s assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate. |  |  |  |

**3.3.6 Justice and Legal Domain**

| **Program Requirements**  **3.3.6 Justice and Legal Domain** | | **Human Services Standards Criteria** | **Rating**  M, NYM, NA, EX | **Evidence of Alignment** | **Gap in Alignment** |
| --- | --- | --- | --- | --- | --- |
| **1** | Ensure all direct service staff have a broad and up to date understanding of the legal, statutory and justice systems and have the skills to assess for risk of systems-based abuses and advocate within these systems. This includes family court dealings or police profiling when the victim survivor has been criminalised. This includes knowledge of state and federal court and tribunal orders and processes commonly involved in family violence contexts and local services and resources available to victim survivors to address legal and justice needs and goals. Examples of knowledge areas include in-court support services and legal aid, intervention orders, the jurisdictions of various courts, victims of crime resources, Child Protection and Child FIRST pathways and Aboriginal, young people’s, older people’s, disability, LGBTIQ and CALD services. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral. |  |  |  |
| **2** | Assess and regularly review the legal, statutory and justice risks and impact of the perpetrator’s violent behaviour on all victim survivors in the family group. This includes discussing, exploring and carefully documenting legal needs and legal assistance which can contribute to improved safety and security including intervention orders, parole conditions and options; immigration issues, clarifying the immigration status of all family members and any additional risks this may pose; issues pertaining to family law; or any known legal or justice actions instigated by or involving the perpetrator and their impact on all family members including misidentification of victim survivors as primary aggressors, assigning specific follow up actions in the case plan to address risk. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral.  3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  3.3 All people have a goal-oriented plan documented and implemented (this plan includes strategies to achieve stated goals).  3.4 Each person’s assessments and plans are regularly reviewed, evaluated and updated. Exit/transition planning occurs as appropriate. |  |  |  |
| **3** | Support victim survivors to access police and justice responses which hold family violence perpetrators accountable and in view, including appropriate gathering of evidence of violence and documenting and sharing risk relevant information with other agencies. For example, direct service staff should possess the skills and knowledge to confidently guide victim survivors to report breaches of conditions listed on an intervention order immediately to police, to advocate for safe shared custody arrangements and advocate for systems to hold perpetrators accountable for breaching child contact agreements, or to inform Corrections when a perpetrator has breached their community-based order. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral. |  |  |  |
| **4** | Implement processes to consider tailored safety planning to support victim survivors to attend court hearings both in person and online. Online court appearances should only occur when the victim survivor is able to do so in a separate location to the perpetrator, and on devices which are safe and free from malware. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral. |  |  |  |
| **5** | Coordinate support for victim survivors to obtain early and ongoing legal advice and court support to secure vital documentation, secure financial and other assets, protect property, promote family reunification, and if they are temporary migrants undergoing relationship separation to seek migration advice and support. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral. |  |  |  |
| **6** | Undertake necessary legal advocacy measures to protect victim survivors’ safety including identifying and correcting instances where agency paperwork uses mutualising language about family violence and/or misidentifies a victim survivor as the primary aggressor, referring victim survivors to local and specialised legal services, explaining legal letters and other documents in plain English and using language interpreters when required, assistance in gathering and preparing documents for court and accompanying victim survivors to court. | 2.3 People access services most appropriate to their needs through timely, responsive service integration and referral. |  |  |  |
| **7** | Ensure that documentation of justice and legal matters is relevant to risk assessment and risk management, is agreed with victim survivors, and is not collected and retained by your service without informed consent. | 1.1 People understand their rights and responsibilities.  1.2 People exercise their rights and responsibilities. |  |  |  |
| **8** | Ensure victim survivors who wish to withdraw from or decline legal and justice responses and processes are not deemed ineligible for certain programs or excluded from services. For example, victim survivors should not be denied a service if they do not wish to pursue an intervention order or do not want to engage with police because of their criminalised history or negative experiences. | 1.1 People understand their rights and responsibilities.  3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  3.2 People actively participate in an assessment of their strengths, risks, wants and needs.  4.1 People exercise choice and control in service delivery and life decisions. |  |  |  |

**3.3.6 Justice and Legal Domain - additional requirements for children and young people**

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| **Program Requirements**  **3.3.6 Justice and Legal Domain** | | **Human Services Standards Criteria** | **Rating**  **M, NYM, NA, EX** | **Evidence of Alignment** | **Gap in Alignment** |
| 9 | Ensure flexible approaches to justice are available for victim survivors, for example restorative justice processes, if they choose and it is safe to do so. | 3.1 Services adopt a strengths-based and early intervention approach to service delivery that enhances people’s wellbeing.  4.2 People actively participate in their community by identifying goals and pursuing opportunities including those related to health, education, training and employment. |  |  |  |