

CODE OF PRACTICE AUDIT TOOL

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The audit tool should be utilised in conjunction with the *Code of Practice: Principles and Standards for Specialist Family Violence Services for Victim-Survivors* (the Code) provided by the peak body, Domestic Violence Victoria.

The tool is available to assist specialist family violence services to use the Code as a resource for continuous quality improvement. It is designed for services to:

- evidence and rate their performance against the standards and indicators of the Code;
- identify and critically reflect on areas for internal improvement and change management;
- identify impediments to meeting standards and indicators that may require improved systemic collaboration and/or advocacy; and
- develop and document action plans with timelines, key responsibilities and outcomes.

The audit tool also shows how the Code complements the *Department of Health and Human Services Standards¹* and the *Community Services Quality Governance Framework²*. This is not intended to replace these essential resources; rather, the aim is to assist specialist family violence services to use the Code alongside these resources to provide high quality family violence services to the community. Understanding the complements between the Code and these resources may also assist services to prepare for accreditation processes.

ABOUT THE STANDARDS AND INDICATORS

The standards and indicators are informed by the foundational framework and structured according to the principles of the Code.

Each standard is accompanied by a set of indicators that are written as organisational-level statements describing actions, outputs and processes.

The standards and indicators are not intended to provide detailed and nuanced practice advice; rather, they are meant to be used by specialist family violence services to inform service design and continuous quality improvement processes within their own specific contexts. Specialist family violence services should also consult the Principles and Standards section of the Code and the documents referred to in the indicators for additional guidance.

TYPES OF EVIDENCE

The format of the standards and indicators allows for a degree of flexibility and innovation for specialist family violence services to demonstrate evidence within their own service context.

Suggested resources to demonstrate evidence include:

- policies and procedures
- online or print resources
- manuals, tools and guidelines
- governance documents and strategic plans
- meeting minutes and acquitted actions
- staff and client feedback mechanisms and outcomes
- staff induction and professional development programs
- case management records and client file audits
- supervision and reflective practice documentation
- service quality management systems and reports
- service and client data review plans and reports
- monitoring and evaluation plans and reports
- internal and external audit reports
- accreditation or action plans to address inclusion (e.g. Rainbow Tick Accreditation, Disability Action Plan, Reconciliation Action Plan)

RATING SYSTEM

- M** 'Met' The indicator is met if there is demonstrable evidence that it is implemented and sustainable into the foreseeable future.
- NYM** 'Not yet met' The indicator is not yet met if there is no demonstrable evidence that it is implemented or sustainable. Further action for improvements is required.
- NA** 'Not applicable' A particular indicator may be deemed not applicable if the service can demonstrate that it is not relevant for their particular service context.
- EX** 'Exemption required' An indicator may require an exemption if the service can evidence that it cannot be met because of external factors that impede on implementation such as funding and resourcing constraints, conflicts with other guidelines or standards, or requirements of policy and legislation. An exemption rating could still result in action planning, such as undertaking systemic advocacy, funding applications, research and evaluation or other approaches that may assist to meet the indicator in the future.

COMPLEMENTARY RESOURCE KEY

- HSS** Department of Health and Human Services Standards (the standards)
- QGF** Community Services Quality Governance Framework (the quality governance domains)

NOTE

If printing, this document is best printed at A3 size. It is also able to be filled in digitally.

1. Family Safety Victoria (2018). *Family Violence Multi-Agency Risk Assessment and Management Framework*. Melbourne, Vic: State of Victoria.
2. Department of Health and Human Services (2018). *Community Services Quality Governance Framework*. Melbourne, Vic: State of Victoria.

PRINCIPLE 1

RISK AND SAFETY FOCUS

1.1

The safety of victim-survivors is the cornerstone principle of specialist family violence services and is prioritised at all times.

1.1 The service is aligned with systemic guidance for family violence risk assessment and risk management.

HSS: (2) Access and engagement; (3) Wellbeing; (5) Governance and management

QGF domains: Workforce; Risk management

Indicators	Rating	Evidence	Improvement Actions	Timeframe	Person(s) Responsible	Outcome
a) The <i>MARAM Framework</i> (policy, responsibilities, tools and practice guides) is integrated throughout organisational systems and service responses.						
b) Risk assessment and risk management procedures are informed by the <i>MARAM Framework</i> model of Structured Professional Judgement.						
c) The service participates in governance structures to support embedding the <i>MARAM Framework</i> within its organisation and the broader family violence response system.						
d) Practitioners are inducted, trained and supervised to undertake ongoing risk assessment, risk management and safety planning with victim-survivors.						
e) Family violence risk is screened, triaged and responded to in a timely and efficient manner, including priority responses for crisis and escalating or serious risk.						
f) Responsibilities for operational crisis and risk management responses are fulfilled (e.g. RAMP, Crisis Response Framework, Personal Safety Initiative, etc.).						

PRINCIPLE 1

RISK AND SAFETY FOCUS

1.2

The safety of victim-survivors is the cornerstone principle of specialist family violence services and is prioritised at all times.

1.2 The service is responsive to victim-survivors' safety and wellbeing needs.

HSS: (2) Access and engagement; (3) Wellbeing

QGF domains: Client and family partnerships; Workforce

Indicators	Rating	Evidence	Improvement Actions	Timeframe	Person(s) Responsible	Outcome
a) All family violence contexts are responded to in accordance with risk and need (e.g. intimate partner relationships, family relationship and family-like relationships).						
b) The impacts of family violence across the victim-survivors' life domains are responded to through case management support (e.g. housing, finances, justice/legal, health, employment, education, culture/community, children and family relationships).						
c) Duty of care is implemented in circumstances where police or other emergency services may be required to mitigate serious risk or other acute health and safety needs.						
d) Crisis accommodation and refuge options are provided where victim-survivors are unable to stay safely at home due to a serious level of risk posed by the perpetrator.						
e) Processes are in place to assist victim-survivors in obtaining additional security measures for their person or property.						
f) Processes are in place to support victim-survivors to access justice and legal responses to enhance protection from family violence, if desired.						

RISK AND SAFETY FOCUS

The safety of victim-survivors is the cornerstone principle of specialist family violence services and is prioritised at all times.

1.3 The service is trauma-informed and facilitates physical, emotional and cultural safety.

HSS: (2) Access and engagement; (3) Wellbeing
 QGF domains: Client and family partnerships; Workforce

Indicators	Rating	Evidence	Improvement Actions	Timeframe	Person(s) Responsible	Outcome
a) The service is welcoming, approachable and appropriate for victim-survivors to make confidential disclosures and receive emotional support.						
b) The service is designed to prioritise victim-survivors physical, emotional and cultural safety (e.g. in the service environment, through engagement approaches, and case management practices.)						
c) Potential safety risks and hazards for clients and staff are regularly identified, monitored and mitigated.						
d) Misconduct, discrimination, bullying, abuse, and reportable and critical incidents are managed according to government standards and service contract requirements.						

PERSON-CENTRED EMPOWERMENT

Victim-survivors are supported to experience meaningful empowerment through person-centred and flexible service responses.

2.1 The service provides a person-centred empowerment approach.

HSS: (1) Empowerment; (3) Wellbeing; (4) Participation

QGF domains: Client and family partnerships; Workforce; Best practice

Indicators	Rating	Evidence	Improvement Actions	Timeframe	Person(s) Responsible	Outcome
a) A Client Charter of Rights and Responsibilities is implemented and monitored for compliance and validity.						
b) Practitioners are inducted, trained and supervised to work with victim-survivors in a way that respects their autonomy, consent, and personal empowerment.						
c) Practitioners are inducted, trained and supervised to exchange information with victim-survivors about family violence risks, drivers, and impacts to support their safety, wellbeing and decision-making.						
d) Processes are in place to proactively engage victim-survivors in making decisions about all aspects of service provision to address their individual safety and support needs.						

PERSON-CENTRED EMPOWERMENT

2.2

Victim-survivors are supported to experience meaningful empowerment through person-centred and flexible service responses.

2.2 The service is flexible and tailored to victim-survivors' needs.

HSS: (1) Empowerment; (3) Wellbeing; (4) Participation
 QGF domains: Client and family partnerships; Best practice

Indicators	Rating	Evidence	Improvement Actions	Timeframe	Person(s) Responsible	Outcome
a) Flexible service design is implemented to provide easy access to specialist family violence services that account for the ongoing complexities and barriers victim-survivors face when seeking help.						
b) The duration and intensity of service provision is tailored to victim-survivors' assessed safety and support needs and reviewed regularly to ensure relevance to changing risks and circumstances.						
c) Services are tailored for victim-survivors who wish to maintain relationships and connections with the perpetrator, family, community, culture and pets/ animals.						

CONFIDENTIALITY AND INFORMATION MANAGEMENT

Victim-survivors are informed about how their confidential and personal information is managed.

3.1 The service legally and ethically handles victim-survivors' confidential and personal information.

HSS: (1) Empowerment; (3) Wellbeing; (5) Governance and management
 QGF domains: Risk management

Indicators	Rating	Evidence	Improvement Actions	Timeframe	Person(s) Responsible	Outcome
a) Obligations under privacy and information sharing legislation are integrated throughout organisational systems and service responses.						
b) Victim-survivors are informed about how their personal and sensitive information is collected, stored and shared, the extent and limitations of consent (where safe, reasonable and appropriate) and how they can request access and make amendments to their personal records.						
c) Record keeping systems are securely stored and managed, with personal and sensitive information recorded in keeping with the purposes of service provision.						
d) When a victim-survivor is misidentified as a perpetrator, the service's client records are corrected and appropriate risk assessment and risk management processes are applied to rectify the exacerbation of risk.						
e) Precautions are taken to prioritise victim-survivors' confidentiality when providing services in rural/regional locations or within close-knit social/cultural communities.						
f) The use of client data for reporting, systemic advocacy or continuous improvement is de-identified and not traceable to any particular individual or family.						

PRINCIPLE 4

COLLABORATION AND ADVOCACY

4.1

Services use collaboration and advocacy within coordinated multi-agency responses to benefit victim-survivors.

4.1 The service manages facilitated referrals and secondary consultations.

HSS: (2) Access and engagement
QGF domains: Workforce; Best practice

Indicators	Rating	Evidence	Improvement Actions	Timeframe	Person(s) Responsible	Outcome
a) Processes are in place to manage facilitated referrals and secondary consultations in accordance with the <i>MARAM Framework</i> and privacy and information sharing legislation.						
b) Facilitated referrals are made with victim-survivors' informed consent (where safe and reasonable to do so) and proactively address any barriers that may prevent engagement.						
c) Secondary consultations are sought from other services to plan for victim-survivors' safety and support needs and to enable inclusive and culturally safe responses.						
d) Secondary consultations are provided to other agencies in a timely manner by suitably qualified and experienced specialist family violence practitioners.						

PRINCIPLE 4

COLLABORATION AND ADVOCACY

4.2

Services use collaboration and advocacy within coordinated multi-agency responses to benefit victim-survivors.

4.2 The service mobilises coordinated responses to address family violence risk and case plan goals.

HSS: (2) Access and engagement; (3) Wellbeing
QGF domains: Workforce; Best practice

Indicators	Rating	Evidence	Improvement Actions	Timeframe	Person(s) Responsible	Outcome
a) Coordinated responses and referral pathways with other services are identified and tailored to address victim-survivors' safety and support needs.						
b) The service takes a lead role to provide dedicated support and case coordination for victim-survivors when there is more than one service involved in a coordinated response (including in 'all of family' approaches).						
c) Coordinated action plans have clear roles and responsibilities for service providers and are documented and reviewed to ensure outcomes respond appropriately to victim-survivors' safety and support needs.						
d) Advocacy approaches are used when coordinated responses are not improving outcomes for victim-survivors or when other services and systems are not fulfilling their responsibilities.						

PRINCIPLE 5

PERPETRATOR ACCOUNTABILITY

5.1

Perpetrators are responsible for using family violence and are held accountable and monitored through a system-wide approach.

5.1 The service takes a victim-centred approach to advocate for and monitor perpetrator accountability.

HSS: (1) Empowerment; (3) Wellbeing; (4) Participation
QGF domains: Client and family partnerships; Workforce

Indicators	Rating	Evidence	Improvement Actions	Timeframe	Person(s) Responsible	Outcome
a) Practitioners are inducted, trained and supervised to discuss family violence with victim-survivors in a way that respects their relationship, and conveys perpetrator responsibility and accountability.						
b) Information about perpetrators, including the risks and impacts of their use of family violence, is documented in client records and shared with victim-survivors and other services according to information sharing legislation.						
c) Processes are in place to proactively involve victim-survivors in decision-making and safety planning for coordinated responses that activate direct interventions with perpetrators.						
d) Where the perpetrator is engaged with a behaviour change program, victim-survivors are involved in decision-making about how the Family Safety Contact worker and other specialist practitioners should coordinate their responses and communications.						
e) Systemic failures to adequately address perpetrator responsibility and accountability are documented and analysed to inform advocacy approaches to improve the family violence response system.						

CHILD-CENTRED PRACTICE

6.1

Infants, children and young people are recognised as victim-survivors in their own right, and their safety and wellbeing are prioritised in every stage of service provision.

6.1 The service implements its legislative responsibilities to promote the safety and wellbeing of infants, children and young people.

HSS: (1) Empowerment; (3) Wellbeing; (5) Governance and management
 QGF domains: Workforce; Risk management

Indicators	Rating	Evidence	Improvement Actions	Timeframe	Person(s) Responsible	Outcome
a) Family violence risk assessment and risk management processes involving infants, children and young people are undertaken according to the <i>MARAM Framework</i> practice guidance.						
b) The <i>Child Safe Standards</i> and the <i>Reportable Conduct Scheme</i> are integrated throughout organisational systems and service responses.						
c) Collecting, storing and sharing information about infants, children and young people is aligned with the <i>Family Violence Information Sharing Scheme</i> and the <i>Child Information Sharing Scheme</i> .						
d) Reports about child wellbeing, safety or protection concerns are undertaken according to legislative thresholds within the <i>Children, Youth and Families Act 2005</i> (Vic).						

CHILD-CENTRED PRACTICE

6.2

Infants, children and young people are recognised as victim-survivors in their own right, and their safety and wellbeing are prioritised in every stage of service provision.

6.2 The service is designed to respond to the unique rights and needs of infants, children and young people.

HSS: (1) Empowerment; (3) Wellbeing;
 QGF domains: Client and family partnerships; Workforce

Indicators	Rating	Evidence	Improvement Actions	Timeframe	Person(s) Responsible	Outcome
a) Child-focused practice responses are appropriate to the service context, child developmental stages, intersectional experience, and the nature of service engagement (i.e. directly with the child or young person, via the parent/carer, or in conjunction with both).						
b) Service responses account for infants, children and young people as individuals with their own risk assessment, risk management and case plan goals (even where direct engagement with the child or young person is minimal).						
c) Coordinated responses and referral pathways are implemented with services that specialise in working with children and young people, including where a child or young person is using family violence.						

Infants, children and young people are recognised as victim-survivors in their own right, and their safety and wellbeing are prioritised in every stage of service provision.

6.3 The service is child-friendly and promotes the participation of children and young people.

HSS: (1) Empowerment; (4) Participation

QGF domains: Client and family partnerships; Workforce

Indicators	Rating	Evidence	Improvement Actions	Timeframe	Person(s) Responsible	Outcome
a) Play and leisure is catered for in the service environment with regard to children's diversity, ability and stages of development.						
b) Age appropriate and accessible information is provided to children and young people about what the service does, how their information is managed, how they will be involved in decisions that impact them, and how to ask for help.						
c) Informal and formal feedback mechanisms for children and young people are implemented and tailored to the service context, developmental stage, and type of engagement.						

Infants, children and young people are recognised as victim-survivors in their own right, and their safety and wellbeing are prioritised in every stage of service provision.

6.4 The service works collaboratively with adult victim-survivors in their parenting/caring role to support children’s ongoing safety and wellbeing.

HSS: (3) Wellbeing; (4) Participation

QGF domains: Client and family partnerships; Workforce

Indicators	Rating	Evidence	Improvement Actions	Timeframe	Person(s) Responsible	Outcome
a) Consent is sought from the adult victim-survivor parents/carers to work directly with infants, children and young people, and make referrals on their behalf, where appropriate.						
b) Practitioners are inducted, trained and supervised to sensitively discuss the impacts of family violence on infants, children and young people with parents/carers and to determine the supports they require to enable ongoing safety and wellbeing needs.						
c) Practitioners are inducted, trained and supervised to respect and work collaboratively with diverse parenting styles, including with parents/carers from Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities, Rainbow families, and parents/carers with disability.						
d) Opportunities and referrals for parents/carers to restore parent/carer-child bonds and parenting capacity are provided.						
e) Processes are in place to support and advocate with victim-survivors involved in the family law system to promote children’s rights to be safe from family violence.						

ABORIGINAL SELF-DETERMINATION

7.1

Services respect and uphold the right to Aboriginal self-determination, choice and cultural safety.

7.1 The service demonstrates respect for Aboriginal people and culture.

HSS: (3) Wellbeing; (4) Participation; (5) Governance and management
 QGF domains: Client and family partnerships; Workforce

Indicators	Rating	Evidence	Improvement Actions	Timeframe	Person(s) Responsible	Outcome
a) The self-determination rights of Aboriginal and Torres Strait Islander peoples is acknowledged and made visible in the service environment, communication materials and public engagements.						
b) Supporting the goals of <i>Dhelk Dja: Safe Our Way - Strong Culture, Strong Peoples, Strong Families (the Aboriginal 10 Year Family Violence Agreement 2018-2028)</i> is incorporated into service design and strategic planning.						
c) Capability to provide culturally safe services for Aboriginal people is regularly reviewed and addressed, using guidance provided by Aboriginal organisations and resources.						
d) Professional development includes cultural safety training provided by Aboriginal organisations that addresses the intersection between family violence and the historic and ongoing impacts of colonisation on Aboriginal families and communities.						

Services respect and uphold the right to Aboriginal self-determination, choice and cultural safety.

7.2 The service is responsive to family violence against Aboriginal and Torres Strait Islander peoples.

HSS: (1) Empowerment; (3) Wellbeing; (4) Participation
 QGF domains: Client and family partnerships; Workforce

Indicators	Rating	Evidence	Improvement Actions	Timeframe	Person(s) Responsible	Outcome
a) The Aboriginal definition of family violence is used alongside the mainstream/legal definition in policies, practice guidance and other relevant material.						
b) Family violence risk assessment and risk management processes involving Aboriginal and Torres Strait Islander people is undertaken according to the <i>MARAM Framework</i> practice guidance.						
c) Processes are in place to ensure that all victim-survivors are asked if they, and/or their children, identify as Aboriginal or Torres Strait Islander and referral options are provided for either mainstream or Aboriginal organisations.						
d) Services respond to Aboriginal victim-survivors' rights to maintain or restore connections with culture, Country, family, kinship and community networks.						
e) Partnerships with Aboriginal organisations are developed to inform service design and enable effective referral pathways and coordinated responses for Aboriginal and Torres Strait Islander peoples.						

Victim-survivors are able to easily access inclusive and equitable specialist family violence services.

8.1 The service meets its obligations to prevent discrimination and promote equal opportunity.

HSS: (1) Empowerment; (2) Access and engagement; (5) Governance and management
 QGF domains: Best practice

Indicators	Rating	Evidence	Improvement Actions	Timeframe	Person(s) Responsible	Outcome
a) Responsibilities to prevent discrimination and enable inclusive and equitable service provision and employment practices are implemented according to state and federal equal opportunity and human rights legislation.						
b) An Equal Opportunity Policy is implemented and monitored according to the <i>'Guideline: Family violence services and accommodation'</i> (Victorian Equal Opportunity and Human Rights Commission).						
c) If the service limits eligibility criteria or employment for any protected personal characteristic, due diligence and evidentiary requirements are met for either a special measure, exception or exemption under the <i>Equal Opportunity Act 2010</i> (Vic).						
d) Service access information and eligibility criteria, including any lawful limitations, are clearly communicated to victim-survivors and the general public via its website and service information materials (e.g. brochures, posters, etc.).						
e) People seeking support for family violence, even if they are ineligible for the particular service, are provided with a minimum response, including a brief risk assessment, safety planning information, and a facilitated referral offer to a relevant agency.						
f) Referral pathways are proactively established with appropriate agencies able to provide responses to persons that are ineligible for the service due to lawful limitations.						

INCLUSION AND EQUITY

8.2

Victim-survivors are able to easily access inclusive and equitable specialist family violence services.

8.2 The service proactively integrates inclusion and equity into service design and delivery.

HSS: (2) Access and engagement; (3) Wellbeing; (4) Participation
 QGF domains: Client and family partnerships; Workforce; Best Practice

Indicators	Rating	Evidence	Improvement Actions	Timeframe	Person(s) Responsible	Outcome
a) The service environment is welcoming and approachable for victim-survivors from a range of diverse communities and age groups.						
b) Strategies are implemented to proactively recruit, retain and support staff, managers and board members who reflect the diversity of the community they serve.						
c) Family violence risk assessment and risk management processes involving people from diverse communities and age groups are undertaken according to the <i>MARAM Framework</i> practice guidance.						
d) Victim-survivors experiencing interrelated family violence, mental health issues, alcohol and drug issues, temporary residency status, disability and other 'complex needs' are provided with inclusive and equitable services.						
e) The social model of disability approach is used to proactively address accessibility requirements and implement flexible responses for people with disability, including provisions for the use of mobility aids, communication devices and assistance animals.						
f) Partnerships with services that represent diverse communities and age groups are implemented to inform service design and enable coordinated responses.						
g) Professional development includes training and/or resources by organisations with expertise in enhancing inclusion, equity and cultural safety.						
h) Capability to provide inclusive and equitable services is regularly reviewed and addressed using guidance provided by organisations and resources that represent diverse communities and age groups.						

Victim-survivors are able to easily access inclusive and equitable specialist family violence services.

8.3 The service implements strategies to enable inclusive and accessible communication.

HSS: (2) Access and engagement; (4) Participation

QGF domains: Client and family partnerships; Best practice; Risk management

Indicators	Rating	Evidence	Improvement Actions	Timeframe	Person(s) Responsible	Outcome
a) Flexible communication options (e.g. written, verbal, email, text, online chat) are provided in accordance with standards required to meet the needs of people with disability, non-English speakers, and people with literacy challenges.						
b) People from non-English speaking backgrounds are provided with accredited professional interpreters and offered options (where feasible and available) to engage interpreters over the phone or in person.						
c) People with disability are provided with accredited Auslan interpreters or access to communication support professionals to support informed decision-making and to communicate their needs.						
d) Concerns about breaches of confidentiality and misconduct by interpreters and communication support professionals are documented and reported to the organisation providing the service and/or the appropriate oversight authority.						

PRINCIPLE 9

CAPABLE AND SUSTAINABLE WORKFORCE

9.1

Services promote the professional development and sustainability of the specialist family violence workforce.

9.1 The service is committed to developing the professional capabilities of the specialist family violence workforce.

HSS: (5) Governance and management

QGF domains: Workforce; Leadership and culture

Indicators	Rating	Evidence	Improvement Actions	Timeframe	Person(s) Responsible	Outcome
a) The <i>Code of Practice</i> is used to guide the induction and professional development of executives, managers, staff and board members.						
b) The <i>Responding to Family Violence Capability Framework</i> is used to create clearly defined and consistent position descriptions and develop career pathways and professional development strategies.						
c) The <i>Responding to Family Violence Capability Framework</i> is used to assess whether practitioners have the requisite Tier 1 knowledge and skills prior to working directly with victim-survivors.						
d) Regular and equitable supervision is provided for all practitioners by appropriately qualified senior staff to monitor progress and outcomes of case work, review risk assessments and risk management plans, and undertake reflective practice.						
e) Regular group reflection is provided for all practitioners by appropriately qualified professionals to collectively evaluate and strengthen specialist family violence praxis.						
f) Managers and executives are supported to engage in supervision and leadership development opportunities.						
g) Regular performance appraisal and professional development planning are provided for all staff and managers.						

Services promote the professional development and sustainability of the specialist family violence workforce.

9.2 The service is committed to supporting staff health and wellbeing.

HSS: (5) Governance and management

QGF domains: Workforce; Leadership and culture

Indicators	Rating	Evidence	Improvement Actions	Timeframe	Person(s) Responsible	Outcome
a) Workplace health and wellbeing strategies are implemented to recognise the impacts of responding to family violence and working within the context of structural oppression and social injustice.						
b) A culture of mutual respect, teamwork and recognition of individual and collective achievements is fostered across the service.						
c) Practitioners are supported to participate in opportunities that connect their everyday work to broader social change campaigns.						
d) A Family Violence Leave Policy and confidential support strategies are implemented for staff who experience family violence.						
e) Access to an external Employee Assistance Program and debriefing processes for reportable and critical incidents are provided.						

Services provide quality governance and leadership that is accountable to victim-survivors and advocates for systemic and social change.

10.1 Governance structures ensure a specialist family violence response for victim-survivors.

HSS: (5) Governance and management

QGF domains: Best practice; Leadership and culture

Indicators	Rating	Evidence	Improvement Actions	Timeframe	Person(s) Responsible	Outcome
<p>a) A commitment to the <i>Code of Practice</i> is implemented throughout the service's organisational systems (e.g. governance, values, strategic planning, policies, workforce development).</p>						
<p>b) The service design is informed by an evidence-based understanding of family violence, gendered analysis, intersectional feminist framework and person-centred approaches.</p>						
<p>c) The service is committed to maintaining the distinct role of specialist family violence services and practitioners as dedicated advocates working for the rights and interests of victim-survivors of family violence.</p>						

PRINCIPLE 10

QUALITY GOVERNANCE AND LEADERSHIP 10.2

Services provide quality governance and leadership that is accountable to victim-survivors and advocates for systemic and social change.

10.2 The service demonstrates accountability to victim-survivors of family violence.

HSS: (1) Empowerment; (4) Participation

QGF domains: Client and family partnerships; Workforce; Best practice; Risk management

Indicators	Rating	Evidence	Improvement Actions	Timeframe	Person(s) Responsible	Outcome
a) The lived experience of those who are impacted by family violence (victim-survivors, friends and family, and community) is acknowledged and made visible in communication materials and at public speaking engagements.						
b) Victim-survivors are informed about how to make complaints to the service and to the Department of Health and Human Services and how their complaint will be reviewed and resolved.						
c) Victim-survivors are proactively supported to meaningfully contribute to service governance through mechanisms such as strategic planning, continuous quality improvement activities, service review, and participation in boards/committees.						
d) Victim-survivors are proactively supported to participate in social change campaigns, advisory groups and ethical research opportunities.						

PRINCIPLE 10

QUALITY GOVERNANCE AND LEADERSHIP 10.3

Services provide quality governance and leadership that is accountable to victim-survivors and advocates for systemic and social change.

10.3 The service is committed to a vision of high-quality services.

HSS: (5) Governance and management

QGF domains: Workforce; Risk management; Leadership and culture

Indicators	Rating	Evidence	Improvement Actions	Timeframe	Person(s) Responsible	Outcome
a) Compliance with quality governance and accreditation standards is demonstrated according to government requirements and independent review outcomes are linked to continuous improvement actions.						
b) Organisational risk management systems are implemented to identify, mitigate and review potential risks to quality and sustainable service provision.						
c) The service is committed to building the family violence evidence base through quality data collection and contributing to relevant and ethical research initiatives, where possible.						
d) Client profile data is analysed to identify trends and barriers across diverse community and age group populations to inform service quality and systemic improvements.						
e) The service has a culture of raising ideas and uses systematic processes to collect and analyse feedback from clients, workforce, and partners to inform service quality, coordinated responses, and systemic improvements.						

PRINCIPLE 10

QUALITY GOVERNANCE AND LEADERSHIP 10.4

Services provide quality governance and leadership that is accountable to victim-survivors and advocates for systemic and social change.

10.4 The service provides leadership and advocacy for systemic and social change.

HSS: (5) Governance and management
QGF domains: Workforce; Best practice

Indicators	Rating	Evidence	Improvement Actions	Timeframe	Person(s) Responsible	Outcome
a) The service participates in regional partnerships, peak body networks and advisory committees (as required) to inform improvements to the specialist family violence response system.						
b) The service engages with credible evidence and expertise to advocate for systemic, policy and legislative changes that benefit the safety of victim-survivors and address perpetrator accountability.						
c) The service contributes to coalitions, campaigns and media opportunities to advocate for victim-survivor rights and perpetrator accountability.						
d) The service contributes to family violence prevention and early intervention strategies by promoting understanding of the family violence evidence base and the gendered and intersectional drivers of family violence.						