

Respect

The Respect Standard

4th edition, 2022

Accreditation framework for safe,
effective, and survivor-focused work with
perpetrators of domestic abuse in the UK.

Menu



Introduction

- Foreword
- Review of the fourth edition
- Scope
- Respect principles
- Structure of the Respect Standard



Section A. Management of the organisation

- A1: Policies and procedures
- A2: Management structure
- A3: Staff recruitment, training and support



Section B: Intervention Delivery

Structured Intervention programme delivery

- B1: The model of work
- B2: Case management
- B3: Assessment
- B4: Risk management
- B5: Children and young people
- B6: Delivery quality
- B7: Monitoring and evaluation



Intensive Case Management

- B1: The model of work
- B2: Case management
- B3: Assessment
- B4: Risk management
- B5: Children and young people
- B6: Delivery quality
- B7: Monitoring and evaluation



Section C. Integrated Support Service

- C1: The Integrated Support Service



Section D. Equality, Diversity & Inclusion

- D1: Diverse workforce, accessible service



Glossary of terms used in the Respect Standard

Foreword by Minister for Safeguarding, Sarah Dines MP

Domestic abuse is unacceptable and preventable; but the tragic reality is that it devastates the lives of millions. Tackling these awful crimes is a government priority, and a priority for me as Minister for Safeguarding.



Sarah Dines MP

In March 2022, we published the cross-government Tackling Domestic Abuse Plan, with strategic commitments to prevent offending and pursue perpetrators, as well as to support victims and strengthen the system. We must stop domestic abuse from happening in the first place. When it does occur, our message must be unequivocal: perpetrators must change their behaviour.

Respect have pioneered work to keep survivors safe while offering perpetrators meaningful opportunities to change. The Respect Standard, first introduced in 2008, is central to this. By providing a quality assurance framework, it helps to ensure perpetrator interventions are delivered professionally and competently and are effective in reducing harm. As the intervention sector has grown in recent years, the Standard has expanded accordingly. I am therefore pleased to introduce the fourth version of the Respect Standard.

The Respect Standard is closely aligned with the Home Office Standards for Domestic Abuse Perpetrator Interventions, and I am grateful for Respect's collaboration in developing these. By promoting a consistent approach, these Standards can help deliver safe and effective domestic abuse perpetrator interventions across England and Wales. Ultimately, our collective aim is to reduce the prevalence of these terrible crimes and this work is a core part of that effort.

A handwritten signature in blue ink that reads "Sarah Dines".

The Respect Standard is a set of requirements for work with perpetrators of domestic violence and abuse. It is accompanied by a comprehensive and robust process that assesses services working with perpetrators against these requirements.

The process includes:

- A desktop assessment of the evidence the service submits against the requirements.
- A review of case files to assess compliance with policies, procedures, and guidance, identifies any gaps in service provision and examines the service's systemic response.
- Interviews with staff to verify that the delivery of the intervention is consistent with the documentation submitted.
- A review of recorded sessions to assess the adherence to the model of work and cohesion in the delivery of the intervention.
- A report that details the evidence the Assessor has seen and verified for each requirement and makes recommendations to the independent accreditation panel.
- The review of the report by the independent Accreditation Panel and their decision to award accreditation.

Services delivering interventions that are assessed as meeting all the requirements are awarded accreditation for a three-year period and are referred to as Respect accredited. Only the service that has been assessed by Respect can be referred to as Respect accredited, not the organisation delivering the service or other services the organisation delivers.

The Respect Standard has been in operation since 2008. It was developed so that members of the public, including survivors and perpetrators, funders, commissioners, and other professionals, can be assured of high-quality, safety-focused, and effective services.

The requirements have been developed from research and practice over many years. Practitioners, policy makers and researchers have been involved in developing and testing these. The Respect Standard and assessment process are regularly reviewed to ensure that they are informed by current knowledge and experience.

Review of the fourth edition

We reviewed the content of the Respect Standard in parallel with the accreditation process, over a 12-month period. Our main goal was to make both the content and the process more accessible and relevant for services working with perpetrators, whilst retaining the strict requirements and the robust nature of assessment.

1. Contributors

The first phase of the review was carried out by Alistair Sherlock, Respect's Sector Support Lead (until the end of May 2022) who we would like to thank for his work.

The review was overseen by Respect's Head of Services, Ippo Panteloudakis, with the invaluable support and expertise provided by Respect's Lead Assessor, Emma Hier, and Head of Perpetrator Services, Ciara Bergman.

We would also like to thank Davina James-Hanman, Independent Domestic Abuse Consultant and Chair of the Accreditation Panel, and Binah Taylor, Perpetrator Work Expert and Accreditation Panel member, for their contribution in the fourth edition.

2. Consultation with survivors

A priority for the review of this edition was to improve the standards for support provision (known as Integrated Support Service) for survivors whose partner attends a perpetrator intervention. It was important to hear from survivors about the aspects of the ISS that they valued most and those they would like to see improved.

We disseminated an online survey to survivors who have used an Integrated Support Service of Respect accredited Domestic Violence Perpetrator Programmes. We received 11 responses. We followed up with 4 in-depth telephone interviews with survivors who responded to the online survey. These interviews were carried out by Davina James-Hanman, Independent Domestic Abuse Consultant and Chair of the Accreditation Panel, and Emma Hier, Respect's Lead Assessor.

The main themes arising:

- All interviewees spoke highly about the quality of their relationship with the ISS worker. This was achieved through: consistency of contact, doing what they said they would do, treating the survivor like a whole person (e.g., asking about their children even if they weren't being directly supported by the organisation), being patient and non-judgemental, encouraging survivors to articulate their needs, supporting them to 'do battle' with other organisations and being knowledgeable about local services and systems.
- Having power restored to them by being kept informed – not just of the progress of the abusers on the perpetrator intervention, but also about local services and systems – including how to lodge a complaint.
- Being validated / having isolation reduced. Several interviewees spoke about how – despite having several professionals in their lives - their ISS worker was the only one they felt was on their side. Several also spoke about difficulties with extended family members, which was further isolating them.

Key recommendations

1. Services should have a flexible approach for the initial contact with survivors, using a variety of methods.

Initial contact with survivors should not be only by letter, as is the current standard practice of many services. Some survivors felt this approach was impersonal, preferring a phone call instead. Other survivors are likely to have different preferences. A flexible approach is likely to meet more service users' preferences.

2. Services should be offering to accompany survivors to meetings with other professionals as standard practice.

Survivors appreciated ISS workers accompanying them to meetings with other professionals, as they felt that their case was more likely to be taken seriously this way. Survivors talked about meetings with Social Workers or hearings at the Family Court and they often felt overwhelmed and not listened to. The Support Worker made a lot of difference in advocating on survivors' behalf, but not all services had the capacity to offer this type of support.

3. Services should support survivors with their parenting capacity and explore the support needs of children.

Ensuring that the parenting capacity of survivors is discussed, and the support needs of children are considered are expectations survivors have of an Integrated Support Service – organisations must find the best way within their resources to meet those expectations.

4. ISS workers should outline the course content for the perpetrator intervention so that survivors know what topics would be covered at any given time.

Most Integrated Support Services offer some information about the content of the perpetrator intervention from time to time. Some survivors felt that they would benefit by having more structured and more specific information about the topics covered, on a frequent basis.

3. Consultation with accredited members

We consulted with Respect accredited members about the development of the fourth edition and the streamlined accreditation process. Consultation took place at Accredited Members' Forum meetings and through written feedback for the new edition.

Key changes in the fourth edition

1. The importance of the work supporting survivors

Lessons from Domestic Homicide Reviews and from survivors' complaints against domestic abuse perpetrator programmes highlighted that in some cases the support offered to survivors was being de-prioritised.

In some other cases, a lack of understanding around what a survivor centred perpetrator intervention is, meant that commissioners focused resources on the perpetrator work and left the Integrated Support Service with inadequate funding.

This fourth edition of the Respect Standard reaffirms the importance of supporting survivors alongside the work with perpetrators and it frames the two distinct elements as equal in value, being clear that the primary focus of a perpetrator intervention is the adult and child survivors.

The reviewed principles, standards, indicators, and guidance in this edition are coherent about the main aim of perpetrator work: to enhance the safety and freedom for all survivors.

2. Streamlining the accreditation process

Reviewing the accreditation standards resulted in many changes, both in the content and in the process of assessment:

- We use clearer language for the standards, indicators, guidance, and evidence requirements, so that those involved in the process (services being assessed, Respect Assessors, Accreditation Panel Members) understand their purpose and function.
- We merged several indicators that will be assessed together, where it was logical and more efficient to do so; hopefully, this will make it easier for services being assessed to organise their evidence in a more methodical way.
- We have phased out the two-stage accreditation process. From this edition onwards there will be one stage. At the end of the 3-year accreditation period services will reapply to be assessed against all standards.
- We will supply services with an evidence submission template where they will they describe how they meet each requirement in 250 words and list the documents that support their narrative. This will make assessing a service more efficient, saving time from the desktop assessment stage.
- We have adapted our approach for the other stages of the accreditation process, drawing on our experience assessing services during the Covid-19 pandemic: the site visit stage, as well as the case files review, the recorded sessions review, and the interviews with staff, will be carried out remotely, except in cases where this is not possible. This saves a significant amount of travel time and associated costs. Reconfiguring

our model for assessing each service has enabled us to reduce the fee for accreditation, making it more affordable for more services.

- We are giving Assessors more responsibility to make recommendations to the accreditation panel members about awarding accreditation, but that comes with increased accountability: Assessors must report to the panel about how their recommendations are based on the evidence they see at the desktop assessment stage and how that links with the information they see in case files, their observations from reviewing recorded sessions, and the interviews with key staff.
- The Assessor's report will be verified internally before it is sent to panel members, who will be able to make informed decisions without the need for further clarifications, which often slow down the process and increase the number of meetings required.

3. Alignment with the Home Office Standards for Domestic Abuse Perpetrator Interventions (2022)

The Home Office commissioned Professor Nicole Westmarland and Professor Liz Kelly to develop evidence-based standards for interventions with perpetrators of domestic abuse. Respect was a formal partner in this research project.

Respect's Standards are aligned with the Home Office Standards. Commissioners, Policy Makers, Sector organisations, assessed services, and members of the public, can be assured of a coherent and streamlined approach.

Scope

Types of interventions

This fourth edition of the Respect Standard covers the following interventions for perpetrators of domestic violence and abuse:

1. Structured and sequential interventions that can be categorised as either:

- **behaviour-change interventions**, aimed at perpetrators who are willing to engage and are relatively stable in terms of mental health, housing, substance misuse, and other factors that may impact on their capacity to change; or,
- **early response, awareness-raising interventions**, aimed at perpetrators who are concerned about their behaviour, are willing to make a change and do not have an outstanding civil or criminal matter relating to their behaviour. Early response interventions can be offered as standalone or as an add-on before a behaviour-change intervention.

2. Intensive Case Management

Interventions, designed primarily to engage with high-harm, high-risk and/or significant recidivist perpetrators of domestic abuse.

Organisations can apply for Respect accreditation of any or all the interventions they offer.

Services eligible for accreditation

- The minimum unit considered for accreditation is a service working with perpetrators with appropriate safety and support for survivors.
- Respect accreditation applies to services in the voluntary, statutory, or private sectors, or for those operating as a partnership or consortium of organisations. Where there is a partnership or consortium, the lead organisation will hold the accreditation for the service that is assessed by Respect.
- Services will be assessed against and must pass all applicable requirements of the Respect Standard to become accredited.

- The Respect Standard does not prescribe a specific model of provision, delivery approach or theoretical underpinning. Services considered for accreditation may put forward any model of work that matches the risk and needs profile of their target perpetrators, in line with principles set out below. The Respect Standard provides a strong framework in which different approaches and models can be used safely and their effectiveness measured.
- Organisations running an intervention with perpetrators without support for survivors cannot be considered for accreditation as they fundamentally breach the Respect Standard's principles.

Service vs Intervention

In most cases throughout this document we use the term intervention to refer to the work with perpetrators, and the term service to refer to the overall structure that consists of the intervention for perpetrators and the support service for survivors. In other cases we use the terms service and intervention interchangeably.

Respect Principles

1 Safety first – Do no harm
Organisations offer perpetrator interventions that prioritise the safety and freedom ([Space for Action, Kelly 2003](#)) for adult and child survivors. The provision of an Integrated Support Service or IDVA for survivors alongside the intervention for perpetrators is essential and reducing harm and risk must be at the forefront of all decision making.

Intervention staff must also take all reasonable steps to ensure that they do not create additional risk and harm for survivors. This may mean not offering an intervention to someone where to do so could raise the risk.

2 Sex and gender informed approaches
Organisations take a sex and gender informed approach: they recognise that domestic abuse is disproportionately perpetrated by men and experienced by women in terms of degree, frequency and impact and that men's violence against women is both a cause and consequence of inequality. They also recognise domestic abuse perpetrated by women against men and by/against LGBT+ people and that these require responses tailored to the needs of each group.

3 Sustainable change
Services match interventions to the risk, needs and capacity of perpetrators, offering the right service to the right people at the right time, to optimise the potential for a successful intervention.

4 Inclusive services, responsive to diverse needs
Organisations understand the profile of the local communities they serve and their service users' intersecting and protected characteristics. They design services for marginalised and minoritised groups and remove barriers to engagement, so that services are accessible and inclusive and meet the needs of diverse service users. Organisations are committed to employing a workforce that reflects the diversity of the communities they serve.

5 Highly skilled and supported workforce
Organisations have a well-trained and well-supported workforce and provide staff with ongoing professional development activities to fulfil their role and be culturally competent.

6 Ongoing monitoring and evaluation
Services monitor and evaluate the interventions they offer on an ongoing basis, so that they can evidence their effectiveness, impact and outcomes and help expand the knowledge base.

7 Commitment to coordinated multi-agency working
Organisations recognise that domestic abuse cannot be addressed by one agency alone and are committed to proactively contributing to and collaborating with partners, as part of a local coordinated, multi-agency response.

Structure of the Respect Standard

The Respect Standard consists of four sections.

Each section is structured as follows:

- A heading which describes what the section is about.
- A summary of the standards with the number of indicators for each standard
- A statement for each standard and the purpose it serves. Services are assessed against indicators, and they must meet all indicators to be awarded accreditation.
- The indicators for each standard with:
 1. Guidance that gives information and context. Mandatory requirements are communicated with the use of 'must'; strong recommendations with the use of 'should'.
 2. Instructions about how to evidence each indicator. Most indicators ask for a description of a process or procedure, and/or referring to the documents that must be submitted as evidence.
 3. Information about how each indicator will be assessed. Any of the following methods can be used:
 - Written submission: this is the information and documentation provided by the assessed service
 - Staff interviews: these include the Service Manager, at least one Perpetrator Worker, at least one Integrated Support Service Worker or IDVA, at least one Trustee, and others involved in the delivery or oversight of the intervention, as may be needed.
 - Case files review: the Assessor will review a sample of case files, the number of which will be dependent on the number of live cases the service has. The Assessor may request specific case files, for example those of service users they have seen in recorded sessions, or case files with specific issues that they might want to assess, for example case files of service users with children under a Child Protection Plan. Review of case files applies for both the perpetrator intervention and the Integrated Support Service/IDVA service.
 - Recorded sessions review: the Assessor will review a sample of video or audio recorded sessions. In some cases, the Assessor may request to observe a live session, either via video link or by present in the room.
 - Review of documents that cannot be sent for desktop assessment at the site visit stage, such as sensitive personnel records.

Section A

Management of the organisation

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

Standards	Indicators
A1: Policies and procedures	1
A2: Management structure	2
A3: Staff recruitment, training and support	5



A1 Standard:

Policies and procedures

The organisation has the necessary policies and procedures in place to provide a secure and clear framework for effective management, employment and service provision for the intervention assessed.

Purpose

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

A1 Standard: Policies and procedures

Indicator A1.1

The organisation has written policies, procedures, and strategies that are clear, workable, fully implemented and reviewed regularly.

Guidance

1. The service must have the following policies and procedures with specific focus on domestic violence and abuse work:

- a. Health and safety policy (covering safety for staff and service users); lone working and home visits policy; a procedure for staff in responding to abuse from service users.
- b. Equal opportunities and diversity strategy; equal opportunities, diversity and inclusion policies for service delivery and employment.
- c. Confidentiality, data protection and information-sharing policies; procedure and guidelines on sharing information internally and externally; multiagency information sharing protocols; response to serious incident or case review.
- d. Safeguarding children and vulnerable adults policy and procedure.
- e. Risk management policy and procedure, relating to the cases the intervention is aimed at.

- f. Complaints policy and procedure.
- g. Policy and procedure on the use and domestic abuse training of interpreters, signers, etc.
- h. Code of conduct for staff.
- i. Disciplinary and grievance policy and procedure.
- j. Record keeping policy and procedure.
- k. Policy covering practice management and clinical supervision

2. All policies and procedures must:

- a. Be approved by the governing body and reviewed at least every 3 years.
- b. Be available and accessible to staff, to external professionals and service users if requested.
- c. Be part of the induction process for all staff and volunteers, who can demonstrate a working knowledge of these.
- d. Include reference to the needs of delivering an intervention for perpetrators of domestic violence and abuse and Respect accreditation.



How to evidence

- Submit the policies and procedures listed above. If a policy is part of another, bigger, policy (for example lone working policy and home visits policy may be part of the Health and Safety policy) submit it stating the page the required policy can be found.
- Describe how you meet this indicator, specifically addressing the points in paragraph 2 above.



How it will be assessed

- By written submission

A2 Standard:

Management structure

The organisation has a documented management structure of roles, responsibilities, and accountability.

Purpose

To enable the effective delivery of the intervention.

Aligned with Home Office Standard 6:

Interventions should be delivered by staff who are skilled and supported in responding to domestic abuse.

A2 Standard: Management structure

Indicator A2.1

The management structure documents clear lines of accountability and defined responsibilities for all staff.

Guidance

- The governing body of the organisation has ultimate responsibility for the intervention.
- Responsibilities, reporting, and accountability structures are clearly defined to enable intervention members of staff, the lead staff member, and the governing body to fulfil their specific functions.
- The management structure identifies the member(s) of staff with responsibility for case and risk management, treatment management and line management.



How to evidence

- Describe how you meet this indicator
- Submit a service chart that includes reference to the responsibility holder(s) within the service
- Submit job descriptions showing the specific responsibilities for case and risk management, treatment management and line management



How it will be assessed

- By written submission

A2 Standard: Management structure

Indicator A2.2

The senior management team or governing body review the performance of the intervention frequently and identify actions and changes needed.

Guidance

There is a process for the senior management team or governing body to:

- receive frequent (at least quarterly) reports on the activities and performance of the intervention assessed
- review progress against objectives
- identify actions and changes needed and monitor these



How to evidence

- Describe how you meet this indicator
- Submit recent reports with performance data of the domestic abuse work.
- Submit minutes of recent meetings of the senior management team or governing body evidencing that the review of the performance of the intervention, as described above, is an ongoing process.



How it will be assessed

- By written submission
- By staff interviews

A3 Standard:

Staff recruitment, training, and support

The organisation recruits staff safely and supports them to develop their skills and experience.

Purpose

To ensure that the intervention has staff with the right skills and knowledge for their role.

Aligned with Home Office Standard 6:

Interventions should be delivered by staff who are skilled and supported in responding to domestic abuse.

A3 Standard:

Staff recruitment, training, and support

Indicator A3.1

Staff, sessional workers, and volunteers have written job descriptions, person specifications and contracts.

Guidance

Job descriptions and person specifications must be specific to each role.



How to evidence

- Describe how you meet this indicator
- Submit job descriptions and person specifications for each role of the intervention



How it will be assessed

- By written submission
- By review of employment contracts at site visit stage

A3 Standard:

Staff recruitment, training, and support

Indicator A3.2

There is guidance about managing information about candidates' and staff/volunteers' past or current experiences of domestic violence and abuse, as perpetrators or survivors.

Guidance

- The aims are to ensure that prospective staff and volunteers:
 - Feel safe to disclose their experience of violence and abuse
 - can discuss how this may affect their work, including what support the organisation can provide
 - are not put in a position where they are emotionally unable to undertake their job effectively.
- The guidance must include:
 - Asking sensitively, during interviews, all prospective staff, and volunteers about any experiences of domestic violence and abuse, as a perpetrator or survivor, and if there are other ways that domestic violence and abuse has affected their life.
 - informing candidates clearly why they are being asked
 - ways that the recruitment panel members can manage and respond to information from candidates about having direct experience of domestic violence and abuse, as perpetrators or victims.
 - managing information from a third party about past or current domestic violence and abuse involving a staff member as perpetrator or survivor and from the staff member themselves.
 - Setting all these in a context of taking allegations seriously and handling disclosures appropriately and safely.



How to evidence

- Describe how you meet this indicator
- Submit the guidance or policy/procedure that covers the points above (may also be part of the recruitment policy and procedure or safeguarding policy)



How it will be assessed

- By written submission
- By staff interviews

A3 Standard:

Staff recruitment, training, and support

Indicator A3.3

The organisation obtains criminal record information about staff through the disclosure service of its jurisdiction.

Guidance

- Given the nature of the work and the information that staff have access to, it is important that employers are aware of the criminal record of potential or current employees.
- Organisations must follow the relevant guidelines of each jurisdiction in relation to the level of disclosure they apply for (basic, enhanced etc)
- Checks are undertaken on staff and volunteers and are repeated every three years.
- Organisations obtain information from:
 - The Disclosure and Barring Scheme (England and Wales)
 - Disclosure Scotland
 - AccessNI (Northern Ireland)
- A criminal conviction that is unspent should not in itself bar someone from employed for the intervention assessed. This would depend on the nature of the offence(s), how old it is and the position they are applying for.
- The organisation must discuss any offence(s) with the applicant when they have reached a conclusion as to its relevance to the position in the organisation.
- The organisation must also discuss any offence(s) for current staff, when they have reached a conclusion as to its relevance to the position, as part of a disciplinary/code of conduct process.
- The personnel file for each member of staff includes a copy of their up-to-date certificate and notes of discussions about recruitment or employment termination decisions.



How to evidence

- Describe how you obtain criminal record information for prospective and current staff; indicate whose responsibility it is and the level of disclosure you apply for positions on the intervention assessed



How it will be assessed

- By written submission
- By review of personnel files

A3 Standard:

Staff recruitment, training, and support

Indicator A3.4

The organisation provides intervention staff with ongoing training, learning and development opportunities.

Guidance

- Staff must be equipped with the core competencies they need for their role, and knowledgeable in the areas required to deliver the intervention. They must be given opportunities to develop their skills, expand their knowledge, and stay up to date with emerging research and best practice.
- Organisations offer a minimum of 20 hours of relevant professional development activities for each worker per annum, on an ongoing basis.
- All training, learning and development opportunities count against this target and various training methods can be used:
 - attendance on training courses leading to a qualification and informal training courses
 - e-learning, webinars
 - conferences and events (online or in person)
 - Respect's Practice Development Days
 - Mentoring and coaching
 - Structured shadowing as part of induction
- **Mandatory training**
 - For all staff and volunteers (must be refreshed every three years):
 - Safeguarding vulnerable adults and children
 - Equality, Diversity, and Inclusion
 - Risk assessment and management
 - Data protection.
 - For intervention Service Managers: Respect's Service Manager training course



How to evidence

- Describe how you meet the indicator
- Submit the Training, Learning, and Development policy
- Submit training and induction documents that are specific to each role within the interventions



How it will be assessed

- By written submission
- By review of records of the training and ongoing development activities for each staff

A3 Standard:

Staff recruitment, training, and support

Indicator A3.5

Staff who have completed their probationary period are offered regular line management sessions, which include a review of their competency and training needs.

Guidance

- Staff includes volunteers and the lead member of staff.
- Line management sessions are offered by named member of staff and, in the case of the lead member of staff, this may be a member of the governing body or a suitable external person.
- The competency and training needs of staff are discussed at line management sessions and decisions about meeting these needs are minuted and actioned.



How to evidence

- Describe how you meet this indicator



How it will be assessed

- By written submission
- By review of line management sessions minutes

Section B

Structured Intervention programme delivery

This section is for structured and sequential interventions that can be categorised as either:

- **behaviour-change interventions**, aimed at perpetrators who are willing to engage and are relatively stable in terms of mental health, housing, substance misuse, and other factors that may impact on their readiness to change; or,
- **early response, awareness-raising interventions** (as a standalone intervention or as an add-on before a behaviour-change intervention), aimed at perpetrators who are concerned about their behaviour, are willing to make a change and do not have an outstanding civil or criminal matter relating to their behaviour.

They can be delivered on an individual or groupwork basis, or a combination of both, but always follow a defined structure/ curriculum.

Examples of structured, behaviour-change interventions are those known as Domestic Abuse Perpetrator Programmes (DAPP's) or Domestic Violence Perpetrator Programmes (DVPP's). An example of an early response intervention is the CLEAR (Change that Lasts Early Awareness Raising) strand of Change that Lasts.

Standards

B1: The model of work	2
B2: Case management	3
B3: Assessment	7
B4: Risk management	4
B5: Children and young people	7
B6: Delivery quality	5
B7: Monitoring and evaluation	3

Indicators



B1 Standard – Structured Intervention programme delivery: The model of work

The assessed service has a model of work for a structured intervention with perpetrators who are willing to engage and are relatively stable in terms of mental health, housing, substance misuse, and other factors that may impact on their readiness to change, and is aligned with Respect's principles

Purpose

To ensure that the service is focussed on enhancing the safety and freedom (Space for action-Kelly, 2003) for all victim-survivors (including children) by offering the right intervention to the right people at the right time, holding perpetrators accountable for their behaviours and giving them a realistic opportunity for sustainable change.

Aligned with Home Office Standards 1, 3, and 4:

1. The priority outcome for perpetrator interventions should be enhanced safety and freedom (space for action) for all victims-survivors, including children.
3. Interventions should hold perpetrators to account, whilst treating them with respect, and offering opportunities to choose to change.
4. The right intervention should be offered to the right people at the right time.

B1 Standard – Structured Intervention programme delivery: The model of work

Indicator B1.1

The model of work documents a structured behaviour change intervention aimed at perpetrators who are willing to engage and are relatively stable in terms of mental health, housing, substance misuse, and other factors that may impact on their readiness to change, and it defines the context, nature, content, eligibility, expected outcomes and theory of change for the intervention(s).

Guidance

The service has a written model(s) of work, which includes:

- theory of change or logic model, including setting out the need and method to safely support perpetrators to develop their motivation to engage in behaviour change, or, in the case of early response interventions, raise their awareness around their abusive/violence/coercive behaviours and the impact on their (ex) partners.
- content guide
- assessment and targeting
- integration with ISS
- outcome measures: the priority outcome is the enhanced safety and freedom (space for action) for all victims-survivors (including children)
- information about the delivery, including timing, sequencing, and review process
- references to any multiagency work and agreements, as applicable.



How to evidence

- Submit the model of work – it must include all the above points



How it will be assessed

- By written submission

B1 Standard – Structured Intervention programme delivery: The model of work

Indicator B1.2

The model of work is reviewed annually, and changes are made to improve the service, in consultation with all staff involved.

Guidance

- There is a process for the review of the model of work and it takes place every year.
- The review process includes information and learnings from the case management process, feedback from service users on the perpetrator intervention and the Integrated Support Service, as well as feedback from stakeholders.
- The review date and a summary of the changes made are included in the model of work.



How to evidence

- Describe how you review the model of work every year, how staff are consulted, how the feedback of service users and of stakeholders is used in the review process, and give specific examples (from your case management, treatment management, monitoring and evaluation process) of changes that you made as a result of the review.
- Submit the minutes of any meetings with the review of the model of work on the agenda.
- Submit the model of work – it must include a summary of the changes made and the date of the last review.



How it will be assessed

- By written submission

B2 Standard – Structured Intervention programme delivery: Case management

The service has an effective case management system for the intervention.

Purpose

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

Overview

Case management is a central component of any effective perpetrator intervention. It provides the mechanism to hold responsibility for managing risk, through its managers. All open cases are considered in the case management process. Care is taken to ensure that case management is well run, recorded, and given sufficient time. Staff recognise the importance of record keeping / case management notes and how it relates to data collection and monitoring processes.

Aligned with Home Office Standards 4, 6, and 7:

4. The right intervention should be offered to the right people at the right time.
6. Interventions should be delivered by staff who are skilled and supported in responding to domestic abuse.
7. Monitoring and evaluation of interventions should take place to improve practice and expand the knowledge base.

B2 Standard – Structured Intervention programme delivery: Case management

Indicator B2.1

The service undertakes regular (at least monthly) case management reviews, in which actions on how to best manage risk and increase the safety of service users and their children are tracked.

Guidance

- Case management reviews are highly focused on the management of risk, and the required information about the cases discussed is available at the time (including information from other sources/agencies, as needed).
- Case management actions are recorded: discussions are focused on, and result in, decision making and actions to reduce risk from and to service users.
- Actions from the previous case management meeting are reviewed.
- Case management includes representation from both ISS and intervention services.
- Within this process, risk assessments are revisited and revised, where necessary.
- The person who has responsibility for case management has relevant experience and adequate specialist knowledge, including of risk factors and assessment; and does not work directly with perpetrators or survivors.



How to evidence

- Describe how you meet this indicator
- Submit minutes from case management reviews from the previous 6 months



How it will be assessed

- By written submission
- By case file review
- By staff interview

B2 Standard – Structured Intervention programme delivery: Case management

Indicator B2.2

Information from the following situations is clearly recorded within one working day: contact with service users; contact with other professionals; case specific supervision; multiagency working; agreements and reviews of risk and need.

Guidance

Intervention staff must adhere to a system of recording information and activities within one working day.



How to evidence

- Submit the recording guidelines for staff (the guidelines can be part of a training manual for staff or a policy/procedure)



How it will be assessed

- By written submission
- By case file review

B2 Standard – Structured Intervention programme delivery: Case management

Indicator B2.3

The intervention manager undertakes case files audits on a sample of cases to quality assure recording of information and service delivery.

Guidance

- Case file audits are a mechanism for accurate reporting and data quality, but they also support the development of best practice in case management.
- The service must make sure that case files are kept up to date, following its policy and service requirements; and the record of case actions is accurate.
- Case file audits take place frequently, ideally monthly, and no less than 6-8 weekly; a record of the audit process must be kept.



How to evidence

- Describe how you meet this indicator
- Submit records of file audits from the last 6 months prior to evidence submission
- Submit meeting minutes with feedback given to practitioners referencing good practice or areas for development (these can be line management meeting minutes, case management meetings etc).



How it will be assessed

- By written submission
- By case file review

B3 Standard – Structured Intervention programme delivery: Assessment

The service assesses perpetrators on an ongoing basis throughout their engagement with the intervention, by undertaking initial and ongoing assessments of their risk, needs, and readiness to engage with the intervention.

Purpose

To ensure that the right intervention is offered to the right people at the right time and enhance the safety and freedom (space for action) for all victims-survivors (including children).

Overview

Services will consider a range of factors that may impact on perpetrators' risk, readiness, and willingness, as well as readiness to change. These will include, but not be limited to:

- Substance misuse (inc. alcohol, illegal drugs, or over the counter or prescription medications)
- Mental ill health
- Disability
- Neurodiversity and the needs of neurodivergent people
- Housing insecurity/homelessness
- Past criminal activity
- Lack of social support networks available to perpetrators

- Loss of employment
- Pregnancy/new baby
- Court proceedings
- Recent separation or discovery that ex-partner is in a new relationship

The service will seek to understand the dynamics of the domestic violence and abuse, risk, needs, capacity to change in every case. This will inform the organisation's decision on the intervention offered.

Services will not place people on an intervention that does not match their risk, needs and responsivity profile.

Aligned with Home Office Standards 1, 3, and 4

1. The priority outcome for perpetrator interventions should be enhanced safety and freedom (space for action) for all victims-survivors, including children.
3. Interventions should hold perpetrators to account, whilst treating them with respect, and offering opportunities to choose to change.
4. The right intervention should be offered to the right people at the right time.

B3 Standard – Structured Intervention programme delivery: Assessment

Indicator B3.1

At intake, the service carries out a full assessment of perpetrators' risk, needs, and motivation to change and considers these against the intervention eligibility and suitability criteria.

Guidance

- The service must have criteria for deciding whether a perpetrator is eligible and suitable for the intervention, and whether they are motivated and committed to change.
- The model of work will identify who the intervention is effective for, and the assessment process/eligibility criteria will reflect this.
- Motivational interviewing is a basic skill for those working with perpetrators of domestic violence and abuse. Any assessment or engagement process needs to support perpetrators to develop a commitment to change.
- Where individuals are not suitable for the intervention there should be attention to safety implications for survivors.
- See indicator B3.7 for the requirement to inform perpetrators, survivors and referring agencies of the assessment outcome.



How to evidence

- Describe how you meet this indicator.
- Submit the model of work (indicating which sections/pages the assessment process/eligibility criteria can be found).



How it will be assessed

- By written submission
- By case file review
- By staff interviews

B3 Standard – Structured Intervention programme delivery: Assessment

Indicator B3.2

At intake, the service explains the confidentiality and GDPR (General Data Protection Regulation) rights of service users, including their limits, and seeks their consent, where necessary.

Guidance

- The service must have a clear framework for information sharing in the intervention's model of work. Where appropriate this must be agreed with multiagency partners.
- Perpetrators starting to engage with the intervention are informed of the confidentiality limits, including what might be shared, with who, and under what circumstances; and they are asked for their consent, this is recorded in the case file.
- The intervention confidentiality agreement must include agreeing to case files being reviewed and video/audio recorded sessions being accessed by managers, accreditation assessors and external evaluators as part of accreditation, monitoring, and other quality assurance processes.
- The confidentiality/info sharing agreement must be signed and included in the case file.



How to evidence

- Describe how you meet this indicator, making reference to the process of explaining the confidentiality and GDPR rights and their limits, and how the consent of service users is obtained about use of recordings accessed by those mentioned in the guidance.
- Submit the confidentiality policy and consent forms
- Submit webpage links or leaflets for service users where info about confidentiality and its limits is referenced.



How it will be assessed

- By written submission

B3 Standard – Structured Intervention programme delivery: Assessment

Indicator B3.3

At intake, the service obtains the contact details of survivors and others at risk and passes them on to the ISS.

Guidance

- Establishing contact with an adult survivor is a prerequisite for offering the intervention to the perpetrator. Intervention staff must obtain the contact details of survivors, pass them on to ISS staff and ensure that the perpetrator does not join the intervention before contact with survivors and others at risk has been established.
- Survivors includes current and ex partners, as well as others to whom the perpetrator poses a risk to (e.g., other family members).
- Throughout the intervention, the service routinely and diligently checks to identify any new survivors or individuals at risk, obtains their contact details and passes them on to the ISS.

When perpetrators self-refer

- The service informs perpetrators who self-refer that a support service (ISS) will be offered to victims/survivors. As a condition of accepting perpetrators to the intervention, they must provide the contact details of survivors and others at risk, where it is possible to do so.

- Where it would be unsafe for the perpetrator to know that this is happening, the reason for this will be recorded in the case file.
- Should a perpetrator not be able to provide contact details of (ex) partner and others at risk, the intervention staff must obtain these through other means necessary.

When an agency refers

- When perpetrators are referred by another agency the service ensures it has the contact details of survivors in the referral form.

Intervention staff pass the contact details to the ISS within 24 hours from being received.



How to evidence

- Describe how you meet this indicator, ensuring all the points above are addressed
- Submit blank referral forms



How it will be assessed

- By written submission
- By case file review
- By staff interviews

B3 Standard – Structured Intervention programme delivery: **Assessment**

Indicator B3.4

Intervention staff assess perpetrators for criminal justice involvement and do not accept the referral until the criminal justice process has been concluded.

Guidance

- Assessment will make all reasonable attempts to establish criminal justice involvement. Where a perpetrator is involved in the criminal justice process pre-sentencing, the service must not accept the referral until it has concluded. Perpetrators will have to self-refer again once the criminal justice process is concluded, rather than the service holding the referral until that time. This is to minimise the likelihood that a perpetrator uses a conditional acceptance onto the intervention to influence sentencing.
- Where a current service user becomes the subject of an investigation for a domestic violence and abuse related offence, or is charged with such an offence, the service will suspend the service user to avert a situation where attendance on the intervention is seen as an alternative to criminal justice sanctions or it influences sentencing.
- Support to survivors through the ISS must continue in cases where perpetrators are suspended.



How to evidence

- Describe how you meet this indicator, ensuring all the points above are addressed
- Submit a blank assessment form showing that establishing criminal justice involvement is part of the assessment process.
- Submit records of case files from the last 6 months prior to evidence submission



How it will be assessed

- By written submission
- By case file review
- By staff interviews

B3 Standard – Structured Intervention programme delivery: Assessment

Indicator B3.5

Assessments identify any barriers to participation against the protected characteristics under the Equality Act and inform plans to offer a service that is accessible, inclusive, and responsive to the diversity needs of service users.

Guidance

- The protected characteristics under the Equality Act 2010 are:
 - age
 - gender reassignment
 - being married or in a civil partnership
 - being pregnant or on maternity leave
 - disability
 - race including colour, nationality, ethnic or national origin
 - religion or belief
 - sex
 - sexual orientation
- Assessments establish whether there are any barriers to access and participation, and consider the diversity needs of perpetrators.
- Intervention staff create delivery plans to remove or address any barriers identified and respond to the diversity needs so an inclusive service can be offered.
- Delivery plans are included in the case file and are reviewed during the service user's engagement with the intervention.



How to evidence

- Describe how you meet this indicator
- Submit blank assessment forms where the barriers to participation are recorded
- Submit the Equality, Diversity, and Inclusion policy



How it will be assessed

- By written submission
- By case file review
- By staff interviews

B3 Standard – Structured Intervention programme delivery: Assessment

Indicator B3.6

For behaviour-change interventions:

Intervention staff assess the dynamic risk and need levels of service users at periodic intervals, to ensure that the intervention is still the right one for them.

For early response interventions:

Intervention staff respond to changes in the dynamic risk and need levels of service users, as these become known to them, to ensure that the intervention is still the right one for them.

Guidance

- The service carries out risk assessments at intake, at the half-way point and at the end of the intervention, as a minimum, and, additionally, in response to an event or information that could increase/decrease risk.
- Actions from risk assessments should be clearly recorded in a perpetrator action plan.
- Information about risk must be shared with the ISS.
- Consultation with other agencies must be clearly recorded.
- Professional judgement and decisions, including management oversight, must be clearly recorded in case files.



How to evidence

- Describe how you meet this indicator



How it will be assessed

- By written submission
- By case file review
- By staff interviews

B3 Standard – Structured Intervention programme delivery: **Assessment**

Indicator B3.7

Intervention staff communicate the assessment outcome to relevant parties.

Guidance

- Perpetrators must be informed of the outcome of the assessment, if it is safe to do so. Survivors must also be informed of the outcome, along with the referring agency, where this exists.
- Staff communicate the assessment outcome using factual statements to describe whether the eligibility and suitability criteria have been met.
- The process to communicate the assessment outcome is initiated within one working day.
- Communications about the assessment outcome are recorded on the case file, including the date they occurred.



How to evidence

- Describe how you meet this indicator



How it will be assessed

- By written submission
- By case file review

B4 Standard – Structured Intervention programme delivery: Risk management

The service has effective procedures to identify, manage, and communicate risk, through a case management process.

Purpose

To reduce risk and enhance the safety and freedom (space for action) for all victims-survivors.

Overview

The identification, management and communication of risk is a core function of the service. This includes risk identification, having effective procedures to manage or reduce risk on a day-to-day basis, and communication of risk internally and externally.

Aligned with Home Office Standards 1, 3, and 4:

1. The priority outcome for perpetrator interventions should be enhanced safety and freedom (space for action) for all victims-survivors, including children.
3. Interventions should hold perpetrators to account, whilst treating them with respect, and offering opportunities to choose to change.
4. The right intervention should be offered to the right people at the right time.

B4 Standard – Structured Intervention programme delivery: Risk management

Indicator B4.1

The service uses a recognised risk assessment tool that supports the development of a comprehensive picture of all risks on an ongoing basis.

Guidance

- Developing a common language about risk across multiple professionals helps promote multiagency working. The DASH (Domestic Abuse, Stalking and Harassment) risk identification tool is the instrument most commonly used across agencies and within the MARAC (Multi Agency Risk Assessment Conference) process. Services may find this helpful as part of the risk management process, but it will be insufficient on its own.
- Services must routinely use a recognised risk assessment tool that allows practitioners to use their professional judgement, when needed, and is part of an ongoing process of a system of risk management. The aim is to develop a comprehensive picture of all risks on an ongoing basis, informed from multiple sources (survivors, professionals, and service users).
- Static risk, dynamic risk, risk of further abuse, risk escalation and individuals at risk from the abuse (including children) are identified by the risk assessment process throughout the intervention.
- Risks are revisited and updated on an ongoing basis, at the case management meetings and, additionally, every time there is information of further abuse.
- Where the ISS provision is provided by a different provider (example, Women's Aid service as part of the Make a Change model), consideration should be given to the compatibility of risk assessment tools where these differ.



How to evidence

- Describe how you meet this indicator, focussing on the system you have in place to develop a comprehensive picture of all risks, through the use of risk assessment tools and through the proactive and coordinated management of the information you have about risk. also, give examples demonstrating how the risk assessment tool allows intervention staff to use their professional judgement, when needed.
- Submit the risk assessment tools used by intervention staff
- Submit guidance/training notes for the use of the risk assessment tool



How it will be assessed

- By written submission
- By case file review
- By staff interview

B4 Standard – Structured Intervention programme delivery: Risk management

Indicator B4.2

The service has a policy and process for safely suspending or removing perpetrators from the intervention.

Guidance

- In this context, the term suspending means 'putting on hold'
- A service user's circumstances and ability to benefit from the intervention may change in ways that mean putting someone's attendance on hold or removing them altogether is more appropriate. Services must have a clear rationale about when to consider putting someone on hold or remove them altogether.
- Suspending/putting someone on hold can apply in cases where the service has information about further domestic abuse being perpetrated, or charges brought against a service user. Suspension could also apply when a service user's health (including mental ill health) or a significant life event temporarily prohibits them from engaging with the intervention.
- Removing would apply when a perpetrator's assessed risk, needs or engagement levels means the intervention is no longer safe or suitable for them or those at risk from their abuse, or compromises groupwork.
- The decision to put someone on hold, move them into a more appropriate intervention or end their participation will be made in consultation with the ISS and with a senior Manager's sign off.
- No decision should be made until the survivor is made aware so they can inform decision making and ISS staff can plan for their safety.
- The decision must be recorded in the case file.



How to evidence

- Submit the policy/guidance for safely suspending or removing perpetrators from the intervention – it must:
 - clearly describe the situations it applies for, how it should be triggered and by whom.
 - include the requirement that the decision to suspend or remove a perpetrator will be made in consultation with the ISS, with the involvement of survivors, and with a senior Manager's sign off.
 - state that the decision is recorded in the case file.



How it will be assessed

- By written submission
- By case file review
- By staff interviews

B4 Standard – Structured Intervention programme delivery: Risk management

Indicator B4.3

When reporting to external agencies about risk, this is done with a clear explanation and acknowledgement of the limitations of the assessment.

Guidance

- Risk assessment is a critical component of any domestic abuse agency's work with or about perpetrators of domestic abuse; however, known, and available resources and tools remain limited in their predictive validity/ability.
- In multi-agency contexts and settings, there should be a shared and communicated understanding of each agency's individual risk assessment tools and their ratings.
- The quality and scope of information available to complete a risk assessment and the appropriateness of the risk assessment tool may add to or reduce the reliability of assessments. As such, the limitation of any assessment should be communicated when reporting on risk.



How to evidence

- Describe how you meet this indicator.
- Submit guidance/procedure for staff when writing a report, where a statement is included that the report has limitations based on the availability of information at the time written.



How it will be assessed

- By written submission
- By case file review

B4 Standard – Structured Intervention programme delivery: Risk management

Indicator B4.4

The service actively works alongside other professionals to enable coordinated multiagency risk management.

Guidance

- It is anticipated that early response interventions will not have such an active role as that expected from a behaviour-change intervention.
- Information sharing facilitates effective risk management. The service is signed up to local information sharing protocol(s) and/or has information sharing agreements with relevant agencies.
- The service takes an active role working alongside other professionals to ensure that survivor safety is prioritised, and perpetrator risk is appropriately managed.



How to evidence

- Describe how you meet this indicator
- Submit multi-agency information sharing agreements



How it will be assessed

- By written submission
- By staff interview

B5 Standard – Structured Intervention programme delivery: Children and young people

The service has a focus on the needs and safety of the children and young people connected to its service users.

Purpose

To ensure that a priority outcome for the perpetrator intervention is enhanced safety and freedom (space for action) for children and young people who have been harmed directly and indirectly by exposure to domestic abuse.

Overview

Children and young people who see or hear or experience the effects of domestic abuse and are related to the victim-survivor or the perpetrator, are regarded as victims of domestic abuse in their own right³.

The service must be addressing this through its work: the impact of domestic violence and abuse on the lives of any connected children will be a focus of the intervention, throughout the perpetrators' engagement with the service. It will also be a focus of the ISS, throughout the survivors' engagement with it.

Aligned with Home Office Standard 1:

The priority outcome for perpetrator interventions should be enhanced safety and freedom (space for action) for all victims-survivors, including children.

B5 Standard – Structured Intervention programme delivery: Children and young people

Indicator B5.1

The service proactively gathers details of any children connected with the perpetrator and systematically records.

Guidance

- The service has a process/mechanism to gather all relevant information about children connected to the perpetrator through the multi-agency work with social care professionals – it is not sufficient to rely on information provided by the perpetrator.
- Details about children connected to the perpetrator must be recorded. This will include:
 - Names and dates of birth of all children, including stepchildren, foster children, and any other children in the home or under their care
 - whether they are known to children's social care
 - whether any of them are subject to care or contact proceedings via the public or private family Courts.
 - information about their safety and any concerns about their well-being.



How to evidence

- Describe how you meet this indicator
- Submit a blank copy of the referral form used to gather information on all children
- Submit information sharing agreements



How it will be assessed

- By written submission
- By case file review
- By staff interviews

B5 Standard – Structured Intervention programme delivery: Children and young people

Indicator B5.2

The perpetrator intervention and the ISS support their service users to understand the impact of the domestic abuse on their children and to increase and improve their parenting capacity.

Guidance

- The service's work with perpetrators and survivors, as specified in the model of work, will consider the parenting skills and capacity of its service users.
- While interventions may vary in intensity and contact time, the parenting needs of service users must be considered, whether this is through links with other services, signposting, or direct work with service users.
- This consideration will be informed by an understanding of how domestic violence and abuse impacts on the parenting capacity of both perpetrators and survivors and the needs of children whose parents are attending a domestic violence and abuse intervention.
- Children and young people impacted by domestic abuse may be aware that the parent is receiving some intervention for this. How they are informed of this, by who and what messages they receive about this are important. The service will support parents, where appropriate, by providing them with age-appropriate information for their children.
- The perpetrator intervention and the ISS must include a parenting module/support sessions covering:
 - the impact of domestic abuse on children and their support needs and
 - the parenting capacity of both perpetrators and survivors.



How to evidence

- Describe how you meet the indicator
- Submit the model of work
- Submit any guidance/training materials for staff about supporting service users around parenting



How it will be assessed

- By written submission
- By case file review
- By recorded sessions review
- By staff interviews

B5 Standard – Structured Intervention programme delivery: Children and young people

Indicator B5.3

Where a child has been assessed as in need or considered at risk of significant harm, the service creates a plan of actions to mitigate the harm alongside the intervention.

Guidance

- The service must have a current Safeguarding policy and process for information sharing.
- The service must develop a plan aiming to mitigate the risk of harm to child(ren) and this plan must work alongside the intervention with the perpetrator
- The plan is developed with information provided by the Social Worker, and it is communicated to them
- The service must ensure that the service user is aware of the plan as a condition of attendance on the intervention
- Service user confidentiality and consent forms need to outline with whom and when information might be shared and the limitations to confidentiality.
- Case files should reflect appropriate information sharing and risk assessment and a copy of the Child Protection Plan, when available, is on the case file, including dates for review.



How to evidence

- Describe how you meet this indicator
- Submit the Safeguarding policy and procedure and relevant information sharing agreements/protocols
- Submit a blank copy of the confidentiality and consent forms in use



How it will be assessed

- By written submission
- By case file review
- By staff interviews

B5 Standard – Structured Intervention programme delivery: Children and young people

Indicator B5.4

The intervention is a collaborative, joint working process with other professionals involved with the family

Guidance

- The [Child Safeguarding Practice Review Panel Briefing 2 on Multi-agency Safeguarding and Domestic Abuse](#) (September 2022) highlights patterns in practice evident in case reviews. One of the key findings of the report was that there was no evidence of a coordinated multi-agency response to domestic abuse. The review panel's key recommendation is that '...child safeguarding partners should connect closely with the community safety partnership or domestic abuse board to ensure priorities and work plans align...'
- [Key findings analysis from Domestic Homicide Reviews](#) (published 30 March 2022) includes recommendations related to the sharing of information between agencies.
- A collaborative working process is critical in facilitating information sharing and bringing about better outcomes for children and families. The service must demonstrate that it is taking reasonable steps to foster a joint working relationship with professionals involved with the family, most often those in social care.
- On occasion, a good working relationship with other professionals may break down, or the service may be unable to establish joint working with them. If this happens, the service must take steps to address it. There needs to be a clear process of escalation internally and externally within social care.
- Case files must have clear records of attempted contacts and evidence of Management oversight.
- The service must have a named, up-to-date Safeguarding Lead.



How to evidence

- Describe how you meet this indicator
- Submit the Safeguarding policy and procedure



How it will be assessed

- By written submission
- By case file review
- By staff interviews

B5 Standard – Structured Intervention programme delivery: Children and young people

Indicator B5.5

The service responds to Children's Social Care requests for reports on service users' engagement with the intervention and staff are skilled at writing these reports.

Guidance

- Where the intervention has been working with a service user whose children are open cases with Children's Social Care and/or the Family Courts, the service has a responsibility to share information on progress and changes in risk, in line with its confidentiality and safeguarding policies.
- These reports must be professional, evidenced, and defensible.
- Reports may be seen by all parties and the service will consider the risks and impact of this and, where appropriate and safe to do so, inform parents of such reports.
- The service must have guidance for staff when dealing with requests for reports. The guidance must include:
 - What information should be provided in reports:
 - Nature of the intervention and the service user's attendance.
 - Further abusive behaviour
 - Significant concerns or changes in risk and the evidence supporting these.
 - Caveats on the conclusions which can be drawn from this information.
- How the report should be written:
 - format
 - style
 - length
 - tone
- The service must offer report writing training for staff and a template for reports to ensure a consistent approach in reporting.
- Reports must be signed off by a Senior Manager with an understanding of the impact of domestic violence and abuse on children and family dynamics. This must be recorded in the case files.
- The service must have in place information sharing agreements and an up-to-date Safeguarding Policy with a named Safeguarding Lead.



How to evidence

- Describe how you meet this indicator
- Submit the report writing guidance for staff
- Submit the Safeguarding Policy and Information sharing agreements



How it will be assessed

- By written submission
- By case file review
- By staff interviews

B5 Standard – Structured Intervention programme delivery: Children and young people

Indicator B5.6

Applicable to behaviour-change interventions only – early response interventions need not submit evidence for this indicator:

Where a perpetrator accessing the intervention as a requirement of an expert assessment directed by a judge and completed by social care, then the service needs to have sight of the expert assessment and all the information about risk.

Guidance

- Where a perpetrator has been referred to an intervention as part of a court order in public law proceedings, or by a Local Authority who are working the case under the Public Law Outline (pre-proceedings), and an expert risk assessment has been undertaken, then the service needs to have sight of that assessment and all other information about risk in the case.
- Unless the organisation provides a separate expert witness service, with appropriately trained staff who meet the relevant practice direction(s) for providing such services, then the intervention staff must not step into an expert witness role. This is so that the intervention and assessment of perpetrators remain separate.
- In circumstances where the service does provide the expert witness service mentioned above, the expert will have access to all the relevant court papers, as well as the time and expertise to consider them. The resulting report must be shared with the intervention staff or service.



How to evidence

- Describe how you meet this indicator



How it will be assessed

- By written submission
- By case file review
- By staff interviews

B5 Standard – Structured Intervention programme delivery: Children and young people

Indicator B5.7

Applicable to behaviour-change interventions only – early response interventions need not submit evidence for this indicator:

Where children are the subject of Private Law proceedings, or have been in the last 12 months, services must not offer a behaviour-change intervention for parents.

Guidance

- Services must ensure that the assessment carried out for any self-referred service user is comprehensive and robust, to minimise the risk of a parent with Family Court involvement accepted onto the intervention. It is not sufficient to only ask the service user about Family Court proceedings; services must take every reasonable step within the multi-agency context of their work to ensure that they are satisfied about service users not having had Family Court involvement.
- If there has been such involvement in the last 12 months, then the service should not accept the service user onto the intervention.
- If there was involvement more than 12 months previously, services must use their professional judgement about whether they should accept the self-referred parent or not; and any decision must be clearly recorded in the case file.
- Services should proactively inform all service users before accepting them on the intervention that if information becomes known about Family Court proceedings (which they did not previously disclose) after they have been accepted on the intervention, they may be suspended from the programme. Not disclosing about Family Court proceedings speaks to the perpetrators' motivation to change and keeping them on the programme raises expectations of change that are unjustified. Management of risk is critical in these cases.
- Services should include a clause in the contract with service users, stating that the service will not provide reports to Family Courts or other interested parties. This may minimise the risk of accepting service users on the intervention whose sole motivation is to use attendance as a tool to influence Family Court proceedings.
- This indicator applies to services wherever they are based in the UK.



How to evidence

- Describe how you meet this indicator
- Submit a blank copy of the contract with service users
- Submit the De-selection policy



How it will be assessed

- By written submission
- By case file review
- By staff interviews

B6 Standard – Structured Intervention programme delivery: Delivery quality

Intervention delivery is consistent with the model of work and the overall framework for delivery supports best practice.

Purpose

To ensure that perpetrators of domestic abuse receive a competent, informed, and well managed intervention.

Aligned with Home Office Standards 3, 4, 6, and 7:

3. Interventions should hold perpetrators to account, whilst treating them with respect, and offering opportunities to choose to change.
4. The right intervention should be offered to the right people at the right time.
6. Interventions should be delivered by staff who are skilled and supported in responding to domestic abuse.
7. Monitoring and evaluation of interventions should take place to improve practice and expand the knowledge base.

B6 Standard – Structured Intervention programme delivery: Delivery quality

Indicator B6.1

The intervention staff have an in-depth understanding of the model of work, including approach, method, KPIs (Key Performance Indicators), sequencing of sessions, and expected outcomes of the intervention.

Guidance

The intervention staff must have a clear understanding of and be able to explain why they use the approach described in the model of work, including the sequencing of the intervention, who is eligible for it, the outcomes expected from the different elements of the work and the style of delivery.



How to evidence

This indicator will be assessed through staff interviews.



How it will be assessed

- By staff interviews

B6 Standard – Structured Intervention programme delivery: Delivery quality

Indicator B6.2

The intervention staff have sufficient time and resource to deliver the intervention as set out in the model of work.

Guidance

- The time and resource needed will be dependent on the model of work and reflect the risk, needs and responsivity profile of the perpetrators.
- Perpetrators will have sufficient hours of contact with staff over a long enough time to provide a reasonable opportunity for them to recognise their abusiveness, stop being abusive and to develop skills for safe and respectful relationships and parenting.
- Staff will have the time and resource to carry out the following, where these are part of the model of work:
 - Preparation, delivery, debrief and follow-up tasks related to perpetrator contact.
- Participate in case management with ISS staff, including regular reviews of risk and of intervention suitability.
- Communicate effectively with other professionals to manage risk within a multi-agency context.
- Participate in all required training and supervision activities.
- Participate in practice management.



How to evidence

- Describe how you meet this indicator, making sure that all the points above are being addressed.



How it will be assessed

- By written submission
- By staff interview

B6 Standard – Structured Intervention programme delivery: Delivery quality

Indicator B6.3

Facilitating groupwork interventions models gender equality and the size of groups contributes to the effective delivery of the model of work.

Guidance

- Groupwork interventions for heterosexual male perpetrators or bisexual perpetrators who have been abusive to a female partner model gender equality. Groupwork programmes should be delivered by two or three facilitators. Where there are two, they should ideally be a female and a male or two female facilitators (but not two male facilitators). Where there are three facilitators there should be at least one female and one male – and the third one either female or male. This is so perpetrators can see an equal relationship between a man and a woman, to ensure that a female voice is present in the room and to mitigate any subconscious ‘blind spots’ and collusion with perpetrators.
- The content of groupwork interventions requires a populated group to work effectively. Groups will ideally have between six and twelve participants. With fewer than six it may be hard to carry out certain activities and with more than twelve it can be difficult to meet the individual needs of participants. Also, groups with over twelve participants can be challenging, even for experienced facilitators.
- Interventions delivered in a one-to-one setting can be delivered by male or female staff. Services must be mindful and sensitive to the delivery of sessions with sensitive topics, for example, sexual abuse. The dynamic of a female facilitator with a male perpetrator might become a barrier around engagement. Some men might be uncomfortable to explore topics that touch on faith and cultural norms. This may impact on the trust and openness between service user and facilitator. Services should consider additional cover/staff for such topics.
- For one-to-one interventions, the review of the recorded sessions is the main mechanism to monitor issues of collusion with the perpetrator.



How to evidence

- Describe how you meet this indicator, referring to groupwork and/or individual work, as applicable.



How it will be assessed

- By written submission
- By staff interview
- By recorded sessions review

B6 Standard – Structured Intervention programme delivery: Delivery quality

Indicator B6.4

The service has a system for reviewing the delivery of the intervention to ensure adherence to the model of work and to monitor the quality of the delivery.

Guidance

1. Recording sessions:

- Group work with perpetrators must be video recorded for practice development supervision and a sample of these recordings are reviewed as part of the practice supervision process.
- Individual work programme sessions are audio recorded for the same reason.

2. Reviewing recordings:

- The Practice/Treatment Manager reviews the recordings and makes observations that will be part of the feedback to facilitators in the practice management session.
- Viewing one in five group session video recordings is a suggested frequency, unless there are reasons for more frequent support.

- Audio recording is an adequate mechanism to review structured individual behaviour change work. Unlike group work, there are only two people in the room for individual work and there is no confusion as to who is speaking.
- Individual work can be a demanding way to work with this client group. The perpetrator does not have the support of working with other people facing similar challenges and the worker does not have the support of a co-facilitator. If these sessions were to be video recorded, there would be an additional challenge for both the perpetrator and facilitator to overcome.



How to evidence

- Describe how you meet this indicator, making sure you're referring to the process of recording and reviewing of sessions.
- Submit recordings of sessions from the last 6 months.



How it will be assessed

- By written submission
- By recorded sessions review
- By staff interview

B6 Standard – Structured Intervention programme delivery: Delivery quality

Indicator B6.5

Staff delivering the intervention attend practice supervision and clinical supervision.

Guidance

- Sessional staff and volunteers undertaking work with service users are provided with the same practice management support and have access to clinical supervision, on a pro-rata basis.
- **Practice supervision**
 - Practice supervision is led by a practice manager with the skills, experience, and resources to help staff improve their practice.
 - The Practice/Treatment Manager keeps notes of practice management sessions.
- **Clinical supervision**
 - Regular clinical supervision is provided for and used by all frontline staff, and it is separate to line management and practice supervision.
 - Clinical supervision ideally takes place monthly or every six weeks.



How to evidence

- Describe how you meet this indicator
- Submit practice management sessions notes from the last 6 months
- Submit the Clinical Supervisor's contract with the service.



How it will be assessed

- By written submission
- By staff interview

B7 Standard – Structured Intervention programme delivery: **Monitoring and evaluation**

The service obtains, monitors, and analyses quantitative and qualitative data on its service users and on the outcomes of the service.

Purpose

To ensure services can evidence the positive impact of the intervention and use data to inform further development to meet the needs of their service users.

Aligned with Home Office Standard 7:

Monitoring and evaluation of interventions should take place to improve practice and expand the knowledge base.

B7 Standard – Structured Intervention programme delivery: Monitoring and evaluation

Indicator B7.1

The intervention staff maintain factual and representative records which meet the requirements of the service.

Guidance

- Service user records are essential for effective case management.
- Staff record all the actions they undertake in the delivery of the service on the relevant client file, including, but not limited to:
 - intake and assessment
 - confidentiality
 - intervention delivery
 - management oversight and risk management
 - liaison with external professionals involved with the service user
 - referrals and signposting to other agencies



How to evidence

- Submit the guidance/procedure/training notes for staff on record keeping and case management



How it will be assessed

- By written submission
- By case file review

B7 Standard – Structured Intervention programme delivery: Monitoring and evaluation

Indicator B7.2

The service collects and analyses data on outputs and outcomes in line with the 5 outcomes in the Respect Outcomes Framework.

Guidance

- The service routinely records data on the quality, outcomes and content of intervention delivery and measures these against the key performance indicators to improve service delivery.
 - Data on outputs related to the intervention and outcomes data must be systematically collected and analysed. This is likely to include, but not be limited to:
 - demographic data about the service users and their children
 - other agencies involved,
 - history of violence and abuse,
 - risk, needs and capacity to change assessments,
 - joint work with other agencies,
 - intervention plans,
 - case reviews, the movement through the stages of the intervention through to completion/case closure,
 - the take-up of the ISS, and its work on safety and needs of survivors and joint work with other agencies and advocacy work on behalf of survivors.
 - reasons for case closure
- Analysis of outputs data must demonstrate how the service contributes to the following outcomes:**
1. Reduction in Perpetrator's Violent and Abusive Behaviour
 2. Increase in Survivor's Safety, Well-being and Freedom
 3. Improvement in Children's Well-being and Safety
 4. Improvement in Multiagency work
 5. Effective targeting of interventions



How to evidence

- Describe the system used to collect and analyse data on outputs and outcomes and how this is line with the Respect Outcomes Framework
- Submit the referral and assessment forms in use by the service



How it will be assessed

- By written submission

B7 Standard – Structured Intervention programme delivery: Monitoring and evaluation

Indicator B7.3

The service has a mechanism to engage the views of service users about the service, analyse their views, and use them to further develop the service.

Guidance

- Services must proactively offer all service users the opportunity to give their views about the service.
- A range of methods can be used, including distributing and collecting feedback forms, consulting in a focus group, using complaints and compliments etc.



How to evidence

- Describe how your service offers service users the opportunity to give their views about the service, what methods are used, how the views of service users are analysed and used to further develop the service
- Submit reports of summarised feedback from the last 6 months – it must include how it has influenced the development of the service



How it will be assessed

- By written submission

Section B

Intensive Case Management intervention delivery

Intensive Case Management is designed primarily to contribute to the risk management of high-harm, high-risk, and/or significant recidivist perpetrators of domestic abuse. The main function of this model is to manage risk, safeguard survivors and children and create increased accountability. This is achieved through rigorous assessment and identification of risk and need, and, where appropriate, direct engagement with the perpetrator. Structured behaviour change intervention may be a component of the service delivery, but it will not be the primary strand of intervention.

An example of an Intensive Case Management Intervention is the Drive Project.

Standards

B1: The model of work

B2: Case management

B3: Assessment

B4: Risk management

B5: Children and young people

B6: Delivery quality

B7: Monitoring and evaluation

Indicators

2

2

7

3

6

4

3



B1 Standard – Intensive Case Management intervention delivery

The model of work

The assessed service has a model of work for an intensive case management intervention aimed at high harm and/or significant recidivist perpetrators, and incorporates intensive one-to-one work and case management alongside a co-ordinated police-led multi-agency response that disrupts opportunities for abuse and reduces risk; and is aligned with Respect's principles.

Purpose

To ensure that the service is focussed on enhancing the safety and freedom (space of action) for all victim-survivors (including children) by offering the right intervention to the right people at the right time, holding perpetrators accountable for their behaviours and, where appropriate giving them a realistic opportunity for change.

Aligned with Home Office Standards 1, 3, and 4:

1. The priority outcome for perpetrator interventions should be enhanced safety and freedom (space for action) for all victims-survivors, including children.
3. Interventions should hold perpetrators to account, whilst treating them with respect, and offering opportunities to choose to change.
4. The right intervention should be offered to the right people at the right time.

B1 Standard – Intensive Case Management intervention delivery: The model of work

Indicator B1.1

The model of work documents an intensive case management intervention aimed at high harm and/or significant recidivist perpetrators, and incorporates intensive one-to-one work and case management alongside a co-ordinated police-led multi-agency response that disrupts opportunities for abuse and reduces risk.

Guidance

The service has a written model(s) of work, which includes:

- theory of change or logic model, including setting out the need and method to safely support perpetrators to develop their motivation to engage in behaviour change.
- content guide
- assessment and targeting
- integration with the IDVA service
- outcome measures: the priority outcome is the enhanced safety and freedom (space for action) for all victims-survivors (including children) by reducing the risk the perpetrator poses
- information about the intensive one-to-one work to be carried out to reduce the risk posed by the perpetrator, delivery of other elements (disruption responses, addressing additional needs that a perpetrator might have) and review process
- multiagency work and agreements.
- comprehensive needs assessment that informs decisions around the individual intervention plan and its various components.



How to evidence

- Submit the model of work – it must include all the above points



How it will be assessed

- By written submission

B1 Standard – Intensive Case Management intervention delivery

The model of work

Indicator B1.2

The model of work is reviewed annually, and changes are made to improve the service, in consultation with all staff involved.

Guidance

- The review process includes information and learnings from the case management process, feedback from service users who engage with a Case Manager, survivors supported by an IDVA, as well as feedback from stakeholders.
- The review date and a summary of the changes made are included in the model of work.



How to evidence

- Describe how you review the model of work every year, how staff are consulted, how the feedback of service users and of stakeholders is used in the review process, and give specific examples (from your case management, treatment management, monitoring and evaluation process) of changes that you made as a result of the review.
- Submit the minutes of any meetings with the review of the model of work on the agenda.
- Submit the model of work – it must include a summary of the changes made and the date of the last review.



How it will be assessed

- By written submission

B2 Standard – Intensive Case Management intervention delivery

Case management

The service has an effective case management system.

Purpose

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

Overview

Case management is essential for the provision of safe and effective work. Good record keeping places service users at the centre of the work, tracking their journey through the service (including intervention, support needs, risk management), detailing defensible decision making and enabling audit of practice. All open cases are considered in the case management process. Care is taken to ensure that case notes are timely, accurate, clear, relevant, and compliant with Data Protection and General Data Protection Regulation legislation. Case Managers have responsibility for proficient case note recording; Service Managers and Practice Advisors have responsibility for monitoring and ensuring consistency of practice.

Aligned with Home Office Standards 4, 6 and 7:

4. The right intervention should be offered to the right people at the right time.
6. Interventions should be delivered by staff who are skilled and supported in responding to domestic abuse.
7. Monitoring and evaluation of interventions should take place to improve practice and expand the knowledge base.

B2 Standard – Intensive Case Management intervention delivery

Case management

Indicator B2.1

The service has clear guidelines for recording case notes on a case management system, including identifying those tasked with record keeping and those with monitoring/oversight of records.

Guidance

- Information from the following situations is clearly recorded within one working day: contact with service users; contact with other professionals; case specific supervision; multiagency working; information sharing agreements and reviews of risk and need.



How to evidence

- Describe how you meet this indicator.
- Submit minutes from case management reviews from the previous 6 months



How it will be assessed

- By written submission
- By case file review
- By staff interview

B2 Standard – Intensive Case Management intervention delivery

Case management

Indicator B2.2

The Service Manager carries out frequent review of case audits to ensure the quality and standard of service provision and the safety of survivors and their children.

Guidance

- Case file audits are a mechanism for accurate reporting and data quality, but they also support the development of best practice in case management.
- The service must make sure that case files are kept up to date, following its guidelines and service requirements; and that the records of case actions are accurate and completed on time.
- Case file audits take place frequently, ideally monthly, and no less than 6-8 weekly; a record of the audit process must be kept.



How to evidence

- Describe how you meet this indicator
- Submit records of case file audits from the last 6 months prior to evidence submission
- Submit meeting minutes with feedback given to practitioners referencing good practice or areas for development (these can be line management meeting minutes, case management supervision sessions etc).



How it will be assessed

- By written submission
- By case file review

B3 Standard – Intensive Case Management intervention delivery

Assessment

The service assesses perpetrators on an ongoing basis throughout their engagement with the intervention, by undertaking initial and ongoing assessments of their risk, needs, and readiness to engage with the intervention.

Purpose

To ensure that the right intervention is offered to the right people at the right time and enhance the safety and freedom (space for action) for all victims-survivors (including children).

Overview

Services will consider a range of factors that may impact on perpetrators' risk, readiness, and willingness, as well as readiness to change. These will include, but not be limited to:

- Substance misuse (inc. alcohol, illegal drugs, or over the counter or prescription medications)
- Mental ill health
- Disability
- Neurodiversity and the needs of neurodivergent people
- Housing insecurity/homelessness
- Past criminal activity
- Lack of social support networks available to perpetrators
- Loss of employment
- Pregnancy/new baby
- Court proceedings
- Recent separation or discovery that ex-partner is in a new relationship

The service will seek to understand the dynamics of the domestic violence and abuse, risk, needs, capacity to change in every case. This will inform the organisation's decision on the intervention offered.

Services will not place people on an intervention that does not match their risk, needs and responsivity profile.

Aligned with Home Office Standards 1, 3, and 4:

1. The priority outcome for perpetrator interventions should be enhanced safety and freedom (space for action) for all victims-survivors, including children.
3. Interventions should hold perpetrators to account, whilst treating them with respect, and offering opportunities to choose to change.
4. The right intervention should be offered to the right people at the right time.

B3 Standard – Intensive Case Management intervention delivery Assessment

Indicator B3.1

At intake, the service carries out a full assessment of perpetrators' risk, needs, and motivation to change and considers these against the intervention eligibility and suitability criteria, as well as whether it is safe to do direct or indirect work with them.

Guidance

- The service must have criteria for deciding whether a perpetrator is eligible and suitable for the intervention.
- The model of work will identify who the intervention is effective for, and the assessment process/eligibility criteria will reflect this.
- Motivational interviewing is a basic skill for those working with perpetrators of domestic violence and abuse. Any assessment or engagement process needs to support perpetrators to develop a commitment to change.
- Where individuals are not suitable for the intervention there should be attention to safety implications for survivors. Cases are to be discussed at a multi-agency forum to consider the most appropriate referral pathway and options to best manage the risk.
- See indicator B3.7 for the requirement to inform perpetrators, survivors, and referring/partner agencies of the assessment outcome.



How to evidence

- Describe how you meet this indicator.
- Submit the model of work (indicating which sections/pages the assessment process/eligibility criteria can be found).



How it will be assessed

- By written submission
- By case file review
- By staff interviews

B3 Standard – Intensive Case Management intervention delivery Assessment

Indicator B3.2

Where the service has direct contact with perpetrators, it explains their confidentiality and GDPR (General Data Protection Regulation) rights, including their limits, and seeks their consent, where necessary. Where the service is working indirectly with perpetrators, they must follow the Operating and Information Sharing Protocols which will include details about the relevant lawful basis for sharing information.

Guidance

- The service must have a clear framework for information sharing in the intervention's model of work. Where appropriate this must be agreed with multiagency partners.
- Perpetrators starting to engage directly with the intervention are informed of the confidentiality limits, including what might be shared, with who, and under what circumstances; and they are asked for their consent, this is recorded in the case file.
- The intervention confidentiality agreement must include agreeing to case files being reviewed and video/audio recorded sessions being accessed by managers, accreditation assessors and external evaluators as part of accreditation, monitoring, and other quality assurance processes.
- Where perpetrators are directly engaging in the service, the confidentiality/info sharing agreement must be signed and included in the case file.



How to evidence

- Describe how you meet this indicator, referring to the process of explaining the confidentiality and GDPR rights and their limits, and how the consent of service users is obtained about use of recordings accessed by those mentioned in the guidance.
- Submit the confidentiality policy and consent forms including when consent is not explicitly given
- Submit webpage links or leaflets for service users where info about confidentiality and its limits is referenced.



How it will be assessed

- By written submission

B3 Standard – Intensive Case Management intervention delivery Assessment

Indicator B3.3

Intensive case management intervention must come with support for the (ex) partner and for other survivors, offered by an IDVA for the duration of contact; the Case Manager works collaboratively with the IDVA service.

Guidance

- The Case Manager must work collaboratively with the IDVA throughout the course of their work with the service user in the following ways:
 1. Complete and review of the risk assessment process.
 2. Develop and review of the victim's Individual Support and Safety Plan.
 3. Promote multi-agency working to reduce risk and improve safety of all parties.
 4. Appropriate and proportionate information sharing in relation to support and the implementation of disruption strategies.
 5. Update on incidents and outcomes throughout engagement period in both contact and non-contact cases
- No information coming directly from the survivor or indirectly via the IDVA will be shared or inferred to the service user unless prior agreement is given by the Service Manager and IDVA Service Manager
- The Case Manager must meet with IDVA's frequently (at least monthly) to facilitate updates, manage risk, and share information; and update them and relevant parties when incidents or issues that may affect risk and safety planning arise.
- The Case Manager must record all case information, actions and outcomes reported by IDVA's.
- The Case Manager must update the Service Manager with any significant information as and when necessary.



How to evidence

- Describe how you meet this indicator, ensuring all the points above are addressed
- Submit blank referral forms



How it will be assessed

- By written submission
- By case file review

B3 Standard – Intensive Case Management intervention delivery Assessment

Indicator B3.4

The intervention has a referral process/pathway that identifies if there is Criminal Justice involvement, and it works on the principle that it will not make direct contact with the perpetrator until the process has been completed; exceptions in this practice must demonstrate a robust mechanism that minimises the risk of influencing sentencing.

Guidance

- Perpetrators who have Criminal Justice involvement when the referral is made or those who become involved with the Criminal Justice whilst they are service users of the intervention will be known to the service through the referral pathway. In most cases, the intervention will not make direct contact with the service user until the Criminal Justice process has been concluded. Indirect activity, such as intelligence gathering, information sharing, risk management, disruption planning and multi-agency working, can commence or continue during the period.
- Direct contact can take place only where there are clear grounds to do so, and these grounds have been agreed with multi-agency partners involved in the case (including but not limited to National Probation Service, Police and Crown Prosecution Service partners involved in the case).
- Where a current service user becomes the subject of an investigation for a domestic violence and abuse related offence, or is charged with such an offence, the Case Manager will consult with multi-agency partners as to whether to continue with direct contact with a service user- or to carry out indirect work such as information gathering and disrupt work.
- If the service decides to make direct contact or continue contact to someone involved in the pre-sentence stage of the criminal justice process, it must take steps to ensure that attendance on the intervention does not influence, inform, or have an impact on sentencing.
- This must be clearly recorded in the case file and clear messages should be presented that the perpetrator's engagement should not be seen as indication of behaviour change or reduction in risk.
- Support to survivors through the IDVA service must continue.
- The consultation with other agencies and decision-making process must be recorded clearly in the case file.
- All elements of this work will be carried out in collaboration with multi-agency partners, prioritising support and safeguarding interventions for the victim(s) and children.



How to evidence

- Describe how you meet this indicator, ensuring all the points above are addressed
- Submit assessment forms where it is shown that perpetrators are screened for criminal justice involvement
- Submit records of case files from the last 6 months prior to evidence submission



How it will be assessed

- By written submission
- By case file review
- By staff interviews

B3 Standard – Intensive Case Management intervention delivery Assessment

Indicator B3.5

Assessments consider any barriers to participation, including protected characteristics under the Equality Act, and inform plans to remove or address these barriers.

Guidance

- Assessments include barriers to access and participation, and the diversity needs of perpetrators. Protected characteristics of service users are considered, and plans are made (and reviewed) to remove or address any barriers identified.
- A delivery plan included in the case file outlines how accessibility will be enhanced and assured for the service user.
- This plan should be reviewed during the intervention.



How to evidence

- Describe how you meet this indicator
- Submit blank assessment forms where the barriers to participation are recorded
- Submit the Equality, Diversity, and Inclusion policy



How it will be assessed

- By written submission
- By case file review

B3 Standard – Intensive Case Management intervention delivery Assessment

Indicator B3.6

The service regularly assesses the dynamic risk and need levels of service users, to ensure that the intervention is still the right one for them.

Guidance

- The service carries out frequent risk assessments, particularly in response to an event or information that could increase/decrease risk using a recognised risk assessment tool
- Actions from risk assessments should be clearly recorded in a perpetrator action plan
- Information about risk must be shared with the IDVA
- Should there be further abuse, intervention staff should use professional judgement on the suitability of the intervention, based on the risk and safety of survivors and their children, where a service user is charged with a further offence the Case Manager should consult with multi-agency partners as to whether direct contact ceases until after the CJS process has concluded.
- Consultation with other agencies must be clearly recorded
- Professional judgement and decisions, including management oversight, must be clearly recorded in case files



How to evidence

- Describe how you meet this indicator
- Submit a referral pathway for alternative interventions



How it will be assessed

- By written submission
- By case file review
- By staff interviews

B3 Standard – Intensive Case Management intervention delivery Assessment

Indicator B3.7

If the service includes working with a multi-agency domestic abuse perpetrator panel/forum as a part of a co-ordinated community response, or equivalent, then this is informed of the outcome of the Service User's suitability for the intervention, and about carrying out either direct or indirect contact, intensive case-management, disrupt and behaviour change work.

Guidance

- In cases of direct contact Service Users are informed of the outcome of the assessment if it is safe to do so. Survivors must also be informed of the outcome, if there is direct contact and it is safe to do so
- Staff communicate the assessment outcome to the perpetrator panel (or equivalent) and the multi-agency forum using factual statements to describe whether the eligibility and suitability criteria have been met. The report of the assessment outcome will include information about carrying out direct or indirect contact and the activities that will be carried out.
- Communications about the assessment outcome are recorded on the case file, including the date they occurred



How to evidence

- Describe how you meet this indicator



How it will be assessed

- By written submission
- By case file review
- By staff interviews

B4 Standard – Intensive Case Management intervention delivery

Risk management

The service has effective procedures to identify, manage, and communicate risk, through a case management process.

Purpose

To reduce risk and enhance the safety and freedom (space for action) for all victims-survivors.

Overview

The identification, management and communication of risk is a core function of the service. This includes risk identification, having effective procedures, including critical incident management procedures, to manage or reduce risk on a day-to-day basis, communicate risk internally and externally, as well as follow up procedures to ensure continuous learning and improvement.

Aligned with Home Office Standards 1, 3, and 4:

1. The priority outcome for perpetrator interventions should be enhanced safety and freedom (space for action) for all victims-survivors, including children.
3. Interventions should hold perpetrators to account, whilst treating them with respect, and offering opportunities to choose to change.
4. The right intervention should be offered to the right people at the right time.

B4 Standard – Intensive Case Management intervention delivery

Risk management

Indicator B4.1

The service uses a recognised risk assessment tool that supports the development of a comprehensive picture of all risks on an ongoing basis.

Guidance

- Developing a common language about risk across multiple professionals helps promote multiagency working. The DASH (Domestic Abuse, Stalking and Harassment) risk identification tool is the instrument most commonly used across agencies and within the MARAC (Multi Agency Risk Assessment Conference) process. Services may find this helpful as part of the risk management process, but it will be insufficient on its own.
- Services must routinely use a recognised risk assessment tool that allows practitioners to use their professional judgement, when needed, and is part of an ongoing process of a system of risk management. The aim is to develop a comprehensive picture of all risks on an ongoing basis, informed from multiple sources (survivors, professionals, and service users).
- Static risk, dynamic risk, risk of further abuse, risk escalation and individuals at risk from the abuse (including children) are identified by the risk assessment process throughout the intervention.
- Risks are revisited and updated on an ongoing basis, at the case management meetings and, additionally, every time there is information of further abuse.
- Where the IDVA provision is provided by a different provider, consideration should be given to the compatibility of risk assessment tools where these differ.



How to evidence

- Describe how you meet this indicator, focussing on the system you have in place to develop a comprehensive picture of all risks, through the use of risk assessment tools and through the proactive and coordinated management of the information you have about risk. Also, give examples demonstrating how the risk assessment tool allows intervention staff to use their professional judgement, when needed.
- Submit the risk assessment tools used by intervention staff.
- Submit guidance/training notes for the use of the risk assessment tool.



How it will be assessed

- By written submission
- By case file review
- By staff interviews

B4 Standard – Intensive Case Management intervention delivery

Risk management

Indicator B4.2

The service has guidance that informs the selection of cases progressing to the intervention and the decision of perpetrators' suitability for behaviour-change work and/or additional support, or work that disrupts opportunities for abuse to be carried out.

Guidance

- The service has guidance that includes the characteristics of cases suitable for the intervention and the elements of behaviour-change, support, and disrupt.
- Where a service user is deemed unsuitable for intensive case manager this is reported back to the perpetrator panel
- Decisions are made in collaboration with the IDVA supporting the survivor to ensure a joined-up approach.
- The decision must be recorded in the case file.



How to evidence

- Submit the guidance for the selection of cases progressing to the intervention, where the above requirements are included.



How it will be assessed

- By written submission
- By case file review
- By staff interviews

B4 Standard – Intensive Case Management intervention delivery Risk management

Indicator B4.3

The Case Manager with oversight from the Service Manager actively works alongside other professionals to enable coordinated multiagency risk management.

Guidance

- The service takes an active role working alongside other professionals to ensure that survivor safety is prioritised, and perpetrator risk is appropriately managed.
- The Service Manager attends MARAC meetings.
- The Service Manager reports back to the Perpetrator Panel.
- The Case Manager will work alongside the IDVA to proactively work together to promote multi-agency working to increase safety and reduce risk for the survivor and their children.



How to evidence

- Describe how you meet this indicator, giving examples of how the service enables coordinated multiagency risk management, including who attends meetings.
- Submit multi-agency information sharing agreements.
- Submit multi-agency meeting minutes from the last 6 months.



How it will be assessed

- By written submission
- By staff interview

B5 Standard – Intensive Case Management intervention delivery Children and young people

The service has a focus on the needs and safety of the children and young people connected to its service users.

Purpose

To ensure that any work with service users does not generate or negatively impact on existing risk for children and young people connected to them, and is focused on increasing their safety, freedom, and space for action.

Overview

Children and young people who see, hear or experience the effects of domestic abuse and are related to the victim-survivor or perpetrator are [recognised as victims of domestic abuse in their own right](#).

The service must address this through its work: the impact of domestic abuse on the lives of any connected children will be a central focus of any work undertaken with either the perpetrator, survivor, or connected services and for a (e.g. MARACs (Multi Agency Risk Assessment Conference)).

It will also be a focus of the ISS/IDVA provision, throughout the survivors' engagement with it.

Aligned with Home Office Standard 1:

The priority outcome for perpetrator interventions should be enhanced safety and freedom (space for action) for all victims-survivors, including children.

B5 Standard – Intensive Case Management intervention delivery Children and young people

Indicator B5.1

The service proactively gathers details of any children connected with the perpetrator and systematically records this data.

Guidance

- The service has a clearly defined process/mechanism for gathering all relevant information about children and young people connected to the perpetrator (including those for whom they have parental responsibility and/or who have direct or indirect contact with them) through its multi-agency work and context.
- Details about children and young people connected to the perpetrator must be established by the service provider. This will include:
 - Names and dates of birth of all children with whom the perpetrator has direct or indirect contact, or parental responsibility. This includes stepchildren, younger siblings/relatives whom they care for, foster children etc.
- Whether those children are subject to care proceedings, PLO processes and/or are known to Local Authorities or other agencies in any other safeguarding context (e.g. through a CIN plan)
- Whether any of them are subject to Child Arrangement Order applications or proceedings through the private family courts.
- All other relevant information about their safety and well-being, for example engagement with mental health services.



How to evidence

- Describe how you meet this indicator
- Submit a blank copy of the forms and/or policies and protocols used to gather the information



How it will be assessed

- By written submission
- By case file review
- By staff interviews

B5 Standard – Intensive Case Management intervention delivery Children and young people

Indicator B5.2

The Case Worker supports the recipient of the intervention to understand the impact of their behaviour on their children (where appropriate), and on their parenting capacity. The IDVA worker supports the adult victim's protective efforts, and (where necessary) helps them recognise the impact of the perpetrator's behaviour on their children.

Guidance

- The service recognises the impact of domestic abuse perpetration on a perpetrator's parenting and co-partnering capacity, as well as the ways in which being subjected to domestic abuse may impact on a survivor's parenting capacity.
- The service will ensure that children are always safeguarded, and where additional concerns about a perpetrator's (or survivor's) parenting capacity emerge (beyond the context of domestic abuse), these will be reported and shared appropriately.
- This consideration will be informed by an understanding of how domestic violence and abuse impacts on the parenting capacity of both perpetrators and survivors differently, and the needs of children whose parents are involved with the service.
- Children and young people impacted by domestic abuse may be aware that the parent is the subject of an intervention or receiving behavioural change support. How they are informed of this, by whom and what messages they receive about this are important. The service will support parents, where appropriate, by providing them with age-appropriate information for their children.
- The perpetrator intervention and the IDVA will, where relevant, address the impact of domestic abuse on children and their support needs with service users.



How to evidence

- Describe how you meet the indicator
- Submit the model of work
- Submit any guidance/training materials for staff about supporting service users around parenting



How it will be assessed

- By written submission
- By case file review
- By recorded sessions review
- By staff interviews

B5 Standard – Intensive Case Management intervention delivery Children and young people

Indicator B5.3

Where a child has been assessed as in need or considered at risk of significant harm, the service will take steps, where possible, to mitigate the harm alongside the intervention/service provision.

Guidance

- The service must have a current Safeguarding policy and process for information sharing.
- The service must develop a plan aiming to mitigate the risk of harm to child(ren) and this plan must work alongside any work undertaken around or with the perpetrator.
- The service must ensure that the service user is aware of the plan, where it is safe to do so.
- Service user confidentiality and consent forms need to outline with whom and when information might be shared and the limitations to confidentiality.
- Case files should reflect appropriate information sharing and risk assessment and a copy of the Child Protection Plan, if available, is on the case file, including dates for review.



How to evidence

- Describe how you meet this indicator
- Submit the Safeguarding policy and procedure and relevant information sharing agreements/protocols
- Submit a blank copy of the confidentiality and consent forms in use



How it will be assessed

- By written submission
- By case file review
- By staff interviews

B5 Standard – Intensive Case Management intervention delivery Children and young people

Indicator B5.4

The service is a multi-agency process and staff foster a collaborative relationship with other professionals.

Guidance

- The service is committed to information sharing and multi-agency working, to enable risk information to be known and understood by all services and professionals involved with children and young people connected to its service users.
- The service can demonstrate that it is taking all reasonable steps to foster a joint working relationship with professionals involved with the children and young people connected to its service users.
- If communication fails or is fraught with other agencies/professionals involved with children and young people connected to its service users, the service must take proactive steps to address this.
- Case files must have clear records of attempted contacts with other agencies and professionals, and evidence of management oversight.
- The service must have a named, up-to-date Safeguarding Lead.



How to evidence

- Describe how you meet this indicator
- Submit the Safeguarding policy and procedure



How it will be assessed

- By written submission
- By case file review
- By staff interviews

B5 Standard – Intensive Case Management intervention delivery Children and young people

Indicator B5.5

The service responds to Children's Social Care requests for information about the perpetrator where behaviour change work has been delivered as part of the intervention.

Guidance

- Where the intervention has been working with a service user whose children are open to Children's Social Care and/or the Family Courts, the service has a responsibility to share information on engagement and new or emerging areas of risk, in line with its confidentiality and safeguarding policies.
- Any information provided to Children's Social Care or other agencies/professionals must be professional, evidenced, and defensible.
- Such information may be seen by all parties and the service will consider the risks and impact of this and inform parents of such reports, where it is safe to do so.
- The service must have guidance for staff when dealing with requests for information. The guidance must include:
 - What information should be provided, for example:
 - Nature of the intervention
 - Further abusive behaviour, new and emerging areas of risk
 - Significant concerns or changes in risk and the evidence supporting these.
 - Caveats on the conclusions which can be drawn from this information.
 - How the report should be written, for example:
 - Format
 - Style
 - Length
 - Tone
- The service must offer training for staff on how to communicate and provide such information, and a report template to ensure a consistent approach
- Reports must be read and signed off by a Senior Manager with an understanding of the impact of domestic abuse on children and young people. This must be recorded in the case files.
- Where children are the subject of legal or family court proceedings, the intervention/case management service should not step into the role of expert witness; where the Court needs expert opinion it must commission it separately.
- The service must have in place information sharing agreements and an up-to-date Safeguarding Policy with a named Safeguarding Lead.



How to evidence

- Describe how you meet this indicator
- Submit the report writing guidance for staff
- Submit the Safeguarding Policy and Information sharing agreements



How it will be assessed

- By written submission
- By case file review
- By staff interviews

B5 Standard – Intensive Case Management intervention delivery Children and young people

Indicator B5.6

Where children are the subject of Private Law proceedings, or have been in the last 12 months, services must not offer a behaviour-change intervention for parents.

Guidance

- Services must ensure that the assessment carried out for any self-referred service user is comprehensive and robust, to minimise the risk of a parent with Family Court involvement accepted onto the intervention. It is not sufficient to only ask the service user about Family Court proceedings; services must take every reasonable step within the multi-agency context of their work to ensure that they are satisfied about service users not having had Family Court involvement.
- If there has been such involvement in the last 12 months, then the service should not accept the service user onto the intervention.
- If there was involvement more than 12 months previously, services must use their professional judgement about whether they should accept the self-referred parent or not; and any decision must be clearly recorded in the case file.
- Services should proactively inform all service users before accepting them on the intervention that if information becomes known about Family Court proceedings (which they did not previously disclose) after they have been accepted on the intervention, they may be suspended from the programme. Not disclosing about Family Court proceedings speaks to the perpetrators' motivation to change and keeping them on the programme raises expectations of change that are unjustified. Management of risk is critical in these cases.
- Services should include a clause in the contract with service users, stating that the service will not provide reports to Family Courts or other interested parties. This may minimise the risk of accepting service users on the intervention whose sole motivation is to use attendance as a tool to influence Family Court proceedings.
- This indicator applies to services offering a behaviour-change intervention, wherever they are based in the UK.



How to evidence

- Describe how you meet this indicator
- Submit a blank copy of the contract with service users
- Submit the De-selection policy



How it will be assessed

- By written submission
- By case file review
- By staff interviews

B6 Standard – Intensive Case Management intervention delivery

Delivery quality

Intervention delivery is consistent with the model of work and the overall framework for delivery supports best practice.

Purpose

To ensure that perpetrators of domestic abuse receive a competent, informed, and well managed intervention.

Aligned with Home Office Standards 3, 4, 6, and 7:

3. Interventions should hold perpetrators to account, whilst treating them with respect, and offering opportunities to choose to change.
4. The right intervention should be offered to the right people at the right time.
6. Interventions should be delivered by staff who are skilled and supported in responding to domestic abuse.
7. Monitoring and evaluation of interventions should take place to improve practice and expand the knowledge base.

B6 Standard – Intensive Case Management intervention delivery

Delivery quality

Indicator B6.1

The intervention staff have an in-depth understanding of the model of work, including approach, method, KPIs (Key Performance Indicators), sequencing of sessions, and expected outcomes of the intervention.

Guidance

- The intervention staff must have a clear understanding of and be able to explain why they use the approach described in the model of work, including the sequencing of the intervention, who is eligible for it, the outcomes expected from the different elements of the work and the style of delivery.



How to evidence

- This indicator will be assessed through staff interviews.



How it will be assessed

- By staff interviews

B6 Standard – Intensive Case Management intervention delivery

Delivery quality

Indicator B6.2

The intervention staff have sufficient time and resource to deliver the intervention as set out in the model of work.

Guidance

- The time and resource needed will be dependent on the model of work and reflect the risk, needs and responsivity profile of the perpetrators.
- Perpetrators will have sufficient hours of contact with staff over a long enough time to provide a reasonable opportunity for them to recognise their abusiveness, stop being abusive and to develop skills for safe and respectful relationships and parenting.
- Staff will have the time and resource to carry out the following, where these are part of the model of work:
 - Preparation, delivery, debrief and follow-up tasks related to perpetrator contact.
 - Participate in case management with ISS staff, including regular reviews of risk and of intervention suitability.
 - Communicate effectively with other professionals to manage risk within a multi-agency context.
 - Participate in all required training and supervision activities.
 - Participate in practice management.



How to evidence

- Describe how you meet this indicator, making sure that all the points above are being addressed.



How it will be assessed

- By written submission
- By staff interview

B6 Standard – Intensive Case Management intervention delivery

Delivery quality

Indicator B6.3

The service has a system for reviewing the delivery of the intervention to ensure adherence to the model of work and to monitor the quality of the delivery.

Guidance

- There is a quality assurance process in place and its overall aim is to increase the safety of victims/survivors and their children through high quality service provision.
- At the centre of the process is the role of the Case Manager, whose work must be regularly reviewed through:
 - Case management supervision sessions - monthly
 - Peer Supervision – regularly (no less frequent than every 6-8 weeks)
 - Randomised case file reviews (by both the Service Manager and Director and/or Expert/ Practice Advisor as appropriate)
- Practice Observation sessions (by both the Service Manager and/or Practice Advisor) – monthly, one session observed for Case Managers in the probation period, quarterly, one session observed for Case Managers outside of their probation period and without practice concerns or identified development needs. Each observed session is followed by a meeting where the Case Manager can discuss reflections and development needs. These meetings are minuted.



How to evidence

- Submit your quality assurance process policy/guidance.



How it will be assessed

- By written submission
- By staff interviews

B6 Standard – Intensive Case Management intervention delivery

Delivery quality

Indicator B6.4

Case Managers attend peer review/supervision and clinical supervision.

Guidance

- **Peer review/supervision**
 - It is encouraged that Case Managers attend peer review sessions; these can be in a group, or one to one setting and they are an opportunity for shared learning and professional development.
- **Clinical supervision**
 - Regular clinical supervision is provided for and used by all frontline staff, and it is separate to line management, case management supervision and peer review/supervision.
 - Clinical supervision ideally takes place monthly, or every six weeks and it is offered by an external qualified supervisor.



How to evidence

- Describe how you meet this indicator
- Submit a recent log of clinical supervision sessions and peer reviews (if applicable)
- Submit the Clinical Supervisor's contract with the service.



How it will be assessed

- By written submission
- By staff interview

B7 Standard – Intensive Case Management intervention delivery

Monitoring and evaluation

The service obtains, monitors, and analyses quantitative and qualitative data on its service users and on the outcomes of the service.

Purpose

To ensure services can evidence the positive impact of the intervention and use data to inform further development to meet the needs of their service users.

Aligned with Home Office Standard 7:

Monitoring and evaluation of interventions should take place to improve practice and expand the knowledge base.

B7 Standard – Intensive Case Management intervention delivery

Monitoring and evaluation

Indicator B7.1

Case Managers demonstrate proficient case note recording, adhering to the service's guidelines.

Guidance

- Good record keeping is integral part of the Case Manager's practice and is essential to the provision of safe and effective work.
- Record keeping captures and tracks the service user's journey through the service, including intervention, care/support needs, risk management, detailing defensible decision making and allowing for audit of practice.



How to evidence

- Submit the guidance/procedure/training notes for staff on recording case notes on the case management system.



How it will be assessed

- By written submission
- By case file review

B7 Standard – Intensive Case Management intervention delivery

Monitoring and evaluation

Indicator B7.2

The service collects and analyses data on outputs and outcomes in line with the 5 outcomes in the Respect Outcomes Framework.

Guidance

- The service routinely records data on the quality, outcomes and content of intervention delivery and measures these against the key performance indicators to improve service delivery.
 - Data on outputs related to the intervention and outcomes data must be systematically collected and analysed. This is likely to include, but not be limited to:
 - demographic data about the service users and their children
 - other agencies involved,
 - history of violence and abuse,
 - risk, needs and capacity to change assessments,
 - joint work with other agencies,
 - intervention plans,
 - case reviews, the movement through the stages of the intervention through to completion/case closure,
 - the take-up of the IDVA service, and its work on safety and needs of survivors and joint work with other agencies and advocacy work on behalf of survivors.
 - reasons for case closure
- Analysis of outputs data must demonstrate how the service contributes to the following outcomes:**
1. Reduction in Perpetrator's Violent and Abusive Behaviour
 2. Increase in Survivor's Safety, Well-being and Freedom
 3. Improvement in Children's Well-being and Safety
 4. Improvement in Multiagency work
 5. Effective targeting of interventions



How to evidence

- Describe the system used to collect and analyse data on outputs and outcomes and how this is line with the Respect Outcomes Framework
- Submit relevant documents, guidance, forms etc in use by the service as part of the system you described.



How it will be assessed

- By written submission

B7 Standard – Intensive Case Management intervention delivery

Monitoring and evaluation

Indicator B7.3

The service has a mechanism to engage and analyse the views of service users about the intervention, using them to further develop the service.

Guidance

- Services must proactively offer service users engaging with the intervention the opportunity to give their views about the service.
- A range of methods can be used, including distributing and collecting feedback forms, consulting in a focus group, using complaints and compliments etc.



How to evidence

- Describe the methods that service users have to give their views about the service and how these are analysed to further develop the service.
- Submit reports of summarised feedback from the last 6 months – it must include how it has influenced the development of the service



How it will be assessed

- By written submission

Section C

Integrated Support Service

The overall service has two components: the intervention for domestic abuse perpetrators and the support service for those experiencing abuse by the perpetrators on the intervention. The priority outcome for the perpetrator intervention must be to enhance the safety and freedom (space for action) for all victim-survivors (including children).

The two components work together to enhance the safety and freedom for victims-survivors and to ensure that their safety is not compromised by the intervention.



Standard

C1: The Integrated Support Service

Indicators

10

C1 Standard:

The Integrated Support Service

The intervention with domestic abuse perpetrators is accompanied by a corresponding service of equal value and importance, the ISS (Integrated Support Service), which is focused on the safety and freedom of victims/survivors.

Purpose

To enhance the safety and freedom (space for action) for all victims/survivors and to ensure that their safety is not compromised by the perpetrator intervention.

Aligned with Home Office Standard 1:

The priority outcome for perpetrator interventions should be enhanced safety and freedom (space for action) for all victims-survivors, including children.

C1 Standard:

The Integrated Support Service

Indicator C1.1

The provision of support for survivors through the Integrated Support Service (ISS) is an integral part of the perpetrator intervention, its role and scope are clearly described in the model of work.

Guidance

- The term integrated indicates that the provision for survivors is an integral part of the intervention. This does not mean that the ISS and the perpetrator intervention are always provided by the same organisation. However, processes will be in place to support a prompt, consistent approach across all elements of service provision.
- The ISS can be internal or external; if it is external there must be a partnership agreement that outlines the agreement and conditions of both services as well as an information sharing agreement that outlines what type of information will be shared between the ISS and the perpetrator intervention staff and under what circumstances. Consideration must be given to how two service providers will work together to meet the indicators within these standards (and any others that either service are working to). This includes adhering to timeframes listed.
- The model of work clearly describes the role and scope of the ISS, demonstrating that it is appropriate to the type of intervention with the perpetrator. For example, high intensity case management intervention will have an ISS provision which reflects the high risk of harm survivors are likely to face.
- The model of work clearly explains how the ISS is integrated with the perpetrator intervention.
- The ISS core activities include:
 - Proactively contacting survivors to offer the support service
 - Assessing risk and vulnerabilities and safety planning
 - Providing information to survivors about the nature, impact, and limitations of the intervention
 - Providing emotional support
 - Further, more frequent contacts, with level of contact time provided reflecting the nature of the intervention with the perpetrator.
 - Responding to significant changes in risk
 - Updating partners about intervention progress, assessment/engagement outcomes or drop-out
 - Participating in the relevant multiagency processes and undertaking institutional advocacy on behalf of survivors, as needed
 - Participating in case management, clinical supervision, and practice development activities

Guidance

- ISS staff must have an overall understanding of the intervention; in particular, understand the associated risks of the delivery of the perpetrator intervention.
- The level of survivor input should be at the same level as the input with the perpetrator, based on risk and need.
- Case files and risk management notes must demonstrate a high level of appropriate information sharing, safeguarding awareness, risk assessment and safety planning.



How to evidence

- Describe how you meet the indicator, ensuring you address all the above points
- Submit the model of work



How it will be assessed

- By written submission
- By ISS case files review
- By staff interviews

C1 Standard:

The Integrated Support Service

Indicator C1.2

The ISS is offered to all survivors at risk of abuse from the perpetrator, including current and ex-partners, and any other family members who have been abused, except where to do so would compromise their safety.

Guidance

- The ISS offers support to the perpetrators' current partners, ex-partners, and any new partners they get in a relationship with/start dating whilst on the perpetrator intervention; as well as to any other family members who have been abused by the perpetrator.
- It is not compulsory for a survivor to engage with the ISS. However, ISS workers should carefully explain to each survivor the reasons for the ISS wanting to stay in contact during the period of the intervention, taking care to ensure that survivors do not feel pressure to engage or think that the perpetrator intervention will only be offered if they engage with the ISS.
- Where the service is working with more than one survivor of a perpetrator, they must ensure that different workers are allocated to each and that procedures are in place to prevent them meeting.
- The model of work must include all the above points.



How to evidence

- Describe how you meet the indicator
- Submit the model of work



How it will be assessed

- By written submission
- By ISS case files review
- By staff interviews

C1 Standard:

The Integrated Support Service

Indicator C1.3

The ISS makes every effort to ensure that successful contact is made with all identified survivors within one working week of receiving this information, or sooner if there are specific risk concerns.

Guidance

- Those at risk should have information on the intervention at the earliest opportunity. This is to prevent misleading information being presented by the perpetrator or others and to ensure that safety issues can be addressed as quickly as possible. This must be offered before any further behaviour change work takes place.
- Successful contact means that the ISS has spoken to the survivor to offer the support service and there is an outcome: the survivor has accepted the support service or has declined it. If service is declined this need to be clearly recorded and reported back to Intervention staff.
- The referral for the survivor needs to be sent to ISS service 24 hours following receipt of the perpetrator referral, initial contact with the survivor should be made within 5 working days of receipt of referral.
- Initial contact should include safety planning and risk; all attempted contacts should be recorded even if there is no response.
- The ISS needs to take proactive action to ensure the survivors contact details are correct.
- Perpetrators may enter new relationships and these new partners must be contacted proactively by the ISS, where possible and where safe to do so.



How to evidence

- Describe how you meet the indicator
- Submit guidance/handbook/training materials for ISS staff



How it will be assessed

- By written submission
- By ISS case files review
- By staff interviews

C1 Standard:

The Integrated Support Service

Indicator C1.4

The ISS confidentiality agreements clearly set out to survivors what information will be shared, with whom and under what circumstances.

Guidance

- ISS staff must clearly explain the implications of the confidentiality agreement to survivors and ensure they sign the confidentiality form as a condition of taking up the ISS.
- Where the survivor is at high risk, services may continue to share information without their expressed consent to reduce that risk, in line with the local information sharing protocols.
- Case files need to contain a signed confidentiality form, case notes outlining the discussion has been had with the survivor about the limitations of confidentiality and Safeguarding concerns.
- The survivor should also be given additional information on GDPR and how their information is stored and used.
- Case files should reflect that information is shared proportionate to the risk that the survivor has been assessed at.



How to evidence

- Describe how you meet this indicator
- Submit a blank confidentiality form
- Submit information leaflets/ publicity materials where the potential survivors can find out about confidentiality



How it will be assessed

- By written submission
- By ISS case files review
- By staff interviews

C1 Standard:

The Integrated Support Service

Indicator C1.5

Survivors accessing the ISS are offered a risk-led, trauma-informed, non-directive and responsive service, and have a suitable space where they meet with their worker.

Guidance

- The support service must be tailored to the needs of survivors, and this must be evidenced in the case files. ISS staff must aim to empower survivors and give them options about the support they access.
- ISS staff must show a satisfactory level of understanding of risk assessment.
- ISS staff explore with survivors about the best environment to engage with the service and respond as best as they can.
- The ISS must not be delivered by the same staff delivering the intervention for perpetrators or in premises where survivors are likely to come into contact with perpetrators.



How to evidence

- Describe how you meet this indicator
- Submit training materials and guidance for ISS staff



How it will be assessed

- By written submission
- By ISS case files review
- By staff interviews

C1 Standard:

The Integrated Support Service

Indicator C1.6

Where a perpetrator attempts to prevent their partner, ex-partner or similar, from accessing the support service, ISS staff take whatever actions are safe to establish and/or keep contact with the survivor.

Guidance

- From the outset, perpetrators must be informed that attempting to prevent survivors from accessing the ISS can compromise their place on the intervention.
- Perpetrators must sign a contract/agreement that they will not attempt to block survivors' contact with the ISS.
- In some cases, suspending the perpetrator from the intervention may be in the best interests of the survivor. Before this decision is taken, risk assessments with both the perpetrator and the survivor must be carried out.
- Where a decision is made to suspend a perpetrator from the intervention, ISS staff and perpetrator intervention staff must explore and agree what action should be taken. Case files must reflect that any decision is signed off by a Senior Manager.
- ISS workers can plan creatively about safe options for contact with the survivor, for example when the perpetrator is at a group work intervention or other appointment.



How to evidence

- Describe how you meet this indicator
- Submit a blank copy of the contract/agreement for perpetrators
- Submit the de-selection policy for perpetrators



How it will be assessed

- By written submission
- By ISS case files review
- By staff interviews

C1 Standard:

The Integrated Support Service

Indicator C1.7

The perpetrator intervention and ISS share relevant and specific concerns about risks for the service user and survivor(s) within 24 hours of the concern being identified.

Guidance

- Organisations should have a process in place for reporting risks and concerns, particularly for out of hours workers.
- Risk/Case Management discussions and actions should be clearly recorded, and information should be shared in a high-risk situation imminently, or 24 hours if the risk is not assessed as imminent.
- Risk reporting out of hours: the service must have a clearly defined process for reporting risk out of hours. This must include naming a Lead Person, the responsibilities of staff, and practicalities such as on call rota. Risk reporting out of hours should cover risk to survivors, as well as potential suicide risk for perpetrators. The process for risk reporting out of hours must be communicated to and understood by all staff.
- Case file notes for both survivors and perpetrators should be clear showing a chronology of actions and professional judgement that not only outlines decisions, but why those decisions were taken.



How to evidence

- Describe how you meet this indicator
- (If the ISS is offered by an external organisation) Submit the partnership agreement with the organisation offering the ISS



How it will be assessed

- By written submission
- By ISS case files review
- By staff interviews

C1 Standard:

The Integrated Support Service

Indicator C1.8

ISS staff inform survivors about perpetrators' significant level of engagement or attendance changes that could impact on risk, within 3 working days.

Guidance

- Significant changes in perpetrators' level of engagement or attendance may have risk implications for survivors and their children. Examples of such changes:
 - When a perpetrator does not attend an intervention session
 - When the service loses contact with perpetrators
 - When the service considers suspending perpetrators from the intervention
- These changes must be communicated to the ISS within 24 hours and to the survivor within 3 working days, or sooner if there is heightened concern for safety.
- Additionally, other agencies may also need to be informed depending on the intervention and the risk.



How to evidence

- Describe how you meet this indicator



How it will be assessed

- By written submission
- By ISS and perpetrator interventions case files review
- By staff interviews

C1 Standard:

The Integrated Support Service

Indicator C1.9

The ISS supports those at risk to use criminal and civil justice remedies to protect themselves and others from abusive behaviour.

Guidance

- ISS staff must have knowledge about criminal and civil justice remedies, including, but not limited to non-molestation orders, restraining orders and occupation orders.
- The role of the ISS staff includes supporting survivors with criminal and civil law court cases.
- Case files must reflect any support with court cases, including liaising with other agencies, for example the Police



How to evidence

- Describe how you meet this indicator
- Submit guidance/training materials for ISS Workers



How it will be assessed

- By written submission
- By ISS case files review
- By staff interviews

C1 Standard:

The Integrated Support Service

Indicator C1.10

The ISS works in partnership with other specialist domestic abuse services to ensure that the safety and support needs of survivors are met.

Guidance

- ISS staff must have good knowledge of specialist services within the local community, and the ISS must have well-established links with other agencies to allow for active co-working or a smooth transfer.
- Clear referral pathways are in place for survivors at all levels of risk.



How to evidence

- Describe how you meet this indicator
- Submit referral agreements/ multi-agency working protocols



How it will be assessed

- By written submission
- By ISS case files review
- By staff interviews

Section D

Equality, Diversity & Inclusion

The organisation can demonstrate knowledge of who the potential service users are and an understanding that services must respond to their diverse needs, to increase accessibility and inclusive practice.

There is organisational commitment for improvement in this area and it is accompanied by consultation with local communities and planning on how to improve services and staff responses.



Standard

D1: Diverse workforce,
accessible service

Indicators

3

D1 Standard:

Diverse workforce, accessible service

The organisation employs a diverse workforce that delivers an accessible, inclusive, and responsive service.

Purpose

To provide equality of opportunity and access for service users and staff, and to comply with relevant legislation.

Aligned with Home Office Standards 2 and 5:

2. Interventions should be located within a wider co-ordinated community response in which all agencies share the responsibility of holding abusive behaviour in view, enabling change in perpetrators and enhancing the safety and freedom (space for action) of victim-survivors and children.
5. Interventions should be delivered equitably with respect to protected characteristics that intersect and overlap.

D1 Standard:

Diverse workforce, accessible service

Indicator D1.1

The organisation has an equalities framework/strategy that helps deliver accessible, inclusive, and responsive services, employ a workforce that reflects the diversity of the locality, provides equality of opportunity for development and progression to all staff, and complies with relevant legislation.

Guidance

The four following themes must be included in the organisation's framework/strategy:

1. Understanding and working with your communities

- The organisation gathers information and data on the profile of local communities and their protected characteristics.
- The organisation analyses the data to assess the needs of potential service users and prioritise services accordingly.

Activities:

Monitor the profile and needs of service users across all protected characteristics. Monitoring should be conducted frequently, at least annually, and can include:

- Information from the Census report.
- information from by-and-for organisations about their service users
- Police data
- Socio-economic information from other sources

2. Leadership, partnership, and organisational commitment

- Senior leaders in the organisation are committed to creating and maintaining a diverse workforce and are clear of what is expected from staff delivering services to the community.
- Partnership agreements capture the commitment of the organisation and partners to equality.
- There is an appropriate and accountable leadership group/board/forum who have responsibility for the equality agenda. There are dedicated resources for supporting equality work.

Guidance

3. Responsive services

- There are mechanisms in place for service users to be consulted about service development and delivery.
- The organisation can analyse and measure whether all sections of the community can access services.
- Service design and delivery is aiming to produce equality outcomes for all under-represented groups in the community.

Activities

- Consult with communities about the services they need and the barriers they experience – and use the consultation findings to help shape services and remove access barriers (physical or otherwise). Consultation activities can be:
 - surveys (in various formats and languages)
 - focus groups/interviews
 - use of information about local communities and their needs.
- Allocate resources and expertise to cover the costs involved in delivering actions to ensure users can engage with the service. For example, interpreting, translations, and adaptations to cater for disability.
- Use language that is as free of jargon and as accessible as possible (in printed or digital materials for publicity, service descriptions, as well as agreements and policies that service users are asked to comply with)

4. Diverse and engaged workforce

- The organisation understands its local labour market and has mechanisms in place to monitor its workforce against protected characteristics.
- The organisation's aim is that the profile of its workforce broadly reflects the community it serves/ local labour market.
- The organisation's workforce strategies and policies include equality considerations and objectives.
- Systems are in place to collect and analyse employment data across a range of practices (recruitment, training, leavers, grievance and disciplinarys etc).
- The organisation provides a range of accessible learning and development opportunities to support members and officers in achieving equality objectives and outcomes
- The professional development activities, for staff, volunteers, board members etc, are sufficient to ensure that staff have the skills to explore the cultural landscape in which their service users live. They will understand how this may affect their presentation and understanding of domestic abuse, how they engage with help and support, and their ability to make change.

Guidance

Activities:

- Monitor all stages of the recruitment and selection process by protected characteristics.
- Recognise and acknowledge that staff with protected characteristics may experience issues such as micro-aggression from colleagues or service users.
- Systematically collect data on applicants, people shortlisted, and the composition of the workforce. This should be disaggregated by the protected characteristics.
- Offer training for staff that improves their skills and enables them to relate effectively with a range of service users.
- Offer learning and development that goes beyond traditional equalities training and includes emerging areas of good practice, such as cultural competence.

The framework/strategy must be reviewed every 3 years.



How to evidence

- Describe how you meet this indicator
- Submit the organisation's Equality, Diversity, and Inclusion policy, Equalities framework/strategy, or equivalent, with date of the last review.



How it will be assessed

- By written submission
- By staff interview

D1 Standard:

Diverse workforce, accessible service

Indicator D1.2

Organisations demonstrate knowledge and working relationships with specialist services appropriate to the needs of the local community.

Guidance

- Organisations have working relationships with specialist organisations who support minoritised and other under-represented communities, e.g., LGBTQ+, disabled people etc.
- These partnerships may be used to offer direct services to clients or to support the development of interventions and best practice within the service.
- Working relationships ensure staff understand and can take steps to deliver services which are anti-racist and anti-discriminatory and focus on identified needs. Staff have knowledge of the needs of their community and are aware of partner agencies who can support clients to access the intervention.



How to evidence

- Submit Information Sharing and Service Level Agreements with local and/or national specialist services.
- Submit copies of information leaflets for clients and referral forms.
- Evidence of reciprocal arrangements where local services support each other's work.



How it will be assessed

- By written submission
- By staff interview

D1 Standard:

Diverse workforce, accessible service

Indicator D1.3

Services respond to the diversity and needs of their service users. Delivery plans explicitly address how equality and access has been addressed.

Guidance

- The service must have goals and actions to improve its response to diversity, proportionate to service delivery volume. In some instances, this may be focused on specific populations.
- Progress against these will be reviewed at least annually.
- Specific populations may be, but not limited to:
 - LGBTQ+
 - People from ethnic minority backgrounds
 - People with disabilities
 - Women who use violence and abuse in intimate relationships
 - Those experiencing elder abuse



How to evidence

- Describe how you meet this indicator.
- Submit staff guidance for responding to the diversity and needs of service users and for documenting these in delivery plans.
- Submit minutes from meetings where progress was reviewed.



How it will be assessed

- By written submission
- By staff interview

Glossary of terms used in the Respect Standard

Term	Definition	Term	Definition	Term	Definition
Accreditation	The process of assessment and eventual decision that an organisation has satisfied all applicable requirements of the Respect Standard.	Case management	Case management is part of the risk management process as well as a mechanism for ensuring effective service delivery. It is expected that staff will frequently communicate with each other about the service users they are working with. Case management encompasses this, it is used in the Respect Standard specifically to refer to a scheduled, systematic and comprehensive process that reviews risk and progress of work with all service users. As part of the case management process, decisions will be made and recorded about how best to respond to individual needs or behaviour.	Civil proceedings	Court proceedings which take place in the civil, rather than criminal, courts and are therefore between individuals (or in some situations, between individuals and organisations), rather than between an individual and the Crown Prosecution Service. In responding to domestic violence and abuse, these cases are therefore usually between the survivor of violence and abuse and the perpetrator. Relevant civil proceedings include applications for occupancy (or ouster), non-molestation (or protection) and harassment (or stalking) injunctions or orders. Other relevant civil proceedings include child contact and residence (see above). The person applying for the order is known as the applicant and the person responding to it is known as the respondent.
Accreditation assessment	The various activities carried out to assess how far the organisation is meeting the requirements of the Respect Standard. This will include: interviews with staff; watching recordings of group work with men or listening to audio recordings of individual work; examining case files and other activities as required.	Child arrangement orders and proceedings	Also known as Children Act private proceedings Section 8. These are civil court proceedings (see below) to settle disputes between parents or carers or others about where a child should live and with who (residence), and who they should have contact with and how (contact).		
Accreditation panel	The independent panel appointed to scrutinise the assessment procedure and come to an independent decision about whether an organisation has satisfied the requirements of the Respect Standard and can therefore be accredited.				

Term	Definition	Term	Definition	Term	Definition
Clinical supervision	Clinical supervision is to enhance professional skills, knowledge, and attitudes to achieve competency in providing quality responses to service users. It supports professional growth and development, improves clinical outcomes and can be delivered in a group or one to one.	Coercive control	Coercive control is a term developed by Professor Evan Stark to help us understand domestic violence and abuse as a pattern of behaviour which takes away the survivor's liberty or freedom and strips away their sense of self. It is not just bodily integrity which is violated but also the survivor's human rights.	MAPPA	Multi Agency Public Protection Arrangement, convened as the Multi Agency Public Protection Panel (MAPPP), a locally based multiagency group with statutory responsibilities to protect the public from named individuals assessed as being at high risk of committing violent and sexual offences.
Criminal Justice System	The criminal justice system includes the Police, Crown Prosecution Service (CPS), criminal courts, community rehabilitation companies (CRC's), HM Prison and Probation Service. Together they are responsible for detecting crime and bringing it to justice, carrying out the orders of court, such as collecting fines, and supervising community and custodial punishment.	DASH	The Domestic Abuse, Stalking and Harassment risk identification tool.	MARAC	Multi Agency Risk Assessment Conference. This is a locally initiated multiagency group who convene regularly to monitor risk of domestic violence and abuse involving specific named individuals and to agree and monitor action to reduce that risk. Usually this will include police, probation, DVPS, child protection agencies, survivor's organisations and others as relevant. See Resources for MARAC meetings .
Criminal proceedings	A criminal proceeding is one which takes place between an individual and the state (the CPS) within a court empowered to hear and decide on cases involving offenses against criminal law.	Domestic Violence and Abuse	Domestic violence and abuse is a range of behaviours including physical and sexual violence and abuse, and coercive control.	MATAC	Multi-agency Tasking and Coordination (MATAC) multiagency process that focusses on reducing the risk posed by perpetrators.
		Governing body/ board	The entity responsible for the employment and oversight of the organisation seeking accreditation. This includes a coherent management structure and clear lines of accountability.		
		ISS	Integrated Support Service. This is the service for survivors who are partners and ex-partners of those in the perpetrator intervention.		
		MASH	The Multi-Agency Safeguarding Hub (MASH) brings key professionals together to facilitate early, better quality information sharing, analysis, and decision-making, to safeguard vulnerable children, young people and adults more effectively.		

Term	Definition	Term	Definition	Term	Definition
Model of work	The aims, underlying philosophy, content and methods for delivering the service. This will include descriptions of all activities, including intervention activities and case management. It will also include a description of the theoretical basis for the work.	(Intervention) suitability assessment	The process of assessing an individual's suitability for an intervention. This is likely to include looking at levels of abuse and risk presented, motivation to change, recognition of the abuse as a problem and capacity to take an active part in the intervention.	Staff	Anyone who undertakes tasks on behalf of the organisation (paid or voluntary).
Perpetrator	Used in the Respect Standard to describe someone who is abusing or has abused their partner or ex-partner and/or other family member.	Risk	For the purposes of the Respect Standard, risk is taken to mean the likelihood of further domestic violence and abuse occurring.	Shared core standards	Document in England setting out shared values and standards between Imkaan, Rape Crisis, Respect, SafeLives and Women's Aid England ⁸ . In Wales, Welsh Women's Aid National Quality Service Standards apply and cross reference to the Respect Standard .
Practice or treatment management	The process through which the delivery of the organisation's model of work is monitored. Commonly, one senior practitioner or someone externally with relevant experience has responsibility for this, as Practice/Treatment Manager. They will usually watch recordings of groups or audio recordings of individual work and discuss these with the staff involved, highlighting any changes needed in their practice.	Risk assessment	The processes of assessing the level of risk from an individual to other specific individuals. It usually includes the use of a recognised risk assessment tool.	Survivor	Someone who is experiencing or has experienced domestic violence and or abuse. Survivor is usually used to emphasise the strength and resilience of the person who has been abused. Another commonly used term – particularly by the criminal justice system – is victim, as in a victim of crime. Although these terms are sometimes taken to mean the same thing, they have slightly different meanings. We have chosen to use the term survivor in this Standard, as it tends to be preferred by those who have experienced abuse.
Proactive contact	Taking the initiative and making repeated efforts to contact someone.	Risk management	The process of monitoring and reviewing risk, identifying and carrying out, or initiating actions to reduce risk.	Violent resistance	The use of violence in resistance to being subject to domestic violence and abuse.
		Service User/s	Service users refers to both perpetrator and survivor. There are some standards that apply to both perpetrator and survivor and where this is the case the term service user/s is used.		
		Sessional staff	Staff who work for a short, fixed time, usually on a regular basis, rather than as full or part time employees.		

Respect

info@respect.uk.net
<http://www.respect.uk.net>

Registered address

Hubhub, 20 Farringdon St,
London EC4A 4AB

Respect is a registered charity in England and Wales (1141636)
and Scotland (SC051284), and a company, number 7582438.

Our helplines

Respect Phonenumber: 0808 802 4040

Men's Advice Line: 0808 801 0327