Perpetrator Intervention Services Requirements

Service Delivery and

Risk Management Plan

Requirement Category 2:

Duration of group programs

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| **Requirement overview** | | | | |
| **Requirement being partially met or not met** | | | | **Self-assessment rating** |
| 1. Perpetrator intervention programs must be delivered weekly, for a minimum of 32 hours, and over a minimum period of 16 weeks. | | | | Choose an item. |
| **Outline how the requirement is being partially met, or if the requirement is not being met explain what practice is in place** | | | | |
| <Include information about what practice/policy/procedures etc. are currently in place to partially meet the requirement (if applicable) or if the requirement is not being met explain what practice/policy/procedures etc. are in place> | | | | |
| **Outline the reasons why the requirement is not being met** | | | | |
| <Outline the reasons as to why the requirement is not being met in full> | | | | |
| **Risk identification and risk mitigation** | | | | |
| **Potential risk** | **What is the impact and who will it impact** | **Risk mitigation measures/strategies** | | |
| <What potential risks are present due to the requirement not being met in full. For example:   * decreased time to conduct adequate risk assessment and safety planning activities * decreased ability to assist perpetrators to take responsibility for their actions and end their violent behaviour and coercive control * decreased time to hear the victim’s voice etc.> | <What is the impact of this risk and who will it impact. For example:   * increased safety risk to the victim and children * inability to hold the perpetrator to account or take responsibility for their behaviour etc.> | <What measures/strategies are in place to reduce the risk resulting from non-compliance with the requirement. For example:   * increased contact with the victim through the Victim Advocate * increased engagement with relevant stakeholders such as Police, QCS, other domestic and family violence services etc.> | | |
| <Delete or insert additional rows as required> |  |  | | |
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| **Actions required to achieve compliance in the future** | | | | |
| **Actions to be undertaken by the service** | | **Expected timeframe (if known)** | **Responsible officer** | |
| <What actions need to be undertaken to be compliant with the requirement in the future. For example:   * transition to an appropriate model * provide access to training and development to staff regarding the new model etc.> | |  |  | |
| <Delete or insert additional rows as required> | |  |  | |
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| **General comments** | | | | |
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