Suitability assessment guide

**For use by:** Referring Agencies

Organisations who operate/or are considering operating self-funded shelters

Domestic and family   
violence refuges

# Introduction

This suitability assessment guide for self-funded refuges has been developed as a tool to assist in determining the appropriateness of self-funded services as a place of referral for women and children escaping domestic and family violence.

## Who should use this guide

This suitability assessment guide is a tool to assist referring organisations to determine the overall suitability of self-funded domestic and family violence refuge providers prior to using these services as suitable places of referral for victims of domestic and family violence.

The guide can also be used as a reference source for self-funded domestic and family violence refuge service providers or organisations seeking to establish a self-funded refuge to undertake self-assessment of current or proposed service/s.

The guide is not designed for the purpose of assessing the suitability of placing individual women and children in particular refuges. The safety and risk assessment needs for each individual woman and children is a separate process that should be undertaken on a case-by-case basis.

## Domestic and family violence refuges in Queensland

Domestic and family violence refuges funded by the Queensland Government are required to meet Practice Standards for working with women affected by domestic and family violence, deliver services in accordance with the Homelessness Program Guidelines, Specifications and Requirements and comply with the Human Services Quality Framework as part of the funding agreement between the service provider and the government funder.

From time to time providers who do not receive government funding establish self-funded domestic and family violence refuges and seek to position these services as referral points in the domestic and family violence services system. Unlike government-funded refuge service providers, self-funded organisations are not covered by the specific practice standards, guidelines or quality frameworks that apply to those services.

This presents a challenge for referring agencies in making assessment of the suitability of each individually self-funded provider of domestic and family violence refuges and in turn makes it difficult for self-funded organisations to clearly understand what arrangements are likely to comprise suitability to be a referral point.

Government-funded refuges provide a place of safety for women and dependent children escaping domestic and family violence and support to transition to safe and secure housing. These refuges prioritise services to women for whom there is a high and imminent risk of violence.

Government-funded refuges operate in the context of the Queensland’s Domestic and Family Violence Prevention Strategy 2016-26, which provides a framework for preventing and responding to domestic and family violence, and the Queensland Violence against Women Prevention Plan 2016–22 which has the vision that Queensland women and girls live without the fear, threat or experience of violence.

## Who do government-funded refuges provide services to?

Government-funded refuges provide temporary supported accommodation services to women and their dependent children who are victims of violence. The breadth of violence collectively experienced by these women is wide and the violence experienced by individuals is unique as is the impact on their children who may have been victims of violence themselves or witnesses to violence against their mother/carer. Women and children placed in these refuges will have experienced both violence and trauma in the relationship they have just escaped from and some women will also have experienced trauma in earlier periods of their life. They are also at high risk of further violence.

## What services do refuges typically offer?

Refuges offer a range of services to respond to immediate issues for victims of domestic and family violence with priority given to women and children escaping imminent high risk situations. The evidence shows separation is the most dangerous time for women experiencing domestic and family violence and the act of leaving is known to escalate the risks from the perpetrator.

Services provided by government-funded refuges generally include:

* a safe place to stay
* pick up from safe location and/or collaboration with Queensland Police Service to support safe exit from immediate danger
* access to 24/7 support
* risk assessment and safety planning
* needs assessment
* case planning and case management
* information support
* court support including assistance in applying for a Domestic Violence Order
* referral to other specialist services (including legal, mental health, drug and alcohol, housing)
* support to access income support
* support to access safe and secure housing.

Refuges provide skilled staff\* (both employees and volunteers) with specific experience in domestic and family violence to work with women and children using professional frameworks, avoiding further or re-traumatisation and working within a strength-based person-centred practice that supports women and children escaping domestic and family violence to achieve their own goals.

# Making a suitability assessment: What should be considered

The assessment of self-funded Domestic and Family Violence Refuge providers should be undertaken in the context of: -

* ensuring the safety and well-being of women and children
* ensuring mitigation and management of immediate risks of those escaping violence
* community expectation levels of good governance and defensible operating arrangements.

The suitability assessment guide is designed to assist referring agencies to determine the extent to which a self-funded provider can demonstrate it provides or will provide an acceptable service that ensures the safety and wellbeing of women and children escaping domestic and family violence.

The intention of the guide is not to mandate arrangements for standards, governance, operating and quality for self-funded providers, rather it is a tool to explore a reasonable set of service and operating components that can be used to help make a decision about the suitability of the self- funded service wanting to be included as a referral point. The guide includes suggestions of the types of evidence a referring agency might consider in determining the overall suitability of new and existing self-funded refuges.

Government-funded providers are subject to a specific set of compliance, quality, reporting and accountability requirements, however it is not the intention of the guide to suggest these must be replicated by self-funded providers, but that they should be taken into planning consideration.

## Service and Operating Components

### Five service components are suggested as follows:

1. Safety
2. Individual risk and needs
3. Working with clients
4. Staff\* (includes all paid and unpaid workers who are in direct contact with women and accompanying children) and
5. Governance

#### 1. Safety

* The service offers safe physical premises as a place of refuge and has appropriate plans in place to manage potential safety incidents.
* The service offers services that support the safety of women and any accompanying children.

#### 2. Understanding risks and needs

* The service assesses individual risk on an ongoing basis as risk levels can quickly change
* The service assesses and responds to individual needs
* The service works with the client to develop an individual support plan and/or has a relationship with a service that does this plan with the client.
* The service provides case management
* The service collaborates and partners with others in the justice, health and human services sectors

#### 3. Working with clients

* The service treats people as individuals
* The service provides confidentiality and privacy
* The service provides programs or interventions to meet a diverse range of needs
* The service provides clients with information about their rights and responsibilities
* The service has client feedback mechanisms in place
* The service provides contemporary and accurate information to clients

#### 4. Staff\*

* The service has skilled and capable staff\*
* Staff\* supervision arrangements are in place
* The service inducts and trains staff\*
* The service ensures staff\* safety and support
* The service has sufficient staff\* capacity to deliver the published services

#### 5. Governance

* Organisation
* Management Committee/Board
* Insurance
* Fees and charges

# The suitability assessment tool

This section describes the key components that could be assessed to support a decision about referring to a self-funded domestic and family violence refuge and suggests possible sources of evidence that could be considered in making a suitability assessment. The evidence sources suggested are not intended to be definitive, rather, they provide suggestions in relation to the type of evidence that could be considered.

Some organisations operating self-funded domestic and family violence refuges may be funded by the Queensland or Australian Governments for other health and human services that are subject to quality standards. Referring organisations may wish to consider quality standard evidence possessed by these organisations as part of their evidence gathering process to assess suitability of self-funded refuges.

The five components for assessment are:

1. Safety
2. Understanding risks and needs
3. Working with clients
4. Staff\*
5. Governance

## Overall assessment (to be completed after considering the criteria on the following pages):

|  |  |  |
| --- | --- | --- |
| **Name of service** |  | |
| **Address** |  | |
| **Contact person** |  | |
| **Contact details** |  | |
| **Date of assessment** |  | |
| **Assessment** | **The assessment has concluded that this service is as assessed as** suitable / not suitable.  **The service is:**   * suitable / not suitable for high risk referrals * suitable / not suitable for children * suitable / not suitable for low risk referrals | |
| **Recommended date of reassessment** | ***Note:*** *Review may be initiated sooner at such transitions as significant change of staff, board or properties etc.* | |
| **Comments** |  | |
| **Name and position of person completing this assessment** |  | |
| **Signature and date** |  |  |

## Safety

### Evidence

|  |  |  |
| --- | --- | --- |
| **Aspects to be assessed** | **Possible evidence sources** | **List evidence provided** |
| The service offers safe physical premises as a place of refuge. | Fire and Emergency Services Act requirements are met. Certificate of Fire Safety to be made available.  Letters of support from QPS and QFS that advice has been sought re safety and security arrangements for the premises and evidence that safety and security arrangements have been implemented.  Site inspection of level of physical safety and security offered at premises – look for CCTV/video monitoring, entry and exit arrangements, security doors and windows, external power boxes are locked |  |
| The service offers services that support the safety of women and any accompanying children. | Documentation describing how safety will be addressed  Written policies and procedures that articulate the services provided  Practice arrangements, for example if women are picked up to be taken to refuge, where are they picked up, what vehicles are used, what security measures are undertaken to ensure vehicles are not followed by perpetrators or their associates or supporters  Written documentation confirming working arrangements with the Queensland Police Service  All staff\* have current Blue Cards and a checking system is in place to ensure ongoing currency of these.  All staff\* undergo standard Federal Police Checks  Written instructions to clients describing their responsibility for helping keep the physical premises safe and secure and process for ensuring clients understand these requirements  Written instructions to clients describing how to manage any security concerns that arise during their stay  Policy and procedures are in place in relation to the safe use of mobile phones, internet and on-line services  All written information provided to clients is contemporary and accurate, for example Legal information  For services that take referrals where a client or dependent children have a disability staff\* must have current Yellow Cards  Policies and processes to manage conflict between women and children that are residing in shared accommodation settings. |  |

\*Staff\* includes all paid and unpaid workers who are in direct contact with women and accompanying children.

### Assessment: Safety

Complete after the consideration of all evidence

|  |  |  |
| --- | --- | --- |
| *Select the appropriate response (Yes or No) to assess each statement* | **Yes** | **No** |
| The service is assessed as safe |  |  |
| The service is suitable for high risk referrals |  |  |
| The service is suitable for children |  |  |
| The service is suitable for referral for women at lower risk |  |  |
| The service is unsuitable for referrals |  |  |
| **Comments:** | | |

## Understanding risks and needs

|  |  |  |
| --- | --- | --- |
| **Aspects to be assessed** | **Possible evidence sources** | **List evidence provided** |
| The service assesses individual risk | Written policies and procedures and practice guidelines that describe the risk assessment methodology being used  Frequency of risk assessment  Individual Safety Plans and frequency of Safety Plan reviews (\*see Appendix 1, page 17 for guidance) |  |
| The service assesses and responds to individual needs | Written policies and procedures and practice guidelines that describe how need is assessed, including how the needs of Indigenous and Culturally and Linguistically Diverse peoples are assessed |  |
| The service provides case management | Written policies and procedures and/or practice guidelines that describe how case management is undertaken and if it is outsourced, how that decision is made  Policy and guidelines for case note writing (with the understanding that these files can be subpoenaed for court hearings, therefore the content needs to be evidenced based)  Demonstrated involvement of clients in developing the plan and planning for ongoing reviews and when these are to occur  If case management is outsourced information may need to be gathered in relation to the quality provided, this could be in the form of a Partnership Agreement, or similar, that describes the services provided and how quality is assured  There is a referral guide outlining other support services clients can be referred to |  |
| The service collaborates and partners with others in the justice, health and human services sectors | Partnership Agreements, MOUs, Exchange of Letters setting out collaborative arrangements  Recognition that service participates in relevant local/regional networks (this could be provided by the network convener) |  |

### Assessment: Understanding risks and needs

Complete after the consideration of all evidence

|  |  |  |
| --- | --- | --- |
| *Select the appropriate response (Yes or No) to assess each statement* | **Yes** | **No** |
| The service is assessed as safe |  |  |
| The service is suitable for high risk referrals |  |  |
| The service is suitable for children |  |  |
| The service is suitable for referral for women at lower risk |  |  |
| The service is unsuitable for referrals |  |  |
| **Comments:** | | |

## Working with clients

|  |  |  |
| --- | --- | --- |
| **Aspects to be assessed** | **Possible evidence sources** | **List evidence provided** |
| The service treats people as individuals | Code of Conduct  Practice guideline for staff\* |  |
| The service provides confidentiality and privacy | Written policies and procedures that describe how the service maintains confidentiality and privacy  Template used for recording client information  Storage arrangements for client files (hard and soft copy)  Practice guideline for staff\* |  |
| The service provides programs or interventions to meet a diverse range of needs | List of programs or interventions provided and/or accessed by clients through other services  Program/intervention descriptions  Evidence base for programs/interventions  Supervision arrangements to quality assure program/intervention delivery/monitor and reviewing risk management/staff\* debriefing  The service collaborates and partners with others in the justice, health and human services sectors |  |
| The service has client feedback mechanisms in place | Written policy and procedure  Written information provided to clients that includes all mechanisms/ channels available for clients to provide feedback  Information about how client complaints are managed |  |
| The service provides clients information about their rights and responsibilities | Written policy and procedure  Written information provided to clients that is also visible throughout the site |  |
| The service provides contemporary and accurate information to clients | List of standard information items provided to clients  Information demonstrating how the organisation ensures information is contemporary and accurate |  |

### Assessment: Working with clients

Complete after the consideration of all evidence

|  |  |  |
| --- | --- | --- |
| *Select the appropriate response (Yes or No) to assess each statement* | **Yes** | **No** |
| The service is assessed as safe |  |  |
| The service is suitable for high risk referrals |  |  |
| The service is suitable for children |  |  |
| The service is suitable for referral for women at lower risk |  |  |
| The service is unsuitable for referrals |  |  |
| **Comments:** | | |

## Staff\*

***Note:*** *Staff\* includes all paid and unpaid workers who are in direct contact with women and accompanying children.*

|  |  |  |
| --- | --- | --- |
| **Aspects to be assessed** | **Possible evidence sources** | **List evidence provided** |
| The service has skilled and capable staff\* | Qualifications (including any minimum requirements set by the organisation for qualifications and/or experience in working in Domestic Violence and with vulnerable children)  Experience in working with people affected by DFV (any minimum requirements)  Qualifications and experience in work with at risk Children |  |
| Staff\* supervision arrangements are in place | Policy and procedures (including debriefing for critical/high risk matters) and framework for staff\* supervision  Qualifications and experience of supervisor (internal or external) |  |
| The service inducts and trains staff\* | Policy and procedures for staff\* induction and training  Staff\* induction package/template  Minimum staff\* training requirements |  |
| The service ensures staff\* safety and support | Policy and procedures for staff\* safety  Management of vicarious trauma |  |
| The service has sufficient staff\* capacity to deliver the published services | Staff\* numbers  Total staff\* hours per week |  |

### Assessment: Staff\*

Complete after the consideration of all evidence

|  |  |  |
| --- | --- | --- |
| *Select the appropriate response (Yes or No) to assess each statement* | **Yes** | **No** |
| The service is assessed as safe |  |  |
| The service is suitable for high risk referrals |  |  |
| The service is suitable for children |  |  |
| The service is suitable for referral for women at lower risk |  |  |
| The service is unsuitable for referrals |  |  |
| **Comments:** | | |

## Governance

|  |  |  |
| --- | --- | --- |
| **Aspects to be assessed** | **Possible evidence sources** | **List evidence provided** |
| Organisation | Certificate of Incorporation  ABN  Constitution  Audited accounts |  |
| Management Committee/Board | Breadth of skills and experience of Committee/Board Members  Policies and Procedures for Good Governance in place  Frequency of meetings  Role definition  Code of Conduct and Conflict of Interest signed off by all members |  |
| Insurance | Insurance certificate covers services being delivered |  |
| Fees and charges | Policy and procedures for client fees, charges and rental payments (charges should be fair and reasonable based on market value) |  |

### Assessment: Governance

Complete after the consideration of all evidence

|  |  |  |
| --- | --- | --- |
| *Select the appropriate response (Yes or No) to assess each statement* | **Yes** | **No** |
| The service is assessed as safe |  |  |
| The service is suitable for high risk referrals |  |  |
| The service is suitable for children |  |  |
| The service is suitable for referral for women at lower risk |  |  |
| The service is unsuitable for referrals |  |  |
| **Comments:** | | |

**Appendix 1: What to include in a Safety/Risk Assessment Plan**

*The following is a checklist of information that should be gathered on intake in order to make an accurate safety/risk assessment. This list is provided as a guide.*

* Client details
* Perpetrator details
* Dependent details
* Details of any other relatives or associates affected by the domestic and family violence
* Immediate safety requirements of the woman
* Immediate safety requirements of any dependents, relatives or associates
* Immediate referral for medical treatment for physical injuries and/or sexual assault
* Requirements for information on Police emergency contact number and the Domestic and Family Violence Access
* History of contact with the legal system, including:
  + Previous police involvement
  + Previous applications for domestic violence protection orders
  + The perpetrator’s current or previous criminal charges and/or convictions
  + Family Law history, including the existence of any Family Court orders
* Relationship history, including history of current or previous separation
* History of abuse and violence including details of type of abuse/violence perpetrated, including financial abuse
* Details about perpetrator’s possession and/or use of firearms/weapons
* Details about the perpetrator’s behaviour post separation including threats to commit violence, what access the perpetrator has to the woman, her children and associates and any changes to his behaviour such as giving away property
* Client’s medical history including history of drug and/or substance, mental health and anger issues, also any threats or attempts to self-harm by the client.
* Perpetrator’s medical history including history of drug and/or substance, mental health and anger issues
* Child protection issues, including an assessment of ability to protect self and children from further harm.

**Source:** *Practice Standards for Working with Women Affected by Domestic and Family Violence*