

**Family Violence Prevention Legal Services**

**Operational Framework**

**Family Violence Prevention Legal Services**  
**Indigenous Law and Justice Branch**  
**Indigenous Justice and Legal Assistance Division**  
**June 2006**

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# 1 OVERVIEW

## ***1.1 Aim of Operational Framework***

The aim of this Operational Framework is to provide the minimum standards required for the formation, structure and management of the Family Violence Prevention Legal Services (FVPLS) units. It should be read in conjunction with the following documents:

- *Program Funding Agreement (PFA) including General Terms and Conditions for Funding Agreements Relating to Indigenous Programs* and
- *Policy and Procedures Manual.*

All staff, committee members and auspice body board members must receive training annually on the requirements set out in the Operational Framework. New staff must receive this training as part of the induction process. A copy of the Operational Framework is to be provided by the chairperson or unit coordinator to all staff, committee members and the auspice body board.

The Operational Framework defines the way units are to operate and the services to be provided. It supports the FVPLS in managing the operations of each unit and, if applicable, relationships between an auspice body and steering committee. A unit or auspice body that is unable to comply with any of the requirements contained within this Operational Framework must immediately inform the Attorney-General's Department (the Department) in writing of the non-compliance, the reason/s for non-compliance, and any steps being taken or proposed to be taken in order to achieve compliance.

In order to assist users of this Operational Framework, a checklist of requirements contained in Sections 3 and 4 appears at the conclusion of each of those sections. The checklists are by no means exhaustive; rather, they indicate the most important elements of Sections 3 and 4.

## ***1.2 Guiding principles***

The guiding principles for the FVPLS program are that units must provide protection from family violence and sexual assault. Services must focus on all victims-survivors of family violence and sexual assault: women, men, children and young people. Adults deserve to be supported to break the pattern of violence; one way of achieving this is by working with victims-survivors to prevent and reduce the incidence of family violence and sexual assault.

## Section 1 – Overview

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The principles that underpin the FVPLS program include, but are not limited to, the following:

- All individuals have the right to be free from violence
- Family violence is unacceptable, and
- The community has a responsibility to work towards the prevention of family violence.

### ***1.3 What is family violence?***

Family violence occurs when a person physically or psychologically harms, threatens, dominates or controls another person, or attempts to do so. Family violence incorporates a wide range of behaviour; the most commonly acknowledged being physical violence, sexual assault, threats, intimidation, emotional abuse, social abuse and economic deprivation. Units provide services to victims-survivors of sexual assault regardless of who committed the sexual assault.

The Department acknowledges that Aboriginal and Torres Strait Islander families have a diverse range of reciprocal ties of mutual obligation and support. Therefore, the term ‘family violence’ refers to violence within a broad range of family relationships; for example, aunts, uncles, cousins, and children of previous relationships.

The term ‘family violence’ is used in this Operational Framework as it is considered by many Aboriginal and Torres Strait Islander people to be more in keeping with a holistic approach to understanding violence in their communities.

### ***1.4 What is a Family Violence Prevention Legal Services unit?***

Family Violence Prevention Legal Services units are funded by the Department for services related to victims-survivors of family violence and sexual assault. The Department recognises that, from time to time, units will receive funding from other sources to provide complementary services.

The units are controlled by Aboriginal and Torres Strait Islander communities. Units provide legal, advisory and referral services. Local Aboriginal and Torres Strait Islander communities take a lead role in the development of the units through representation on management committees, steering committees and auspice bodies.

The aim of each unit is to provide culturally appropriate assistance to Aboriginal and Torres Strait Islander adults and children who are victims-survivors of family violence and/or sexual assault.

The primary functions of the units are to provide legal assistance, casework, counselling and court support (see Section 2 – Service delivery). Units also provide an emphasis on early intervention and prevention services that will address family violence and its

associated causes and effects. Any matter related to family violence and sexual assault, however broad in nature, is the responsibility of every unit.

**1.5 Who can be a client of Family Violence Prevention Legal Services?**

Services should usually be made available only to Aboriginal or Torres Strait Islander persons, their partners or carers. An Aboriginal or Torres Strait Islander person is defined as one who self-identifies as an Aboriginal or Torres Strait Islander person, and who is accepted as such by the relevant Aboriginal or Torres Strait Islander community. Each unit must ensure that its services are accessible to Aboriginal and Torres Strait Islander people in the unit's service region, regardless of gender.

Services may only be provided to a non-Aboriginal or non-Torres Strait Islander person where such services will provide a direct and substantial benefit to an Aboriginal or Torres Strait Islander person.

**1.6 What services cannot be provided?**

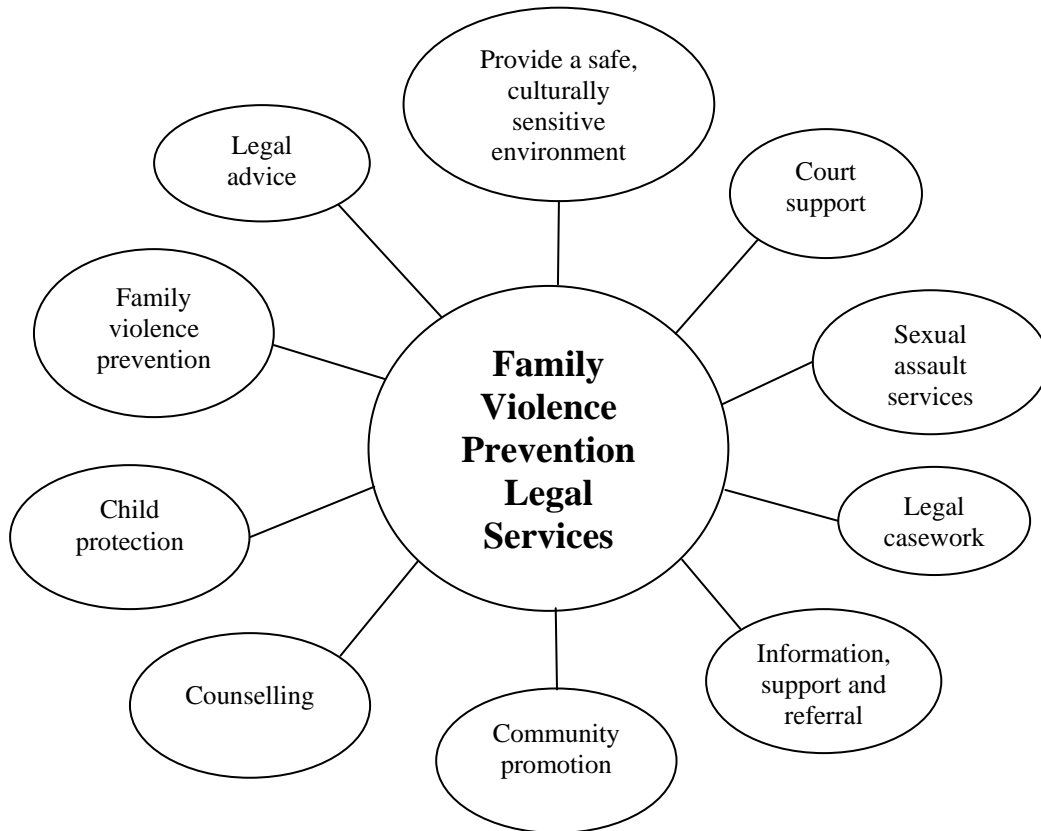
Units must not provide any services to perpetrators of family violence.

Because no services can be provided to perpetrators, units must not provide mediation services. Where appropriate, a client may be supported in mediation sessions by a staff member who attends in the capacity of that client's advocate or support person. A unit may advocate for a culturally appropriate mediation service should one not be available within the community.

Unit staff may also advocate for a separately funded and operated culturally sensitive perpetrator program. Where high-quality programs and services for perpetrators are available, these can be actively promoted by unit staff, and pamphlets and other relevant materials may be displayed for use by clients and their families.

## 2 SERVICE DELIVERY

FVPLS delivers the following services, which are explained in more detail below.



### ***2.1 Provide a safe, culturally sensitive environment***

The safety and wellbeing of victims-survivors of family violence and/or sexual assault must be the first priority of each unit's response. Therefore, each unit must provide victims-survivors with culturally appropriate practical assistance and emotional support in a safe and culturally sensitive environment.

### ***2.2 Legal assistance, advice, casework and court support***

The main areas of legal service provision are:

- family violence restraining orders
- assisting victims-survivors of family violence and/or sexual assault
- child protection
- victim's compensation, and
- family law (where it relates to family violence).

Legal assistance refers to the provision of any advice, referral or specialist knowledge. Legal assistance, including legal casework and court support to victims-survivors of family violence and/or sexual assault is the primary function of each unit. Legal casework includes court representation, negotiation of settlements and ongoing case management for any matter relating to family violence.

A solicitor may act for a client in an ongoing basis in matters that continue after the first appearance; for example, the final hearing of an application for a family violence restraining order. In fulfilling the common law duty of care towards a client, solicitors must take reasonable care in the provision of professional expertise, information or advice. Solicitors are responsible for complying with relevant State and Territory legislation.

Solicitors may assist victims-survivors of family violence and/or sexual assault to apply for victim's compensation, subject to the availability of an alternative legal service provider. Solicitors should seek advice from legal professional bodies in their State or Territory in relation to establishing a trust account for the purpose of holding and disbursing funds obtained on behalf of clients who are awarded victim's compensation.

Units reserve the right to charge a fee-for-service in relation to successful victim's compensation applications. Before providing this service, the solicitor must clearly explain to clients any costs involved and the process to be followed. Solicitors must adhere to the rules of the relevant State or Territory law society when charging fees for victim's compensation application. Any such fees received will be deemed Activity Generated Income as per the *General terms and Conditions* and maybe spent at the discretion of the unit's management committee or auspice body on further service delivery for the unit.

Legal casework cannot normally be provided in relation to the following specific matters:

- commercial or business transactions
- conveyancing or administration of deceased estates unless the assistance is a necessary part of the matter for which assistance has been granted or there are other compelling reasons
- disputes internal to any organisation, including a FVPLS unit, unless either the applicant for assistance or members of an Aboriginal and Torres Strait Islander community are likely to suffer significant hardship should assistance not be provided
- wrongful dismissal, discrimination or compensation matters
- land and sea right claims
- inquests, other than representation of a family member in relation to an inquiry into a death in custody, or
- defamation.

### **2.3 Information, support and referral**

Practical support and assistance is to be available at each unit, and may include:

- information regarding support services available to victims-survivors
- referral to relevant local services; for example, hospitals, community health centres, supported accommodation services and police, and
- referral to other agencies; for example, housing departments and Centrelink.

Unit staff may provide support and/or referrals to victims-survivors by assisting them to access services such as medical aid, food, clothing, accommodation and income support. In the first instance, staff should direct those seeking assistance to the appropriate service provider. Should any assistance being sought be refused, staff may advocate on behalf of clients seeking access.

Should the services of a women's refuge be required, staff must take active steps to ensure that the women's refuge nearest to the unit accepts the unit's clients.

### **2.4 Counselling**

Each unit must provide counselling services to victims-survivors of family violence and/or sexual assault, and to children in need of child protection. Should appropriately trained counselling staff not be available, attempts must be made to make appropriate referrals to another counselling service provider or to purchase the relevant services.

Counselling services will not be provided in relation to:

- relationship counselling
- personal counselling, or
- mentoring, supervision or debriefing of counsellors employed by other organisations.

### **2.5 Sexual assault services**

All services provided by a unit in response to family violence must also be available to victims-survivors of sexual assault, regardless who committed the sexual assault.

### **2.6 Child protection**

Units have an obligation to provide services to children who have experienced, witnessed or are at risk of family violence and/or sexual abuse, or where they are the child of a client who has experienced or is at risk of family violence and/or sexual abuse. Units should have procedures in place to cater for the needs of children. In addition, each unit should provide facilities, whether on site or off site, for children who seek support and assistance.

Notwithstanding client confidentiality requirements, professional staff in FVPLS units may be subject to State or Territory legislation relating to mandatory reporting of child abuse. All unit staff must be aware of which staff members are mandated to report instances of suspected child abuse. Information regarding the reporting of child abuse, together with State- and Territory-based services that assist children in need, is available at the website of the National Association for the Prevention of Child Abuse and Neglect at <http://www.napcan.org.au>.

### **2.7 Community promotion**

Promotion involves putting in place a range of strategies that enables individuals and communities to encourage empowerment and improve their wellbeing. Promotion is categorised into the following groups:

- build public policy
- develop personal skills
- create supportive environments
- strengthening community action, and
- reorientate services.

Within the five categories a variety of approaches can be utilised, including community development projects, community awareness activities, early identification and prevention, and education and information-sharing sessions.

Identifying the importance of addressing family violence issues within the broader community is a critical element in improving people's long-term safety and wellbeing. Units must work towards reducing the incidence of family violence and related offences through actively facilitating and supporting locally driven community promotion and education initiatives.

Unit staff must take a leadership role by actively seeking out potential service providers and other agencies in order to develop a community-wide, collaborative approach to the development of local services and programs. These partnerships will include government, non-government and private providers, and could be in the form of community interagency networks and meetings.

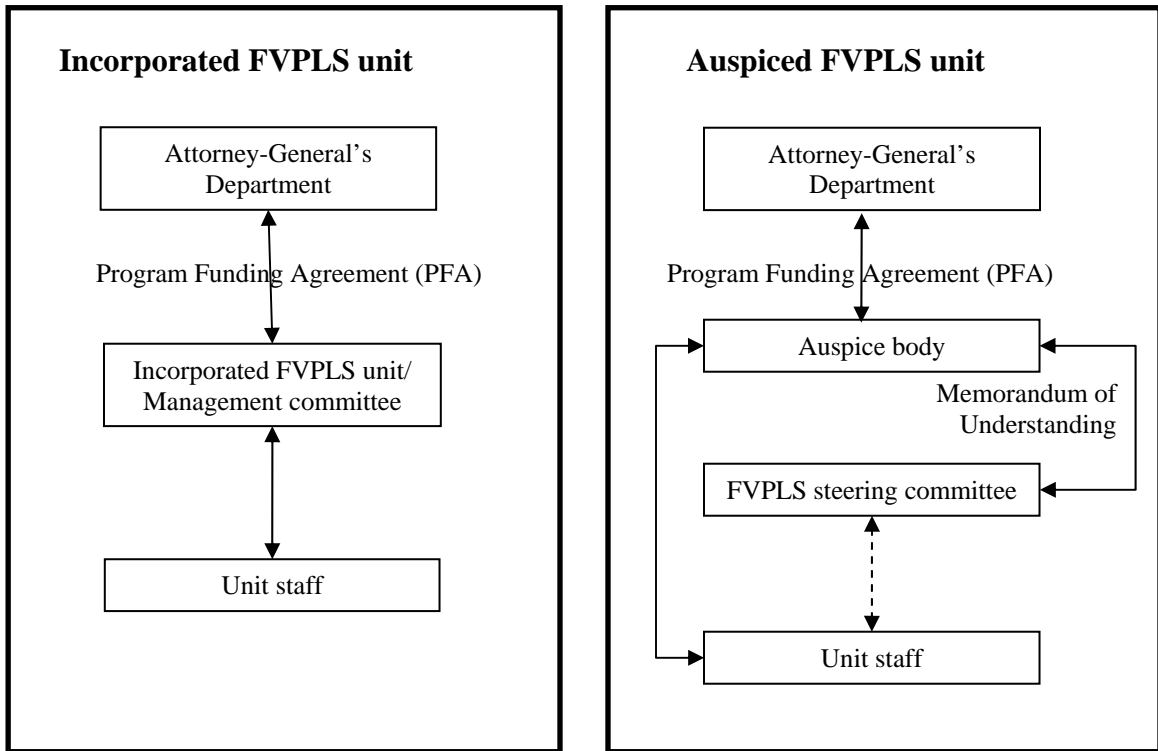
Units will be required to plan and document community promotion work. This work will be utilised as part of the performance measurement report. Refer to the performance indicator–community promotion activity report at Appendix B for further information.

### 3 GOVERNANCE

Good corporate governance requires members of management committees, steering committees and auspice bodies to be aware of their responsibilities, to take those responsibilities seriously and be willing to evaluate their own effectiveness. Committees and auspice bodies perform their duties with the support of unit management and staff. Through good corporate governance, the potential of FVPLS units will be maximised and maintained, thus enabling units to deliver the best possible services to clients. The Department requires members of management committees, steering committees and auspice body boards to undertake governance training.

Every unit must recognise the principles of Aboriginal and Torres Strait Islander self-governance by maximising community control and demonstrating ties to all Aboriginal and Torres Strait Islander communities within the service region.

#### 3.1 Structure



### 3.2 *Roles and responsibilities*

#### 3.2.1 *Attorney-General's Department*

The Department funds the FVPLS through a PFA. The PFA is a contract between the Department and each incorporated unit or auspice body. The Department is responsible for monitoring the compliance of units and auspice bodies with the requirements of the PFA, including the *General Terms and Conditions for Funding Agreements Relating to Indigenous Programs* and this Operational Framework. Should a unit be in breach of the any of these documents, the Department may withhold funding until any breach has been addressed, or may use any of its other rights.

The Department assists units to ensure that appropriate organisational structures, processes and systems are in place to facilitate the effective operation of FVPLS units. In addition, the Department promotes capacity building within units by providing professional development training.

The Department will not provide advice relating to the day-to-day operation of units; for example, staff conflicts, recruitment and retention issues or performance management of staff.

#### 3.2.2 *Management committee*

The primary role of the management committee is to provide leadership and direction in relation to the strategic vision of an incorporated unit, and to reflect the needs of the community. Legal responsibility for all matters relating to an incorporated unit, including compliance with the PFA, rests with the management committee. The management committee appoints the unit coordinator, but has no involvement in the day-to-day management of the unit.

The management committee should be predominantly comprised of Aboriginal and Torres Strait Islander women drawn from the unit's identified service area. The management committee should be representative of the service area and should not favour a particular community group, language group or family group. The management committee may include members of the broader community, regardless of gender.

Management committee members need to be seen by the community to be strong advocates for the prevention of family violence and sexual assault. Therefore, no member of a management committee should be perceived by the community to be currently personally associated in any way with family violence or sexual abuse.

#### 3.2.3 *Auspice body*

The role of an auspice body is to provide leadership and direction in relation to the strategic vision of the unit, and to reflect the needs of the community. The auspice body has no involvement in the day-to-day management of the unit.

### Section 3 – Governance

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As the auspice body is responsible for the financial and performance management of the unit, it is the responsibility of the auspice body to ensure that the contractual relationship with the Department as contained in the PFA including the *General Terms and Conditions for Funding Agreements Relating to Indigenous Programs* are observed and adhered to.

The auspice body is responsible for the appointment of the unit coordinator and must take an active role in developing an open and transparent process for selection of members of the unit steering committee. Unless the steering committee becomes a separate legal entity and takes responsibility for the PFA from the auspiced body, the AGD will have to continue to deal with the auspiced body on legal issues.]

Once members of the steering committee have been selected and appointed, the auspice body must formally acknowledge these appointments at the next board meeting and must record the appointments in the minutes of that meeting. The auspice body will provide the steering committee with copies of minutes of all meetings that relate to the FVPLS unit.

The auspice body should work with the steering committee to define the roles and responsibilities that govern the relationship between these bodies until finalisation of a formal Memorandum of Understanding (refer Section 3.3 – Memorandum of Understanding). The auspice body must ensure that the Memorandum of Understanding is accessible to, and understood by, members of the steering committee and staff. The auspice body must work with the steering committee to oversee the unit's administrative arrangements.

The auspice body is the employer of unit staff and must develop a fair and transparent staff selection process. It must ensure that appropriate employment policies are developed and implemented, and that staff employment conditions comply with the relevant State or Territory legislation; for example, occupational health and safety, equal opportunity and anti-discrimination legislation. Any process for unit staff recruitment should include appropriate representation; for example, one auspice body representative, one steering committee member and the unit coordinator. For further information, refer to Section 4.2 – Staffing.

Should a unit's steering committee decide to seek incorporation of that unit, the auspice body shall provide the unit with appropriate assistance and support services by way of legal services and/or funding from the unit's funds. Any unit seeking incorporation should obtain independent legal advice. Information regarding incorporation is available from the Office of the Registrar of Aboriginal Corporations (ORAC) at <<http://www.orac.gov.au>>.

Auspice body board members need to be seen by the community to be strong advocates for the prevention of family violence and sexual assault. Therefore, no member of an auspice body board should be perceived by the community to be currently personally associated in any way with family violence or sexual abuse.

#### 3.2.4 *Steering committee*

The role of the steering committee is to provide a link between the unit, the community and the auspice body. It must report, gather information, put forward recommendations and provide information to the auspice body that reflects the views and needs of the community. The steering committee has no involvement in the day-to-day management of the unit.

The steering committee is bound to follow the Memorandum of Understanding that has been jointly developed with the auspice body. The steering committee must acknowledge that the auspice body has a legal responsibility to the Department for the financial and performance management of the unit, and must not in any way undermine the legal position of the auspice body or its standing within the community. The steering committee will meet on a regular basis and will provide copies of minutes of its meetings to the auspice body.

The steering committee must be separate from the auspice body and must not include members or employees of the auspice body or the unit. The steering committee should be predominantly comprised of Aboriginal and Torres Strait Islander women drawn from the unit's identified service area. The steering committee should be representative of the service area and should not favour a particular community group, language group or family group. The steering committee may include members of the broader community, regardless of gender.

Steering committee members need to be seen by the community to be strong advocates for the prevention of family violence and sexual assault. Therefore, no member of a steering committee should be perceived by the community to be currently personally associated in any way with family violence or sexual abuse.

#### 3.2.5 *Chairperson*

The role of the chairperson is to lead the relevant management committee, steering committee or auspice body board so that it operates effectively. The chairperson must have a clear understanding of the distinction between board and management functions.

The chairperson is responsible for the conduct of regular committee or board meetings, and for the timely completion of the unit's budget and financial reports. Other responsibilities include overseeing the induction and training of new committee members or board members, and ensuring that each member has clearly defined roles and responsibilities. The chairperson is to ensure that the committee or board has a performance management plan in place for the unit coordinator.

In addition, the chairperson acts as a representative of and spokesperson for the committee or board. All formal communication between the Department and a committee or auspice body will be directed through the chairperson.

### **3.3 Memorandum of Understanding**

Arrangements between an auspice body and steering committee must be formally detailed in a jointly developed and signed Memorandum of Understanding. This important document addresses risk management and clearly describes the roles and responsibilities of both the auspice body and the steering committee. Further information regarding the Memorandum of Understanding is contained in the *Policy and Procedures Manual*.

The Memorandum of Understanding must be signed within one month of the date that the steering committee is formally recognised by the auspice body, and a copy must be submitted to the Department within two weeks of it being signed.

The Memorandum of Understanding should address the following provisions, and should also address how these provisions will be considered in the operating arrangements between the unit and the auspice body:

- the auspice body's management role and powers, including limitations on delegation authority
- the auspice body's responsibilities, including monitoring and reporting to the Department or to the relevant Indigenous Coordination Centre (ICC)
- the role and responsibilities of the unit steering committee
- process for replacement of steering committee members
- procedures for the steering committee to report information, decisions, activities, etc, to the auspice body
- governance issues
- financial control procedures
- disputes and complaints resolution processes
- the procedure for dealing with potential, perceived or real conflicts of interest
- accommodation requirements including consideration of any safety issues that may arise; for example, where a victim-survivor of family violence may be in the same building or shared communal space as a perpetrator, and
- monitoring by the Department of compliance with the terms and conditions of the Memorandum of Understanding.

### **3.4 Confidentiality**

Documented policies and procedures for safeguarding client confidentiality must be developed by each unit and effectively communicated to all staff. These policies must clearly explain any circumstances under which confidentiality requirements must be set aside. Clients must be informed of the confidentiality policy. As part of the induction process, new staff members must be trained in these confidentiality procedures.

Confidentiality requirements apply to all unit staff, management committee members, steering committee members and the auspice body board. All staff, committee members and auspice body board members must sign the Declaration of Confidentiality and Code of Conduct as set out in the *Policy and Procedures Manual*. Staff must understand that a breach of client confidentiality may be deemed to be a breach of their conditions of employment and may result in the termination of their employment. For committee and the auspice body board members, a breach of confidentiality may result in their removal from the committee or auspice body.

Each unit must ensure that all information relating to clients is kept confidential unless the client consents in writing to the disclosure of the information. From time to time, the Department may require access to client files, as described in the *General Terms and Conditions for Funding Agreements Relating to Indigenous Programs*. Access to personal information would require prior client permission even in the context of an audit.

Each unit must ensure that separate client files are maintained for legal and counselling services, and that these files are secured in accordance with the provisions of the *Policy and Procedures Manual*. Under no circumstances may members of any management committee, steering committee or auspice body have access to client files.

### **3.5 Conflict of interest**

A conflict of interest arises where an employee of a unit or a member of a management committee, auspice body or steering committee is in a position to obtain a benefit that derives from that person's association with the unit, committee or auspice body. A conflict of interest is deemed to occur regardless of whether the benefit accrues to the staff, committee or auspice body member or to an acquaintance, friend, family member or organisation with which that person has an association. The benefit may be financial or non-financial in nature. Further information is contained in the *Policy and Procedures Manual*.

For a conflict of interest to exist it is not necessary to show that a person attempted to obtain a benefit or may in fact obtain a benefit; it is sufficient that a person could be perceived to be in a position to obtain a benefit. Both perceived and actual conflicts of interest can erode trust in the integrity of an organisation and can result in the loss of community support.

The Department recognises that, particularly in rural and remote areas, conflict of interest may be difficult to avoid. Therefore, it is essential that each unit, committee and auspice body formalises a process for dealing with any conflict of interest that may arise. Each unit must ensure that its clients are aware of this process.

**Example**

**Conflict of interest**

A member of a staff recruitment selection panel is a close friend of one of the applicants.

In order to eliminate any perception of bias, the selection panel member declares the conflict of interest and decides not to participate in any part of the selection process.

**Example**

**Conflict of interest**

A person requests legal assistance from a unit in relation to a sexual assault. However, the unit's solicitor has represented the other party in a previous matter.

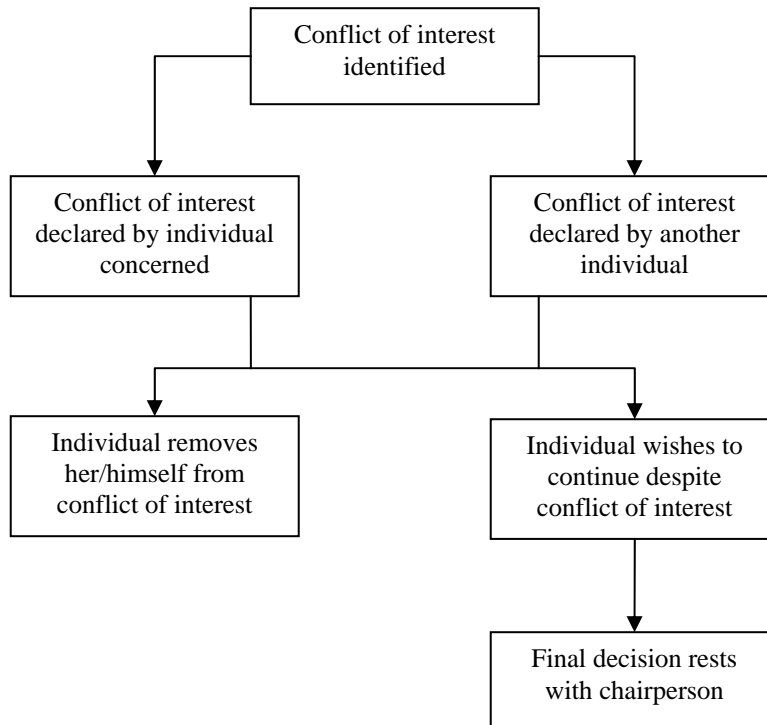
As a result, the solicitor is unable to provide assistance in the current matter.

**Example**

**Conflict of interest**

Should a relative or friend of the counsellor seek assistance from the counsellor, the counsellor should only provide services to that person if no alternative counsellor is available. Similarly, the counsellor should not provide services to more than one member of a family unless the consent of all parties has been first obtained. Should more than one family member approach the counsellor for services, referrals should be made to alternative service providers as appropriate.

The following diagram illustrates a formal conflict-of-interest process.



### 3.6 *Complaints handling*

A complaint may relate to the standard of services provided, or to the diligence, competency, behaviour or attitude of staff. Complaints may represent an opportunity to improve practices and procedures, or may enable a unit to enhance its reputation as a responsive and responsible organisation.

Each unit must establish a formal complaints-handling process to manage all complaints, including complaints received from:

- clients
- community members
- other services providers, and
- employees or members of units, management committees, auspice bodies and steering committees.

The complaints-handling process must be accessible and transparent. A sign detailing the complaints-handling process must be displayed in the public waiting area of each unit. Where appropriate, the sign should be displayed in all relevant languages.

A person wishing to make a complaint must be confident that the complaint will be taken seriously and will be handled fairly and promptly. At all times it is crucial to keep the complainant informed of progress in dealing with the complaint. Staff should avoid

### Section 3 – Governance

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taking a defensive or aggressive stance in response to receiving a complaint, and should maintain impartiality and be courteous and helpful when dealing with a complaint.

A complaint may be made either verbally or in writing. Should the complaint be delivered verbally, the person receiving the complaint must make a written record of the complaint.

Where possible, a complaint should be resolved immediately to the satisfaction of all parties. Simple complaints that are resolved immediately at the initial point of contact need not be formally recorded.

Where a complaint cannot be resolved immediately or if, in resolving a complaint, specific undertakings are given to the complainant, details of the complaint should be recorded. Verbal agreements that are made in the resolution of the complaint need to be confirmed in writing. These complaints should be recorded.

Where a complaint cannot be resolved immediately:

- Take details of the name and contact number of the complainant
- Take details of the complaint, and the date and time the complaint is made
- Ask as many relevant questions as necessary
- Pass information on to the appropriate person
- Ensure that the name, position and telephone number of the person handling the complaint is provided to the complainant
- Ask the person handling the complaint to endeavour to contact the complainant within one working day of receipt of the complaint to inform the complainant how long it will take to address/resolve the matter and other avenues they can take, if appropriate.

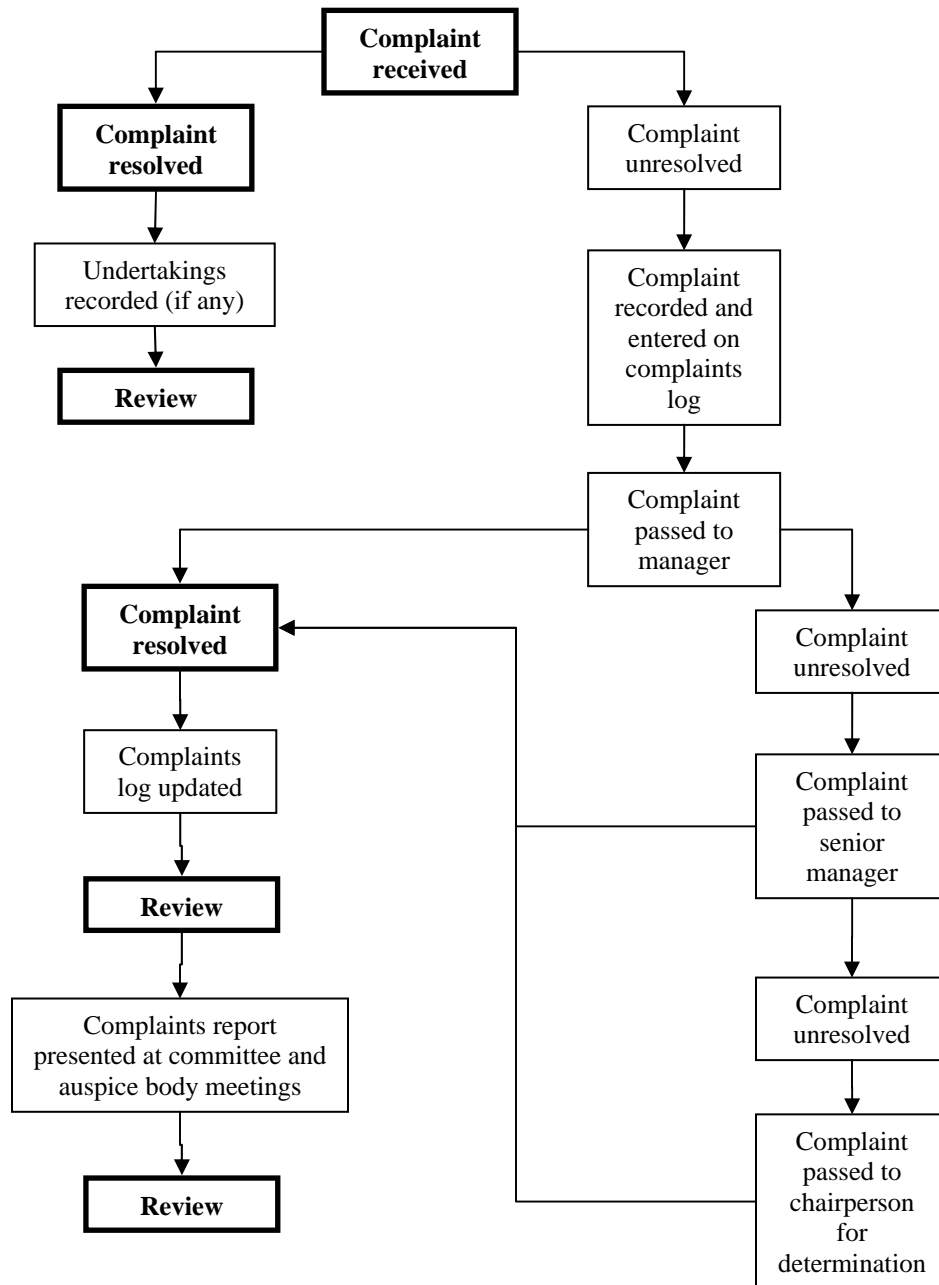
All steps should be taken to ensure that the problem that led to the complaint does not arise again. In all cases where a formal complaint is made, an investigation into the procedures that led to the complaint must be undertaken.

A log that tracks the progress and outcome of complaints must be maintained. As a minimum, the log should include:

- complainant's name, address and contact details
- date of complaint
- nature of complaint
- name of person handling complaint, and date received by that person
- date complaint resolved, and
- date of review of complaint.

Management committee, steering committee and auspice body meetings must include as a standing agenda item a report on complaints received since the previous meeting, and any outstanding unresolved complaints. In turn, the steering committee must report these complaints to the auspice body. Any positive feedback from external sources should also be reported in this way. The complaints log, together with details of any complaints, must be made available to the Department upon request. Access to personal information would require prior client permission.

The following diagram is an example of a complaints-handling process.



**3.7 Checklist**

In order to assist users of this Operational Framework, the following checklist indicates the most important elements of Section 3. It is by no means an exhaustive list of the contents of this section.

- Incorporate principles of Aboriginal and Torres Strait Islander self-management into policies**
- Memorandum of Understanding developed and signed**
- Declaration of Confidentiality and Code of Conduct signed by all staff, committee members and auspice body board members**
- Conflict-of-interest procedures developed and implemented**
- Complaints-handling process developed and implemented**

## 4 ADMINISTRATION

### *4.1 Location of services*

The geographic area serviced by the unit, as negotiated with the Department, should be clearly defined and publicly displayed in the public waiting area of each unit and on all resource materials and publications.

To ensure that clients are serviced effectively, units need to be located close to identified high-need areas or significant Aboriginal and Torres Strait Islander communities. Special attention must be paid to the needs of clients from remote communities that are not serviced by other providers. In determining the location of service outlets, each unit must have regard to the location of related services such as courts, women's refuges and hospitals.

A balance will need to be struck between considerations of accessibility and cost should a unit wish to relocate or expand its current premises. This needs to occur in consultation with the Department. Outreach arrangements using field officers, also known as community education/legal workers, have been shown to be an effective method of reaching people in need, particularly in rural and remote locations. Strategies must be targeted at meeting the needs of clients at the community level, and to address any disadvantage that may result from remoteness or language difficulties.

### *4.2 Staffing*

Management committees and auspice bodies, in consultation with the coordinator, are responsible for the recruitment and employment of unit staff. They must ensure that appropriate employment policies are developed and implemented, and that staff employment and conditions comply with the relevant State or Territory legislation; for example, occupational health and safety, equal opportunity and anti-discrimination legislation. Any process for unit staff recruitment should include appropriate representation; for example, one management committee member and the unit coordinator.

Steering committees, management committees and auspice bodies must ensure that all staff and associated personnel are fit and proper persons to be associated with the FVPLS. Such people must be fully committed to addressing family violence and to promoting behaviours that demonstrate leadership in this area. No person associated with a unit, committee or auspice body can be a perpetrator of family violence or sexual abuse. Each unit should not only undertake appropriate checks and screenings to determine the suitability of candidates, but should also consider the views and perceptions of the community. Criminal record checks are compulsory in some States for people who work with children, and legislation in other States and Territories is currently under review.

## Section 4 – Administration

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Some units face difficulties recruiting skilled staff. In such cases, specific measures may be required to attract and retain quality staff. Incentives to employ skilled people may be considered by the management committee, steering committee and auspice body in consultation with the Department. Similarly, consideration must be given to local people who can be trained and retained within the community. Wherever possible, each unit should aim to recruit local Aboriginal and Torres Strait Islander staff.

It is imperative that all staff dealing with family violence, child abuse and/or sexual assault have adequate professional debriefing and/or mentoring opportunities. As a proactive measure, each unit should develop a debriefing process and professional support service for staff in order to reduce stress, trauma and day-to-day work pressures.

Staff are only responsible for service provision during their normal hours of employment as insurance coverage may not be provided outside normal working hours. Therefore, any requests for assistance that are made outside normal working hours should be discouraged. Each unit should investigate its level of insurance coverage for services provided outside normal working hours.

### *4.2.1 Coordinator*

Each unit must employ a full-time coordinator, whose position is separate from and independent of any other position. In line with principles of Aboriginal and Torres Strait Islander self-governance, the Department encourages units to be led by a suitably qualified or experienced Aboriginal or Torres Strait Islander woman coordinator where practicable. The coordinator is employed by the incorporated FVPLS unit or auspice body and must be an individual who has a demonstrated ability to coordinate a service of this kind. Auspice bodies and management committees may apply to the relevant State or Territory authority for an exemption to have the coordinator position designated as an Aboriginal and Torres Strait Islander position.

The coordinator is responsible for day-to-day management of unit staff and must be aware of any obligations and responsibilities that professional staff members have under legislation to a professional registration body. The range of duties performed by the coordinator will include administrative and unit management, and may also include other tasks as required.

The coordinator is also responsible for the provision of secretariat services to the steering or management committee, including the provision of reports and taking of minutes, etc, and must take a lead role in supporting the chairperson of any management committee, steering committee or auspice body.

Where a unit is in an auspice relationship, a key role of the coordinator will be the management of the working relationship between the auspice body and steering committee. In addition, the coordinator must maintain a close working relationship with the Department's Program Officers and Solution Brokers.

Should the position of coordinator become vacant, the position should be filled as soon as practicably possible. Each unit must notify the Department if the coordinator position is likely to be vacant for an extended period and should advise of steps being taken to address the situation.

#### 4.2.2 *Counsellor*

Each unit must employ a counsellor for a minimum 20 hours per week. The counsellor must be suitably qualified to provide counselling services to victims-survivors of family violence and/or sexual assault, including children. The counsellor should undertake work related to sexual assault counselling, therapeutic interventions, training and education.

It is recommended that all counsellors be provided with appropriate professional clinical supervision on a monthly basis. Such supervision may be provided by face-to-face interaction or telephone.

#### 4.2.3 *Solicitor*

Each unit must employ a full-time solicitor, whose position is separate from and independent of any other position.

Clients must be provided with independent legal representation. Where an auspice body is an organisation such as an Indigenous legal services provider, care must be taken to ensure no conflict of interest exists and that advice from State or Territory law societies has been obtained and complied with.

In order to practise un-supervised, the solicitor must meet the criteria under the relevant State or Territory legislation. However, should a solicitor not meet this criteria, supervision is required by a solicitor who does meet the criteria.

The solicitor cannot be supervised by a solicitor employed by an Indigenous legal services provider, but may be supervised by a solicitor who meets the criteria and is employed by a different FVPLS unit. In extenuating circumstances, and with the consent of the relevant law society, supervision may be provided by a solicitor from private practice, Legal Aid or a Community Legal Centre.

The provision of legal services is the primary focus of FVPLS units. Should a unit be unable to secure the services of a full-time solicitor for a period of one month or longer, consideration must be given to briefing out the work, employing a part-time solicitor or initiating another arrangement to ensure that clients are provided with legal services. If legal services are not provided, the Department may seek proportionate reimbursement of funds.

### 4.3 *External legal service providers*

#### 4.3.1 *Brief-outs*

A unit may brief out a client's matter to an external private lawyer or to a solicitor who is prepared to act pro bono, provided that all of the following conditions have been satisfied:

- The client must qualify for legal assistance from a FVPLS unit (refer Section 1.5 – Who can be a client of Family Violence Prevention Legal Services?)
- The unit must be unable to assist the client due to a shortage of staff solicitors, other pressures of work, a lack of expertise in the particular matter or a conflict of interest
- Sufficient funds are available to meet the costs of the brief-out, and
- Appropriate, accessible and timely assistance is not available to the client through Indigenous legal services providers, the Legal Aid Commission or a Community Legal Centre.

The unit must ensure that any services delivered under a brief-out arrangement are performed in accordance with this Operational Framework. Wherever possible, each unit should establish and maintain a list of lawyers who are prepared to accept brief-outs on the terms and conditions established by the unit, and who are capable of providing culturally appropriate legal services to Aboriginal and Torres Strait Islander clients.

In managing brief-out arrangements, the unit must establish terms and conditions governing brief-outs to external lawyers, including details of fee scales, monitoring processes, account payment arrangements and procedures to resolve any disputes that may arise. In setting fee scales, the unit should examine fee scales applied by the Legal Aid Commission operating in the same jurisdiction, and should ensure that its own fees do not exceed those paid by the relevant Legal Aid Commission for comparable matters. Where counsel is to be briefed, counsel's fee must be set in accordance with the fee scale established by the unit and the terms of the brief must be confirmed in writing to counsel at the time that the brief is delivered.

Each unit must allocate within its budget an amount that may be used for brief-out payments during the relevant accounting period, and must set up records and processes to ensure that expenditure is kept within appropriate limits. The unit must be able to identify, at any time, the amount committed to external lawyers by way of brief-out fees.

#### 4.3.2 *Referrals*

In contrast to a brief-out, a referral occurs when a unit considers that a person can be more appropriately serviced by another organisation and refers the person to the other organisation for assistance.

**Example**

**Referrals**

A unit is approached for assistance in a family law matter that is unrelated to family violence. These circumstances do not fall within the guidelines of FVPLS service provision. Therefore, the client is referred to another legal practice.

*4.3.3 Agents*

Should a unit need to employ an agent to deliver services—for example, where part of the proceedings in a case are conducted interstate—the unit should first seek assistance from another FVPLS unit within the appropriate jurisdiction. Only if that unit is unavailable to serve as agent in the case should an external service provider be approached.

**4.4 Planning**

*4.4.1 Strategic plan*

A strategic plan is a valuable tool that enables staff to consider long-term objectives and evaluate the services delivered. It should include the vision and/or mission statement of the unit and the unit’s objectives over the ensuing three-year period. It must focus on the unit, its goals, performance indicators, outcomes and clients.

The management committee of each unit is responsible for developing a strategic plan in consultation with the coordinator and staff of the unit. Where a unit is in an auspice relationship, the auspice body is responsible for developing the strategic plan in consultation with the steering committee, unit coordinator and staff. Plans prepared on behalf of a unit must be separate from any overall plan of its auspice body.

A strategic plan must be developed within six months of the commencement of each unit’s operations and must be reviewed and updated annually by the coordinator and the management committee or auspice body.

*4.4.2 Operational plan*

The aim of the operational plan is to turn the strategic plan into action, thereby linking the operational plan to the objectives of the strategic plan. It is a functional management tool that details information including individual tasks, staff responsible for those tasks, and a timeline for task completion.

## Section 4 – Administration

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An operational plan must be developed by the coordinator in consultation with unit staff and the management or steering committee. Strategies to service clients at the unit and by outreach should also be identified, and consideration should be given to the changing requirements of client needs during the life of the plan.

The operational plan must be developed within six months of the commencement of each unit's operations and must be reviewed and updated annually by the coordinator and the management or steering committee.

### 4.5 *Reporting*

#### 4.5.1 *Data collection*

Data collection is a critical element of the planning process and forms part of each unit's reporting obligations to the Department. Data may be audited by the Department. Data collection requirements are determined by the Department, and it is the responsibility of the unit coordinator to comply with these requirements. All materials used in the collation of data must be retained by the unit and stored appropriately.

#### 4.5.2 *Performance indicators*

Each unit must provide performance indicators reports as required under the PFA. These indicators may be updated from time to time.

Reports to be completed and returned to the Department include:

- Workload Data report, Appendix D & E, due quarterly.
- Community Promotion Activity report, Appendix B, due quarterly.
- Client Satisfaction Survey report, Appendix C, due annually.
- Unit Self-audit report, Appendix F, due quarterly until all requirements are met, followed by annual reviews thereafter.

#### 4.5.3 *Performance monitoring*

Where particular risks are identified by the Department, a unit may be required to undergo some form of performance monitoring. The Department will give the unit reasonable notice of such performance monitoring, which may be conducted either by the Department or by an external service provider appointed by the Department for that purpose. As part of the performance monitoring process, the Department may require access to a unit's documents, plans and/or documented procedures as per clause 17 of the *General Terms and Conditions for Funding Agreements Relating to Indigenous Programs*.

**4.6 Field visits**

Field visits may be conducted from time to time by the Department, including its Solution Brokers. At the conclusion of each field visit, a field visit report will be provided to the chairperson of the management committee or auspice body as appropriate, with a copy to the unit coordinator. The report will detail discussions held during the field visit, issues identified and any further action to be taken.

**4.7 Funding variations**

As needs and circumstances can change significantly, units may apply to the Department for a variation to the existing PFA, or for one-off funding. All requests for variations or additional funding must be made in writing by the chairperson of the management committee or auspice body as appropriate, and must be addressed to the Director of the Family Violence Prevention Legal Services Section within the Indigenous Law and Justice Branch at the Department. Requests must set out the reasons that additional funding is required and details of intended purchases or expenses. For further information, refer to the procurement guidelines contained in the *General Terms and Conditions for Funding Agreements Relating to Indigenous Programs*.

**4.8 Updating unit information**

Each unit should advise the Department in a timely manner of any change to personnel and unit contact details, including street address, postal address, fax numbers, telephone numbers and email addresses, including changes to contact details for management committees, steering committees and auspice bodies.

**4.9 Checklist**

In order to assist users of this Operational Framework, the following checklist indicates the most important elements of Section 4. It is by no means an exhaustive list of the contents of this section.

- Coordinator, solicitor and counsellor employed**
- Conflict-of-interest procedures developed and implemented**
- Recruitment and employment policies developed and implemented**
- External service providers sourced**
- Strategic and operational plans developed and implemented**
- Data collection procedures implemented**

## 5 SERVICE STANDARDS

Each unit must ensure that services are delivered in the most efficient and effective manner possible. Service standards are used to measure each unit's performance.

Units will be required to comply with the following five service standards:

- standard for provision of legal services
- standard for accessibility and cultural sensitivity
- standard for cooperation and relationships with other service providers
- standard for organisational management, and
- standard for assessing client satisfaction and managing complaints.

The service standards and supporting documentation must be effectively communicated to all staff. New staff must receive service standards training as part of the induction process.

### ***5.1 Standard for provision of legal services***

This standard establishes the foundations of an organised approach to the provision of legal services. Its attributes deal with information and referrals, the provision of legal advice and casework management.

This standard reflects the fact that people often place a high level of reliance on the legal advice that they receive. This reliance underlines the importance of the quality of advice offered and interaction that occurs between the legal adviser and the client. This standard also reflects that legal advice and casework often entail added support processes beyond representation in court; for example, assisting people to make a telephone call or write a letter.

#### *5.1.1 The standard*

Units provide clients with information, advice, casework and/or referral services that are:

- in accordance with the Operational Framework
- within units' areas of competence
- clear and up to date
- adequate to establish all identifiable and relevant legal options and, where relevant, limitation dates
- appropriate to the needs and circumstances of the client
- provided in a way that avoids any actual or perceived conflict of interest, and
- follow relevant State and Territory legislation.

5.1.2 *Attributes of the standard*

- Documented procedures for advice, in accordance with legal professional standards of the relevant State or Territory jurisdiction, that require the service to:
  - Comply with requirements for professional insurances
  - Assess prospective clients' eligibility to receive services
  - Complete advice sheets or records, including the name and contact details of every client, and a summary of associated immediate support provided
  - Record advice provided and limitation dates
  - Check advice provided, recording all relevant information, facts and instructions regarding the legal issues, where appropriate
  - Ensure there is no conflict of interest, and
  - Maintain client confidentiality. The service must clearly explain to clients the procedures for client–service contact and service–client contact; the type and purpose of client information collected, retained and used by the service; and circumstances under which the service provider may have a duty to disclose client information.
- Documented procedures for casework, in accordance with legal professional standards of the relevant State or Territory jurisdiction that require the service to:
  - Comply with requirements for professional insurances
  - Complete case records, including the name and contact details of every client, names of other parties and a summary of support provided
  - Record instructions, advice, and limitation dates
  - Ensure there is no conflict of interest
  - Check advice provided, where appropriate, and
  - Maintain client confidentiality. The service must clearly explain to clients the procedures for client–service contact and service–client contact; the type and purpose of client information collected, retained and used by the service; and circumstances under which the service provider may have a duty to disclose client information.
- Documented procedures for dealing with circumstances where staff are unclear as to what advice to provide, requiring the service to:
  - Inform people if the service is unable to provide the advice sought, and
  - Provide appropriate referral options in accordance with the standard for cooperation and relationships with other service providers.
- A current certificate of professional indemnity insurance cover for the provider.
- Current unrestricted practising certificate or equivalent under which the practice operates.

- Any other requirements of the relevant regulatory body for legal practitioners.
- Evidence of staff training in procedures related to the provision of legal services. This training should be carried out at induction for all new staff, and on at least a biannual basis for existing staff.

### 5.2 *Standard for accessibility and cultural sensitivity*

Accessibility and cultural sensitivity are fundamental to the effective provision of legal services for Aboriginal and Torres Strait Islander people.

This standard provides the foundation for ensuring that services are provided in a culturally sensitive manner, and are accessible to those clients who are most in need. The Operational Framework provides guidance on eligibility for assistance.

#### 5.2.1 *The standard*

Units are actively committed to providing a culturally sensitive and accessible service for clients who meet the eligibility requirements.

#### 5.2.2 *Attributes of the standard*

- Documented procedures for ensuring services are delivered in a culturally sensitive and appropriate manner. As a minimum, these procedures should include:
  - policies and procedures for ensuring staff are aware of cultural sensitivities when dealing with local communities
  - recruitment, selection and training procedures that have regard to the importance of cultural understanding and sensitivity on the part of staff
  - cultural awareness training as part of the induction process for new staff, and an ongoing cultural education program
  - flexible modes of service delivery; for example, hours of operation that meet the needs of clients and their communities, and
  - strategies for communicating with clients who experience language barriers.
- Documented procedures for providing services to clients in remote localities. These procedures should be targeted to meet the needs of clients in the area covered by the FVPLS unit and should include strategies for servicing the needs of clients who cannot be easily reached by the unit's solicitors or who may be disadvantaged by reason of cultural background, remoteness or language difficulties.
- Documented procedures for evaluating the satisfaction of clients with the cultural sensitivity of the services provided. These procedures must be in accordance with the standard for assessing client satisfaction and managing complaints.
- Evidence of training in procedures related to accessibility and cultural sensitivity. This training should be carried out at induction for all new staff, and on at least a biannual basis for existing staff.

### **5.3 Standard for cooperation and relationships with other service providers**

Units are encouraged to promote effective relationships with other relevant service providers within their service area. The provision of information and the making of referrals are important ongoing activities of each unit.

This standard establishes the foundations of an organised approach to this activity. It deals with referrals to other legal services, private practices and community organisations.

#### *5.3.1 The standard*

Units form effective relationships with other relevant service providers to better meet clients' needs.

#### *5.3.2 Attributes of the standard*

- Documented procedures, appropriate to the size, nature, location and coverage of the unit, for making referrals to other legal service providers, including Indigenous legal service providers, community legal centres, legal aid commissions and private legal practices, that require the unit to:
  - Establish the appropriateness of a referral
  - Prevent a conflict of interest in making a referral to a practice or agency
  - Provide at least two options to people receiving referrals where more than one option exists
  - Maintain a contact list for community legal centres, legal aid commissions, other legal service providers and relevant private practice options, and
  - Check at least annually that other relevant community organisations and practitioners have the capacity to provide services to people referred by the unit.
- Documented procedures for making referrals to other community services relevant to people seeking assistance, that require the unit to:
  - Establish the appropriateness of a referral
  - Maintain a contact list for relevant community services options, and
  - Provide informational pamphlets or other printed information in relation to community services to which people are referred.
- Evidence of training in procedures related to cooperation and effective relationships with other service providers. This training should be carried out at induction for all new staff, and on at least a biannual basis for existing staff.

### **5.4 Standard for organisational management**

The standard for organisational management provides a broad framework for the management of the services to be delivered.

Details remain the responsibility of each unit. However, the standard highlights the importance of effective management in achieving a high quality of service delivery and outcomes for clients.

#### *5.4.1 The standard*

Units manage their operations efficiently and effectively in accordance with applicable professional and ethical standards.

#### *5.4.2 Attributes of the standard*

- Documented procedures and approaches appropriate to the size, nature, location and coverage of the unit that require the unit to:
  - Promote community involvement in service management
  - Undertake required financial management and reporting, and asset management
  - Manage, supervise and train staff
  - Identify, prioritise and manage risks associated with the provision of services and other activities, and
  - Plan, implement, monitor and evaluate the delivery of services, taking account of the standard for assessing client satisfaction and managing complaints.
- Documented procedures for the management of information and data, appropriate to the size, nature, location and coverage of the unit that require the unit to:
  - Maintain a complete and accurate collection of data in a timely manner
  - Ensure secure and appropriate use of data
  - Ensuring that personal information is maintained in line with the requirements of the national privacy principles and information privacy principles contained in the *Privacy Act 1988*
  - Back up data regularly from all computer systems
  - Maintain equipment and have the capacity to obtain appropriate technical support
  - File and store paper documents and files for the required statutory period in a manner that facilitates easy access and complies with best practice records management, and
  - Provide data to the department in the required format.

- Documented policies and procedures for safeguarding client confidentiality, including a method for ensuring those policies and procedures are effectively communicated to all staff. New staff members are to receive training on these confidentiality policies and procedures as part of the induction process.
- Documented procedures for regularly reviewing client files to ensure that:
  - Clients receive high-quality, professional services
  - All critical deadlines are met, and
  - Services are provided in accordance with the requirements of the operational Framework.
- Evidence of training in procedures related to organisational management, particularly in regard to confidentiality and to identifying and managing conflict of interest. This training should be carried out at induction for all new staff, and on at least a biannual basis for existing staff.

### ***5.5 Standard for assessing client satisfaction and managing complaints***

The views and perspectives of clients or of people who have participated in service delivery form an important source of information to units. This standard covers information received by way of general feedback and information coming forward in the form of a complaint.

#### *5.5.1 The standard*

Units offer clients the opportunity to provide feedback on their experiences with the service. Units also have a responsibility to manage complaints in a prompt, fair and consistent way.

#### *5.5.2 Attributes of the standard*

- Documented procedures appropriate to the size, nature, locality and coverage of the service for the management of client feedback. These procedures must:
  - Ensure that clients are offered the opportunity to appropriately and privately provide feedback on their experience with the services provided
  - Encourage people from diverse cultural and linguistic backgrounds to participate, and
  - Ensure that all feedback data is considered in case reviews, and is followed up.
- Documented procedures appropriate to the size, nature, location and coverage of the unit for the management of complaints from clients. These procedures must:
  - Clearly describe and effectively promote the complaints-handling process, and
  - Reflect principles of natural justice and a commitment to consider all complaints.

## Section 5 – Service standards

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- Information explaining complaints processes must be available to clients and prospective clients. Information may be in the form of brochures, pamphlets, posters or other appropriate formats.
- Evidence of training in procedures related to assessing client satisfaction and managing complaints. This training should be carried out at induction for all new staff, and on at least a biannual basis for existing staff.

## APPENDIX A

## Data Dictionary for Legal and Counselling Activity

Category	Sub-category	Definition
File Type	<ul style="list-style-type: none"> <li>• Open File</li> <li>• Close File</li> </ul>	<ul style="list-style-type: none"> <li>• The client is currently using the service and their file is considered active.</li> <li>• The client has ceased to use the service and that their file has been closed</li> </ul>
Client Type	<ul style="list-style-type: none"> <li>• New Client</li> <li>• Existing Client</li> <li>• Returning Client</li> </ul>	<ul style="list-style-type: none"> <li>• The client has never used the service before and has never had a file created.</li> <li>• The client is currently using the service and has an open file</li> <li>• The client has used the service before and has a closed client file.</li> </ul>
Literacy		<ul style="list-style-type: none"> <li>• The client is able to read (whatever language applies) and has the ability to complete paperwork/forms without assistance</li> </ul>
Interpreter Required		<ul style="list-style-type: none"> <li>• The client requires assistance from an interpreter service</li> </ul>
Returning client	<ul style="list-style-type: none"> <li>• Same parties</li> <li>• Different parties</li> <li>• Unrelated matter</li> </ul>	<ul style="list-style-type: none"> <li>• The people involved are the same as the last time the client used the service even though the issue or matter may be different</li> <li>• The people involved in this case or matter are different from the last time the client used the service even though the issue or matter may be the same</li> <li>• A new issue or matter totally unrelated to previous use of the</li> </ul>

		service
Disability	<ul style="list-style-type: none"> <li>• Physical</li> <li>• Developmental</li> </ul>	<ul style="list-style-type: none"> <li>• One the following applies: the client has limitations in moving freely; they require assistance with mobility or daily living activities; client is in a wheelchair.</li> <li>• One the following applies: the client has a known intellectual disability or has difficulty understanding basic concepts even after they have been explained clearly</li> </ul>
Entrance into the service (ie how did the client get in contact with the service)	<ul style="list-style-type: none"> <li>• Visited office</li> <li>• Outreach visit</li> <li>• Community promotion</li> <li>• Legal clinic</li> <li>• Phone call</li> <li>• Court house</li> <li>• Referred</li> </ul>	<ul style="list-style-type: none"> <li>• The client come into the unit's main / head office</li> <li>• The client visited an outreach clinic or was seen by unit staff on a visit to one of the communities the unit services</li> <li>• The client contacted staff at a promotional or educational session held by the unit.</li> <li>• The client attended a legal clinic run by the service</li> <li>• The client contacted the service by phone</li> <li>• The client contacted staff at a courthouse</li> <li>• The client contacted the service after being referred.</li> </ul>
Referred from (ie who told them about the service)	<ul style="list-style-type: none"> <li>• Police</li> <li>• Health service</li> <li>• Shelter</li> <li>• Internal</li> </ul>	<ul style="list-style-type: none"> <li>• The police referred the client to the service.</li> <li>• Any health service or hospital referred the client to the service.</li> <li>• Any shelter referred the client to the service.</li> <li>• Another FVPLS staff member</li> </ul>

	<ul style="list-style-type: none"> <li>• External legal service</li> <li>• Family/Friend</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Another legal service</li> <li>• Referred from family/friend</li> <li>• A referral that is not covered by the above.</li> </ul>
Matter Type	<ul style="list-style-type: none"> <li>• Advice</li> <li>• Case</li> </ul>	<ul style="list-style-type: none"> <li>• The client is given one off advice or assistance and no further action is required.</li> <li>• The client is provided with ongoing advice and assistance relating to a matter.</li> </ul>
Legal Matter	<ul style="list-style-type: none"> <li>• AVO</li> <li>• Victim's compensation</li> <li>• Assistance providing statement or evidence</li> <li>• Child protection</li> <li>• Family law</li> <li>• Other</li> </ul>	<p>Select all applicable legal matters.</p> <p>(AVO is used although it has different names throughout the states and territories)</p>
Legal matter outcome	<ul style="list-style-type: none"> <li>• AVO obtained</li> <li>• AVO denied</li> <li>• Interim AVO granted</li> <li>• Compensation granted</li> <li>• Compensation denied</li> <li>• Statement provided</li> </ul>	<p>A final AVO or variation was sought and obtained.</p> <p>An AVO was sought but was denied</p> <p>An interim AVO was obtained and a final AVO order was not sought.</p> <p>Victims compensation was sort and granted</p> <p>Victim's compensation was sought and denied.</p> <p>The client was assisted to provide a statement/evidence and did so.</p>

	<ul style="list-style-type: none"> <li>• Statement not provided</li> <li>• Order obtained</li> <li>• Order opposed</li> <li>• Order refused</li> <li>• Settled</li> <li>• Matter withdrawn</li> <li>• Working with DoCS</li> <li>• Succeeded</li> <li>• Failed</li> <li>• Other</li> </ul>	<p>The client intended to provide a statement/evidence but did not do so.</p> <p>An order relating to children was sought and obtained</p> <p>An order relating to children was successfully opposed.</p> <p>An order relating to children was sought and refused.</p> <p>An order in relation to children was being sought but was settled.</p> <p>A matter was withdrawn before a Court order was made.</p> <p>The client is assisting the relevant Department in the determination of a matter</p> <p>The matter is not one of the above and a successful outcome was obtained</p> <p>The matter is not one of the above and a successful outcome was not obtained.</p> <p>The outcomes do not fit in any of the above categories.</p>
<p>Counselling Issue (select all)</p>	<ul style="list-style-type: none"> <li>• Sexual assault</li> <li>• Physical assault</li> <li>• Grieving or loss</li> <li>• Family violence</li> </ul>	<ul style="list-style-type: none"> <li>• The client has been sexually abused</li> <li>• The client has been physically assaulted whether it involves a weapon or not</li> <li>• Grief and loss caused by suicide, early and unexpected deaths, family dislocation and separation, violence and abuse.</li> <li>• This is about behaviours that are not included in the above, such as threats, intimidation,</li> </ul>

	<ul style="list-style-type: none"> <li>• Healing</li> </ul>	<p>emotional abuse, social abuse and economic deprivation.</p> <ul style="list-style-type: none"> <li>• The process of moving forward from personal trauma or loss.</li> </ul>
Related to Legal proceedings		<ul style="list-style-type: none"> <li>• Is the client receiving counselling in relation to current legal proceedings?</li> </ul>
Cause	<ul style="list-style-type: none"> <li>• Isolated incident or issue</li> <li>• Multiple incidents or issues</li> </ul>	<ul style="list-style-type: none"> <li>• One issue / problem being addressed by the service</li> <li>• Many issues or problems being addressed at the same time</li> </ul>
Frequency of Contact	<ul style="list-style-type: none"> <li>• High contact</li> <li>• Low contact</li> </ul>	<ul style="list-style-type: none"> <li>• Frequent or regular visits to the service</li> <li>• Infrequent or irregular visits to the service</li> </ul>
Completed counselling program	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Crisis intervention</li> </ul>	<ul style="list-style-type: none"> <li>• Has the case management plan for the client been completed</li> <li>• A full case management plan was not required as only one off intervention was required</li> </ul>
Counselling issue resolved	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	<ul style="list-style-type: none"> <li>• The client is satisfied that the issue has been successfully addressed and resolved</li> <li>• The client is not satisfied that the issue has been resolved</li> </ul>
Other service providers involved	<ul style="list-style-type: none"> <li>• Drug &amp; alcohol treatment</li> <li>• Psychiatrist</li> <li>• Psychologist</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Is the client being seen by another professional at the same time as they use the service?</li> </ul>
Client referred on (ie not seen by the service at all)	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	<ul style="list-style-type: none"> <li>• Did the FVPLS refer the client to another external service</li> </ul>

<p>If yes, when?</p>	<ul style="list-style-type: none"> <li>• Start of the case or matter</li> <li>• During the case or matter</li> <li>• Close of the case or matter</li> </ul>	<ul style="list-style-type: none"> <li>• At the beginning of the case management plan / matter.</li> <li>• Sometime during the case management plan / matter</li> <li>• At the completion of the case management plan / matter.</li> </ul>
<p>If yes, why?</p>	<ul style="list-style-type: none"> <li>• Conflict of interest</li> <li>• Lack of resources</li> <li>• Out of expertise</li> <li>• Matter or case outside the Operational Framework</li> <li>• There was a need for an alternative service provider</li> <li>• Drug/alcohol problem</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• There is a conflict of interest with a relevant party.</li> <li>• The unit does not have sufficient financial or human resources to properly deal with the client.</li> <li>• The staff within the unit do not have the expertise to undertake the matter or case</li> <li>• The matter or case are not core functions of the FVPLS</li> <li>• The alternative service provider was better suited to deal with the client.</li> <li>• The client has drug/alcohol problems and needs to obtain treatment first</li> <li>• The reason is not any of the above</li> </ul>
<p>Referred to another service provider/organisation</p>	<ul style="list-style-type: none"> <li>• Shelter</li> <li>• Legal practice</li> <li>• Health service</li> <li>• Child protection</li> <li>• Other</li> </ul>	<ul style="list-style-type: none"> <li>• Did the FVPLS refer the client onto any organisation or person</li> </ul>

## **Data Dictionary for Community Promotion Activity**

### **1. Creating Supportive Environments**

Supportive environments are vital for safety and well-being. Environments are all of those things which surround us, and include physical things, such as street lighting and access to medical services and social environments, such as community supports and networks. All of these areas must be modified and improved to allow individuals more positive options in their life. This principle involves identifying dangerous and violent environments; working to change areas that have insufficient necessities, such as access to quality food, shelter and transport, and working towards eliminating a sense of isolation and alienation, poverty and inequity

Examples include:

- Educating people and communities so they become aware of their role in managing their own environment or assisting them to make more of their own decisions and choices,
- Working with other community groups and agencies to incorporate particular concerns into their procedures and activities,
- Working with local and regional governing bodies to improve leisure and recreational environments, such as the development of a children's sport field, and
- Creation of night patrols.

### **2. Making Better Policy**

This principle is about building or assisting in the development of public policies that will have a positive effect on the reduction of family violence within the community. To achieve this, individuals must work together and develop active partnerships to lobby for, and assist in the development of policy change. It means engaging with departments, agencies and government at all levels.

Examples include:

- Meeting with council members or MPs to discuss areas of concern in a community and requesting government intervention,
- Developing a Shared Responsibility Agreement, and
- Assisting in the development of policies that will provide for a safer social environment, such as appropriate night lighting, dry communities, hotel closing times and restriction zones

### **3. Develop Personal skills**

Increasing a person's skills facilitates a greater understanding of the ways in which the environment affects our safety and well-being. With greater understanding of comes confidence, allowing people to take more control of their life and start to make better choices for themselves. The development of personal skills goes hand in hand with the development of supportive environments, as these environments help people to make better choices.

Examples include:

- Programs or training that encourages people to work out and express their own needs or to value their own stories or to make better use of their own knowledge, and

- Community legal education that spreads knowledge about personal rights and safety

#### **4. Strengthen Community Action**

A safe community is a strong and healthy one. This principle involves fostering the rules, supports and identity of the community, to increase their stability, unity and the level of respect that exists. Empowerment of the community is central to community action. Strengthening communities is linked closely with building individual capacity.

Examples include:

- Encouraging the development of structures and organisations which are totally controlled and run by the people of a community,
- Helping existing voluntary and public interest groups to build and grow their activities and services, and
- Assisting community leaders to promote safety, respect and well-being knowledge

#### **5. Reorientation of services**

This principle is based on the idea that the needs of individuals and the community must be the focus of all services. Reorientation of services is expanding and improving the services provided, to not only respond to incidents but to develop strategies to respond to community needs and desires. This action area allows a more holistic approach to tackling family violence.

Examples include:

- Hosting community forums to planning of future services,
- Increasing services accountability through the development of specific goals and targets within planning documents,
- Increase cooperation and communication through development of, and multidisciplinary teams, interagency coordination and the formation of active partnerships

Example of promotion work a FVPLS could undertake to address a locally identified need of an increase or perceived increase in child sexual assaults.

<b>Principle – Action Area</b>	<b>Sexual Assault Strategy</b>
1. Build Public Policy	Negotiate with local primary schools to introduce a formal sexual assault education program for children and teachers.
2. Develop personal skills	Educate the children and teachers about inappropriate behaviours etc through group programs and talks
3. Create Supportive Environments	Increase the counselling support services provided to schools to support teachers and children
4. Strengthening Community Action	Working with existing community groups eg the school P&C or a local young women’s group to lobby local agencies and government to improve safety conditions within the town and school locations
5. Reorient Service	Increase promotion activities within primary

	schools through participation in the formal education program. Also provide staff in local FVPLS with skills to address sexual assault issues and support families.
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APPENDIX B

**Community Promotion Data Form**

Question	Answer options	
Target age groups (Select all)	<input type="checkbox"/> 0–12 <input type="checkbox"/> 13–24 <input type="checkbox"/> 25–44 <input type="checkbox"/> 44–64 <input type="checkbox"/> 65+	
Target gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both	
Frequency	<input type="checkbox"/> One off <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	
Promotion category	<input type="checkbox"/> Creating Supportive Environments <input type="checkbox"/> Making Better Public Policy <input type="checkbox"/> Develop Personal Skills <input type="checkbox"/> Strengthen Community Action <input type="checkbox"/> Reorientation of Services	
Motivation	<input type="checkbox"/> Community request <input type="checkbox"/> Data analysis <input type="checkbox"/> Planned activity <input type="checkbox"/> Community need	
Number of people who attended, by age group	Female <input type="checkbox"/> 0–10	Male <input type="checkbox"/> 0-10

Question	Answer options	
	<input type="checkbox"/> 11–25	<input type="checkbox"/> 11-25
	<input type="checkbox"/> 26–50	<input type="checkbox"/> 26-50
	<input type="checkbox"/> 50+	<input type="checkbox"/> 50+

**APPENDIX C**

**Client Satisfaction Survey**

The survey is to be offered to all clients at their final visit to the unit. Clients are to be assisted in completing the survey, if required.

*Section 1 – Access and facilities*

Please tick the most correct answer.

1. How did you find out about the service?

- |  |   |
|--|---|
| <input type="checkbox"/> Newspaper               | <input type="checkbox"/> Referred to service; for example, by police, court, local GP or hospital |
| <input type="checkbox"/> Radio                   | <input type="checkbox"/> Community promotion activity   |
| <input type="checkbox"/> Friend or family member | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Pamphlet or posters     |   |

2. Was it easy for you to get to the service?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If no, please comment:

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3. How did you use the service?

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> At the unit  | <input type="checkbox"/> At an outreach clinic |
| <input type="checkbox"/> By telephone | <input type="checkbox"/> At the courthouse     |

4. Did you feel comfortable in our offices and waiting areas?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If no, please comment:

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**Section 2 – Staff and communication**

Please tick yes or no.

## 5. Were the staff...

Courteous	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Helpful	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Respectful	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Competent	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 6. Did the staff...

Protect your privacy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have up-to-date information for you	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 7. In receiving this service...

Did you have all your questions answered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the written and verbal language clear?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the information easy to understand?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were forms easy to understand and fill out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were service staff easy to understand?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the service give you an interpreter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were things explained clearly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

***Section 3 – Service delivery***

Please tick the most appropriate answer.

8. Were you happy with the service you received?

Yes

No

If no, please comment:

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9. Did the service help you deal with your problem?

Yes

No

If no, please comment:

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10. Do you feel better because of the assistance you received from the service?

Yes

No

If no, please comment:

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11. How can the service help you better?

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## APPENDIX D

## Counselling Intake / Data Form

Question	Answer options
Client type	<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Returning
Accessing service for	<input type="checkbox"/> Legal <input type="checkbox"/> Counselling <input type="checkbox"/> Both
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Indigenous status	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Non-indigenous
Age	<input type="checkbox"/> 0–5 <input type="checkbox"/> 6–12 <input type="checkbox"/> 13–24 <input type="checkbox"/> 25–44 <input type="checkbox"/> 44–64 <input type="checkbox"/> 65+
Literacy skills	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interpreter required	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Appendices

Question	Answer options
Disability	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Not applicable
Entrance into service	<input type="checkbox"/> Visited office <input type="checkbox"/> Outreach visit <input type="checkbox"/> Community promotion <input type="checkbox"/> Legal clinic <input type="checkbox"/> Phone call <input type="checkbox"/> Referred
If referred, from where?	<input type="checkbox"/> Police <input type="checkbox"/> Health service <input type="checkbox"/> Shelter <input type="checkbox"/> Internal <input type="checkbox"/> Family/friend <input type="checkbox"/> Other
Client referred on?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when?	<input type="checkbox"/> Start of matter <input type="checkbox"/> During matter <input type="checkbox"/> Close of matter
If yes, why?	<input type="checkbox"/> Matter or case outside the Operational Framework <input type="checkbox"/> Client has drug/alcohol problems <input type="checkbox"/> There was a need for an alternative service provider <input type="checkbox"/> Lack of resources

Question	Answer options
	<input type="checkbox"/> Out of expertise <input type="checkbox"/> Other
Referred to	<input type="checkbox"/> FVPLS solicitor <input type="checkbox"/> Shelter <input type="checkbox"/> Legal practice <input type="checkbox"/> Health service <input type="checkbox"/> Child protection <input type="checkbox"/> Other
Returning client	<input type="checkbox"/> Same other party <input type="checkbox"/> Different other party <input type="checkbox"/> Unrelated matter
Frequency	<input type="checkbox"/> High contact <input type="checkbox"/> Low contact
Related to legal proceedings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cause	<input type="checkbox"/> Isolated incident <input type="checkbox"/> Multiple incidents
Issue (Select one or more)	<input type="checkbox"/> Sexual assault <input type="checkbox"/> Physical assault <input type="checkbox"/> Grieving/loss <input type="checkbox"/> Family violence <input type="checkbox"/> Healing
Completed counselling program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Crisis intervention

## Appendices

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Question	Answer options
Resolved issue	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other service providers involved	<input type="checkbox"/> Drug/alcohol treatment <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Psychologist <input type="checkbox"/> Other

## APPENDIX E

## Legal Intake / Data Form

Question	Answer options
Client type	<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Returning
Accessing service for	<input type="checkbox"/> Legal <input type="checkbox"/> Counselling <input type="checkbox"/> Both
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Indigenous status	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Non-indigenous
Age	<input type="checkbox"/> 0–5 <input type="checkbox"/> 6–12 <input type="checkbox"/> 13–24 <input type="checkbox"/> 25–44 <input type="checkbox"/> 44–64 <input type="checkbox"/> 65+
Literacy skills	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interpreter required	<input type="checkbox"/> Yes <input type="checkbox"/> No

Question	Answer options
Disability	<input type="checkbox"/> Physical <input type="checkbox"/> Developmental <input type="checkbox"/> Not applicable
Entrance into service	<input type="checkbox"/> Visited office <input type="checkbox"/> Outreach visit <input type="checkbox"/> Community promotion <input type="checkbox"/> Legal clinic <input type="checkbox"/> Phone call <input type="checkbox"/> Court system <input type="checkbox"/> Referred
If referred, from where?	<input type="checkbox"/> Police <input type="checkbox"/> Health service <input type="checkbox"/> Shelter <input type="checkbox"/> Other legal service
Client referred on?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when?	<input type="checkbox"/> Start of matter <input type="checkbox"/> During matter <input type="checkbox"/> Close of matter
If yes, why?	<input type="checkbox"/> Conflict of interest <input type="checkbox"/> Matter or case outside the Operational Framework <input type="checkbox"/> Client has drug/alcohol problems <input type="checkbox"/> There was a need for an alternative service provider <input type="checkbox"/> Lack of resources

Question	Answer options
	<input type="checkbox"/> Out of expertise <input type="checkbox"/> Other
Referred to	<input type="checkbox"/> Shelter <input type="checkbox"/> Legal practice <input type="checkbox"/> Health service <input type="checkbox"/> Child protection <input type="checkbox"/> Other
Matter type	<input type="checkbox"/> Advice <input type="checkbox"/> Casework
Returning client	<input type="checkbox"/> Same parties <input type="checkbox"/> Different parties <input type="checkbox"/> Unrelated matter
Legal matter (Select one or more options)	<input type="checkbox"/> AVO <input type="checkbox"/> Victim's compensation <input type="checkbox"/> Assistance providing statement/evidence <input type="checkbox"/> Child protection <input type="checkbox"/> Family law <input type="checkbox"/> Other
Outcome (Select for each type of matter above)	<input type="checkbox"/> AVO obtained <input type="checkbox"/> AVO denied <input type="checkbox"/> Interim AVO granted <input type="checkbox"/> Compensation granted <input type="checkbox"/> Compensation denied <input type="checkbox"/> Statement provided <input type="checkbox"/> Statement not provided

<b>Question</b>	<b>Answer options</b>
	<ul style="list-style-type: none"><li><input type="checkbox"/> Order obtained</li><li><input type="checkbox"/> Order opposed</li><li><input type="checkbox"/> Order refused</li><li><input type="checkbox"/> Settled</li><li><input type="checkbox"/> Matter withdrawn</li><li><input type="checkbox"/> Working with DOCS</li><li><input type="checkbox"/> Succeeded</li><li><input type="checkbox"/> Failed</li><li><input type="checkbox"/> Other</li></ul>

**APPENDIX F**

**Self-Evaluation Audit**

1. Are the following policies, procedures and documents in place? (description provides a minimum level of content) Has the information been reviewed by the unit management committee or the auspice body? Have staff members been trained in these areas? If not, provide explanation under 'Comments'.

a. Code of conduct: (details the expectations of personal behaviour and professional conduct of staff and management; how grievances will be resolved; how client confidentiality will be maintained)

- Completed    
  Commenced    
  Not started    
  Reviewed    
  Staff trained

Comments:

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b. Recruitment procedure: (outlines the entire process for staff recruitment, including how positions will be advertised, what the selection criteria is for each position, who will be on the interview panel and how the decision will be made)

- Completed    
  Commenced    
  Not started    
  Reviewed    
  Staff trained

Comments:

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c. Complaints handling process: (as per section 3.6 of the Operational Framework)

- Completed    
  Commenced    
  Not started    
  Reviewed    
  Staff trained

Comments:

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d. Memorandum of Understanding: (as per section 3.3 of the Operational Framework)

- Completed    
  Commenced    
  Not started    
  Reviewed    
  Staff trained

Comments:

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## Appendices

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e. Insurance: (requirements are listed at clause 15 of the *General Terms and Conditions for Funding Agreements Relating to Indigenous Programs*)

Completed       Commenced       Not started       Reviewed       Staff trained

Comments:

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f. Process to determine client eligibility for assistance: (outlines the criteria for assessing whether or not a client is eligible and/or if their matter needs to be referred onto another service provider)

Completed       Commenced       Not started       Reviewed       Staff trained

Comments:

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g. Process to assess other service providers: (outlines how the unit determines which other services providers are appropriate to refer clients to and the process of reviewing those services to ensure that remain relevant and appropriate)

Completed       Commenced       Not started       Reviewed       Staff trained

Comments:

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h. Process for service provision to remote communities: (outlines when and how remote or outreach communities serviced and what arrangements are in place to ensure access to services is as good as possible to these communities)

Completed       Commenced       Not started       Reviewed       Staff trained

Comments:

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i. Process to evaluate client surveys: (outlines what happens with completed client surveys; who reviews their content; how are problems followed up with clients and internally; how are management committees informed of survey results)

Completed     Commenced     Not started     Reviewed     Staff trained

Comments:

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j. Process for safe and secure storage of client and data files: (outlines the procedure for maintaining client files; who can access files and when; how are files protected against theft, fire and water damage; how are files disposed of when necessary)

Completed     Commenced     Not started     Reviewed     Staff trained

Comments:

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k. Case management procedure: (Process undertaken between unit staff and the client to determine the issues that will be addressed and the plan for addressing them)

Completed     Commenced     Not started     Reviewed     Staff trained

Comments:

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l. Strategic Plan: (outlines the units strategy for responding to issues around family violence within communities, based over a 3 year period)

Completed     Commenced     Not started     Reviewed     Staff trained

Comments:

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m. Operational Plan: (details how the Strategic Plan will be put into action for the next 12 months)

Completed     Commenced     Not started     Reviewed     Staff trained

Comments:

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**Appendices**

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2. Can the unit demonstrate the following?

a. All clients are seen by appropriately trained staff       Yes       No

Comments:

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b. All clients are properly admitted to the service and have all policies and procedures explained to them?       Yes       No

Comments:

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c. Client confidentiality procedures are in place       Yes       No

Comments:

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d. All staff have received cultural awareness training       Yes       No

Comments:

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e. The reasons for all referrals to external service providers can be explained and justified       Yes       No

Comments:

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f. All external service providers are capable of providing appropriate service       Yes       No

Comments:

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- g. Client feedback, surveys and complaints are collected, considered and reviewed, and appropriate action taken  Yes  No

Comments:

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- h. All clients are afforded procedural fairness  Yes  No

Comments:

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3. What local trends and problems has the unit identified? How has the unit responded?

Comments:

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4. How has the unit's strategic plan been reviewed? What were the outcomes of the review?

Comments:

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5. What recent successes has the unit enjoyed?
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## Appendices

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6. What has not gone to plan?

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7. What problems has the unit faced?

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8. Which agencies, departments or NGOs does the unit have working agreements with?

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