

Compliance Framework for Men's Behaviour Change Programs



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Introduction

The Compliance Framework for Men's Behaviour Change Programs (the Compliance Framework) provides guidance to program providers on how they will be assessed and may be registered as compliant with the Practice Standards for Men's Behaviour Change Programs (the Practice Standards).

Men's Behaviour Change Programs (MBCPs) must be registered to receive funding or referrals from the New South Wales (NSW) Government. Memoranda of Understanding (MoU) between the Department of Justice and other government agencies require that funding and referrals to MBCPs are contingent upon program compliance with the standards.

The Compliance Framework should be read in conjunction with the Practice Standards. It has four parts. The Practice Standards and Compliance Framework may be updated.

Part 1: Compliance requirements

This part explains the Practice Standards and their rationale to build MBCP understanding of safe and effective practice. It includes practice and process requirements that MBCPs must address as part of the assessment process outlined in *Part 2: Application for registration and assessment*. Assessment questions are also provided and are designed to prompt reflective practice. The practice and process requirements and assessment questions are aligned to the Practice Standards. This section also indicates what types of evidence should be provided to demonstrate compliance with the standards.

Part 2: Application for registration and assessment

This part explains the application and assessment process that MBCPs are required to undertake in order to demonstrate compliance with the Practice Standards.

The application process has two parts: an initial application to the Department of Justice for informal feedback; and a formal application for registration.

Part 3: Decision making and registration

This part outlines the decision making process the Department of Justice will undertake to register a MBCP as compliant with the standards. This includes information about: processes following successful and unsuccessful registration decisions; the categories of registration (full or provisional); and the review of registration decisions.

Part 4: Ongoing quality compliance

This part provides detailed information about ongoing compliance with the Practice Standards for registered program providers. It includes information on how compliance assessments and concerns about program compliance will be undertaken and responded to.

Definition of Men's Behaviour Change Programs

The Practice Standards apply to all MBCPs in NSW. Men's Behaviour Change Programs are defined as predominantly group based programs with a defined behaviour change model of intervention, which are intended to reduce or prevent recurrence of abusive behaviour by a participant towards a partner or family member.

Such programs may vary in duration (length of the program over time) and intensity (number of hours per week), depending on the risk and need of the target participants, and may be delivered by individual sessions where there are compelling reasons. The duration and intensity must be evidence-based and fit-for-purpose according to the risk level, needs and circumstances of participants.

Other types of behaviour change programs

Strategies for anger management and improving relationship communication may be elements of interventions that can help change the behaviour of men who perpetrate domestic violence. However, where these elements comprise the sole focus of a program, the NSW Government does not define that program as an intervention to address domestic and family violence.

This is because such a program does not contain the fundamental characteristic of a MBCP, which is to change the behaviour of men who perpetrate domestic violence by addressing the dynamics of power, coercion and control, and the impact that their behaviour can have on victims, children and their family.

This means anger management programs or programs focused solely on relationship communication are not eligible to apply for registration, and will not be eligible for MBCP funding or referrals from the NSW Government.

Application of the Practice Standards in different contexts

MBCPs across New South Wales are delivered in a range of different contexts, including community programs and those delivered in custodial or other settings. The characteristics of MBCPs can be impacted by their size, location, workforce and community.

The Practice Standards and Compliance Framework aim to drive consistency in the safety and quality of practice, while acknowledging that contexts differ. This means MBCPs must be able to implement the standards and tailor their practice in a way that suits their context, while ensuring quality programs and without compromising victim safety. Varying contexts of MBCPs may mean that the standards are implemented in different ways or their implementation is not possible. For example, programs delivered in a custodial setting would implement the standards in a different way to a community based provider.

MBCPs applying for registration will be asked to provide an explanation of the context in which the program will be provided, and the impact of that context on the application of the standards. If any standards are not considered to be relevant or unachievable for a particular program, the MBCP must provide a detailed explanation, for consideration in the application and registration process.

Registration of the program provider

The program provider will be registered with the Department of Justice to operate a program in a specific location. MBCPs applying for registration will be asked to provide their business name and nominate an organisation representative to be registered with the Department. Providers wishing to expand to new locations that are not registered with the Department will be required to vary their registration.

Information exchange with government agencies and other stakeholders

Information may be exchanged with other relevant government agencies and other relevant stakeholders to inform:

- the application and assessment process
- the decision making and registration process
- any review of a registration decision
- targeted compliance assessments
- investigation of concerns raised about a program or provider.

Appendices – Additional guidance

The Practice Standards indicate that additional guidance for particular areas is outlined in the Compliance Framework. The Appendices provide this additional guidance:

- Appendix A – Application of the Risk, Needs, Responsivity principles in community based MBCPs
- Appendix B – Significant experience and clinical supervision
- Appendix C – Minimum data set requirements.

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Part 1 Compliance requirements

Principle 1: The safety of victims, including children, must be given the highest priority

Please note: Reference to 'children' in the phrase 'victims and children' includes children who may be living with violence and/or be the primary victims of violence.

Leaders and staff of MBCPs play a critical role in creating and maintaining a culture where victim safety is prioritised. This commitment must be supported by all staff and embedded in all aspects of program practice. Victim safety can be significantly improved through proper risk assessment and cross agency management of threats, well targeted referrals, providing adequate support for victims, embedding victim safety in program policies and procedures, and providing adequate training on victim safety.

Men's Behaviour Change Programs must be aware of Safer Pathway, the NSW Government's coordinated approach to supporting domestic violence victims and children. It provides a state wide network of Local Coordination Points (for female victims) and Local Support Services (for male victims) staffed by specialist workers to provide victims with case coordination and referral to support services.

Victims assessed as being at serious threat of injury or death are also referred to interagency meetings, known as Safety Action Meetings, where government and non-government service providers share information and propose action to reduce the level of threat to victim safety. Safer Pathway assists MBCPs ensure support for victims and their children, and threats to their safety are managed.

Victim risk assessment and referrals

Victim safety is the priority of all MBCP risk assessment. It will have regard to the characteristics of victims that may increase their vulnerability to violence and the safety of children who are living with violence, or may be the primary victims of violence. Characteristics that may increase the vulnerability of a victim may include risks associated with particular population groups such as persons with disability or those from culturally and linguistically diverse backgrounds.

Victim risk assessment is undertaken by MBCP providers and support services in line with their respective roles and responsibilities. Men's Behaviour Change Programs must work collaboratively with support services to undertake victim risk assessment, for example, by sharing relevant information to inform risk. It is particularly important for MBCPs to inform victim support, relevant authorities, or the victim when there is any increased risk to victim safety. Men's Behaviour Change Programs can also work with group facilitators, program staff and other services to assess and respond to risk.

Safe and effective MBCPs develop clear and strong relationships with services to ensure available avenues for victim support, and to reduce the duplication of roles. Support services may be provided internally by a MBCP provider or externally, such as a local domestic and family violence support service (in partnership with the MBCP) or through Safer Pathway. Increased service integration with Safer Pathway can assist in the reduction of risk to victims and their increased safety.

Victims and children at high risk or serious threat of violence must be referred by MBCPs to Safer Pathway for specialised threat assessment and support. Victims and children identified as at threat should be referred to Safer Pathway or another appropriate service. The Domestic Violence Safety Assessment Tool can be used to inform whether a victim is at threat.

Children who are identified as primary victims and at risk of violence may be referred to the Child Protection Hotline in line with NSW Government child protection frameworks.

Referrals for support can help manage the impact of domestic and family violence. It can include, for example, support to report violence to the police, or support for legal, education, housing, health, employment and financial issues. Safe and effective MBCPs understand the need for support may also extend to children who may be living with violence, or may be the primary victim.

Risk assessment relating to perpetrators is discussed in **Appendix A**.

Relevant standards

Standard 1.1: MBCP providers and support services will undertake risk assessments for victims and children

Standard 1.2: MBCP providers will ensure that victims and children have access to appropriate support services that respond to their needs

Standard 1.3: MBCP providers must respond immediately to any indications of increased risk to the safety of victims and children

Practice and process requirements, assessment questions, and evidence

| Practice and process requirements | Assessment questions | Evidence |
|---|--|--|
| <i>To demonstrate compliance you are required to:</i> | <i>To demonstrate compliance you are required to document responses to the following questions to ensure your program addresses the Practice Standards:</i> | <i>To demonstrate compliance you are required to provide evidence showing how the standards are or will be implemented, which may include:</i> |
| Demonstrate processes are in place to ensure MBCP staff are aware of their roles and responsibilities in keeping victims and children safe, including identifying and responding to indicators of increased risk to victim safety | How does your organisation provide staff information about their roles and responsibilities in keeping victims and children safe (including in relation to victim risk assessment and support, partner contact, Safer Pathway, and child protection)? How does your organisation ensure they understand this information? | <ul style="list-style-type: none"> • Publications such as staff induction and/or orientation kits and training manuals • Policies and procedures including those for staff ongoing training requirements and staff supervision |

| Practice and process requirements | Assessment questions | Evidence |
|---|---|--|
| | How do organisational leaders champion a culture where the safety of victims and children is prioritised at all levels of policy and practice? | |
| Demonstrate processes are undertaken by your organisation to assess risks to victims and children | <p>What is the evidence base for the risk assessment process?</p> <p>When does your organisation undertake risk assessments, what are they used for and when are they reviewed?</p> | <ul style="list-style-type: none"> • Risk assessment and management framework • Policies and procedures on risk assessment and management • Victim engagement strategies undertaken to inform risk assessment |
| Demonstrate processes are in place to address identified risks to victims and children | <p>How does your organisation ensure appropriate referrals are made to Safer Pathway or other support services?</p> <p>How does your organisation work with Safer Pathway (for example, to reduce the need for a victim to retell their story)?</p> <p>What processes are used to ensure appropriate information is exchanged between support services to ensure victim safety?</p> | <ul style="list-style-type: none"> • Policy and procedures outlining referral processes when a victim or child is identified 'at serious threat' or 'high risk' • Policies and procedures outlining the referral process when a victim or child is assessed as being at threat |
| Detail the relationship the organisation has with victim support services | <p>How does your organisation work with victim support services (such as Safer Pathway Local Coordination Points) to support victim safety in a way that reduces duplication of roles?</p> <p>How are the support needs (such as social, emotional, education, health, or accommodation) of victims and children identified and then addressed?</p> | <ul style="list-style-type: none"> • Referral processes to victim support services • Policies and procedures outlining how information is exchanged between MBCP and support services <p>Evidence for support services offered internally include:</p> <ul style="list-style-type: none"> • Position description of support program staff • Brochures for victims <p>Evidence for support services offered externally include:</p> <ul style="list-style-type: none"> • A memorandum of understanding or partnerships arrangements with the support service |

Support for victims

A safe and effective MBCP understands the lasting and pervasive impact domestic and family violence can have on victims and children. Men’s Behaviour Change Programs and support services must be committed to ensuring victims and children are prepared for the participation of their family member in a MBCP, for example, by explaining the impact that the program may have on the behaviour of their partner, and managing ongoing risks to safety through safety planning.

Safety plans are an important part of risk management as they articulate the strategies needed to address identified safety concerns. They assess the circumstances of victims and children and what they might need to help them feel and be safe. Safety plans incorporate practical ways to improve victim safety, keep victims safe from further violence, and plan what action to take in an emergency. Support services complete individual safety plans with victims. Victim support services may be provided by a MBCP or by an external service.

Safe and effective MBCPs understand that the circumstances of victims can impact their desire or ability to engage with a support service. They provide all available opportunities for support and engagement with the program, while at the same time, acknowledge that victims may sometimes decline to engage. Men’s Behaviour Change Programs empower victims to determine the type and intensity of support they need. In some circumstances offering support to victims and children may not be appropriate or feasible, for example, when a participant is in custody and has ceased contact with their former partner.

Relevant standards

Standard 1.4: MBCP providers and support services will prepare victims and children for the participation of their family member in a MBCP

Standard 1.5: Support services will complete individual safety plans for victims and children

Practice and process requirements, assessment questions, and evidence

| Practice and process requirements | Assessment questions | Evidence |
|---|--|---|
| <i>To demonstrate compliance you are required to:</i> | <i>To demonstrate compliance you are required to document responses to the following questions to ensure your program addresses the Practice Standards:</i> | <i>To demonstrate compliance you are required to provide evidence showing how the standards are or will be implemented, which may include:</i> |
| Explain how the MBCP ensures that victims and children are prepared for the participation of a family member in the program | Does your organisation engage directly with victims or do you refer them to support services immediately? How does this process differ if the victim is a child, current partner or previous partner? | <ul style="list-style-type: none"> Information packs, brochures and other information that is provided to the victim or children (where appropriate) Evidence that victims and children are referred to external support services immediately include: |

| Practice and process requirements | Assessment questions | Evidence |
|--|---|--|
| | | <ul style="list-style-type: none"> Information exchange processes including feedback to ensure safety plans are completed and ongoing risk is managed |
| <p>Explain how the completion of individual safety plans for victims and children by support services is managed</p> | <p>How does your organisation know that safety plans have been developed and completed for victims and children?</p> <p>What information does your organisation provide to assist with this process?</p> | <ul style="list-style-type: none"> Policies and procedures relating to safety planning for victims and children including how the confidentiality of victim's information is maintained Safety assessment and safety plan templates Records indicating if a safety plan has been completed |
| <p>Demonstrate processes are in place to ensure victims have access to appropriate support services</p> | <p>How do you ensure roles and responsibilities of each provider are made clear?</p> <p>What processes are there to ensure appropriate information is exchanged between service providers?</p> <p>Are there circumstances where support is not able to be provided to victims? How is this managed?</p> | <ul style="list-style-type: none"> Referral processes to victim support services (including Safer Pathway Local Coordination Points) and intake/referral form templates Policies and procedures relating to contacting a victim and exchanging information <p>Evidence for support services offered internally include:</p> <ul style="list-style-type: none"> Policies and procedures relating to support services including how perceived or actual conflicts of interest are addressed and how confidentiality is maintained |

Policies, procedures, training and expertise on victim safety

Policies and procedures are important tools that provide guidance on how MBCPs respond to risks to victim safety. They explain key risks relating to domestic and family violence, the processes in place to monitor threats to safety, and processes in place to respond to threats or risks to safety.

A safe and effective MBCP has localised policies and procedures that set out key risks to victims of domestic and family violence and possible strategies to manage and mitigate those risks. Policies and procedures need to be put into practice to ensure effective risk management. This can be achieved by them being championed by leaders and staff, ensuring they are accessible and easy to understand, and regularly reviewed and updated to take into account emerging trends and issues.

A safe and effective MBCP also has well informed and proactive facilitators and support workers that have a sound knowledge of the dynamics of domestic and family violence. Training and education can help improve workforce capacity to support and advocate for victim needs, and help MBCP facilitators and support workers cope with their work.

Relevant standards

Standard 1.6: MBCP providers will develop and adhere to written policies and procedures that address risks to victims and children

Standard 1.7: MBCP facilitators and support service workers will have the appropriate knowledge about, and training on, the nature and impact of domestic and family violence

Standard 1.8: Support Service workers must have specific knowledge, training and experience to support and advocate for people impacted by domestic and family violence

Practice and process requirements, assessment questions, and evidence

| Practice and process requirements | Assessment questions | Evidence |
|--|---|--|
| <i>To demonstrate compliance you are required to:</i> | <i>To demonstrate compliance you are required to document responses to the following questions to ensure your program addresses the Practice Standards:</i> | <i>To demonstrate compliance you are required to provide evidence showing how the standards are or will be implemented, which may include:</i> |
| Outline how risk assessment and management policy and procedures assist staff understand, identify and respond to risks or threats to victim safety and how often these policies and procedures are reviewed and updated | <p>How does the policy relating to risk or threat align with the processes that are undertaken by your organisation?</p> <p>Are these policies and procedures explained to program participants, victims or children?</p> <p>How often are your policies and procedures reviewed and updated?</p> | <ul style="list-style-type: none"> • Policies and procedures that address risks to victims and children • Staff induction and training course information including brochures or manuals |

| Practice and process requirements | Assessment questions | Evidence |
|--|---|--|
| <p>Detail how the MBCP ensures facilitators and support workers understand the nature and impact of domestic and family violence</p> | <p>What training have staff completed on the nature and impact of domestic and family violence?</p> <p>What training or support is offered to staff to understand their role in ensuring victim safety?</p> <p>What additional training is required to staff in particular roles where additional training may be required?</p> | <ul style="list-style-type: none"> • Organisational training calendars, and core training for particular positions including ongoing staff training requirements • Training and course information, such as brochures or manuals |

Principle 2: Victim safety and perpetrator accountability are best achieved through an integrated service response

A safe and effective MBCP understands that victim safety and perpetrator accountability are best achieved by working together with local services to facilitate consistent and integrated service responses.

Integrated service responses are founded on local agencies having a shared purpose and values; mutual respect and goodwill; a shared understanding of the roles and responsibilities of each agency; and adequate leadership, resources, time and infrastructure. Strong connections with local agencies can provide opportunities to share knowledge and insights to facilitate joined up service delivery. This can influence consistent and collaborative policy and practice.

Relevant standard

Standard 2.1: MBCP providers will develop ongoing relationships with relevant local agencies to support an accountable and coordinated service response

Practice and process requirements, assessment questions, and evidence

| Practice and process requirements | Assessment questions | Evidence |
|--|--|---|
| <i>To demonstrate compliance you are required to:</i> | <i>To demonstrate compliance you are required to document responses to the following questions to ensure your program addresses the Practice Standards:</i> | <i>To demonstrate compliance you are required to provide evidence showing how the standards are or will be implemented, which may include:</i> |
| Demonstrate the MBCP provider has developed relationships with local agencies with a clear understanding of the objectives of the relationship | <p>What local services and agencies does your organisation have existing relationships with?</p> <p>What are the objectives of these relationships?</p> | <ul style="list-style-type: none"> • Policies and procedures relating to interagency collaboration • Documented agreements for interagency groups and interagency collaboration |
| Explain how these relationships ensure safety of victims and children is the highest priority | <p>What protocols are in place for responding to safety concerns including disclosures of abuse, breaches of legal orders and escalating risk?</p> <p>How is the effectiveness of these protocols reviewed and assessed?</p> | <ul style="list-style-type: none"> • Protocols for the exchange of information and referral processes |

| Practice and process requirements | Assessment questions | Evidence |
|---|--|---|
| <p>Demonstrate the process to monitor and review the relationships the MBCP has with local agencies</p> | <p>How do you monitor and review your relationships with local agencies? Who is involved and how often does this occur?</p> <p>What are the objectives of your relationships with local agencies? How are these objectives documented and fulfilled?</p> | <ul style="list-style-type: none"> • Policies and procedures relating to reviewing relationships with local agencies • Examples of processes followed to monitor and review collaboration with local agencies and service integration |

Principle 3: Effective programs must be informed by a sound evidence base and subject to ongoing evaluation

A safe and effective MBCP has a rigorous and evidence based approach to program design and delivery. Evidence based practice means using the best available research and practice on what is effective in changing perpetrator behaviour to inform program design and delivery. Evidence can include expert knowledge; published and existing research; stakeholder consultations; and evaluations.

Evaluation is essential to promote continuous improvement in the quality and accessibility of programs. It can include process, outcome or impact evaluations, which can often be interlinked.

Program design and delivery

Programs based on a well-established theoretical approach are more likely to be effective. There are a number of different types of program approaches that draw upon a mixture of theories, including the Risk, Needs and Responsivity Principles (RNR Principles). Safe and effective MBCPs apply the RNR Principles to program design and delivery. This means they are fit-for-purpose according to the risk level, needs and ability of participants. The length and intensity of programs for participants may vary depending on their level of risk.

Additional information on the RNR Principles and the application of the principles to community based MBCPs is provided in **Appendix A**.

Relevant standards

Standard 3.1: MBCPs must have a sound evidence base

Standard 3.2: MBCP providers will apply the Risk, Needs, Responsivity principles to the program design

Standard 3.3: MBCP providers must demonstrate that proposed delivery models, including length and intensity are based on the Risk, Needs, Responsivity principles

Practice and process requirements, assessment questions, and evidence

| Practice and process requirements | Assessment questions | Evidence |
|---|---|--|
| <i>To demonstrate compliance you are required to:</i> | <i>To demonstrate compliance you are required to document responses to the following questions to ensure your program addresses the Practice Standards:</i> | <i>To demonstrate compliance you are required to provide evidence showing how the standards are or will be implemented, which may include:</i> |
| Explain how the MBCP is based on a well-established theoretical approach and theory of change | What theoretical approach and theory of change is used to design and deliver the program? | <ul style="list-style-type: none"> Program manual |

| Practice and process requirements | Assessment questions | Evidence |
|--|--|--|
| | <p>What evidence is there to support this approach?</p> | <ul style="list-style-type: none"> Information relating to research supporting the theoretical basis of the program and the theory of change |
| <p>Explain your program logic model</p> | <p>Does it include systems, community, and individual level impacts and outcomes?</p> <p>Is your program logic model incorporated into evaluation and performance monitoring plans for the program?</p> | <ul style="list-style-type: none"> Copy of the program logic model for the MBCP |
| <p>Explain how the MBCP applies the Risk, Needs, Responsivity Principles to program design</p> | <p>How are risk factors of participants linked to the program design including eligibility, suitability and exclusion criteria?</p> <p>How is the program designed to meet the specific risk factors, needs and learning styles of participants?</p> | <ul style="list-style-type: none"> Program manual Participant information forms including for intake, assessment and review Policies and procedures relating to intake and assessment of participants |
| <p>Explain how the MBCP applies the Risk, Needs, Responsivity Principles to program delivery</p> | <p>How is the program duration, or mode of delivery, matched to the level of risk, needs and circumstances of participants?</p> <p>How is the program delivered to meet the specific risk factors, needs and learning styles of participants?</p> <p>How are relationships with other services used to identify and address specific risk factors and needs?</p> | <ul style="list-style-type: none"> Program manual Policies and procedures relating to program delivery |

Program review and evaluation

Safe and effective MBCPs review their programs and continually look for opportunities to improve how it is delivered in practice. Operational reviews help providers refine and tailor their MBCP to enhance their reach, accessibility and effectiveness. This enables MBCPs to adapt to changing circumstances and address any identified gaps in program design and delivery. Conducting operational reviews improves the transparency of the program and promotes continuous improvement to ensure it aligns with its theoretical approach and documented intention.

Evaluation aims to assess the success or effectiveness of a MBCP by considering the impact it has had on changing the behaviour of men and protecting victims and children. It is important to clearly define the outcomes and objectives of the program within a wider systematic response.

Safe and effective MBCPs understand the importance of contributing to the evidence base to improve knowledge about what safe and effective practice looks like. This can include contributing to expert knowledge and research; government consultations; sector meetings and communities of practice; and evaluations. It also includes having systems and processes in place to collect data to identify what works to change behaviour and inform sector development.

Data is collected by the NSW Government to understand and measure success. Minimum data requirements are detailed in **Appendix C**.

Relevant standards

Standard 3.4: MBCP providers will complete operational reviews of each program focusing on process and content

Standard 3.5: MBCP providers will assess and report on the impact of programs on the attitudes and behaviour of participants

Standard 3.6: MBCP providers will contribute to building the evidence base for Men’s Behaviour Change Programs

Practice and process requirements, assessment questions, and evidence

| Practice and process requirements | Assessment questions | Evidence |
|--|---|--|
| <i>To demonstrate compliance you are required to:</i> | <i>To demonstrate compliance you are required to document responses to the following questions to ensure your program addresses the Practice Standards:</i> | <i>To demonstrate compliance you are required to provide evidence showing how the standards are or will be implemented, which may include:</i> |
| Explain the process for operational reviews of the program | How frequently do operational reviews take place? Who is involved? What information is used and who is informed of the outcome? | <ul style="list-style-type: none"> Operational review templates and completed reviews |

| Practice and process requirements | Assessment questions | Evidence |
|--|---|---|
| | <p>What changes have been made to your MBCP based on previous operational reviews and why?</p> | <ul style="list-style-type: none"> • Policies and procedures outlining how operational reviews should be undertaken |
| <p>Explain the process undertaken to measure the impact of the program on participants</p> | <p>How do you measure the impact of your MBCP on the attitudes and behaviours of men?</p> <p>What other measures are used to evaluate the success of your program?</p> | <ul style="list-style-type: none"> • Information on the participant assessment process • Evaluation framework • Policies and procedures for evaluating the program |
| <p>Provide details for how the MBCP is contributing to building an evidence base</p> | <p>How do you contribute to the evidence base for MBCPs? How do you ensure that you accurately complete the minimum data set?</p> <p>How else do you contribute to the evidence base for MBCPs including through outcome based funding obligations?</p> | <ul style="list-style-type: none"> • Policy and procedures relating to information collection for the minimum data set • Data collection tools and templates |

Principle 4: Challenging domestic and family violence requires a sustained commitment to professional practice

A safe and effective MBCP is committed to employing skilled and qualified staff with a focus on ongoing professional development to increase staff competency and expertise. Co-facilitation of MBCPs can provide opportunities for participants to observe interactions between female and male facilitators. It improves the safety and accountability of facilitators and provides support and development opportunities.

Facilitator recruitment

Facilitating a MBCP is a specialist field of practice that requires professionals to manage a range of difficult challenges and complexities to achieve perpetrator accountability. This can include the management of group dynamics and conflict, and working with participants individually to encourage their engagement.

Formal qualifications provide a good base for effective practice. Specialist domestic and family violence knowledge and experience is also critical to enhance the ability of facilitators to manage the complexities and challenges these types of programs present, and drive genuine behaviour change. Safe and effective MBCPs understand the importance and need for specific qualifications and training. This is embedded in facilitator recruitment processes and practices, such as job advertisements, interviewing and reference checks.

Relevant standards

Standard 4.1: Facilitators must have specific qualifications and training

Standard 4.2: All group programs will have a minimum of two group facilitators

Practice and process requirements, assessment questions, and evidence

| Practice and process requirements | Assessment questions | Evidence |
|---|---|--|
| <i>To demonstrate compliance you are required to:</i> | <i>To demonstrate compliance you are required to document responses to the following questions to ensure your program addresses the Practice Standards:</i> | <i>To demonstrate compliance you are required to provide evidence showing how the standards are or will be implemented, which may include:</i> |
| Detail how MBCP facilitators are recruited | What are the minimum qualifications and experience requirements to be eligible to facilitate a program? | <ul style="list-style-type: none"> Positions descriptions |

| Practice and process requirements | Assessment questions | Evidence |
|---|--|---|
| | <p>Have all facilitators recruited been able to fulfil these requirements? If not, what has been done to ensure they have the competencies they need?</p> | <ul style="list-style-type: none"> • Policies and procedures relating to staff recruitment, training and human resource management |
| <p>Demonstrate how facilitators have appropriate experience and skills to run the program</p> | <p>What do facilitators need to demonstrate/experience before being able to run a group program?</p> <p>What differences occur when an external or casual facilitator is used?</p> | <ul style="list-style-type: none"> • Induction and core training package • Policies and procedures relating to staff recruitment and development • Information relating to significant experience requirements in Appendix B |

Facilitator training and support

Safe and effective MBCPs continually build the ability and capacity of facilitators to deliver programs. MBCPs need to ensure facilitators – including those with significant experience – have the required knowledge, skills and attitudes to deliver programs and take into account the diverse challenges and complex needs of participants. Training and education must be reinforced by regular supervision and holding facilitators accountable for the quality of their work.

Ongoing professional development is important to build and retain a strong and capable workforce. It can include opportunities for mentoring and supervision in addition to facilitator training. Safe and effective MBCPs provide support through clinical supervision and other tailored opportunities to enable staff to reflect on their practice; taking into account specifics of their work and professional context.

Additional guidance on the meaning of significant experience and clinical supervision is provided in **Appendix B**.

Relevant standards

Standard 4.3: Facilitators must undertake supervision

Standard 4.4: MBCP providers will ensure that facilitators undertake ongoing professional development

Practice and process requirements, assessment questions, and evidence

| Practice and process requirements | Assessment questions | Evidence |
|--|--|--|
| <i>To demonstrate compliance you are required to:</i> | <i>To demonstrate compliance you are required to document responses to the following questions to ensure your program addresses the Practice Standards:</i> | <i>To demonstrate compliance you are required to provide evidence showing how the standards are or will be implemented, which may include:</i> |
| Explain the training requirements and processes to ensure facilitators continue professional development | How are training needs assessed and addressed for facilitators? How have leaders demonstrated a commitment to ongoing support for the professional development for their staff? | <ul style="list-style-type: none"> Organisational training calendars, and training facilitators attend Policies and procedures relating to staff recruitment and development Facilitator training and development agreement |
| Demonstrate facilitators are supported in their role through clinical supervision | How is the need for clinical supervision determined for each facilitator including duration and frequency? How are clinical supervisors chosen? | <ul style="list-style-type: none"> Information relating to clinical supervision requirements as outlined in Appendix B Log books detailing the number of supervised hours for facilitators Policies and procedures relating to clinical supervision |

Principle 5: Men responsible for domestic and family violence must be held accountable for their behaviour

A safe and effective MBCP promotes accountability by making sure perpetrators take responsibility for their violence and assisting them to gain insight and awareness into their behaviour. Men’s Behaviour Change Programs also play an important role in supporting the broader domestic and family violence sector to achieve perpetrator accountability. This is by fostering the collective responsibility of everyone – government, communities, families and individuals – to make it clear that violence against women and children must not be tolerated and engendering an expectation that it must stop.

Engagement and assessment

Engagement and assessment of perpetrators enables a MBCP to determine their eligibility and suitability to participate in a program and identify risks, needs and threats. This can provide MBCPs with the opportunity to determine the length and intensity of programs and engage with participants to determine how the program can best challenge and address their behaviour and attitudes. This is an important component of implementing the Risk, Needs, Responsivity Principles (the RNR Principles) (see Principle 3).

Additional information on the RNR Principles is provided in **Appendix A**.

Relevant standards

Standard 5.1: MBCP providers will document and implement thorough policies and procedures for participant assessment

Standard 5.2: MBCP providers will have policies and procedures for engaging participants, which require them to acknowledge their abusive behaviour

Practice and process requirements, assessment questions, and evidence

| Practice and process requirements | Assessment questions | Evidence |
|--|--|--|
| <i>To demonstrate compliance you are required to:</i> | <i>To demonstrate compliance you are required to document responses to the following questions to ensure your program addresses the Practice Standards:</i> | <i>To demonstrate compliance you are required to provide evidence showing how the standards are or will be implemented, which may include:</i> |
| Explain processes undertaken to ensure facilitators are prepared to commence the program with new participants | <p>What engagement do facilitators have with participants prior to commencing group work?</p> <p>What participant information is provided to the facilitator prior to commencing group work?</p> | <ul style="list-style-type: none"> • Brochures and other information provided to participants prior to commencing the program • Policies and procedures relating to intake of participants |

| Practice and process requirements | Assessment questions | Evidence |
|---|---|--|
| <p>Explain the processes undertaken to ensure participants are prepared for a MBCP</p> | <p>What information is provided to the participant prior to commencing the program?</p> <p>What conditions does the participant agree to prior to commencing the program?</p> | <ul style="list-style-type: none"> • Participant assessment templates • Policies and procedures relating to participant assessment |
| <p>Explain the processes for ensuring interested participants are supported to address their abusive behaviour when a MBCP may not be available</p> | <p>What occurs when a participant is not eligible or suitable for the program?</p> <p>What occurs when a potential participant expresses an interest in attending the program but there are no vacancies or programs running?</p> | <ul style="list-style-type: none"> • Eligibility, suitability and exclusion criteria • Calendar of proposed program dates • Policies and procedures relating to managing wait lists |

Program content

Safe and effective MBCPs have evidence based and fit for purpose content. This content is consistent with the program’s theory of change and addresses the attitudes and behaviour of men that may contribute to domestic and family violence. Men’s Behaviour Change Program content should allow for ongoing opportunities for perpetrators to develop an understanding of domestic and family violence and the impact that their behaviour and attitudes can have on victims, children, families and the community. Safe and effective MBCPs have a core curriculum of topics to ensure program integrity.

Relevant standards

Standard 5.3: Program content will include information about the impact of domestic and family violence on victims, particularly women and children

Standard 5.4: Program content will include information on different forms of domestic and family violence and provide opportunities for participants to come to an understanding about the nature of their offending behaviour

Practice and process requirements, assessment questions, and evidence

| Practice and process requirements | Assessment questions | Evidence |
|---|---|--|
| <i>To demonstrate compliance you are required to:</i> | <i>To demonstrate compliance you are required to document responses to the following questions to ensure your program addresses the Practice Standards:</i> | <i>To demonstrate compliance you are required to provide evidence showing how the standards are or will be implemented, which may include:</i> |
| Demonstrate how program content enables participants to better understand the nature of domestic violence and the impact of their behaviour | <p>How is program content prepared and presented?</p> <p>How regularly is the program content reviewed and updated?</p> | <ul style="list-style-type: none"> • Program manual • Participant materials, worksheets/workbooks |

Participant Referrals

Safe and effective MBCPs acknowledge the complex needs of perpetrators that may underpin or compound their violent attitudes and behaviours. Strong connections with therapeutic support, mental health services, drug and alcohol services and other welfare providers are an important part of facilitating perpetrator accountability. These relationships are part of an integrated service response (see Principle 2). Needs that may prove a barrier to participation should also be addressed, in keeping with the RNR Principles. Services need to actively work together and share relevant information so that perpetrators are not lost in the system and are receiving appropriate interventions to complement the work of MBCP.

Relevant standard

Standard 5.7: MBCP providers will offer appropriate referrals to meet participants’ additional needs and ensure appropriate follow up occurs

Practice and process requirements, assessment questions, and evidence

| Practice and process requirements | Assessment questions | Evidence |
|---|--|---|
| <p><i>To demonstrate compliance you are required to:</i></p> | <p><i>To demonstrate compliance you are required to document responses to the following questions to ensure your program addresses the Practice Standards:</i></p> | <p><i>To demonstrate compliance you are required to provide evidence showing how the standards are or will be implemented, which may include:</i></p> |
| <p>Demonstrate how participants’ additional needs are supported particularly those that may impact their engagement with the MBCP</p> | <p>How are participants’ additional support needs identified?</p> <p>What is the process to ensure appropriate referrals are offered to a participant?</p> | <ul style="list-style-type: none"> • Policy and procedures outlining referral processes or other supports provided for participants • Information exchange process including feedback on whether a referral was accepted and update information |

Other mechanisms to keep men accountable

In addition to program content and referral processes, a safe and effective MBCP has mechanisms to achieve perpetrator accountability. These must cover the non-attendance of mandated participants, preventing explicit and implicit collusion (for example, victim blaming, violence minimising beliefs and attitudes, or deflecting blame), and reporting program completion to relevant agencies. Facilitators need to be skilled in identifying and responding to attitudes that underpin abusive relationships.

Safe and effective MBCPs attempt to continue to engage with the perpetrator and monitor risk if they are not able to commence a program, for example when timely access to a program is not available.

Relevant standards

Standard 5.5: MBCP providers will develop policies and procedures to address non-attendance of mandated participants

Standard 5.6: MBCP providers will have policies and procedures to prevent implicit and explicit collusions with participants' attitudes towards victims in group program

Standard 5.8: MBCP providers must comply with the requirements of a referring agency to report on participants' completion of a program

Practice and process requirements, assessment questions, and evidence

| Practice and process requirements | Assessment questions | Evidence |
|--|---|--|
| <i>To demonstrate compliance you are required to:</i> | <i>To demonstrate compliance you are required to document responses to the following questions to ensure your program addresses the Practice Standards:</i> | <i>To demonstrate compliance you are required to provide evidence showing how the standards are or will be implemented, which may include:</i> |
| Demonstrate how the potential for implicit and explicit collusion is addressed | <p>How does the policy relating to preventing implicit and explicit collusion work in practice?</p> <p>What training, supervision or support is offered to staff to understand their role in preventing collusion and supporting victim safety?</p> | <ul style="list-style-type: none"> • Policies and procedures that relate to collusion and debrief processes • Staff training information including facilitator manuals for monitoring and managing collusion |

| Practice and process requirements | Assessment questions | Evidence |
|---|---|---|
| <p>Explain the processes in place to ensure mandated participants are fulfilling stipulated requirements</p> | <p>What is your organisation's understanding of mandated participants?</p> <p>How do you determine if a participant is mandated to attend a program?</p> <p>What actions does your organisation take to respond to non-attendance of mandated participants?</p> | <ul style="list-style-type: none"> • Policies and procedures relating to assessing participants, including a definition of mandated participants • Tools, forms and templates that capture participant information including intake/assessment and referral forms |
| <p>Explain how referring agencies are provided with information relating to participants' engagement and completion of a MBCP</p> | <p>What information is exchanged with a referring agency?</p> <p>How is this information provided?</p> | <ul style="list-style-type: none"> • Policy and procedures outlining intake/assessment processes for participants • Information exchange processes with referring agencies relating to participant information |

Principle 6: Programs will respond to the diverse needs of the participants

A safe and effective MBCP must pay attention to equity and take into account diverse circumstances and needs of participants. Men’s Behaviour Change Programs must encourage an environment where all participants – regardless of background, race, gender or sexuality – feel included and supported. Training and education can help improve workforce understanding of culturally competent practice.

Safe and effective MBCPs address barriers for participating in a MBCP and are addressed with input from relevant parties such as the participant, facilitator and professionals or specialist services. This is especially important as some of the most vulnerable groups to experience domestic and family violence include Aboriginal and Torres Strait Islander peoples; gay, bisexual, transgender and intersex people; people with disability; young people; and people from culturally and linguistically diverse backgrounds.

Relevant standards

Standard 6.1: MBCP providers must deliver a service that is accessible, inclusive and culturally appropriate

Standard 6.2: Facilitators must undertake training to ensure culturally competent practice

Practice and process requirements, assessment questions, and evidence

| Practice and process requirements | Assessment questions | Evidence |
|---|--|---|
| <i>To demonstrate compliance you are required to:</i> | <i>To demonstrate compliance you are required to document responses to the following questions to ensure your program addresses the Practice Standards:</i> | <i>To demonstrate compliance you are required to provide evidence showing how the standards are or will be implemented, which may include:</i> |
| Demonstrate how the MBCP ensures it responds to the diverse needs of participants | <p>How are barriers to participation for men with diverse needs addressed?</p> <p>What supports are available to participants with diverse needs?</p> <p><i>[If any of your programs are designed specifically for participants with diverse needs]</i> How do these differ to other MBCPs your organisation provides?</p> | <ul style="list-style-type: none"> • Brochures, pamphlets or other material produced for particular groups of participants with diverse needs • Policies and procedures relating to accessible and inclusive practice including meeting diverse needs of participants |

| Practice and process requirements | Assessment questions | Evidence |
|---|--|---|
| <p>Demonstrate how MBCP facilitators receive training and support to meet the diverse needs of participants</p> | <p>What training is offered to facilitators relating to culturally competent practice and how frequently?</p> <p>How else are facilitators supported to ensure their practice meets the diverse needs of participants?</p> | <ul style="list-style-type: none"> • Policies and procedures relating to staff training and development • Staff training information including manuals, training logbooks or course details |

Part 2 Application for registration and assessment

The application and assessment process aims to prioritise the delivery of safe and effective MBCPs and promote the continuous improvement of program design and delivery. It has two steps:

1. Application process.
2. Formal assessment undertaken by the Department of Justice to determine compliance.

Application process

The application process has two parts: an initial application to the Department of Justice for informal feedback; and a formal application for registration. A program's responsible person, with legal responsibility for the organisation, will need to submit their application for registration in writing.

Initial application and informal feedback

This part of the application process aims to assist MBCPs identify areas for improvement. An application form has been developed for MBCPs to assess their program and practice. It allows MBCPs to review their practice against the Practice Standards to demonstrate how they are implementing the standards, with input from the Department of Justice. This enables MBCPs to:

- address the assessment questions outlined in *Part 1: Compliance requirements*
- engage in deeper thinking about program design, practice and delivery, and evaluate current practices against each standard
- recognise and note areas of practice the MBCP sees as strengths
- note which aspects of program design and delivery need to be established or improved and how that will occur.

MBCPs must submit their initial application to the Department of Justice. Feedback is provided to enable the MBCP to adjust the program and content before submitting a formal application for assessment.

Formal application for registration

MBCPs are required to submit a formal application for registration with the Practice Standards following the receipt of informal feedback. This includes an application form and supporting evidence to demonstrate compliance with the Practice Standards.

Information about context

Programs are required to provide detail on their context and how it may impact the implementation of the Practice Standards. This information will be used to inform assessment of MBCP compliance and the extent to which they can be implemented safely and effectively in different contexts.

The varying contexts that MBCPs operate may mean that implementation of specific standards is not possible. An exemption may be granted in very limited circumstances where a MBCP can clearly demonstrate why they are not able to implement a specific standard as a consequence of their context. The Department's decision will be informed by information provided in the application for registration.

Evidence to support an application for registration

MBCPs are required to provide evidence to support their initial and formal application for registration.

Examples of evidence MBCPs may provide are listed against each compliance requirement in *Part 1: Compliance requirements*. This will include indirect and direct evidence:

- **Indirect evidence** is information that demonstrates how the provider intends to implement practice that meets the Practice Standards. Examples of indirect evidence could include policies and procedures, guidance material, templates and manuals.
- **Direct evidence** is information that shows how the provider meets the Practice Standards through its practice. Examples of direct evidence include completed program reviews, program process evaluations or a completed training register.

The type of evidence required will differ for existing and new providers of MBCPs. For example, new providers may not be able to provide examples of how they are implementing the Practice Standards because they have not commenced delivering a program. Here, new program providers will be able to use indirect evidence to indicate how they intend to deliver programs to support an application for provisional registration, with the view to work with the Department of Justice to achieve full compliance with the Practice Standards.

Applications to register programs provided in multiple locations

Providers operating programs in multiple locations will need to submit a supplementary compliance form to indicate compliant practice in each location as part of the application and assessment process. This will be used to determine any necessary conditions of registration for providers operating programs in particular locations. Providers wishing to expand to new locations following registration will need to submit an application to vary their registration (*see Part 3: Registration and decision-making*).

Department of Justice formal assessment

The Department of Justice is responsible for the formal assessment process to register a MBCP as compliant with the Practice Standards.

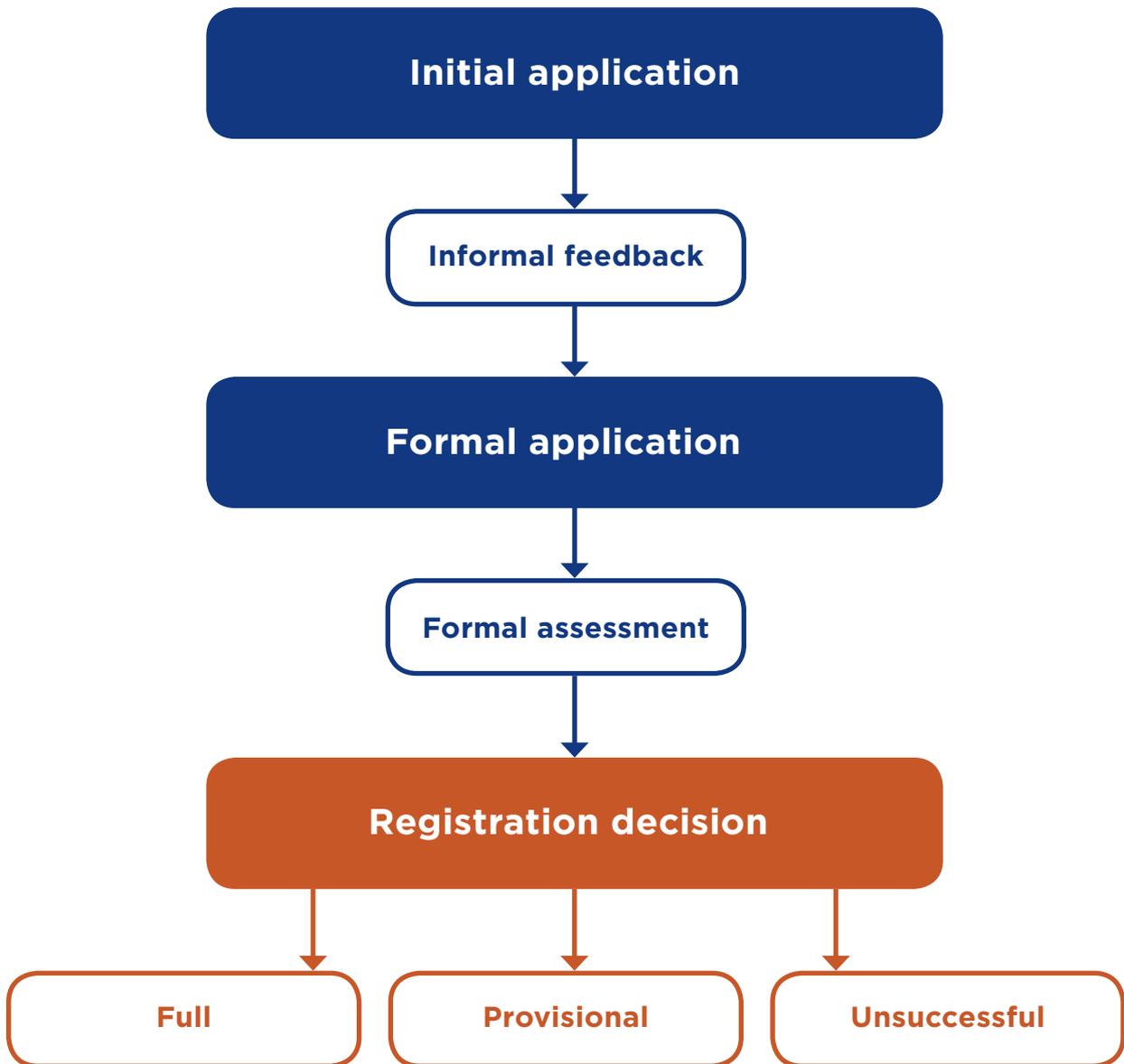
The application for registration will be reviewed, including supporting evidence. The assessment process will be completed by an Assessment Officer.

The Assessment Officer will review the application for registration and complete an Assessment Report. The report will outline the extent to which the MBCP is compliant with the Practice Standards. It will also suggest a category of registration or suggest that registration should not be approved if the standards are not met.

Further information may be requested from the MBCP to inform the assessment process and/or other sources. Information from funding and referring agencies may be sought. Discussions with program representatives and observations of practice may also be undertaken, as required.

The registration and decision making process is outlined in *Part 3: Registration and decision-making*.

Figure 1 Assessment and registration process



Part 3 Registration and decision making

The Department of Justice is responsible for the decision making process to register a MBCP as compliant with the Practice Standards. Men's Behaviour Change Programs must be registered to receive funding or referrals from the NSW Government. Memoranda of Understanding (MoU) between the Department of Justice and other government agencies require that funding and referrals to MBCPs are contingent upon program compliance with the standards.

Registration

Registration of the program provider

The program provider will be registered with the Department of Justice to operate a specific program in a specific location/s. MBCPs are required to provide their business name and nominate an organisation representative to be registered. MBCPs wishing to expand to new locations will be required to undertake a supplementary process to vary their registration (see below).

Types of registration

Full registration

Full registration is granted when an MBCP is able to demonstrate compliance with all of the Practice Standards. Registration is granted for a period of three years from the date of registration.

The provider will need to undergo a new assessment to extend the registration for a further period of time following the expiration of the three year period. This process will commence six months prior to the expiry of the approved time period.

Provisional registration

Provisional registration is granted when the MBCP provides evidence that meets the intention of the standards but additional evidence is required to show how the standards are implemented in practice. This could include a provider that:

- has not previously run a MBCP
- needs to provide further information to demonstrate compliance
- demonstrates practice that requires improvement
- has not facilitated a MBCP or has undergone significant change since the last time it was registered.

Significant change could include circumstances such as an increase in locations where the MBCP is provided, substantial changes to key personnel involved in the program, or significant changes to program design and delivery. Providers must check with the Department of Justice to determine if the change is significant.

Provisional registration enables a provider to operate programs. However, conditions can be specified by the Department of Justice that identify what the MBCP must do to achieve full compliance, and timeframes for compliance. The Department will work with MBCPs with provisional registration to achieve full compliance with the standards by:

- providing feedback that identifies the Practice Standards where improvement is needed
- brokering relationships with and between external stakeholders and MBCPs to facilitate opportunities for development, where possible.

MBCPs with provisional registration will be advised of the period of time provided to demonstrate full compliance with the Practice Standards.

Expanding to new locations

Providers wanting to expand to new locations will be required to submit a supplementary compliance form. This will indicate compliant practice across new locations or gaps in program compliance. This will be used to determine any conditions of registration for providers operating programs in these locations.

The registration of providers that are not compliant in new locations may be re-categorised to provisional. Conditions will be specified that identify what the MBCP must do to achieve full compliance in those locations, including timeframes in which they must achieve compliance. Registration may be withdrawn should a provider's new location not address the conditions specified by the Department.

Decision making

Advisory Panel

An Advisory Panel consisting of representatives from the Investment and Priority Initiatives Branch of the Department of Justice and an independent expert/s as required will review the Assessment Report prepared by the Assessment Officer. The application for registration and any other supporting documents are provided to the Advisory Panel for their consideration. The independent expert may include an expert in MBCPs, domestic and family violence or a related clinical field.

The Advisory Panel will make a recommendation to the Decision Maker as to whether an application for registration should be approved, resulting in either full or provisional registration, or no registration.

Decision maker

The Executive Director of the Investment and Priority Initiatives Branch is the designated decision maker (the Decision Maker). The completed Assessment Report and recommendations from the Advisory Panel will be provided to the Executive Director.

Unsuccessful outcome

Registration will not be approved when a MBCP cannot demonstrate compliance with the Practice Standards or the capacity to implement them. In these cases, the Department will:

- provide feedback that identifies the Practice Standards where compliance is required

- advise Women NSW and other agencies that funding and referrals cannot be provided to the MBCP
- refer to the sector peak body for capacity building and support.

Communication of registration decision

Relevant documentation will be provided to MBCP providers in response to their application for registration. This will include a letter that indicates:

- the type of registration granted
- any conditions of registration
- the registration expiration date.

Information about registered programs (both provisional and full) will be listed on the Department's MBCP website. New South Wales government agencies that have entered a MoU with the Department will be advised of the registration decision. If successful, funding and referrals will commence or continue.

Variation of registration

A registered MBCP provider must vary its registration with the Department when the provider:

- expands to a new location
- enters a partnership to run a program with another organisation
- substantially (meaning to a great extent) changes its program design.

An application to vary the registration of a MBCP must be submitted in writing. The application will indicate the reasons for the request for variation. A request to vary may result in a re-assessment of the MBCPs compliance with the Practice Standards and an amendment to the registration type.

Decision Review Panel

Men's Behaviour Change Programs may request a review of their registration decision. An independent Decision Review Panel will be convened to respond in these circumstances. The Decision Review Panel will review the original decision and provide oversight of IPI Branch decision making. A MBCP wishing to review their decision will have 28 days to apply in writing from receiving the decision.

The panel will be made up of independent government and/or non-government representatives. Representatives will be pre-approved as panel members who could be called upon when needed. The panel would not need to be the same panel members each time.

The Decision Review Panel may request further information to inform the review process. Discussions with program representatives and observations of practice may also be undertaken. Information from funding and/or referring agencies may also be sought.

The outcome of the review could result in affirmation of the original decision or a variation of the decision. A brief explanation of their decision will be provided.

Part 4 Ongoing quality compliance

Ongoing monitoring and compliance with the Practice Standards aims to drive the continuous improvement of the quality and delivery of MBCPs. Ongoing quality compliance will focus on:

- partnering with sector champions and leaders to promote compliance or develop initiatives to support the sector
- raising awareness of the standards and the importance of safe and effective practice.

Compliance assessments

The Department of Justice is responsible for ensuring a MBCP compliance with the Practice Standards. Targeted assessments may be undertaken as necessary to monitor ongoing compliance with the Practice Standards. This process may be undertaken for a number of reasons, including to:

- ensure ongoing compliance with the standards when there have been significant reforms that may impact negatively on the practice of MBCP providers
- promote improvements where new practice is emerging and the evidence base is growing
- promote improvements in practice identified as systemic issues during assessment and registration processes.

The compliance assessment process may include: desk based assessment of information provided to the Department of Justice by providers; onsite assessments, which may include discussions with key personnel; observation of practice and review of evidence; or compliance questionnaires. Program providers will be given sufficient notice to make arrangements to respond to a compliance assessment.

A compliance assessment may also be undertaken in response to concerns about compliance with the Practice Standards that are reported to the Department by government agencies and sector peaks. Reported concerns may be shared with funding bodies, for example, if they relate to contract management. This process is determined on a case by case basis, depending on the nature of the concern.

A written feedback report is provided following the compliance assessment. The report may:

- provide feedback that identifies the Practice Standards where improvement is needed
- impose conditions on a MBCPs registration to facilitate improvement in practice.

A compliance assessment may result in a review of the registration decision by the Decision Review Panel.

Contact

Email: dvstandards@justice.nsw.gov.au

Website: <http://www.crimeprevention.nsw.gov.au/domesticviolence>

Programs and agencies may nominate to be provided information relevant to the Practice Standards and Compliance Framework at the above website.

Appendix A – Application of the Risk, Needs and Responsivity Principles in community based (non-correctional) MBCPsⁱ

Please note: *The application of the Risk, Needs, Responsivity Principles in non-correctional Men's Behaviour Change Programs is an emerging area of practice. The purpose of this document is to provide general guidance for what MBCPs can do to address the Practice Standards relating to RNR, and encourage providers to adopt a more tailored approach to program design and delivery. This guidance will continue to be developed to enhance RNR guidance and promote continuous improvement in MBCP practice.*

No to Violence (NSW) is currently developing a Common Dynamic Risk Assessment Framework for Men's Behaviour Change Programs. The framework will establish an evidence based methodology to identify, assess and manage risk, which will support the implementation of the RNR Principles in community-based (non-correctional) MBCPs. It is anticipated that this work will be completed in mid-2019.

Introduction

The Practice Standards require MBCP providers to demonstrate that their program design and delivery models, including program length, be evidence based and tailored to the risk, need and individual circumstances of participants. This is consistent with the Risk, Needs, Responsivity Principles (the RNR Principles).

The RNR Principles are used in offender programs in correctional settings as a way to tailor interventions to participants and move away from a one-size-fits all approach. It is a model that seeks to reduce re-offending by addressing the level of risk of re-offending of each participant, their criminogenic needs, and being responsive to various factors in their lives. The RNR Principles focus on three areas that are considered most effective in reducing re-offending behaviours.ⁱⁱ These are:

- **Risk** – ensuring that the intensity of intervention is matched to the risk of an individual. Perpetrators require varying levels of intervention intensity that are consistent with their assessed level of risk.
- **Needs** – assessing the specific factors that contribute to an individual's offending behaviour and targeting them in treatment.
- **Responsivity** – matching the treatment to the individual's learning style, motivation, abilities and strengths.

The purpose of applying RNR in community based MBCPs is to provide more flexibility in the way MBCPs design and deliver programs to different participants. Flexibility is based on the risk, needs, and unique factors that may affect participant engagement and their subsequent benefit from a program.

Risk

The risk principle states that re-offending can most effectively be reduced if the level of intervention provided to the perpetrator is proportional to their risk of re-offending. The risk principle has two parts:ⁱⁱⁱ

- Risk of re-offending. Determining the risk of re-offending of a perpetrator is necessary to differentiate lower risk perpetrators from higher risk perpetrators. This can help ensure the appropriate level of intervention is provided to participants.
- Level of intervention. Providing programs and interventions for lower risk perpetrators in some cases can increase their risk of re-offending. This is because by mixing low and high risk perpetrators in the same intervention, low risk perpetrators may learn new tactics of coercive control and new anti-social attitudes from higher risk perpetrators, and/or dismiss their use of violence as relatively minor compared to a higher risk perpetrator.^{iv} In addition, inappropriate matching of treatment intensity with perpetrator risk level can lead to wasted treatment resources.^v

There are many factors that contribute to the risk of domestic and family violence that can guide a structured approach to risk assessment in MBCPs.^{vi} Research undertaken by the Australian National Research Organisation for Women's Safety (ANROWS) indicates certain factors in relation to intimate partner violence by men against women contribute to a higher risk of re-offending, serious injury or death. These include:^{vii}

- A history of family and domestic violence
- Coercive control
- Separation (actual or pending)
- Intimate partner sexual violence
- Non-lethal strangulation
- Stalking
- Threats to kill, including pets
- Perpetrator's access to, or use of weapons
- Escalation in frequency and severity of violence
- Pregnancy and new birth.

Other risk factors identified by ANROWS include:^{viii}

- Victims self-perception of risk
- Suicide attempts and threats
- Misuse of drugs or excessive alcohol consumption.
- Sources of information to inform risk assessment

Sources of information to inform risk assessment

Program providers can use the following to inform the assessment of risk and needs:

- Intake and assessment (perpetrator)
- Partner contact (victim)
- Information and advice from referral sources. Note participants who are referred from Corrective Services NSW (CSNSW) or the Department of Families and Community Services (FACS) as lower risk may be assessed as higher risk by a community based, non-correctional provider
- Information sharing with other government and non-government organisations (formalised by information sharing agreements)
- Criminal history (where available).

Ongoing risk assessment and management for participants

Assessment of perpetrator risk and needs is an ongoing process. Events and circumstances over the duration of a MBCP may change a perpetrator's risk of using violence. Providers should monitor participants throughout the MBCP and respond to any changes, particularly in relation to any increased risk they pose to their partner, former partner and/or children.

MBCP providers should engage with clients (victims and perpetrators, as applicable) and other service providers on an ongoing basis to continue to identify, assess and manage perpetrator risks to continually inform program design and delivery (see below).

Needs

The needs principle states that the focus of treatment should be on criminogenic needs. In a custodial context, criminogenic needs are dynamic risk factors that are directly linked to criminal behaviour. Criminogenic needs can inform risk assessment. The most useful dynamic risk factors are those factors that are responsive to intervention. Criminogenic needs can include:

- Anti-social personality patterns, indicated by impulsive behaviours, adventurous pleasure seeking, restlessly aggressive and irritable
- Pro-criminal attitudes, indicated by: negative attitudes towards the law and violence supporting narratives (this may include sexist implicit beliefs about women and relationships, commitment to gender-based hierarchies and privilege-based masculinities, male entitlement and practices of exerting gender-based power)
- Social supports for crime, indicated by: criminal friends and isolation from pro-social others
- Substance abuse, indicated by the abuse of alcohol and or drugs
- Poor family and intimate partner relationships
- Low levels of satisfaction or poor performance with work or school
- Lack of pro-social activities.

Men's Behaviour Change Programs should seek to decrease the presence or intensity of dynamic risk factors present for participants. Some criminogenic needs may not be present in, or relevant to, participants in a non-correctional context.

Responsivity

This principle provides that treatment can be enhanced if the intervention pays attention to personal factors that can facilitate learning.^{ix} Participants may have individual factors that may affect their participation in a MBCP.

Factors can include different learning styles, which may include learning through conversation, listening, watching, experiencing and/or creating.^x Other factors that may impact participation may include variables such as age, cultural and language barriers, life experience, education or trauma.^{xi}

These factors may require a tailored response to prepare a perpetrator to participate in a program and ensure they meaningfully engage in a program, at the right time. MBCPs should match the different learning styles of participants. Other factors that may impact participation may need to be addressed before a perpetrator commences a program.

Design and delivery – Risk, needs and responsivity

MBCP providers must adapt their program design and delivery to implement the RNR Principles and – through compliance processes – must explain how the RNR Principles are applied to program design and delivery. The following section provides some guidance on how that can be achieved.

The level of intervention should be proportionate to a participant's risk of re-offending, and targeted and tailored to their specific needs and responsivity issues. **Table 1** illustrates the characteristics of lower and higher risk perpetrators (with examples) and the impact that risk may have on the level of intervention.

Intake and assessment

Intake is the initial evaluation of a participant that gathers information on their history, circumstances and issues, and assesses them for program suitability. The intake and assessment process provides an opportunity for MBCP facilitators to undertake an initial RNR assessment. This can help MBCPs develop a holistic understanding of the participant's risks and needs (including a risk and needs assessment), which will help facilitators tailor the program to individual participants.

Intake and assessment can be guided by clear eligibility and exclusion criteria. These criteria may provide that:

- participants assessed as very low or very high risk may not be suitable or eligible to participate in a program
- lower risk participants should not be mixed with higher risk participants
- different interventions should be delivered dependent on the level of risk and needs of a participant
- participants are not able to commence a program until factors preventing learning or change are addressed.

Program length and intensity

Program duration and intensity should be tailored based on the level of risk and needs of individual participants, and the number of responsivity issues that need to be addressed to enable them to fully participate in the program. Group programs may vary in length and type of delivery, and may be adjusted to include:

- pre-program group sessions
- modulated, open and closed groups
- short individual sessions
- one-to-one work.

For example, high risk, complex participants might participate in group work modules, and supplementary one-to-one sessions. Lower risk participants may only need short individual session where a safety and accountability plan is developed or a referral to a support service is provided (see below). A program designed for lower risk perpetrators may be shorter and of lower intensity; and vice versa for higher risk perpetrators.

Other ways MBCPs can respond to risks, needs and responsivity issues

Case planning

Case planning is a process between a MBCP facilitator and participants to determine personal needs, learning styles, strengths and goals to support a participant's involvement in a program. A case plan may include goal setting^{xiii} for individual participants and identify ways the MBCP can respond to a participant's different learning styles and needs. These may relate to drug and alcohol abuse, trauma and mental illness, or cultural barriers.

Case plans can be undertaken at the intake stage or as part of pre-group work and should be reviewed on an ongoing basis. Participants should be involved in the development of a case plan, as this is the most relevant way to ensure the responsivity factor is being considered. Strategies should be realistic and achievable.

Case management and referrals

Case management is an approach to service delivery that aims to ensure that participants with complex, multiple needs receive the services they need to enhance their motivation and/or capacity to benefit from a program. Some men participating in MBCPs will have case management needs that may impact on their ability to participate in a program. These needs can be managed by a MBCP through the referral of participants to other services, such as counselling or drug and alcohol support.

Some program participants with less complex needs and who engage in services may not need a case management approach. Others with more complex needs or engagement with a program provider may need more involved case management.

Safety and accountability planning

A safety and accountability plan sets out a participant's specific behavioural change goals and articulates their strategy to maintain their current and/or former partner's safety, and the safety of their family and children. These plans can focus on what is required for a participant to sustain helpful shifts in behaviour change and have strategies to target risks that are known to contribute to their use of violence.^{xiii}

A safety and accountability plan can be an important part of program reviews, exit planning interviews and follow up sessions. These plans are also used as a starting point for conversations should a participant return following further use of violence.

Motivational enhancement

Sustained motivation is an important part of facilitating behaviour change. There are a range of factors that may influence a participant's motivation to engage in a MBCP. These can include, for example, unemployment, mental illness or cognitive impairment, disability, substance abuse, or violence supporting narratives. Motivation can change for participants throughout a program and participants may also lose motivation if they believe the program is not consistent with their goals, or relevant to their lives.

Providers should work to assist participants sustain their motivation to change throughout a program. Poor participation and low levels of motivation might be addressed through case management, perpetrator counselling, individual sessions, referrals to other support services, or utilising external influences such as family, community, or justice processes.

Table 1 Characteristics of lower and higher risk perpetrators and the impact on level of intervention

| Risk and needs | Information sources | Risk characteristics | Case examples | Level of intervention |
|---------------------------------|---|--|---|--|
| Lower risk | <p>Intake and assessment</p> <p>Partner contact</p> <p>Information from referral sources. (Note participants that are referred from CSNSW or FACS as lower risk may be assessed as higher risk by a community based provider)</p> | <p>Voluntary participation (self-referred)</p> <p>No presence of risk factors</p> <p>Victim self-perception that there will be no violence</p> | <p><i>Example 1</i></p> <p>A man has made an appointment with the MBCP service after he threatened to hit his girlfriend after an argument at home following a night out with friends. Drugs and alcohol were involved. There has been no contact with Police and no previous history of domestic and family violence. His girlfriend is supportive of him participating in the program. She does not think the violence will continue, but has indicated her boyfriend's alcohol use is escalating.</p> | <p>No participation in program</p> <p>Brief one-to-one work</p> <p>Referral to other services to address any identified needs, such as counselling or other supports</p> |
| Medium risk, less complex needs | <p>Information sharing with other government and non-government organisations (formalised by information sharing agreements)</p> <p>Criminal history (where available)</p> | <p>Voluntary participation (self-referred) or referral from other agency</p> <p>Presence of risk factors</p> <p>Presence of none or only some needs</p> <p>Victim self-perception that there may be further violence</p> | <p><i>Example 2</i></p> <p>A man has been referred into the MBCP service from CSNSW after he was charged, convicted and served a 12 month supervised sentence for a domestic violence offence against his wife of 12 years.</p> <p>There is no previous history of domestic or family violence. He presents as keen to do anything and everything possible to prove to his wife and extended family that he will never assault or abuse his wife again. There are no prior convictions for any offences or any known mental health or related issues.</p> <p>He freely provides the MBCP with his wife's contact details and is very keen to discuss with you how he can adhere to the Apprehended Domestic Violence Order (ADVO) (Standard Conditions) to prove to everyone his intention never to abuse or be violent again. Referral information from CSNSW indicates that he is low risk.</p> <p>There is no family history of domestic violence or controlling behaviour. His wife is supportive of him doing the MBCP but does not want him to move back into the family home until he can 'prove' that he can handle his anger, and has reported seeing him at the local shopping centre where she regularly visits on a few occasions. He is living with his parents who are holding him accountable to the ADVO.</p> | <p>Case planning</p> <p>Safety and accountability planning</p> <p>Short individual sessions or modules</p> <p>Participation in open groups</p> <p>Referrals to other services to address identified needs, such as counselling</p> |

| Risk and needs | Information sources | Risk characteristics | Case examples | Level of intervention |
|---------------------------------|---------------------|--|--|---|
| Medium risk, less complex needs | | | <p><i>Example 3</i></p> <p>A man has made an appointment with a MBCP following an argument at home where he ‘flew into a rage’ and hit his wife of six years. They have two children (both under three), who were both present when the assault occurred. This event prompted the man to seek help about his ‘anger management’ problem. The wife intends to leave him if he does not attend the program.</p> <p>The man sees this most recent event as an isolated incident and says that he just got a bit ‘out of control’. When prompted, however, he will admit to previous instances of abuse, one in which the neighbours called the police after another heated argument. He doesn’t agree that this is abuse or domestic violence as he didn’t ‘touch her’ and gets defensive when it is named as such. There are no current charges against him and no ADVO. The man admits that his previous partner took out an ADVO against him so he ended the relationship.</p> <p>There are no current drug or alcohol issues. The couple have moved four times in six years as they cannot afford the housing in the areas they move to. Both belong to a close knit faith community where men are strongly reinforced as the family ‘leader’ and women’s roles are to support the husband and care for the children. Information revealed through partner contact indicates the wife has some concerns that physical violence could occur again.</p> | |
| Higher risk, complex needs | | <p>Known criminal history</p> <p>Presence of multiple criminogenic needs</p> <p>Identification of high risk factors, such as attempted non-fatal strangulation</p> | <p><i>Example 4</i></p> <p>A man has been referred to the MBCP from the NSW Police Force. Police attended following a report of thudding noises and a person shouting ‘I’m gonna kill you’. A dog could be heard barking and then yelping inside. Police entered the unit with the man continuing to yell abuse and punching the bedroom door (where the husband was hiding). The man was arrested for assault following a victim statement from the husband. The husband was wearing bloodied clothing, had significant bruising to his face, neck and body. The man admitted to kicking the dog. An ADVO was issued stating he cannot live with or threaten his husband. Criminal proceedings are underway.</p> | <p>Exclusion from programs with other lower risk individuals</p> <p>Increase program duration, including the repetition of modules or one-on-one sessions</p> <p>Case planning and case management, including referrals to other services to address identified needs</p> |

| Risk and needs | Information sources | Risk characteristics | Case examples | Level of intervention |
|----------------------------|---------------------|--|--|---|
| Higher risk, complex needs | | Victim self-perception that there will be further violence | <p>The man has been with his husband for one year. He has a well-paid corporate job. His husband is running a café. The man controls the finances and is the main earner in the house. He expresses misogynistic ideas towards women who are successful in his business. He calls his husband 'the little housewife' and states that this as a term of affection.</p> <p>The man states that arguments often escalate over the rules of their open relationship and he fears that his husband may leave him. Both want the relationship to continue but without the violence and abuse. Contact with the husband indicates that he is very fearful that the violence is getting worse. The man has threatened to set fire to the unit with his husband in it and to throw the dog out of their three story window.</p> <p><i>Example 5</i></p> <p>A man has been referred to the MBCP following his arrest for driving under the influence of drugs with his wife and the three children in the car. His license has been suspended and he has lost his job as a truck driver. The man has a long history of driving offences and convictions for concealing dangerous weapons. He is a member of a local outlaw motorcycle group.</p> <p>The man has had two previous marriages and has five adult children from those marriages. None of his adult children or previous partners will have anything to do with him. The family is known to FACS who referred the 'family' to the MBCP. There is currently no ADVO in place.</p> <p>Information gained from interviewing the man and partner contact indicates that there is significant financial, social, physical and sexual abuse of the wife occurring. The wife is terrified of her husband and believes his threats that he will send her back to the Philippines without her children and that he can find her anywhere as he has 'connections'. The wife discloses that there are drugs hidden in the house and she is fearful that the children will find them. She wants to leave her husband.</p> | <p>Small, closed groups targeting high risk perpetrators</p> <p>One-to-one work</p> |

Appendix B - Significant experience and clinical supervision requirements

The Practice Standards require that one MBCP group facilitator has significant experience and that facilitators undertake clinical supervision. This is to ensure that group work is run by facilitators with highly developed skills and to drive sector growth and development.

Significant experience

Significant experience means that the facilitator is able to demonstrate the following:

- A relevant tertiary degree or vocational qualification (Cert IV or equivalent) in social work, community services, psychology or other relevant field.
- Two years professional experience working in the domestic and family violence sector.
- Demonstrated experience and skill in facilitating MBCP (including undertaking clinical supervision) for at least 200 hours of MBCP practice.

Future requirements for demonstrating significant experience

The NSW Government is working towards a requirement that all facilitators with 'significant experience' have:

- completed the Graduate Certificate in Men's Behaviour Change Individual and Group-work Interventions, or
- completed an equivalent qualification designed for men's behaviour change facilitators and/or a program/s with competencies on: working with users of violence to effect change; victim and children safety; risk assessment and group work; accountability, responsibility and case planning; and continuous improvement in men's behaviour change work.

It is currently anticipated that this requirement will be in place from 1 January 2022.

Clinical supervision

Clinical supervision is a discussion between a facilitator and supervisor for the purpose of reviewing the facilitator's clinical practice. It provides empathic support to improve competencies and skills, transferring knowledge and guiding reflective practice. The process provides an opportunity for facilitators to evaluate reflect and develop their own practice to support the delivery of a safe and effective MBCP.

Clinical supervision differs from line management supervision which tends to focus on performance and administrative processes.

Types of clinical supervision

The most common forms of clinical supervision are professional or peer supervision conducted in individual and/or group sessions.

Peer or group supervision offers benefits to MBCP facilitators and should be considered a part of a broader clinical supervision framework. This should be provided in addition to individual professional supervision, not as an alternative.

Clinical supervision hours

Facilitators need to receive clinical supervision dependent on their level of experience. As a minimum, the facilitators should receive regular supervision based on an assessment of need and requirement. A minimum of one hour per month is recommended.

Less experienced MBCP facilitators should undertake more frequent supervision to ensure worker support and accountability within their professional role.

Clinical supervisor requirements

Due to the importance of clinical supervision, the supervisor must hold a relevant tertiary qualification such as psychology, social work or social science and have a significant level of clinical experience and knowledge of domestic and family violence, for example, through the completion of the Graduate Certificate in Men's Behavior Change Individual and Group-work Interventions or an equivalent qualification. Accordingly, a clinical supervisor should meet the 'significant experience' requirements and undertake regular training and development. The clinical supervisor should not be direct line manager.

Facilitators registered with professional bodies

Facilitators registered with professional bodies may meet the above significant experience and clinical supervisor requirements.

Appendix C – Minimum data set requirements

The Practice Standards require MBCPs to collect data to support initial and ongoing compliance and to contribute to the evidence base for what makes a safe and effective MBCP. This data will be used by the NSW Government to oversee compliance with the Practice Standards and support improvements in practice and system delivery.

A Minimum Data Set (MDS) supports this objective and the contract management of MBCPs that receive NSW Government funding. The information in the table below will be collected as part of the MDS. Data will be required six monthly. Pro-forma templates will be developed to support MBCPs with data provision.

The MDS and how it is collected will be regularly reviewed and updated over time to ensure continuous improvement. It will be available at: <http://www.crimeprevention.nsw.gov.au/domesticviolence>.

The Department of Justice may also utilise other data collection methods, such as surveys, from time to time to collect data about program compliance with the Practice Standards. This could include data about staff education and training, clinical supervision and significant experience requirements, or client referrals and supports.

Table 2 Minimum data set

| Category | Data |
|----------------------------------|---|
| General participant information | <ul style="list-style-type: none"> Client ID End date of contact with program Date of birth Age Gender ATSI Country of origin (if not born in Australia) |
| Referrals and program commitment | <ul style="list-style-type: none"> Referral date Referral source Number of assessment sessions completed Issues other than domestic violence Eligibility for the program Voluntary or mandatory participation Number of program sessions attended Level of understanding of program content Level of program engagement Reason group work not completed Internal support |

| Category | Data |
|--|---|
| Referrals and program commitment (cont.) | Other referral support Referral to Safer Pathway Local Coordination Point (including referral date) Current Apprehended Domestic Violence Order Previous participation in a MBCP |
| (Ex) Partner (as appropriate) | Date of birth Age ATSI Country of origin (if not born in Australia) Uptake of women's advocate support Safety Plan Case involvement Number of children Relationship status at end of program Support recommendations |
| Children (as appropriate) | Date of birth Age ATSI FACS involvement Primary carer Internal support Support recommendations |

Endnotes

ⁱ This guidance has been developed in collaboration with No to Violence (NSW). Research undertaken by Rodney Vlais on behalf of the NSW Education Centre Against Violence has also informed its development. Rodney Vlais, *Application of the Risk Needs Responsivity framework by community-based MBCP providers*, NSW Education Centre Against Violence, May 2018 (unpublished).

ⁱⁱ D Andrews and J Bonta, *The psychology of criminal conduct*, Newark, N.J.: Matthew Bender, 5th edition, 2010.

ⁱⁱⁱ Public Safety Canada, *Risk-need-responsivity model for offender assessment and rehabilitation*, 2007-06, www.publicsafety.gc.ca/cnt/rsrscs/pblctns/rsk-nd-rspnsvty/index-en.aspx (viewed 10 November 2018).

^{iv} D Andrews and J Bonta, *The psychology of criminal conduct*, Newark, N.J.: Matthew Bender, 5th edition, 2010.

^v Public Safety Canada, *Risk-need-responsivity model for offender assessment and rehabilitation*, 2007-06, www.publicsafety.gc.ca/cnt/rsrscs/pblctns/rsk-nd-rspnsvty/index-en.aspx (viewed 10 November 2018).

^{vi} A structured approach to risk assessment is made with the assistance of a set of guidelines that include specific factors (both static and dynamic) that should be considered to determine risk.

^{vii} Cherie Toivonene and Corina Backhouse, *National Risk Assessment Principles for domestic and family violence*, Australian National Research Organisation for Women's Safety, July 2018, pp 12-16.

^{viii} Cherie Toivonene and Corina Backhouse, *National Risk Assessment Principles for domestic and family violence*, Australian National Research Organisation for Women's Safety, July 2018, pp 12-16.

^{ix} Public Safety Canada, *Risk-need-responsivity model for offender assessment and rehabilitation*, 2007-06, www.publicsafety.gc.ca/cnt/rsrscs/pblctns/rsk-nd-rspnsvty/index-en.aspx (viewed 10 November 2018).

^x R Vlais, *Domestic violence perpetrator programs: Education, therapy, support, accountability 'or' struggle?*, No to Violence, Melbourne, 2014.

^{xi} R Vlais, *Domestic violence perpetrator programs: Education, therapy, support, accountability 'or' struggle?*, No to Violence, Melbourne, 2014.

^{xii} Rodney Vlais, *Application of the Risk Needs Responsivity framework by community-based MBCP providers*, NSW Education Centre Against Violence, May 2018 (unpublished).

^{xiii} *What's Your Plan* is an example of an intervention that adopts a safety and accountability planning approach. This intervention assists Aboriginal defendants in domestic violence matters to improve their compliance with Apprehended Domestic Violence Orders.

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