Compliance Framework Men's Behaviour Change Programs: Guide to assessment requirements

This document provides further explanation and suggestions for addressing the Principles outlined in the Practice Standards when completing an application for registration. It provides examples of what may be provided as direct and indirect evidence, it is not limiting or exhaustive. All direct evidence should have personal or private information redacted before being provided as evidence. Some evidence will be applicable to more than one requirement.

	Requirement	Assessment Question	Guidance for providers to respond
1	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)?	What we are looking for here is that the organisation communicates the broader sector landscape, its other internal support services centred on victim and children, and the central approaches to victim safety it takes to staff upon induction.
		How does your organisation ensure they understand this information?	What we are looking for here is that the organisation provides a platform to discuss the information above in an interactive way that gives recruiters/management/staff the ability to gauge new staff's comprehension of its purpose and application.
		How do organisational leaders champion a culture where the safety of victims and children is prioritised at all levels of policy and practice?	What we want to see here are examples of how senior organisation staff reinforce the above information by guiding staff to approach business plans and development with victim and children safety in mind.
			Indirect Evidence - Induction and/or orientation kits and training manuals, Policy and procedures for ongoing staff training requirements, Policy and procedures for staff supervision, Induction session agenda/delivery content. **Direct Evidence** - Log of staff induction session attendance.
2	Demonstrate processes are undertaken by your organisation to assess risks to victims and children	What is the evidence base for the risk assessment process?	What we are looking for is that the organisation has addressed sector reports, developments and topical literature in developing and delivering its risk assessment process.
		When does your organisation undertake risk assessments, what are they used for and when are they reviewed?	What we want to see here is that the process of conducting risk assessments is purposeful and structured to best protect victims and children, and that the information captured from the assessments is used to inform referrals and keep the sector engaged with victims and children where necessary.

			Indirect Evidence – Policy/ procedures/ frameworks on risk assessment and risk management. **Direct Evidence** - Risk assessment forms addressing relevant criteria.
3	Demonstrate processes are in place to address identified risks to victims and children	How does your organisation ensure appropriate referrals are made to Safer Pathway or other support services?	What we want to see here is a rationale for how referrals are directed, and why certain support service agencies might be used often. See three ways to provide support in 1.2 of Practice Standards.
		How does your organisation work with Safer Pathway (for example, to reduce the need for a victim to retell their story)?	Documents outlining the referral process when a victim or a child is assessed as being at threat.
		What processes are used to ensure appropriate information is exchanged between support services to ensure victim safety?	What we want to see is ways your organisation identifies the difference between information that needs to be shared with support services and that which is best kept protected to keep victims safe, and how it disseminates that information or provides justification for keeping it protected when rejecting requests.
			Indirect Evidence - Policy and procedures of referral processes when victim or child is at threat. **Direct Evidence** - Referral forms and/or correspondence with support services.
4	Detail the relationship the organisation has with victim support services	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?	Referral processes, policies and procedures for information exchange between MBCP and support services.
		How are the support needs (such as social, emotional, education, health, or accommodation) of victims and children identified and then addressed?	What we are looking for here is an understanding of how facilitators use their skills and/or the organisations tools to determine victim and children's needs, and a clear action plan to then make sure those needs are met through the referral protocols above.

			Indirect Evidence - Policy and procedures outlining how information is exchanged between provider and support services. **If support services offered internally:** Position description of support program staff, brochures/pamphlets for victims. **If offered externally:** Memoranda of understanding or partnership arrangements with support services. Meeting minutes or emails between organisations documenting arrangements. **Direct Evidence** - Referral forms/and or correspondence with victim support services.
5	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?	What we are looking for is an understanding of the extent to which the provider engages with victims, and an explanation of the reasons why this amount of involvement is preferred. Depending on the extent of contact, we may want to understand how support needs are ensured (if so little contact) or how safety between participant and victim is ensured (if a high level of contact).
		How does this process differ if the victim is a child, current partner or previous partner?	What we expect here is not that the provider engages with all children, current and previous partners, but to see an understanding from the provider that these interactions may differ and what the reasons are for this. Providers may also provide an explanation why they do not engage with some of these groups and relate this to risks to safety.
			Indirect Evidence - Information pack for victims that addresses criteria listed in the practice standards. **If victim referred to external support services immediately:** Information exchange and feedback materials between provider and support services. **Direct Evidence** - Declaration signed by victim indicating awareness of program, provider, participant and their requirements/expectations.
6	Explain how the completion of individual safety plans for victims and children by support services is managed	How does your organisation know that safety plans have been developed and completed for victims and children?	What we expect to see is follow up with external support services in the form of email or other communication to ensure safety plans are completed OR if support services are offered internally that there are reliable and responsive communication channels between organisation staff.
		What information does your organisation provide to assist with this process?	If offered externally, what we are looking for is an understanding of how involved provider staff are in using information gathered from partners, and also participants, to inform support service responses to victim and children safety needs.
			Indirect Evidence - Policy 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.
			Direct Evidence - Completed safety assessment and safety plans, Records indicating safety plans have been completed.
7	Demonstrate processes are in place to ensure victims have access to appropriate support services	How do you ensure roles and responsibilities of each provider are made clear?	What we are looking for is a clear and aligned understanding between support services and the provider as to where each role begins and ends, how this is determined, and if gaps are identified and mitigated.
		What processes are there to ensure appropriate information is exchanged between service providers?	Broadly we are looking for the information sharing methods and an understanding of how these methods support the timely and useful exchange of relevant information. Also we would like to see how these methods/processes are governed.
		Are there circumstances where support is not able to be provided to victims? How is this managed?	What we want here is to see if such circumstances have been identified, or if any can be reasonably foreseen. If the latter, what mitigations has the provider considered. If this is the case, we want to see that the provider has exhausted all reasonable options.
			Indirect Evidence - Policy and procedures relating to contacting a victim and exchanging information. Referral processes to victim support services (including Safer Pathway Local Coordination Points) and intake/referral form templates.
			Direct Evidence - Completed intake/referral forms.
8	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	How does the policy relating to risk or threat align with the processes that are undertaken by your organisation?	What we want to see here is a clear and effective connection between your own policies and the procedures (action plans, communication protocols) that you employ to protect victims from risk.
		Are these policies and procedures explained to program participants, victims or children?	It is not required that these policies and procedures are explained to different groups. What we want to see is a clear understanding of how and why this information may be communicated, and if so, how approaches may differ between each group that reflect the priority of victim and child safety.
		How often are your policies and procedures reviewed and updated?	We would like to understand how often and why this period is considered sufficient. Also, we would like to understand the process of updating policies and procedures, including how implementation risks that result from change are mitigated, including how staff are updated to understand and employ the changes.
			Indirect Evidence - Policy and procedures that address risks to victims and children, Staff

			induction and training course information including brochures or manuals, Schedule for reviewing and updating these policies and procedures.
			Direct Evidence - Minutes from meetings detailing reviews and update actions, Updated versions of these policies and procedures, Log of correspondence with authorities responding to risks or threats.
9	Detail how the MBCP ensures facilitators and support workers understand the nature and impact of domestic and family violence	What training have staff completed on the nature and impact of domestic and family violence?	
		What training or support is offered to staff to understand their role in ensuring victim safety?	What we want to see here is specific training or support content that helps staff identify and respond to threats or risks to victim safety.
		What role specific additional training is identified for staff in particular roles?	If this is applicable, what we expect to see is specific training content for roles that may vary from the general facilitator roles. This may be specific support work with children (where applicable), or specific cultural training to support aboriginal victims and children.
			Indirect Evidence – Policy or procedures on training and support for facilitators.
			Direct Evidence – Training logs, training attended, certificates
10	Demonstrate the MBCP provider has developed relationships with local agencies with a clear understanding of the objectives of the relationship	What local services and agencies does your organisation have existing relationships with?	What we want to see here is an understanding of, and appropriate level of involvement with, key local services and agencies where programs are being delivered.
		What are the objectives of these relationships?	Building from the list above, what we expect to see here is communication and interaction between provider and local agencies that clearly identify objectives of cooperation to ensure perpetrator accountability and maintain victim safety.
			Indirect Evidence - Policy and procedures relating to interagency collaboration.
			Direct Evidence - Documented agreements for interagency groups and interagency collaboration. Interagency meeting agendas, schedules or minutes.
11	Explain how these relationships ensure safety of victims and children is the highest priority	What protocols are in place for responding to safety concerns including disclosures of abuse, breaches of legal orders and escalating risk?	What we want to see is an expansion of the above: have you discussed with local agencies the policies and procedures for responding to safety concerns and what this looks like outside your organisation? What we want to see is that you have identified where your organisation sits in the broader whole-of-community approach to protecting victim safety and that you work

			collaboratively to this.
		How is the effectiveness of these protocols reviewed and assessed?	What we are looking for here is that you communicate with local agencies on a regular basis to review these protocols. What we may see is a collaborative forum in which practical examples of sound practice and flawed practice are discussed with local agencies and solutions to develop consistency and effectiveness are identified and actioned.
			Indirect Evidence - Protocols for the exchange of information and referral process.
			Direct Evidence - Referral forms or information requests between agencies.
12	Demonstrate the process to monitor and review the relationships the MBCP has with local agencies	How do you monitor and review your relationships with local agencies? Who is involved and how often does this occur?	What we are looking for here is that the objectives and development of relationships with local agencies are assessed internally or collaboratively with those partners. We would also like to see who takes part from each stakeholder, how often it takes place and why, as well as the affects this process may have, or has had, on redefining relationships or creating new ones.
		What are the objectives of your relationships with local agencies? How are these objectives documented and fulfilled?	A broader set of objectives outside of victim safety (see above). What we want to see here are that relationships with local agencies have a clear and purposeful foundation and that objectives are clearly communicated (either documented officially or in meetings/emails) and that their progress is tracked and shared.
			Indirect Evidence - Policy and procedures relating to reviewing relationships with local agencies. Examples of processes followed to monitor and review collaboration and service integration.
			Direct Evidence - Interagency meeting notes reviewing and evaluating the value of the relationship.
13	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?	What we want to see here is the theory underpinning your program and why it was chosen as the basis for design and delivery, as well as how the theory has influenced design and delivery aspects.
		What evidence is there to support this approach?	What we want to see here is that you are familiar with the evidence supporting (or not) this approach and that you have identified a rationale for adopting this theory to the context in which you operate.
			Indirect Evidence - Program manual

			Direct Evidence - Attendance and contribution to sector meetings addressing sector development and practice updates. Review and redesign of program informed by updated sector information and/or analysis of program outcomes against wider sector findings.
14	Explain your program logic model	Does it include systems, community, and individual level impacts and outcomes?	What we are looking for here is that the logic model underpinning your program addresses the impacts and outcomes at these levels to support the above.
		Is your program logic model incorporated into evaluation and performance monitoring plans for the program?	What is required here is an understanding of the quality assurance processes and mechanisms in place to evaluate program outcomes and how they are reflective of the above.
			Indirect Evidence & Direct Evidence - MBCP program logic model, evaluation templates or plans.
15	Explain how the MBCP applies the Risk, Needs, Responsivity Principles to program design	How are risk factors of participants linked to the program design including eligibility, suitability and exclusion criteria?	What we are looking for here is that the program design features aspects of the RNR principles where relevant and that aspects of the RNR principles that cannot be incorporated into program design are understood with a rationale for their non-application to your context provided.
		How is the program designed to meet the specific risk factors, needs and learning styles of participants?	What we want to see here are examples of program design aspects that tailors the program to specific risks, needs and learning styles, what they are, and how you expect they will be implemented.
			Indirect Evidence & Direct Evidence - Policies and Procedures relating to intake and assessment of participants, Program manual.
16	Explain how the MBCP applies the Risk, Needs, Responsivity Principles to program delivery	How is the program duration, or mode of delivery, matched to the level of risk, needs and circumstances of participants?	What we are looking for here is a rationale for the program delivery styles that reflect your understanding and application of RNR principles where relevant to your context.
		How is the program delivered to meet the specific risk factors, needs and learning styles of participants?	What we want to see here are examples of program design aspects to tailor the program to specific risks, needs and learning styles, what they are and how you develop these delivery skills in facilitators.
		How are relationships with other services used to identify and address specific risk factors and needs?	What we hope to see here is that the relationships formed above, and objectives collaborated on, work towards identifying RNR factors to inform tailored approaches to participants. What we are looking for is that through communication and collaboration these factors become visible and how this visibility is achieved through these relationships.

			Indirect Evidence & Direct Evidence - Policies and procedures relating to program delivery, Program manual.
17	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?	
		What changes have been made to your MBCP based on previous operational reviews and why?	What we are looking for here is that reviews that identify key issues or improvements to your MBCP are used to inform and drive updates and change to meet organisation and sector goals.
			Indirect Evidence – Evaluations of program content and delivery against participant outcomes, Reviews of victim and children referral process, Evaluation of program results against contemporary research and industry practice trends.
			Direct Evidence - Log of critical incidents along with review and evaluation of program effectiveness.
18	Explain the process undertaken to measure the impact of the program on participants	How do you measure the impact of your MBCP on the attitudes and behaviours of men?	We are looking for information on assessment of participants progress
		What other measures are used to evaluate the success of your program?	**Indirect Evidence -** Policy and procedures for evaluating the program, Evaluation framework, Information on participant assessment process.
			Direct Evidence - Participant impact assessment reports completed during or at completion of program, Police, victim and family member, facilitator and participant self-reports verifying program impact.
19	Provide details for how the MBCP is contributing to building an evidence base	How do you contribute to the evidence base for MBCPs? How do you ensure that you accurately complete the minimum data set?	What we are looking for is that you contribute where relevant and possible to sector research in any capacity, at least submitting MDSs accurately and completely filled out for each reporting period. What we hope is that you designate MDS reporting to one staff member for consistency. This staff member should engage with the Department to clarify any inconsistencies or gaps in reporting, and to seek assistance in using the tool.

		How else do you contribute to the evidence base for MBCPs including through outcome based funding obligations?	**Indirect Evidence -** Policy and procedures relating to information collection for the minimum data set. Data collection tools and templates. **Direct Evidence -** Data reports
20	Detail how MBCP facilitators are recruited	What are the minimum qualifications and experience requirements to be eligible to facilitate a program?	What we are looking for here is that your job descriptions and hiring criteria match as much as possible the experience requirements outlined in the Compliance Framework for MBCPs. We would also expect to see which qualifications and experiences are prioritised when hiring staff.
		Have all facilitators recruited been able to fulfil these requirements? If not, what has been done to ensure they have the competencies they need?	What we need here is to see that you have exhausted all possible avenues and alternatives in hiring staff with experiences that meets the requirements of the Compliance Framework. If they do not meet them, we want to see how you develop your staff in a timely manner and that the ways these gaps may affect program delivery are identified and controlled.
			Indirect Evidence & Direct Evidence - Position descriptions or working links to job advertisement, Policies and procedures relating to staff recruitment, training and human resource management.
21	Demonstrate how facilitators have appropriate experience and skills to run the program	What do facilitators need to demonstrate/experience before being able to run a group program?	What we want to see here is that the provider is able to affirm staff experience and skills and engage in efforts to gauge they are appropriate to deliver programs.
		What differences occur when an external or casual facilitator is used?	What we are looking for here is an understanding of how the provider conducts the above when subcontracting facilitators from other organisations.
			Indirect Evidence – Policy and procedures relating to staff recruitment and development, Induction and core training package, Training schedules and supervision plans for staff without experience. **Direct Evidence -** Qualifications and verification of staff members' experience, including significant experience requirements for clinical supervision positions, Training logs and supervision reports for staff without experience.
22	Explain the training requirements and processes to ensure facilitators continue professional	How are training needs assessed and addressed for facilitators?	What we want to see here is a method for identifying development needs of facilitators and how they are then built on by developing tailored training and experience schedules.
		How have leaders demonstrated a commitment to ongoing support for	What we are looking for here is that organisation management staff have developed, progress and review business plans to develop staff knowledge and experience, and take

	development	the professional development for their staff?	steps to ensure training and development methods are organised and carried out.
			Indirect Evidence – Organisational training calendars, Facilitator training and development agreements.
			Direct Evidence - Training session attendance sheets, Training course completion certificates.
23	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?	What we are looking for here is how staff are supported in their work in particular through clinical supervision
		How are clinical supervisors chosen?	**Indirect Evidence -** Policy and procedures relating to clinical supervision, Individualised clinical supervision plans for facilitators.
			Direct Evidence - Staff attendance sheets for group sessions, Log books documenting facilitators' supervised hours, Clinical supervision evaluation reports.
24	Explain processes undertaken to ensure **facilitators** are prepared to commence the program with new participants	What engagement do facilitators have with participants prior to commencing group work?	For example, are the facilitators responsible for intake? Do they have input into the make-up of the group to reduce risk of conflict and safety concerns within the group?
		What participant information is provided to the facilitator prior to commencing group work?	If facilitators are not responsible for intake, how is participant information passed on to them? How do facilitators prepare to commence the group work, such as tailoring to the needs of participants?
			Indirect Evidence - Policy and procedures relating to intake of participants, Brochures and other induction packs provided to participants prior to commencing program.
			Direct Evidence - Completed participant intake assessments, Any relevant referral information relating to participants circumstances/attitudes.
25	Explain the processes undertaken to ensure **participants** are prepared for a MBCP	What information is provided to the participant prior to commencing the program?	For example, are they given brochures to read? Is the information verbally provided to ensure understanding?
		What conditions does the participant agree to prior to	Provide examples of conditions they agree to if written or explain if verbal. Conditions may include agreeing to attend, agreeing to have progress monitored.

		commencing the program?	**Indirect Evidence -** Policy and procedures relating to participant assessment, Participant assessment templates. **Direct Evidence -** Completed pre-assessment forms, Declaration signed by participant adhering to program requirements and aims.
26	Explain the processes for ensuring interested participants are supported to address their abusive behaviour when a MBCP may not be available	What occurs when a participant is not eligible or suitable for the program?	We are looking for your process for determining eligibility to show rationale for deeming unsuitable. How is the participant informed of this and what referral pathways exist to help the perpetrator and ensure victim safety?
		What occurs when a potential participant expresses an interest in attending the program but there are no vacancies or programs running?	Does your organisation have other referral pathways, utilise a waitlist, or provide individual support or other methods. **Indirect Evidence -** Policy and procedures relating to program capacity and wait list management, Calendar of program commencement dates, Participant assessment tool with criteria determining eligibility, program suitability and exclusion. **Direct Evidence -** Referrals to suitable alternative MBCP providers where relevant.
27	Demonstrate how program content enables participants to better understand the nature of domestic violence and the impact of their behaviour	How is program content prepared and presented?	We are looking to see that the program content and presentation teaches participants to identify and examine their behaviour.
		How regularly is the program content reviewed and updated?	We are looking to see that you have regular quality assurance practices in place ensuring program content is up to date with latest research. **Indirect Evidence -** Program manual, participant materials, worksheets/workbooks. **Direct Evidence -** Completed participant materials, worksheets/workbooks
28	Demonstrate how participants' additional needs are supported particularly those that may impact their engagement with the MBCP	How are participants' additional support needs identified?	These may be identified in the intake process or throughout the facilitated sessions. How do facilitators look to identify these needs?
		What is the process to ensure appropriate referrals are offered to a participant?	Does your organisation have referral processes to other support services to meet the additional needs of participants listed in practice standard 5.7. **Indirect Evidence -** Policy and procedures outlining referral processes or other support provided for participants, Participant assessment tools that identify additional needs. Referral

			acceptance. **Direct Evidence -** Participant assessments identifying additional needs
29	Demonstrate how the potential for implicit and explicit collusion is addressed	How does the policy relating to preventing implicit and explicit collusion work in practice?	We are looking to ensure that policies are put into practice. What methods do facilitators use to prevent and/or respond to these behaviours?
		What training, supervision or support is offered to staff to understand their role in preventing collusion and supporting victim safety?	**Indirect Evidence -** Policy and procedures that relate to collusion and debrief processes. Material from staff training course that addresses the issue of collusion and how to respond. Facilitator manuals for monitoring and managing collusion. **Direct Evidence -** Reports of collusion that include facilitator report with responses and outcomes.
30	Explain the processes in place to ensure mandated participants are fulfilling stipulated requirements	What is your organisation's understanding of mandated participants?	We are looking for how these questions are managed as part of your program delivery.
		How do you determine if a participant is mandated to attend a program?	
		What actions does your organisation take to respond to non-attendance of mandated participants?	**Indirect Evidence -** Policy and procedures relating to assessing participants, including a definition of mandated participants, Log of non-/attendance of mandated participants. **Direct Evidence -** Report of non-attendance and/or non-completion of stipulated requirements for mandated participants, Evidence of providing report to relevant local support agencies and authorities where applicable.
31	Explain how referring agencies are provided with information relating to participants' engagement and completion of a MBCP	What information is exchanged with a referring agency?	
		How is this information provided?	**Indirect Evidence -** Policy and procedures outlining intake/assessment processes of participants. **Direct Evidence -** Letter of program completion provided to referring agencies.
32	Demonstrate how the MBCP ensures it	How are barriers to participation for men with diverse needs	We are looking for information you have for particular groups or clients and whether your organisation's policies and procedures include sections relating to accessible and inclusive

	responds to the diverse needs of participants	addressed?	practice.
		What supports are available to participants with diverse needs?	We are looking for information about your practices, such as relationships with relevant local support services and referral pathways.
		[If any of your programs are designed specifically for participants with diverse needs] How do these differ to other MBCPs your organisation provides?	For example is there different or extra course content, is some content tailored to the specific needs of the course participants.
			Indirect Evidence - Policy and procedures relating to accessible and inclusive practice including meeting diverse needs of participants. Brochures, pamphlets or other materials for particular groups with diverse needs. Specialist consultation letters/reports for specifically tailored programs. Tailored program material to target diverse needs of participants. **Direct Evidence -** Referrals to targeted local support agencies that can assist participants with diverse needs.
33	Demonstrate how MBCP facilitators receive training and support to meet the diverse needs of participants	What training is offered to facilitators relating to culturally competent practice and how frequently?	We are looking at how your organisation includes specific training in facilitator management. E.g. a training program and training schedule.
		How else are facilitators supported to ensure their practice meets the diverse needs of participants?	Tell us how the organisation provides a platform for staff to discuss practice for diverse needs of participants and ensure continuous improvement.
			Indirect Evidence - Policy and procedures outlining importance of and methods for meeting diverse needs. Training materials relating to groups with diverse needs. **Direct Evidence -** Training completion certificates for courses relating to diverse needs. Facilitator attendance logs for relevant courses.