

# Enhancing access to men's behaviour change programs

Service intake model and practice guide



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Safety, Accountability and Human Rights

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# 1 Background

## 1.1 Policy and legislative context

The Victorian Government is committed to reducing family violence, and family violence is one of the key priorities of its social policy action plan, *A fairer Victoria*.

The aims of the family violence reforms are to:

- improve the safety of women and children, particularly those at greatest risk of experiencing family violence
- ensure that men who use violent and controlling behaviour are held accountable for their actions
- prevent family violence from occurring.

The government initiated major reforms of the family violence service system in 2005. The whole-of-government reforms provide for an integrated response across community services, justice and police.

The *Family Violence Protection Act* 2008 furthers these reforms by broadening the definitions of family violence, and contains improvements to the justice system to better respond to family violence.

- Research on family violence indicates that it is a chronic, under-reported and gendered problem, in which women and children are significantly over-represented amongst victims.
- In 2007–08, Victoria Police recorded more than 30,000 family violence incidents.
- In 2003–04, 36 per cent of family violence incidents attended by Victoria Police were repeat visits to the same household.

## 1.2 Background to this initiative

Timely and appropriate responses to men who use violent and controlling behaviour are seen as a key component of an integrated family violence system.

A great deal has been achieved towards collaboration between men's behaviour change programs and family violence services for women and children, accommodation services, police and courts. To ensure that the safety of women and children is protected at all times, it is important that clear referral pathways and intake processes are provided for men who use violent and controlling behaviour, and that men's behaviour change work is undertaken in a skilled and systemic way.

Intake practices – including those for referral, assessment and waitlist management – are subject to minimum standards and/or *Good practice guidelines* set down by the men's behaviour change peak body, No To Violence (NTV). However, these allow for considerable variation amongst program providers. For example, at present some, but not all Victorian men's behaviour change program providers accept referrals from a range of sources, including police, courts, statutory bodies and health professionals.

The is intended to describe the core elements of an intake system, in order to enhance and streamline intake work in ways that ensure timely and proactive engagement of men, and enhanced assessment and referral processes.

The *Service intake model* and accompanying Practice guidelines form part of the service agreement for services funded under the Department of Human Services' integrated family violence services for men. It is intended that the *Service intake model* and Practice guide will be adopted by agencies funded by the department to provide an enhanced intake response for men's behaviour change programs.

The *Service intake model* and Practice guide will also be a useful resource for all providers of men's behaviour change programs.

The Department of Human Services is currently working with the Men's Referral Service (MRS) to develop a weekend service to respond to men who use violent and controlling behaviour. Providers of men's behaviour change programs will be required to work in partnership with MRS.

## 2 Definitions

### 2.1 Referral

Traditional therapeutic approaches to men's behaviour change programs have imbued each pathway into counselling with its own significance. For example, men who are court-mandated are seen by some practitioners as having different motivations to men who are 'socially-mandated', perhaps by their partner.<sup>1</sup>

*The Service intake model addresses all pathways other than the Family Violence Court Intervention Programs<sup>2</sup>, recognising that different programs and behaviour change professionals will have their own views as to the meaning and implications of the pathway each man takes.*

Some men are not referred to men's behaviour change programs by a third party. Rather, they initiate contact after seeing program information such as a brochure or a poster.

However, most men learn about – and might be encouraged, facilitated or mandated to attend – a program by a third party; a process that is generally known as "referral".

Many factors impact on what a referral might look like, for example:

- the position of the referrer relative to the man being referred (particularly in terms of the referrer's power over the man)
- the amount of information the referrer provides to the man being referred
- whether and when the referrer provides information about the man to the program provider
- whether the referrer expects a man to initiate contact with the program provider himself.

The *Service intake model* focuses primarily on one form of referral, known here as active referral. Active referral has the following characteristics:

- it is made by a person in their professional capacity (for example a police officer or a GP)
- it includes identifying information about the man, including but not limited to his name and contact details
- it is made with the expectation that the recipient of the referral will actively follow up the man to achieve a stated purpose.

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<sup>1</sup> For a comprehensive discussion of the ideas associated with a social-legal continuum of mandate, see Research and Education Unit on Gendered Violence, School of Social Work and Social Policy, University of South Australia, 2004, *A Comparative Assessment of Good Practice in Programs for Men who use Violence Against Female Partners, Partnerships Against Domestic Violence*, Office of the Status of Women, Commonwealth Government of Australia, Canberra, p. 24.

<sup>2</sup> These are mandated men's behaviour change programs linked to the family violence courts program, funded through the Department of Justice.



See *Practice guide for qualities of good intake practice*

## 2.2 Intake

Many men who go through a men's behaviour change intake process will not ultimately participate in a program. Some will be referred to another intervention (perhaps as a precursor to participation in a behaviour change program); others will choose not to use the service/s on offer. In this sense, 'intake' is the process by which men might enter the service system, *if they choose*.

Program providers regard intake as beginning with either a man's first encounter or his first interaction with a service that provides a men's behaviour change program.

A *first encounter* would encompass reading a brochure or having a discussion with a friend or family member about the program; being referred to the program by a police officer, child protection worker or another professional in the family violence prevention field; being directed by a magistrate or other state-empowered authority to participate; or receiving a referral from the Men's Referral Service.

A *first interaction* is generally understood to be the first time a man speaks with somebody from a men's behaviour change program.

Views vary about the point at which intake finishes. Some see it as complete when a man commences formal assessment, others when he and the program provider jointly decide whether he may have a place in a program (that is, after assessment); or when a man attends a group for the first time. From some of these perspectives, intake is a process that may take years.

For the purposes of this *Service intake model*, intake includes assessment, and is complete when:

- a man begins to participate in the next stage of a men's behaviour change intervention, or
- he ceases contact with the program provider without participating in an intervention (note that this includes being referred to another service within or outside the agency).

## 3 Service intake model underpinnings

### 3.1 Guiding principles for intake

The following principles underpin the integrated approach to family violence services for men. They guide the service system in each region and sub-region to establish a more consistent approach to family violence services throughout Victoria.

Programs for men who use violent and controlling behaviour against women will: <sup>3</sup>

- be accountable and responsive to the experiences of women and children and demonstrate a commitment to their safety understanding that women will often feel responsible for the violence, experience shame and minimise their experience of violence
- privilege women and children's safety, with an imperative on not escalating violent behaviour that might increase the level of risk to women and children, and will have the primary objective of increasing safety by assisting men to stop their violent and abusive behaviours
- operate within a gender-based analysis of family violence, including an understanding that family violence is situated in a context of men's sense and position of privilege and entitlement, and that when these entitlements are questioned or denied, they may enact violence in response <sup>4</sup>
- hold men who use violent and controlling behaviour toward family members accountable by sending clear messages that the use of violent and controlling behaviour is a choice, that it is unacceptable, and that responsibility for violent and controlling behaviour rests with the person using it <sup>5</sup>
- be provided within a coordinated response to family violence
- be available for men who are removed from the home as a result of their violence and for those referred through the criminal justice system or via child protection proceedings or Family Violence Intervention Orders
- not be used as a diversion from a criminal justice response
- have well-supported, skilled and trained practitioners with the ability to recognise, respond to and challenge men's violent and controlling behaviour
- be guided by the principles underpinning the NTV Standards concerning working with men in ways which enhance safety of women and children and hold men accountable for their use of violent and controlling behaviour
- be available and respond to men from diverse backgrounds, cultures and life experiences
- be developed by and in consultation with, members from culturally and linguistically diverse communities, to ensure the most appropriate and effective responses
- be developed by and in consultation with Indigenous community members to determine appropriate and effective responses to address violence, which also recognise the effects of colonisation and the subsequent dispossession of Indigenous people
- participate in evaluation of outcomes for men, women and children.

<sup>3</sup> Based on *Partnerships Against Domestic violence (2001)*, *Taking Responsibility A framework for developing best practice in programs for men who use violence toward family members*, Commonwealth of Australia, augmented by other sources as footnoted

<sup>4</sup> Keijzer 2004 cited in *Engaging Men in Men's Violence Prevention: Exploring the Tensions, Dilemmas and Possibilities*, Bob Pease, Australian Domestic and Family Violence Clearing House, 2008.

<sup>5</sup> Inner South Community Health Service Inc, 2008 *Listening to what matters : A report on the partner contact component of men's behaviour change program*, p10

### 3.2 *Service intake model* objectives

The objectives of the *Service intake model* are:

- to make women and children safer by holding men accountable for their use of violent and controlling behaviour against family members
- to make women and children safer from the occurrence, continuation or escalation of family violence through the provision of timely and proactive service responses to men who use violent and controlling behaviour.

### 3.3 Target group

The *Service intake model* will enhance access for all men who use violent and controlling behaviour, regardless of their mode of referral.

### 3.4 Accessibility and inclusiveness

Providers need to provide appropriate and inclusive responses to all men who initiate contact with their service, including men from CALD and Indigenous backgrounds; men with disabilities; same-sex attracted men and men with complex needs such as mental health, drug/alcohol and gambling problems. These responses include taking advantage of opportunities to establish relationships and work in partnership with Indigenous, CALD, disability and gay, lesbian, bisexual, trans and intersex organisations.

Men who are Indigenous require culturally specific responses, including responses that take into account the systemic oppression of Indigenous people. Where an Indigenous family violence service exists, men should be offered choice about whether to use that services, or a mainstream service.

#### Accessibility and inclusiveness in the context of active referral and partner contact

In the context of active referral (for men) and partner contact, it will be easier to respond to some people than others. Follow-up with people who cannot speak English and people with some disabilities might be especially difficult. Services might wish to enhance their general intake practices to accommodate the communication needs of one or more particular client groups through innovative approaches to service delivery to leisure access and equity. .

#### NTV Minimum Standard 43

Program providers work with specialist services and draw on information about good practice to maximise their inclusiveness for men who are marginalised because of their indigeneity, ethnicity, sexuality or other factors.

## 4 Service intake model elements

The *Service intake model* comprises six elements:

- integration activities
- intake via active referral
- intake via other pathways
- comprehensive assessment
- pre-program engagement and support
- secondary consultation.

The *Service intake model* takes into account the different stages of development and experience amongst men's behaviour change program providers in Victoria. It is acknowledged that it may take time to implement all activities included under service elements. These activities have therefore been prioritised into two stages.

### 4.1 Integration activities

VicHealth characterises partnerships along a continuum, which shows progression based on degree of commitment, change required, risk involved, levels of interdependence, power, trust and a willingness to share turf. In this characterisation:

- 'Networking – involves exchange of information for mutual benefit. It requires little time, trust or sharing of turf between partners and is a useful strategy for organisations in the initial stages of working relationships.
- Coordinating – involves exchange of information for mutual benefit and altering activities for a common purpose. It requires more time and trust but does not include sharing the turf.
- Cooperating – involves exchanging information, altering activities and sharing resources for mutual benefit and a common purpose. It requires significant amounts of time, high levels of trust and significant sharing of turf. It may require complex organisational processes and agreements in order to achieve the expanded benefits of mutual action.
- Collaborating – involves all of the above plus a willingness to increase the capacity of another organisation for mutual benefit and a common purpose. It requires the highest levels of trust, considerable amounts of time and extensive sharing of turf. It involves sharing risks and rewards but can produce the greatest benefits.'<sup>6</sup>

In the Victorian family violence system, men's behaviour change programs sit alongside family violence services for women and children, police and courts, child welfare/protection services, and accommodation services. They can only be fully accountable to women and children when they have advanced partnerships with these other parts of the service system. Cooperation – and ultimately collaboration – between men's behaviour change program providers and other service providers in the system is thus fundamental to the provision of an integrated response to family violence.

#### NTV Minimum Standard 10

Men's behaviour change program providers have a Reference Group that meets at least quarterly. This group comprises representatives of local women's services and as many other relevant service providers as possible.

See *Practice guide* for qualities of good intake practice

Using the Service Intake Model, men's behaviour change program providers will develop Memoranda of Understanding and protocols with all active referrers, as well as with agencies that provide services to women and children in the catchment area.

Collaboration between men's behaviour change program providers is also important. At minimum, providers will have processes in place for cross-referral of men who cannot be accommodated in their program.<sup>7</sup>

### Aim

To ensure strong, collaborative working relationships between men's behaviour change program providers and other service providers in the integrated family violence system.

### Priority activities

See *Practice guide for qualities of good intake practice*

Involve senior management in integration activities.

Participate in networking and relationship building activities with relevant family violence services across the catchment.

Develop Memoranda of Understanding and protocols for safety and information-sharing with women's and children's family violence services in the catchment.

Build relationships with police in the catchment, principally via family violence advisers and family violence liaison officers.

Develop Memoranda of Understanding and protocols with Victoria Police in the catchment.

### Second stage activities

Build relationships, and develop Memoranda of Understanding and protocols as needed, with:

- magistrates and court staff in the catchment
- men's emergency housing and other accommodation providers in the catchment
- other prospective active referrers in the catchment such as Community Corrections Victoria or Child Protection.

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<sup>7</sup> This includes men who cannot attend a group at the time offered by the first program provider, or for whom another program might otherwise be more suitable. Men who are assessed as unsuitable for a program may be cross-referred, but only in circumstances agreed to by both program providers (for example, because the second program provider has a greater capacity to provide another service that the man requires).

## 4.2 Intake via active referral

Active referrals are those in which a professional provides the name and contact details of the referred party, with the expectation that the recipient of the referral will actively attempt to engage that person. An active referral has clear and accountable referral pathways and protocols, including:

- a clearly defined entry point for a defined geographic catchment area
- a documented referral protocol, stating the roles and responsibilities of all parties to the referral
- a report-back protocol and mechanism.

At minimum, providers of this Service Intake Model will accept active referrals from Victoria Police for *men who are subject to a Family Violence Safety Notice or Intervention Order, an application for an Intervention Order and/or family violence-related criminal charges*.

Men's behaviour change program providers will also negotiate active referral pathways to other referring parties, for example: magistrates and courts, emergency housing services, services providing case management support for men who use family violence, community correctional services, general practitioners, Child Protection, ChildFIRST, Centrelink, drug and alcohol service providers, and Supported Accommodation Assistance Program services.

### Aim

To provide a timely and active service response to men who use violent and controlling behaviour.

To have an additional pathway to identify and act upon safety risks to women and children.

### Activities

Receive active referrals using secure means.

Liaise with the relevant women's service provider according to established protocols, to see whether contact has been/will be made with the man's (ex)partner. If contact with the woman has not been made, discuss the most appropriate timeframe for contacting the man.

Initiate telephone contact with referred man.

Identify safety risks for women (ex partner) and children following established protocols.

Identify and act upon any safety risks for the man following established protocols and with reference to Victorian Government guidelines on comprehensive assessment and information sharing.

Report on referral outcomes to the referrer, following established protocols.

Send program information and an MRS brochure to the man, unless a clinical judgement is made that this might escalate his use of violent and controlling behaviour.

### 4.3 Intake via other pathways

Providers may choose to strengthen their core men's behaviour change intake processes, in order to streamline intake for men who enter a program via pathways other than active referral.

#### Aims

To provide a timely service response to men who use violent and controlling behaviour.

To maximise the safety of women who wish to refer a male family member.

#### Activities

Provide program-specific responses to queries from men and women (rather than generalist intake responses).

Where a woman wishes to refer her partner, use the Preliminary assessment practice guide contained in the Family violence risk assessment and risk management framework to assess her safety and then work with the woman to develop a risk management strategy (which might include referral to support services) before discussing the pros and cons of her making a referral for her partner to a men's behaviour change program.

**NTV Minimum Standard 5**

Staff undertaking assessments of men:

- Are a Level 3 (A) Facilitator OR
- Have a Graduate Certificate of Social Science (Male Family Violence – Group Facilitation) AND at least 200 hours of experience facilitating men's behaviour change groups.

**NTV Minimum Standard 17**

Intake assessment includes at least one face-to-face interview conducted by an appropriately qualified family violence worker.

**NTV Minimum Standard 18**

At a minimum, assessment covers the man's:

- Current relationship status and relationship history.
  - Parenting status.
- History of using all forms of violent and controlling behaviours.
- Capacity for using all forms of violent and controlling behaviours.
  - Possession of weapons.
- Legal standing, including current or previous court proceedings or orders, charges or convictions, and any reports required by statutory or other bodies.
  - Understanding of the need for change and willingness to change.
  - Commitment and ability to attend group sessions.
- Ability to keep women and children safe, particularly in relation to physical violence.
  - Acceptance that, throughout the group program, group facilitators will contact women and children who are affected by his violence.
  - Willingness to accept the provider's policies regarding limited confidentiality and responding to criminal acts and breaches of court orders.

Any potential barriers to the man's participation are also assessed and managed appropriately.

If women and children affected by the man's violence agree to contact with the program, they are invited to contribute information to the man's assessment.

**NTV Minimum Standard 36 (in part)**

Initial contact with women and children occurs as part of a man's intake assessment, or if this is not possible, before a man attends his first group session.

## 4.4 Comprehensive assessment<sup>8</sup>

Comprehensive assessment can be understood as an intervention in its own right, as well as a factor in assisting women and children to be safe. It ensures that men have timely access to the full range of services they need, and increases the chances that these services will be provided in an integrated fashion and in ways that neither minimise nor collude with men's use of violent and controlling behaviour. Program providers currently use a range of approaches to assessment, and demands on assessment resources may increase if the earlier stages of intake are enhanced. One of the purposes of the *Service intake model* is to strengthen assessment practice and systems and achieve a greater degree of consistency across Victoria.

### Aims

To assess men's suitability for entry to a men's behaviour change program.

To assess men's needs for additional or alternative services and support, and refer appropriately.

To identify safety risks to women and children.

### Activities

Conduct at least one face-to-face interview (preferably more) with each prospective client for the purposes of assessment. This assessment should reference the Aide Memoir of the Family violence risk assessment and risk management framework and should also include a suicide risk assessment.

Initiate contact with the (ex)partner of each prospective client – via telephone if possible – as part of his assessment process. If she is willing to talk, interview her following the Preliminary assessment practice guide contained in the Family violence risk assessment and risk management framework.

Refer prospective clients and their (ex)partners to additional or alternative services and support as required, following established protocols.

<sup>8</sup> Further information is contained in: *A framework for comprehensive assessment in men's behaviour change programs*, published by the Children, Youth and Families Division of The Department of Human Services, 2009.



**NTV Minimum Standard 15**

All men who enquire about a men's behaviour change program are provided with a Men's Referral Service brochure and encouraged to use the service as a complementary source of support.

**NTV Minimum Standard 19**

Program providers have a process to continue to engage and support men, women and children, in circumstances when men cannot enter a group immediately.

## 4.5 Pre-group engagement and support

Enhanced access may result in greater numbers of men who are either assessed as not yet ready to participate in a men's behaviour change group, or who are waitlisted for a group. The Service intake model provides for activities that engage and support men in the period before they join a men's behaviour change group. How programs manage these waiting periods is at their discretion, however all men will be actively offered opportunities for contact with program staff before they commence a group intervention.

### Aim

To maintain men's engagement in the period before they are commence a group intervention.

### Priority activities

Offer at least fortnightly phone contact to men who are waitlisted for entry into a group, or who are not yet assessed as ready to start in a group.

Refer men to MRS for telephone support after hours.

Offer men's (ex)partners the option of ongoing support and/or referral to a women's domestic violence service.

Provide reading packs.

Develop Memoranda of Understanding and protocols for cross-referring to other program providers in the region (note that this might include cross-referring for assessment).

### Second stage activities

Provide individual sessions.

Provide an open men's behaviour change group for men who have been assessed.

Develop Memoranda of Understanding and protocols for active referral to external counsellors with suitable skills and experience in men's behaviour change work (including making provisions for ongoing liaison and information sharing about the client during the 'holding period').

## 4.6 Secondary consultation

Men's behaviour change work is a specialist field and men's behaviour change professionals are experts in engaging and working with men in ways that are safe, non-collusive and constructive. As such, program providers are well-placed to provide advice and support to professionals working in other parts of the integrated family violence system, or in mainstream services. This important element of relationship-building can promote both the quality and number of referrals.

### Aim

To provide specialist information and advice about responding to male family violence in general, and men's behaviour change in particular, to prospective active referrers in the catchment.

### Activities

Promote the secondary consultation role of the service to prospective active referrers in the catchment area

Provide timely and appropriate responses to requests for secondary consultation.

## 5 Service intake model operational requirements

### 5.1 Operational protocols required

Samples of most of these operational protocols are provided in the *Practice guide*.

Service providers require a range of documented operational protocols, including protocols covering:

- contact with women and children who are being supported by a family violence worker
- contact with women and children who are not being supported by a family violence worker
- responding to safety concerns
- reporting back to an active referrer on outcomes of a referral
- action if a man who has been actively referred cannot be contacted
- responding to a man who is actively referred more than once
- cross-referral with other local program providers
- referral to other supports (including active referral)
- waitlist management
- data security.

### 5.2 Service response time

Processes to invite men to take responsibility for their use of violent and controlling behaviours are not the same as crisis responses. Nevertheless, timely responses to men who use violent and controlling behaviour are critical. A prompt service response to a man who uses violent or controlling behaviour both contributes to his (ex)partner and/or children's safety by identifying safety risks, and communicates a statement about the gravity and import of his behaviour. Such a response might also maximise the potential to engage him in the behaviour change process.

It is expected that at minimum, services will be delivered on core working days and during working hours. Service providers may choose to offer an after-hours response, but this is not a requirement. All programs will need to document the articulation between their program and the MRS after hours service..

Responses to initial client enquiries or active referrals will be made as soon as practicable and at the latest:

- within three working days if there is no local protocol to allow a period for women to be contacted first
- within five working days if there is a local protocol to allow a period for women to be contacted first.

The first assessment appointment will be provided within ten working days of the man's first interaction with the service. Providers should consider developing protocols for cross-referral for assessment purposes with neighbouring men's behaviour change programs if this timeframe cannot be met.

**NTV Minimum Standard 5**

Staff undertaking assessments of men:

- Are a Level 3 (A) Facilitator OR
- Have a Graduate Certificate of Social Science (Male Family Violence – Group Facilitation)\* AND at least 200 hours of experience facilitating men's behaviour change groups.

\* Or an equivalent men's behaviour change group facilitator qualification from a recognised tertiary or training institution

### 5.3 Staff competencies and qualifications

Program providers implementing the Service Intake Model need a designated men's behaviour change coordinator within their agency AND at least one person in the agency's management structure who has responsibility for the portfolio of men's behaviour change, including the capacity to negotiate and enter into MoUs and interagency agreements on behalf of the agency.

Men's behaviour change programs take place in a number of different organisational settings, including community health, generalist counselling agencies and specialist relationship counselling agencies. Each program provider configures its intake system according to the particularities of its own internal structure and processes – some agencies, for example, use a duty system; others have dedicated intake workers. This document focuses on the systems and processes of intake into a specialist family violence program rather than those associated with reception and/or an agency's 'first-port-of-call'. It is expected that agencies that use generalist intake as a pathway into a family violence program will ensure that generalist intake workers have received training in use of the Family violence risk assessment and risk management framework Practice Guide 1 – Identifying family violence.

Workers responding to active referrals require:

- a tertiary qualification in Social Work, Psychology or related field – preferably the Swinburne/NTV Graduate Certificate in Social Science (Male family violence)
- specialist knowledge and skills and prior experience providing male family violence services
- an understanding of the social and gendered context of family violence and the impact of violence on women and children
- an understanding of culturally appropriate service responses for CALD and Indigenous clients and diverse client groups including same-sex attracted men and men with a disability
- an understanding of relevant risk and needs assessment frameworks
- the ability to undertake client-centred assessments
- a demonstrated willingness to participate in professional development.

Managing active referrals of men who use violent and controlling behaviour can present challenges; the health and wellbeing of workers should be regarded as paramount in recognition of this fact, and staff must have access to good quality professional development and organisational support.

Further information about privacy and confidentiality is included in the Practice Guidelines and NTV's manual, *Men's Behaviour Change Group Work: Minimum Standards and Quality Practice* (p 99-100).

## 5.4 Privacy and confidentiality

To comply with privacy legislation, a professional may make an active referral for a man without consent only in circumstances where there are serious concerns for the physical, mental or psychological health or welfare of one or more of his family members.

Men who use violent and controlling behaviour have only limited confidentiality<sup>9</sup> in all of their communications with men's behaviour change professionals, and should be advised of this before they are asked to disclose information.<sup>10</sup>

## 5.5 Record-keeping, technology and data security

Case records are essential for accountability in many senses, and so good intake practice includes accurate case recording and coding. Any information pertaining to intake and/or an active referral constitutes part of a client record, and should be managed as such. In practice, this means that the following should always be documented and/or filed with case notes:

- NTV Minimum Standard 23**  
In all record keeping:
- File notes discriminate between fact and interpretation.
  - Records never contain speculation about future behaviour.
  - Quotes are written down wherever possible.
  - Disclosures are attributed to the person who makes them (for example, 'Mr N said ...').

**NTV Minimum Standard 24**  
Information that might reasonably be considered to have the potential to jeopardise a person's safety is never recorded.

**NTV Minimum Standard 25**  
Women's and children's files are separate to men's files.

**NTV Minimum Standard 26**  
Files and notes never leave the provider's premises. They are stored in a secure environment, with access limited only to relevant personnel.

- The original referral (or notes if the referral was made verbally)
- Records of all communication with any other provider regarding the client (this includes a copy of report-backs on active referrals)

It is imperative that notes are kept about contact with women and children, and that such note-keeping is consistent with the relevant NTV minimum standards.

Personal information from an active referrer must be transferred and received securely. The Department of Human Services will provide suggested mechanisms for this.

The *Health Records Act* 2001 and the *Information Privacy Act* 2000 cover all personal information handled by the Victorian public sector and its funded organisations. Funded organisations are required by the standard clause in their service agreement to comply with both Acts. These requirements and their implications for practice are discussed in the Practice guide.

<sup>9</sup> "[Limited confidentiality] entails holding information about someone in trust and confidence unless it might affect the safety of others ... Information that should always be confidential is that which is personal for men, does not pertain to their use of violent and controlling behaviours, and does not pertain to their safety or the safety of others. (No To Violence, (2005) *Men's Behaviour Change Group Work: Minimum Standards and Quality Practice*)

<sup>10</sup> Further information is contained in the *Risk Assessment and Risk Management Framework Factsheet: Information Sharing in the Context of Family Violence*. Published by: The Family Violence Reform Coordination Unit, Office of Women's Policy, Department of Planning and Community Development, June 2009

## 5.6 Service standards and guidelines

Services will deliver services within a framework of the following standards and guidelines:

- Family Violence Risk Assessment and Risk Management Framework (DPCD, 2007)
- Code of Practice for the Investigation of Family Violence (Victoria Police, 2004)
- Formal Protocol between Department of Human Services and Victoria Police: Family Violence Referral Pathways 2006–08
- Men's Behaviour Change Group Work: Minimum Standards and Quality Practice (No To Violence, 2005)
- Strong Culture, Strong Peoples, Strong Families: Towards a safer future for Indigenous families and communities: 10 year plan (Aboriginal Affairs Victoria, Department of Planning and Community Development, 2008)
- Towards Collaboration: A resource guide for Child Protection and family violence services. (Department of Human Services, 2004)
- Practice Guidelines: Women and Children's Family Violence counselling and support programs (Department of Human Services, 2008)
- Partnership Agreement, Family Violence Services – Child FIRST/Family Services – Child Protection (under development)

## 5.7 Monitoring and evaluation

Further discussion about evaluation is included in the *Practice guidelines* and NTV's manual, *Men's Behaviour Change Group Work: Minimum Standards and Quality Practice* (p 135-140).

The *Practice guide* suggests indicators that might be useful for the purposes of monitoring and evaluating the *Service intake model* and integration.

Monitoring and evaluating intake processes, and in particular active referral, is a complex undertaking. Program providers will need to review and continuously improve their processes and practices against the objectives of the Service intake model and aims of the Service intake model elements.



# Service intake practice guide



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## Introduction

### About this resource

#### 1 Purpose

This resource is intended to accompany the Service intake model for enhancing access to men's behaviour change programs. It provides templates of policies and protocols for many aspects of the intake process, including for active referral, information sharing, responding to safety concerns, and referral out. It also provides guides for some of the new and/or more challenging aspects of enhancing access: cultural competency, engaging men who are actively referred, and working towards integration.

#### 2 Using this resource

The templates provided in this resource are intended to be tailored to your local circumstances and relationships. For example, some agencies might have an agreement with their local women's domestic violence service that they will not attempt to contact a man who has been actively referred until after the women's service has attempted contact with his (ex)partner. Others will initiate contact immediately. The active referral protocol covers both scenarios – you simply delete whichever is not applicable to your service.

#### 3 Terminology

##### Women's and children's worker (WCW)

There are a number of ways that women and children might be supported by a family violence professional. Common support structures are:

- Domestic violence outreach worker employed by a stand-alone women's and children's agency
- Refuge worker
- Counsellor employed by an agency that provides family violence-related counselling services for women and children (either funded directly for that purpose by the Department of Human Services or contracted by a men's program provider)
- Women's and children's worker employed by an agency that provides family violence services to men, women and children
- Contact worker from a men's behaviour change program.

For the purposes of this Practice guide, WCW refers to any worker whose primary role is contact with women and children, regardless of who employs them.

##### Women and children

This Practice guide focuses on violent and controlling behaviour used by men towards their intimate family members and is informed by an understanding of the gendered nature of family violence. Many of the concepts and approaches outlined herein are transferable to other family violence contexts, for example elder abuse.

## Policies and protocols

### Policy 1 Information sharing

#### 1 Preamble/rationale

##### 1.1 Why share information?

By sharing appropriate information, services can ensure maximum protection for vulnerable women and children. Information sharing can result in more timely and appropriate responses to risk, enable earlier intervention and prevention, and enhance case management.

Information sharing is one of a number of factors that can contribute toward the community's confidence in the service system. It can provide clarity about roles and expectations to clients and service providers alike.

Clients whose information is being shared are more likely to feel confident that their situation is understood, and that appropriate action is being taken by all of the service providers involved.

##### 1.2 The legal status of sharing information

As articulated in the *Information Privacy Act* 1988, information can be shared or disclosed when the disclosure is related to the *primary purpose* for which it was collected, *regardless* of whether you have explicit consent from the person who provided the information.

As a professional working with both victims of and those who use family violence, you collect information for the purposes of support, protection, prevention of violence and/or accountability for violence. You need to be clear with clients about the function of your agency, the reasons you are collecting information from them and how it will be used. The information can then be disclosed, so long as it is related to the primary purpose for which it was collected.

There are some circumstances in which you can share this information with or without consent.<sup>1</sup> These include:

- a serious and imminent threat to an individual's life, health, safety or welfare
- a serious threat to public health, public safety or public welfare
- where you have reason to suspect that unlawful activity has been, is being or may be engaged in, and where using or disclosing the personal information is a necessary part of your investigation of the matter or of reporting your concerns to relevant persons or authorities (unlawful activity might be a breach of criminal law, or other laws, including the range of behaviours defined as family violence in the *Family Violence Protection Act* 2008).

<sup>1</sup> For a full list of these, see *Information Privacy Principle 2.1*, contained within the *National Privacy Principles*, extracted from the *Privacy Act* 1988, published at <<http://www.privacy.gov.au/publications/npps01.html>>

It is important to note that Victoria Police do not require consent to make a referral and provide case-specific information, provided it is relevant and needed by a specialist family violence service. If you are responding to an active referral from Victoria Police, you might find yourself in possession of personal information about a man that he has not consented to you holding or using. In this context, you may go on to share this information in ways that relate to the primary purpose for which it was collected: that is, for improving the safety of the man's family members and the broader community, and for criminal justice purposes.

Also, in circumstances where there are significant concerns for a child's wellbeing, any person can make a referral to Child FIRST or a report to Child Protection if they believe that a child is at risk of significant harm. The *Children, Youth and Families Act* 2005 authorises certain professionals<sup>2</sup> to share information with Child Protection and Child FIRST about vulnerable children and families.

Historically, program providers have been concerned about including in a man's file any information obtained from a third party. This has often meant that important information or flags of risk indicators, threats or dangers are not documented in the place where they could be most useful: that is, on the man's file. Recent legal opinion obtained by the Department of Human Services suggests that all information relating to a client of a men's behaviour change program may be the subject of a court subpoena: this includes any information provided by a man's (ex)partner, *even if this is kept in a physically separate file and/or regardless of whether the woman is registered as a client of the service in her own right*. However, if a man's file contains information gained from other parties, such as his (ex)partner, the agency may apply to the court for this information not to be disclosed.

In light of this legal opinion, agencies need to establish clear policies about what information to record in writing, and how. Moreover, they need to be prepared to make a strong, safety-based case to a court about why a man should not have access to information provided by other parties.

Men's behaviour change programs operating from a community health centre may also be subject to a Freedom of Information request. These agencies will need to refer to the *Public Records Act*: 1973 Section 33 – Personal Privacy, and Section 1B – Information Gained in Confidence, to inform their decision on the release of information.

<sup>2</sup> These professionals are defined as 'Information holders' and include 'a person in charge of a body that receives funding from the Secretary [of the Department of Human Services] under a State contract to provide family violence services'. According to the Regulations, a 'person in charge' is the most senior staff member present at the service at the time the information is requested by Child FIRST or Child Protection.

### 1.3 What information is shared

#### *Information about men*

No to Violence's (NTV) *Minimum standards* state that men who are clients<sup>3</sup> of a men's behaviour change program are afforded only limited confidentiality. Your agency may share without consent any information about a male client that pertains to his own or any other person's safety. In the context of sharing information with women about their (ex)partners, this includes information about whether he is attending and/or participating in a program.

#### *Information about women and children*

Information about women and children may only be shared with their written consent, except in circumstances defined in 1.2 above. If you are asked by a woman to provide a report to a statutory body, you need to take into account the possible implications for her and her children's safety now and in the future. Based on your professional judgement, you can choose to provide information about:<sup>4</sup>

- anything she has disclosed about her experiences and feels safe to make known (taking into account that she might feel safe to disclose this to one agency or worker, but not another)
- anything the man has disclosed about his violent and controlling behaviour
- any violent and controlling behaviour that you have observed the man use towards his family members (this includes use of threats or abuse when he is not with the woman)
- any violent and controlling behaviour that others have reported that the man has used towards his family members.

### 1.4 Who information is shared with

In general, information will only be shared within the integrated family violence system, except in the case of active referral, in which case limited information may be shared with the active referrer (see Policy 4 Reporting back to an active referrer on outcomes of a referral', and in administrative resources, 'Report to an active referrer').

### 1.5 How information is shared

Information must always be transferred securely, and the recipient must be able to guarantee that they have secure systems for storage and retrieval of the information. It is preferable that information is shared in writing. In general, it is wise to follow up the provision of written information with a phone call to discuss its interpretation (with a file note about the discussion).

<sup>3</sup> All men who are actively referred are clients, even if they decline to use your services. All men who are assessed are also clients, even if they subsequently decline to use your services.

<sup>4</sup> Based on NTV Good practice guideline 25

## 1.6 How information is interpreted

It is imperative that program providers go to considerable lengths to try to ensure the information they provide is not misinterpreted, misunderstood or misapplied. Information regarding a man's contact with a men's behaviour change program must always be accompanied by provisos. For example:

- Neither his contact with the program nor his affect/presentation are indicative of his real willingness to accept responsibility for his actions and/or to change his behaviour.
- The program has neither the role nor the capacity to know and/or monitor a man's intentions and actions.

There are risks in how the information you share might be interpreted. For example:

- A man might attempt to use his contact with a program provider as leverage to minimise the strength of civil or criminal justice action against him.
- A police officer or magistrate might not fully use the legal powers available to them because a man has had contact with a men's behaviour change program and/or the Men's Referral Service (MRS) after hours service.
- A police officer, magistrate and/or other professional might believe a man is less dangerous because they believe he is being 'monitored' by a men's behaviour change program or the Men's Referral Service (MRS).

## 2 Objectives

The objectives of sharing information within the integrated family violence system are:

- to provide a comprehensive and coordinated response to women's and children's needs for support and information
- to hold men accountable for their use of violent and controlling behaviour
- to do so ways which comply with relevant legislation and codes of practice, and are appropriate and safe.

## 3 Principles

The principles of sharing information within the integrated family violence system are:

- the safety of women and children must be central to any decision about whether and how information is to be shared
- all parties to the shared information need to make all reasonable efforts for ensuring that it is interpreted correctly
- men who provide information to a men's behaviour change program do so in the knowledge that this information has only limited confidentiality
- information-sharing practices must comply with relevant legislation.



## 4 Protocol<sup>5</sup>

### 4.1 Ascertain whether you already have the consent required to share the information (if yes, go to 4.3)

### 4.2 Decide whether and what information to share

Professionals who work with men who use violent and controlling behaviours often find themselves in situations where they need to decide whether, how, and to whom to disclose information without consent. The fundamental issue to address is whether, by sharing the information, a woman or child might be safer. The questions below are designed to assist you to make a defensible decision, if you are in a situation where you feel that you might need to disclose information without consent.

- Is it appropriate, safe and possible to seek permission to share the information? (for example, if you are concerned about a man's presentation and it seems that his mood would be heightened if you spoke with him again, you might consider it unsafe to try to seek permission to pass a warning on to his partner)
- When you collected the information did you ensure that the man was aware of the purposes for which the information was collected? In a circumstance in which this was not the case – for example, an active referral phone call that ended before you could provide information about privacy – issues of safety would override privacy considerations.
- What would be the legal grounds for sharing this information?
- In what ways are the woman and her children likely to be safer if this information is shared?
- In what ways might the woman's and her children's safety be compromised if this information is shared?
- What are the risks (including safety risks) to workers or the agency as a whole in sharing the information?
- How might this information be interpreted, and how can you reduce the risk of it being misinterpreted?
- Who is making the information request (if the information sharing is not being initiated by you)?
- How would the information be used?
- What are the views of your colleagues and manager?
- What skills, qualifications and experience inform your judgement, and that of your colleagues and manager?

<sup>5</sup> This information has been adapted from the Co-ordinated Action Against Domestic Abuse DV MARAC Implementation Guide, Third Edition, December 2007, pp 43-45, [www.caada.org.uk](http://www.caada.org.uk).

### 4.3 Identify the terms of the information sharing

If the information is to be shared with a professional/agency with whom your agency does not have an information-sharing protocol, discuss the terms of the information-sharing, including how the information will be transferred, used and stored.

### 4.4 If you decide to share information without consent

- Discuss with person who provided the information, if appropriate.
- Note when and whether the person was informed, and if they were not informed, the reasons why not (for example, that it would increase risk).
- Record the grounds for your decision, preferably under the questions provided in section 4.1.

### 4.5 If you decide not to share information

- Consider ways that you might reduce the risk of sharing information.
- Note a time to review the decision.
- Record the grounds for your decision, preferably under the questions provided in section 4.1.

### 4.6 Share the information

### 4.7 Record with whom the information was shared, how and why.

## 5 Cross references

For information-sharing in the context of a safety concern, see also Policy 2 Risk-responsive intake'.



## Policy 2

### Risk-responsive intake

#### 1 Preamble/rationale

Appropriate and timely responses to risk are a critical component of the integrated family violence system.

##### 1.1 Augmenting a risk profile

Whilst an encounter with a man might sometimes reveal some danger, it is not possible to properly assess actual risk to women and children if you are not able to hear their stories. As such, risk assessment is primarily the domain of professionals who are in contact with women and children, and is beyond the scope of a men's behaviour change program until contact with a man's (ex)partner commences.

A risk-responsive intake process can, however, assist to *augment a risk profile* by identifying risk indicators and maximising the chances that a man will disclose information about his actions, attitudes and intentions. This information – if shared appropriately with police and/or women's and children's services – might assist with safety planning, and help with prevention of, or intervention in, future episodes of violence.

The *Family violence risk assessment and risk management framework provides an Aide memoir* consisting of evidence-based risk factors specific to family violence. This tool identifies specific indicators of risk to which all health and human service professionals – including men's behaviour change program workers (MBCPWs) – should be alert.<sup>6</sup>

##### 1.2 Minimising the risks of service intake

It is known that a man who is subject to a men's behaviour change intervention is nonetheless likely to commit further acts of violence against his family member/s. This happens despite the concerted efforts of professionals working within the integrated family violence system. Indeed, one trigger for such an incident might sometimes be that a man feels aggrieved about something a professional has done, said, or intimidated.

It is imperative that men's behaviour change professionals recognise and act upon concerns about women's and children's safety in a timely and appropriate way. Safety concerns that might come to the attention of a MBCPW include a man doing, or threatening (overtly or otherwise) to do any of the following:

- breach a Family Violence Safety Notice, interim Intervention Order, Intervention Order or bail conditions
- kill or harm his (ex)partner or children, or pets
- damage his (ex)partner's property
- self-harm or suicide.

Other safety concerns might arise if a practitioner becomes aware that a man:

- has access to a weapon

<sup>6</sup> *Family violence risk assessment and risk management framework, Practice Guide No.3. Comprehensive assessment, pp 72-75*

- is monitoring, watching or otherwise maintaining surveillance of his (ex)partner – including hiring an agent (such as a private detective) for this purpose
- knows his (ex)partner's whereabouts (if she believes he does not).

Safety concerns might not always indicate situations of immediate danger. The protocol below describes steps to take, regardless of whether danger is felt to be imminent. It is imperative that each concern is evaluated with reference to the *Family violence risk assessment and risk management framework* risk factors listed above.

## 2 Objectives

The objectives of risk-responsive intake are to:

- contribute to an integrated response to indicators of risk
- provide integrated, timely and appropriate responses to immediate concerns for the safety of women and children
- identify and act upon the presence of indicators that women and/or children are at 'elevated risk' or in 'immediate need of protection'<sup>7</sup>
- provide timely and appropriate responses to immediate concerns for men's safety
- obtain information from men about their actions, attitudes and intentions
- maintain positive collegial relationships between MBCPWs and WCWs.

## 3 Principles

The principles of risk-responsive intake are that:

- men who use violent and controlling behaviour toward family members are responsible for this choice and must be held accountable
- all safety concerns must be communicated appropriately and in a timely fashion
- intake practices must be informed by and consistent with the *Family violence risk assessment and risk management framework*
- a consistent approach for assessing and managing family violence throughout the service system ensures that the safety of women and children remains the focus of intervention and support
- services should take into account that their actions in response to a safety concern might make a woman and/or her children more frightened and/or might increase the risk that her (ex)partner will use violence
- a man's mental health (in particular suicidality or intention to self-harm) has ramifications for the safety and wellbeing of his (ex)partner and children
- women are best placed to make judgements and decisions about their own safety.

<sup>7</sup> The *Family violence risk assessment and risk management framework* defines these as follows:

'Requires immediate protection': where the risk factors identified indicate further serious violence is imminent and immediate action is required to prevent this from occurring

'Elevated risk': where there are a number of significant risk factors present that are likely to continue, indicating the need to initiate risk management processes that include safety planning

(*Family violence risk assessment and risk management framework 2007, Department for Victorian Communities, State of Victoria*)

## 4 Protocol

### 4.1 If there is a safety concern, and the woman is in contact with a WCW

Immediately notify police on [insert relevant phone number – this may be 000 in emergency situations] and inform them of:

- the nature of the concern
- your role
- the actions you intend to take.

Seek from police an indication of how they will respond to the situation, and a timeframe for that response.

Note date and time of notification to police and their intended response to the situation, including the intended time frame for their response.

Notify relevant WCW and discuss whether the woman needs to be informed of the threat, and roles and responsibilities in responding to the safety concern.

Document the nature of the safety concern and the response agreed to with WCW.

Unless an alternative course of action is agreed with WCW, follow up with police at the conclusion of the time frame, to identify action required thereafter. If police response is felt to be unsatisfactory, take action according to 4.5 below.

### 4.2 If there is a safety concern, in situations where the woman is NOT in contact with a WCW and not co-habiting with the man

Immediately notify police on [insert most relevant phone number] to discuss your concerns.

Note date and time of notification to police, and their intended response to the situation.

Contact the woman via phone, to inform her of the threat and review her safety plan.

Document the nature of the safety concern and the response agreed to with police.

Follow up with police at the conclusion of the time frame, to identify any further action required.

If police response is felt to be unsatisfactory, take action according to 4.5 below.

#### 4.3 If there is a safety concern, in situations where the woman is NOT in contact with a WCW but IS co-habiting with the man

Immediately notify police on [insert most relevant phone number] to discuss your concerns.

Note date and time of notification to police, and their intended response to the situation.

Contact the woman via phone if you know it is safe to do so (e.g. You have a mobile phone number for her), to inform her of the threat and review her safety plan.

Document the nature of the safety concern and the response agreed to with police.

Follow up with police at the conclusion of the time frame, to identify any further action required.

If police response is felt to be unsatisfactory, take action according to 4.5 below.

#### 4.4 If there is a safety concern, in situations where the woman is NOT in contact with a WCW and you do not have contact details for her

Immediately notify police on [insert most relevant phone number] to discuss your concerns.

Note date and time of notification to police, and their intended response to the situation.

Document the nature of the safety concern and the response agreed to with police.

Follow up with police at the conclusion of the time frame, to identify any further action required.

If police response is felt to be unsatisfactory, take action according to 4.5 below.

#### 4.5 Action if police response is felt to be unsatisfactory

If the police response is felt to be unsatisfactory, first contact [insert the name of your local FVLO or other police member as identified in your agency's MoU with Victoria Police].

If the situation cannot be resolved to your satisfaction, notify [insert name of your agency's manager responsible for liaising with Victoria Police], who will follow the procedures outlined in the MoU.

## 5 Cross references

This policy is to be read alongside the *Family violence family violence risk assessment and risk management framework*.

## Policy 3

### Active referral

#### 1 Preamble/rationale

Active referrals are those in which a professional provides the name and contact details of the referred party, with the expectation that the recipient of the referral will actively attempt to engage that person. The potential benefits of this approach are:

Active referrals promote integration of the Family Violence System.

- Active referrals trigger a community-based response to hold men accountable for their behaviour; this is particularly important when the primary response to men's use of family violence is a civil one.
- Active referrals offer police greater options when responding to non-criminal incidents of family violence. They form part of a suite of responses; the Victoria Police *Code of practice for the investigation of family violence* states that 'Referral is in addition to any other action taken and does not replace pursuing criminal charges or the seeking of an appropriate order under the Crimes (Family Violence) Act 1987'.
- Active referrals send a message to men, first that their use of violent and controlling behaviour is serious and a cause for community concern, and second that they need to take responsibility for it.
- Active referrals help build a richer, more complex understanding of each family's situation, which in turn can contribute to a safer, more appropriate response to the needs of all family members; this might be especially important in situations of high risk and/or when there are repeat interventions.
- Active referrals sometimes enable a specific safety risk to be identified, for example, when a man inadvertently or directly reveals his intention to break the conditions of a Family Violence Safety Notice.
- Active referrals can help men who might otherwise remain in 'pre-contemplation' to move along the behaviour change continuum, because they are encouraged to see first that change is necessary and possible, and second that support is available to help them make those changes.
- Active referrals provide a response to men that is closer in time to the critical incident than might otherwise be the case.

It is imperative, that an active referral system is complemented by a comprehensive system for supporting the safety of women and children, especially because men who use violent and controlling behaviour usually continue to do so. Family violence professionals generally believe that potential risk might be minimised if active referrals are handled sensitively and appropriately by skilled and reflective referrers and MBCPWs

## 2 Objectives

The objectives of active referral are to:

- provide a timely and active service response to men who use violent and controlling behaviour
- ensure that all practicable efforts are made to hold a man accountable for his use of violent and controlling behaviour
- provide an additional pathway to help identify and act upon safety risks to women and children.

## 3 Principles

The principles of active referral are:

- Responses to active referrals centre on women's and children's safety.
- Active referral is a pathway to identify and act upon safety risks to women and children.
- Active referral is a way to communicate to men that the community requires them to take responsibility for their use of violent and controlling behaviour.
- Active referral is a way to offer men help and support towards taking responsibility for their use of violent and controlling behaviour.
- All practicable efforts should be made to hold a man accountable for his use of violent and controlling behaviour.
- Active referrers need to know when a man they have referred cannot be contacted.
- It is the responsibility of the referrer to decide whether any further action is necessary, if a man cannot be contacted after an active referral.

## 4 Geographic coverage

Active referrals covered by this protocol will be accepted from the following [postcodes/local government areas/suburbs etc]:

[insert postcodes/local government areas/suburbs]

## 5 Who active referrals will be accepted from

At minimum, providers of the Service intake model will accept active referrals from Victoria Police for men who are subject to a Family Violence Safety Notice or Intervention Order, an application for an Intervention Order and/or family violence-related criminal charges.

[insert name of your agency] also accepts active referrals from:

- [insert names/types of agencies/individuals/professions]



## 6 Who may be referred

[insert name of your agency] accepts active referrals from Victoria Police for men who are subject to a Family Violence Safety Notice or Intervention Order, an application for an Intervention Order and/or family violence-related criminal charges.

[insert name of your agency] also accepts active referrals of men who:

- [insert other referral criteria]

## 7 Protocol: referrer

Discuss with the man that women and children need to be safe.

Inform him that this service exists to support men to help make things better for themselves and their families, and to consider and address their behaviour.

Advise the man that you wish to refer him to the men's behaviour change program, which means you [can/will – strike out whichever is not applicable] provide his name and contact details to [insert name of agency] for them to follow up by phone with him in the next few days.

Complete referral form [insert name of form/s as applicable].

[Insert mode of transfer] the referral to [insert address of men's behaviour change program] within [stipulate time frame].

For more information see 'Making a formal/active referral: tips for referrers' in Practice resources.

## 8 Protocol

### 8.1 First encounter

A first encounter includes:

- reading a brochure, or having a discussion with a friend or family member about the program
- being referred to the program by a police officer, child protection worker or another professional in the family violence prevention field
- being directed by a magistrate or other state-empowered authority to participate
- receiving a referral from the Men's Referral Service.

Traditional therapeutic approaches have imbued each pathway into counselling with its own significance. Different programs and behaviour change professionals will have their own views as to the meaning and implications of how a man first encounters a program. For example, some practitioners feel that making the first phone call is an important first step for a man to take towards accepting responsibility for his behaviour. Others feel that the phone call is not so important, but feel that whether a man has been mandated to participate, and how, might ultimately impact on the success of men's behaviour change interventions. Nonetheless, the basic steps of the active referral pathway are the same in most, if not all cases.

## 8.2 Receive and enter referral details

Personal information from an active referrer must be transferred and received securely.

[insert means of transfer of referral]

All men for whom an active referral is received must be entered in [insert name of agency's] electronic records.

## 8.3 Review referral information

Review referral information to ascertain the circumstances of the referral and that all relevant information has been provided.

In particular, review any risk information provided, including case classification codes.

Check to see whether the program has already attempted or has had contact with the man in the past (via active referral or other pathways). If this is the case, refer to Policy 7

Responding to men who have been actively referred on more than one occasion' in addition to this protocol.

## 8.4 Decide if referral is appropriate

Criteria for an appropriate referral are contained in Section 6, above.

## 8.5 Inappropriate referral

If a referral appears to be inappropriate, the first step is to contact the referrer to obtain further information and/or clarify their purpose in referring. If a referrer consistently makes inappropriate or incomplete referrals, it is important to explore with them their reasons for doing so.

**Please note that Section 8.6 below is provided for programs that have established a protocol with their local women's service to wait for contact with the woman to be established before proceeding with contacting the man. If this is not the case for your service, omit 8.6 from your protocol.**



## 8.6 Appropriate referral

If the referral appears to be appropriate, check with local women's faxback to see if they received a women's referral.

If a referral has been made, ascertain whether contact with the woman has been achieved.

If yes (contact has been achieved)

### **Discuss:**

1. whether the woman has accepted support
2. whether a safety plan has been developed
3. whether men's behaviour change has been discussed with the woman, and
4. what, if any action the woman wants the men's behaviour change program provider to take

Check that the phone number you have for the man is not the same as the phone number the women's service has for the woman (the women's worker is not to disclose the woman's number to you).

### **THEN**

If criteria 1 to 3 above have been met, and you have an independent phone number for the man, inform women's worker of your intended timeline for contacting the man.

If any of criteria 1–3 have not been met, discuss the specifics of the situation, and ascertain the women's worker's view of when (if at all) to contact the man.

If you do not have an independent phone number for the man, DO NOT initiate contact. Instead, report on this outcome to the active referrer.

If no (contact has not been achieved)

### **Discuss:**

1. their intended timelines for contact
2. the specifics of the situation, and the women's worker's view of when (if at all) to contact the man.

### 8.7 Initiate contact with the man

Enter the man as a client in [insert name of agency's] system.

Update client data in ALL fields after each attempt at calling.

Familiarise yourself (as best you can) with the specifics of the case.

Use only an independent phone number.

DO NOT leave a message on the man's message bank.

Attempt contact at least three times in the first week after referral and twice in the second week.

### 8.8 Report on outcomes of referral to referrer

Fax or email the report back to referrer (see 'Report to an active referrer' in Administrative resources).

Active referrers need to know when a man they have referred cannot be contacted. It is their responsibility to decide whether any further action is necessary.

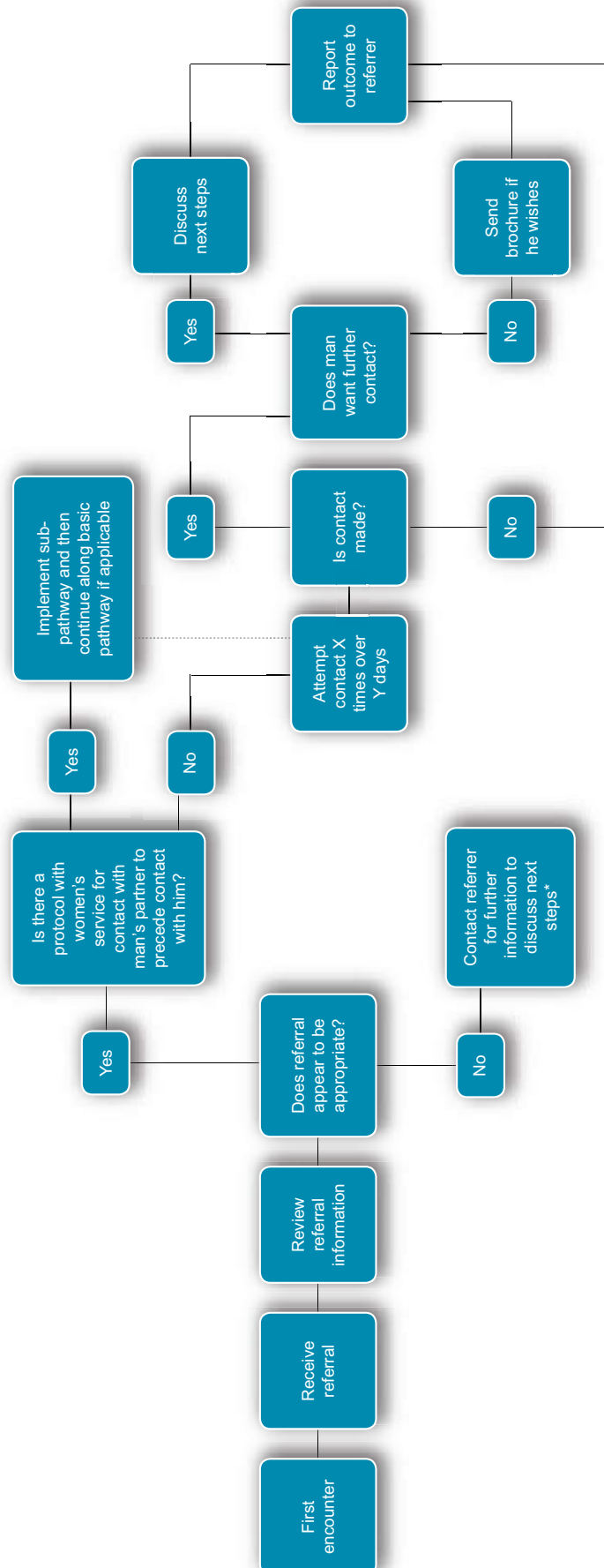
## 9 Cross references

This resource documents the key steps along the active referral pathway. It is accompanied by Diagram 1 – Active referral.

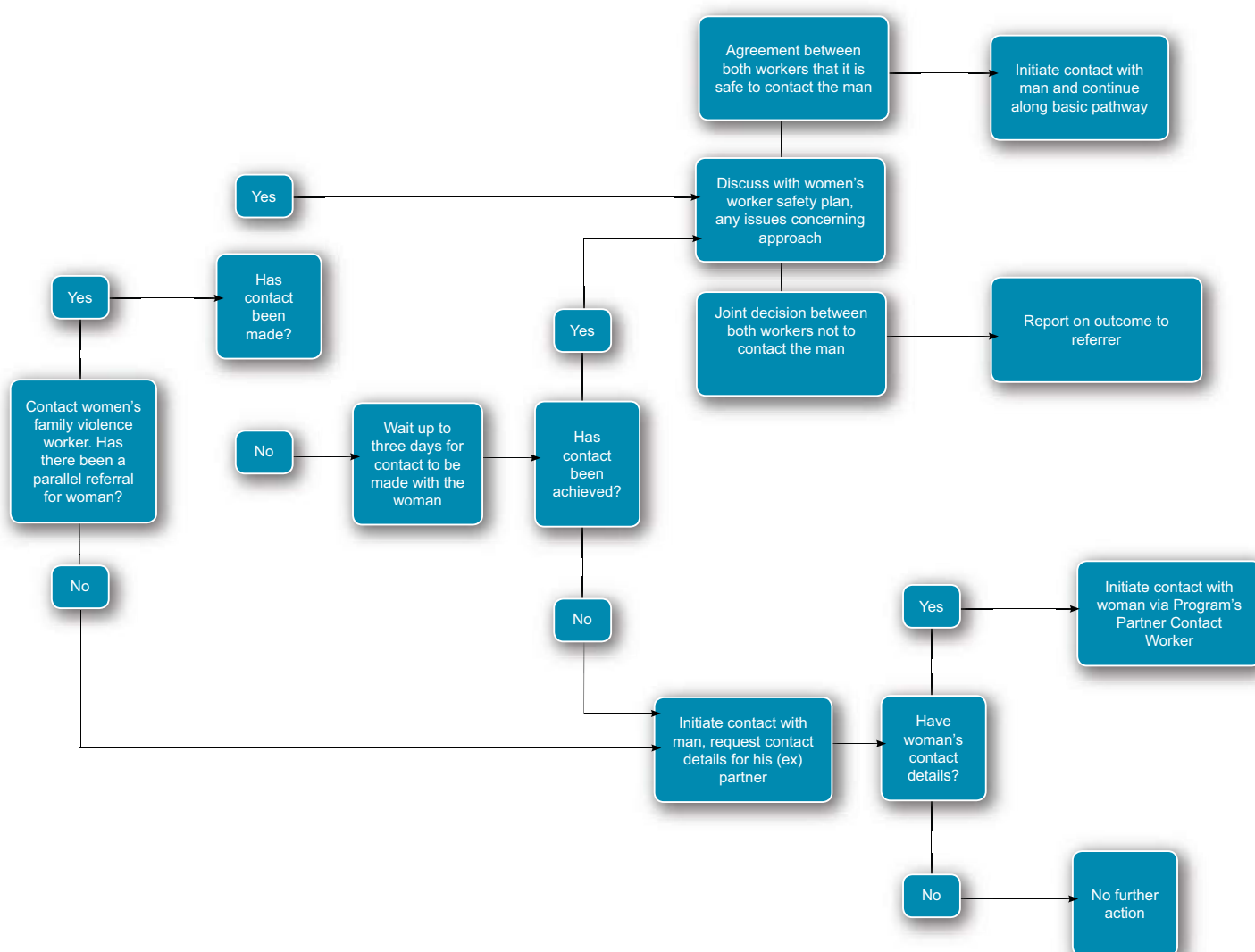
Policy 4

Reporting back to an active referrer on outcomes of a referral', and in Administrative resources, Report to an active referrer'.

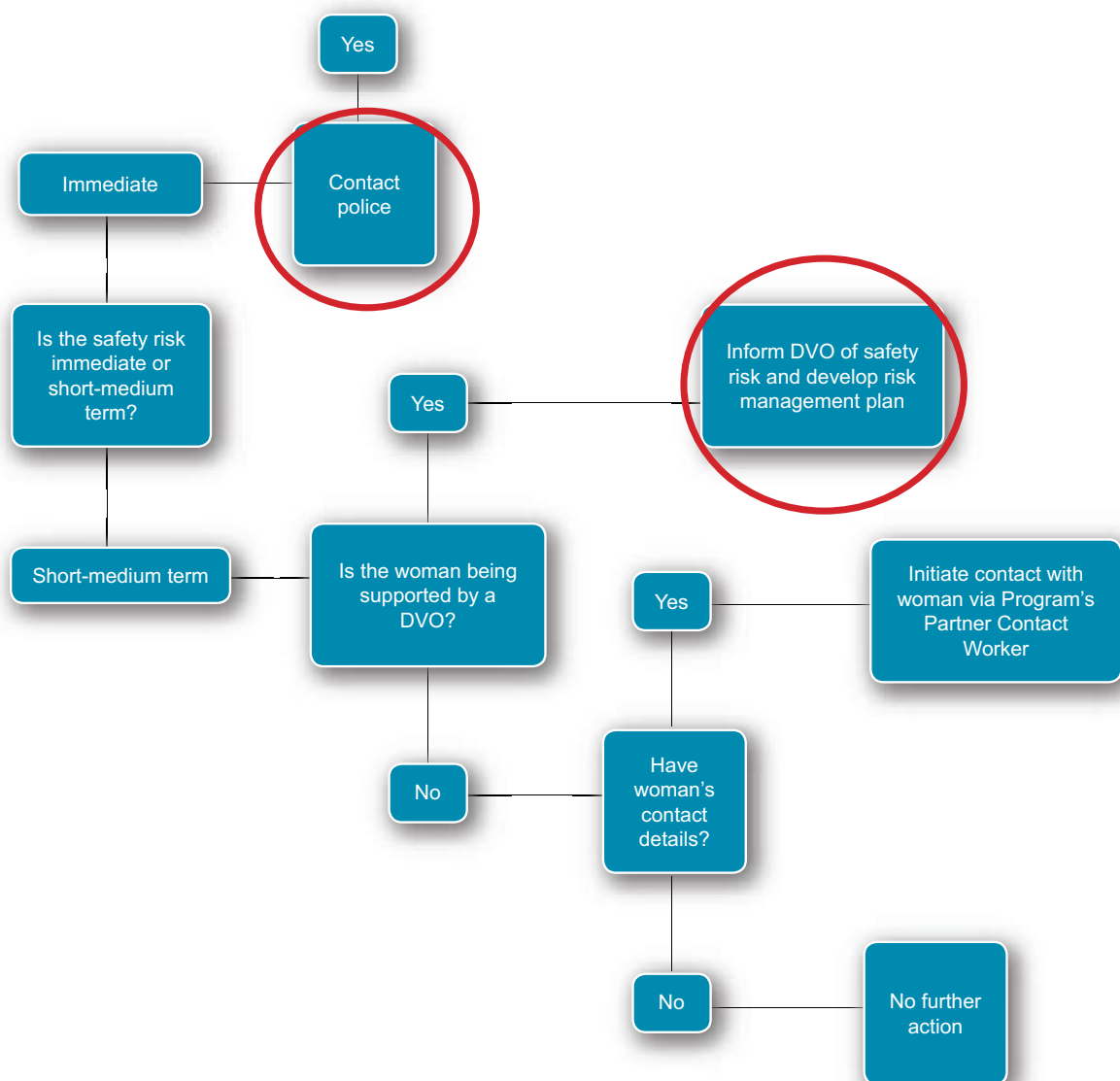
## Active referral – Basic pathway



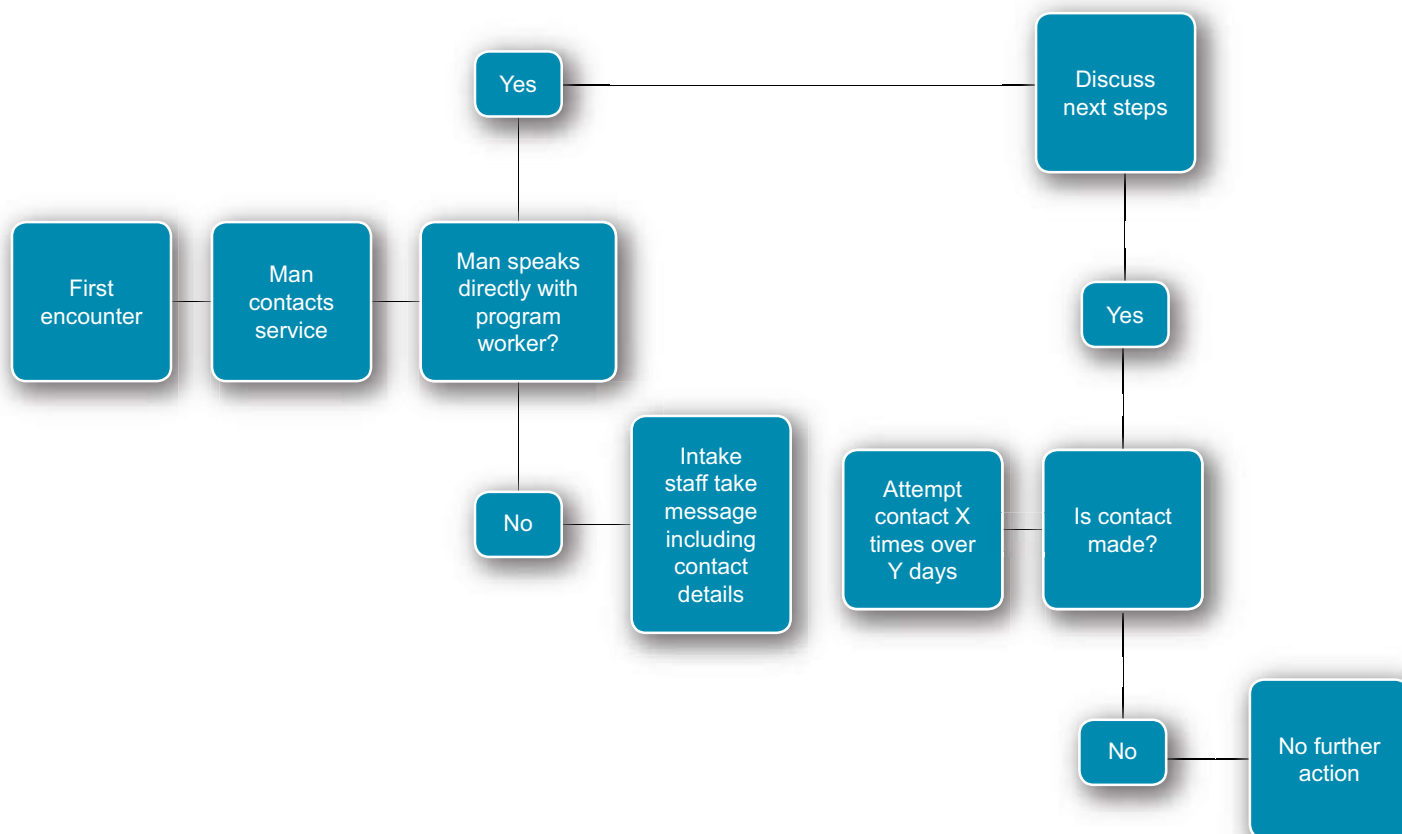
## Active referral sub-pathway – (ex)partner contact



## Responding to safety risks



## Intake via pathways other than active referral



## Policy 4

### Reporting back to an active referrer on outcomes of a referral

#### 1 Preamble/rationale

Police and other professionals making active referrals have stated a clear preference that they receive a report on the outcome of each active referral that they make. This practice means that a referrer can be sure that their referral has been received and acted upon, which ultimately fosters confidence in the referral system and its continued use in the future. Reporting back on the immediate outcomes of an active referral closes the information loop, which is an important feature of the integrated family violence system.

The need to report on the outcomes of an active referral must be balanced with men's rights to privacy of their personal information. As such, active referrers may only be informed of:

- whether the MBCPW has achieved contact with the man
- whether the MBCPW intends to have further contact with the man in the future (note that this should always be expressed as an intent to have contact; there is no guarantee that contact will occur)
- whether any action has been taken with regards to a notification to Child Protection or Child FIRST
- whether any action has been taken with regards to a safety concern.

#### 2 Objectives

The objective of reporting back is to provide active referrers with a timely report on the outcomes of each referral.

#### 3 Principles

The principles of reporting back to an active referrer are:

- active referrers are entitled to know the basic outcomes of each referral that they make
- men who are actively referred have a right to privacy of their personal information.

#### 4 Protocol

Complete the 'Report to an active referrer' form (see Administrative resources).

Place one copy on file and forward one copy to the active referrer.

#### 5 Cross references

'Report to an active referrer'



## Policy 5

### Contact with women who are being supported by a family violence worker

#### 1 Preamble/rationale

Family violence counselling and support services are available for women and children who experience male family violence. These services can play a critical role in women's and children's safety and wellbeing in the short, medium and long-term. This protocol recognises the skill, experience and perspectives of women's and children's workers (hereafter WCW) and values the primacy of the relationship between a WCW and the women and children she supports.

Women who are being supported by a WCW may also choose to have contact with a men's behaviour change program worker (hereafter MBCPW) on a one-off or continuing basis. This is most likely to occur if a woman's (ex)partner is about to be contacted in response to an active referral, or is being assessed by or participating in a men's behaviour change program, and the woman wishes to learn about the program and/or provide information to the MBCPW about the man's behaviour. At present, some men's behaviour change programs have greater capacity than their local women's service to support women who choose to remain co-habiting with their partner.

This protocol outlines steps for action in three scenarios:

- a woman contacts a men's behaviour change program herself
- a woman requests that a WCW give her contact details to a MBCPW
- a woman is being contacted for the purposes of a man's assessment.

Regular contact with women if their (ex)partner is participating in a men's behaviour change program is covered by [insert location of relevant policy/procedures of your organisation].

#### 2 Objectives

The objectives of contact with women who are being supported by a WCW are to:

- provide timely and appropriate responses to women's requests for realistic and relevant information about men's behaviour change work
- provide an integrated approach to supporting women and children who have experienced family violence
- maintain positive collegial relationships between MBCPWs and WCWs.

#### 3 Principles

The principles of contact with women who are being supported by a WCW are:

- All contact with women is primarily about their safety and wellbeing, and that of their children.

- A WCW is the preferred primary support for women and children, unless an individual woman chooses otherwise<sup>8</sup>.
- It is preferable that issues arising from contact are communicated to the woman's WCW (note that this requires permission from the woman).

## 4 Protocols

### 4.1 Woman contacts MBCP herself

If returning a call from a woman for the first time, DO NOT leave a message on her message bank under ANY circumstances (and thereafter, only do so if you and she believes it is safe).

Discuss with the woman any issues she wishes to raise, as well as her desire for future contact, including how she would like such contact to occur (this includes identifying safe times and ways to contact her).

Ascertain which service/s in the integrated family violence system the woman is using and whether she wishes you to share any information arising from the call with other service providers.

### 4.2 Woman requests that a WCW give her contact details to a MBCPW

Discuss with the WCW the reasons that the woman wishes contact.

Clarify with the WCW what, if any, information she hopes that the MBCPW will share with her arising from the contact, and whether the woman has consented to the MBCPW feeding any relevant information about her back to the WCW.

Initiate contact with the woman and discuss with her any issues she wishes to raise (bearing in mind men's limited confidentiality), as well as her desire for future contact, including how she would like such contact to occur (this includes identifying safe times and ways to contact her).

Report back to the WCW on outcome(s) of contact and any further action required. Note that this might be as simple as confirming that contact has occurred.

### 4.3 Woman is being contacted as part of a man's assessment

[insert relevant policy/procedures of your organisation – note that this might include sending a letter as the first form of contact]

Ascertain which (if any) service/s in the integrated family violence system the woman is using, and whether she wishes you to share any information arising from the call with other service providers.

Share information appropriately according to her wishes and relevant protocols.

## 5 Cross references

For information sharing regarding safety concerns arising from contact, see Policy 2 Risk-responsive intake<sup>1</sup>.

<sup>8</sup> This is an in-principle statement and should be tailored to reflect local circumstances. In some areas, men's behaviour change programs have greater capacity than women's services to provide support to women who choose to continue co-habiting with their (ex)partner while he is participating in a program.

## Policy 6

### Contact with women who are not being supported by a family violence worker

#### 1 Preamble

Men's behaviour change programs are generally seen as a valuable point of connection with women who are otherwise unsupported by the Integrated Family Violence System. A significant proportion of women whose (ex)partners contact or participate in a men's behaviour change program have either had no previous contact with a family violence service, or have declined (for whatever reason) support from a WCW. This is particularly the case for women who have chosen to continue their relationship with a man who has used violent and controlling behaviour against them and/or their children.

#### 2 Objectives

The objectives of contact with women who are not being supported by a WCW are to:

- provide timely and appropriate responses to women's requests for realistic and relevant information about men's behaviour change work
- contribute to the provision of emotional and practical support for women and children
- assist women and children to enter the integrated family violence system and have contact with a WCW
- maintain positive collegial relationships between MBCPWs and WCWs.

#### 3 Principles

The principles of contact with women who are not being supported by a WCW are:

- All contact with women is primarily about their safety and wellbeing, and that of their children.
- Women should be encouraged and supported to utilise the services of a WCW as a support<sup>9</sup>.

<sup>9</sup> This is an in-principle statement and should be tailored to reflect local circumstances. In some areas, men's behaviour change programs have greater capacity than women's services to provide support to women who choose to continue co-habiting with their (ex)partner while he is participating in a program.

## 4 Protocol

### 4.1 Woman contacts MBCP herself

Discuss with the woman any issues she wishes to raise, as well as her desire for future contact, including how she would like such contact to occur.

Ascertain which service(s) in the integrated family violence system the woman is using, and whether she wishes you to share any information arising from the call with other service providers.

If returning a call from a woman for the first time, DO NOT leave a message on her message bank under ANY circumstances (and thereafter only do so if she and you believe it is safe).

### 4.2 Woman is actively referred

It is preferable that women are referred to an appropriate WCW as their first and primary point of support.

If you receive a referral for a woman, you should contact the referrer to explore their reasons for referring to you. It may be preferable to ask them to redirect their referral to [insert name of most appropriate referral point].

If the woman is keen to obtain information about men's behaviour change and unwilling to have contact with a WCW, you may accept the referral. In these circumstances, before talking with her about men's behaviour change, you must:

- conduct a preliminary assessment using the *Family violence risk assessment and risk management framework*
- work with her to develop a safety plan
- identify her information and support needs and offer appropriate referrals.

## 5 Cross references

For information sharing regarding safety concerns arising from contact, see Policy 2 Risk-responsive intake

## Policy 7

### Responding to men who have been actively referred on more than one occasion

#### 1 Preamble/rationale

A small but significant proportion of men are actively referred more than once. Repeat referrals can be frustrating for all concerned, but it is important to recognise that:

- Each time a man is referred, he is reminded of his responsibility for his behaviour.
- Each time a man is referred and refuses help and support, he provides evidence of his refusal to take responsibility.
- It is possible that a man will have moved along the 'stages of change continuum' since his last referral and/or that his circumstances will have changed (for example, he may have recovered from an addiction).
- It is possible that this referral will help the man to move along the 'stages of change continuum' or to enter the service system.
- Each time family violence professionals have contact with a man, they help build a richer, more complex understanding of his family's situation. This can be very important, especially in high-risk situations.

Whilst there are good reasons to accept repeat active referrals, it is important to examine – on a case-by-case basis – whether this is the best approach for the family's situation. This decision is best made jointly by the active referrer and the MBCPW. This helps to avoid a situation in which an active referrer continues to refer the man to a men's behaviour change program because they believe that no other options are available.

#### 2 Objectives

The objectives of this policy are to:

- maximise the gains of repeat referrals
- ensure that repeat referrals are not made only because the active referrer feels they have no other options.

#### 3 Principles

The principles of this policy are:

- Men who are referred repeatedly are entitled to as good a quality response as those referred for the first time.
- Active referrers are entitled to refer a man repeatedly.
- Active referrers might require information and support to identify options other than repeat referral to a men's behaviour change program.

## 4 Protocol

### 4.1 Men who are referred twice

These men should be contacted as per Policy 3 'Active referral'.

If a conversation is possible:

- acknowledge that the man has previously had contact, and summarise the nature of that contact
- seek to engage the man around how his situation might be similar or different to last time.

### 4.2 Men who are referred more than twice

If the multiple referral is from the same agency (such as Victoria Police)

First, contact the active referrer to discuss the specifics of the situation and their reasons for referring.

Advise that the man has previously been referred and briefly outline the outcomes of the previous referral(s), that is:

- whether the MBCPW achieved contact with the man
- whether the MBCPW was to have further contact with the man in the future and whether that contact occurred
- whether any action was previously taken with regards to either a notification to Child Protection or Child FIRST, or to a safety concern.

Discuss with the active referrer whether referral is the most appropriate option, and discuss alternative or complementary pathways and options, including a stronger justice response if the active referrer is a police officer.

If it is decided that the active referral should still stand, proceed according to Policy 3 'Active referral'.

#### **If the multiple referrals are from different sources**

It is generally believed, although not tested in case law, that informing one referrer that a man has previously been referred by another professional would be a breach of confidentiality. In this circumstance, the referral should be acted upon in the standard fashion.

## 5 Cross references

Policy 3

'Active referral'

Policy 4

'Reporting back to an active referrer on outcomes of a referral'

In Administrative resources, 'Report to an active referrer'



## Policy 8

### Cross-referral between men's behaviour change program providers

#### 1 Preamble/rationale

It is preferable that men have access to men's behaviour change interventions as soon as possible. Where a program is already operating at full capacity, it may be preferable to refer men to other local program providers. There may also be services with particular expertise, for example, in working with clients with specific special needs, or who have a group for men from a particular language or cultural background.

**[delete if not applicable]** [insert name of partnering men's behaviour change program] has particular capability and capacity to respond to [insert area of special expertise/profession]. It may be appropriate to refer a man who has a [insert relevant special need] to that program.

This protocol addresses cross referral with another men's behaviour change program provider in either circumstance.

#### 2 Objectives

The objective of cross-referral between men's behaviour change program providers is that:

- Men have timely and seamless access to another program provider's services in the event that your program is operating at full capacity OR if another program provider can better meet their special needs.

#### 3 Principles

The principles of cross-referral between men's behaviour change program providers are:

- Partnering programs are not obligated to accept referrals.
- Cross referral must be appropriate and agreed to by all parties.
- Men must have provided signed consent for transfer of their personal information to a partnering service.

#### 4 Protocol

##### Referring agency

Assess the man's suitability for participation in a men's behaviour change program.

Check with the partnering program to ascertain whether they would accept a referral of this man, and if so, to make arrangements for cross-referral.

If cross-referral is possible, explain to the man the reasons for wishing to refer him elsewhere.

Seek his consent for cross-referral and obtain his signature on a release form (use standard agency form).

[Post/fax/email] a copy of all the man's documentation to the partnering program.

Record details of the cross-referral in the man's file.



Inform the man that the cross-referral has taken place, and provide all relevant information about the partnering program, including contact details for the relevant MBCPW.

Ring the MBCPW in the partnering program to check that the man has made contact, and jointly decide on an appropriate course of action if he has not. If contact has occurred with the man's (ex)partner and she wishes further contact, re-establish contact to explain the circumstances and seek her consent to pass on her contact information and records (it is preferable that women receive contact from the same agency that is providing a men's behaviour change program to her (ex)partner). Contact the receiving agency to negotiate a process and timeline for future contact.

If she does not wish further contact, take no further action (if she wishes to have contact at a later date, she should contact your service to be provided with the partner program's details).

#### **Receiving agency**

Ring or fax the MBCPW in the partnering program to confirm receipt of the referral information.

Ring or fax the MBCPW in the partnering program when the man makes contact.

Negotiate with the referring agency a process and timeline for future partner contact.

## **5 Cross references**

## Policy 9

### Referring men to other supports (including making an active referral)

#### 1 Preamble/rationale

Referral to other supports, either in conjunction with or as an alternative to a men's behaviour change program, is an important aspect of the integrated family violence system. It is imperative that such referrals are appropriate, well managed and, most importantly, do not minimise the need for men to take responsibility for their use of violent and controlling behaviour. Where referral is intended to complement a men's behaviour change intervention, the roles and responsibilities of each professional or agency need to be clearly defined.

#### 2 Objectives

The objectives of referring men to other supports are to:

- ensure that men have access to the full range of services that they require, whilst still encouraging them to take responsibility for their use of violent and controlling behaviour
- provide an integrated approach to supporting men to stop their use of violent and controlling behaviour.

#### 3 Principles

Principles of referring men to other supports are:

- Services for men who use violent and controlling behaviour must be provided within a framework of men being responsible and accountable for that behaviour.
- Some men need support to address mental health, behavioural or substance abuse issues that might otherwise have a significant impact on their capacity to engage in the men's behaviour change process.
- Some men need support to address issues of marginalisation that might have a significant impact on their capacity to engage in a men's behaviour change group.
- For safety reasons, men should never be referred without first being assessed by the MBCP.
- Men requiring specialist counselling to address a particular mental health, behavioural or substance abuse issue, or issues of marginalisation, should, wherever possible, be referred to professionals who provide generalist counselling *and* have experience in men's behaviour change work.
- Ongoing information sharing with other support services is desirable for all men engaged with the MBCP.

## 4 Protocol

### **Assess man**

Identify needs or issues that might be barriers to the man's engagement with men's behaviour change interventions and consider his participation in the program with reference to NTV Minimum standards

Decide whether referral to another support service should be complementary (made either during or at some point after the man's commencement of men's behaviour change work) or a precursor to participation in the men's behaviour change program at this stage.

Discuss referral options with the man, including possibilities for future participation in the men's behaviour change program.

[insert appropriate referral or active referral process as determined by MoU and protocols with partners; this should include arrangements for follow up and information sharing, both of which are desirable for all men who use violent and controlling behaviour]

Report back to original active referrer (if applicable).

## 5 Cross references

NTV *Minimum standards*

## Policy 10

### Basic protocol for referral out (after assessment)

Check with [insert name of agency/program] to ascertain whether they would accept a referral of this man, and if so, to make arrangements for referral.

If referral is possible, explain to the man the reasons for wishing to refer him elsewhere.

Seek his consent for referral and obtain his signature on a release form.

[Post/fax/email] a copy of all the man's documentation.

Record details of the referral in the man's file.

Inform the man that the referral has been made, and provide all relevant information about the service he has been referred to.

[insert time frame], ring the receiving program to check that the man has made contact, and jointly decide on an appropriate course of action if he has not.

#### **If contact has occurred with the man's partner:**

- **and she wishes further contact**, re-establish contact to explain the circumstances and offer continued support and/or referral to local women and children support service
- **and she does not wish further contact**, take no further action (if she wishes to have contact at a later date, she will contact your service and be provided with the other service's details).

## Practice resources

### Talking with women about men's behaviour change: tips for women's and children's workers<sup>10</sup>

Family violence counselling and support programs, case management programs, and outreach programs, are available for all women and children who experience male family violence. These services can play a critical role in women's and children's safety and wellbeing in the short, medium and long-term. Women's and children's workers (WCW) have the skills and experience to know how best to provide support, and to build and maintain relationships with women and children at risk.

Women who are being supported by a WCW may also choose to have contact with a men's behaviour change program worker (hereafter MBCPW) on a one-off or continuing basis. This is most likely to occur if a woman's (ex)partner is about to be contacted in response to an active referral or is being assessed by or participating in a men's behaviour change program, and the woman wishes to learn about the program and/or provide information to the MBCPW about the man's behaviour.

The information in this tip sheet is intended as a guide for a WCW, if a woman she is supporting wishes to know about men's behaviour change.

#### Background about men's behaviour change programs for WCWs

It is important to state at the outset that men's behaviour change groups are not self-help groups. They require trained facilitators with professional supervision and accountability, and should only occur in the context of a broader men's behaviour change program that meets the No To Violence Minimum standards.

Men's behaviour change programs are integral to a full community response to male family violence.

They offer men:

- immediate access to information, intervention and support to help them change their behaviour
- access to intensive and structured education, and opportunities to be challenged
- long-term access to support that will assist them to consolidate their attitude and behaviour change
- encouragement, language, frameworks and opportunities to advocate for non-violence, and for better attitudes and behaviour towards women and children within the wider community.

Group work is a powerful tool for men's behaviour change, and has been shown to be effective in a range of settings. It has many advantages. Some of these can be obtained only from group work, while others happen faster through group work.

<sup>10</sup> Adapted from Men's Referral Service website: <<http://www.mrs.org.au>>

In men's behaviour change groups, men:

- are able to meet other men in a similar situation
- are helped to identify their own violent and controlling behaviour by hearing other men doing so. It is also more difficult for them to resist acknowledging their own violent and controlling behaviour when they hear other men acknowledging theirs
- see that male family violence isn't a private matter
- learn through hearing the stories of other men. This encourages reflection upon and greater understanding of their own stories
- have opportunities to address socialisation and challenge the stereotyped ways that men frequently behave in groups
- have opportunities to experience ways of relating that are rare in other male gatherings. Men's behaviour change groups are about focussing on personal change. They involve less competition and more nurturing behaviour with other men, which are new types of intimacy for most participants
- witness male and female facilitators having open and honest discussion, and sometimes even disagreement, in non-violent ways
- see other men go through the change process and learn from their experiences
- receive support and reinforcement from other men for changes they are making
- can be challenged by meeting a variety of different men. Their intellectual understanding and ways of thinking can expand from hearing a range of perspectives, which increases the possibility of choosing different perspectives and patterns of response
- can develop new support networks that can reduce isolation.

In the context of male family violence, sharing in group settings can break secrecy. Men's disclosures to other men in the group about their violent and controlling behaviour can lead to wider disclosure and subsequent change. There is also more scrutiny – and therefore accountability – of the facilitators, and less chance of collusion between counsellor and client than there is in one-on-one settings.

Some group-work practitioners also feel that there is less likelihood of a 'stand-off' between counsellor and client in group settings than in one-to-one work with men.

It is important to recognise that men's behaviour change is *not the same as anger management*. There are many feelings that men who use violent and controlling behaviour experience in addition to anger: anxiety, distress, impatience, agitation, frustration, fear, to name just a few.

Proposing anger management programs as a response to male family violence promotes the idea that men's violent and controlling behaviours arise from their inability to manage anger. This fails to recognise that men can be violent and controlling when they are not angry, or conversely, that they can choose to be non-violent even when they are angry.

Anger management approaches also fail to address broader issues of power and control. One fact that effectively highlights this is that men who use violent and controlling behaviour towards their partner often do not use it towards anyone else. They can control their anger, but in certain settings, with certain people, they choose not to.

The peak body for men's behaviour change programs, No To Violence, neither refers to nor recommends anger management programs, although it does recognise that anger management has a place in behaviour change programs, especially in terms of helping men to develop ways to intervene in their own violent and controlling behaviour.

For information about evaluating and measuring the effectiveness of men's behaviour change programs, visit the website of the Australian Domestic and Family Violence Clearinghouse at [www.austdvclearinghouse.unsw.edu.au](http://www.austdvclearinghouse.unsw.edu.au).

### Information that women often want to know about men's behaviour change programs

*'How can I talk to my partner about men's behaviour change?'*

If a woman is thinking of talking with her partner or male family member about men's behaviour change, it is best for her to talk this through with a program or a WCW first. Raising the issue of men's behaviour can be difficult, and even dangerous. It is best to be prepared in case things don't go well, and also in order to maximise the chance that he will listen.

*'What is a men's behaviour change program?'*

In Victoria and most other states, there are special programs for men who want to stop using violent and controlling behaviour.

Men's behaviour change programs are based on two principles:

- that women and children have the right to live their lives freely and safely
- that men who deny them this right need to take responsibility for their actions, and choose to change.

The people and organisations that offer men's behaviour change programs know that women and children are never to blame for men's violent and controlling behaviour.

Groups are usually held in settings such as community health centres or family relationship services. They are conducted by two group leaders: one man and one woman. Some groups are open, and men can attend as soon as they feel ready to start. Others are run as a program of sessions focussed on particular topics or activities, and men might need to wait for the next group to start.

Men's behaviour change groups in Victoria that are funded by the Department of Human Services have strict quality control criteria.

*'Is he likely to change?'*

Men's use of violent and controlling behaviour rarely just stops. A man who uses violent or controlling behaviour might be quite sincere when he promises it will never happen again. Unfortunately, most men find it difficult to keep such promises, especially without support and assistance from others.

Participating in a men's behaviour change group is no guarantee of change. Some men do give up controlling their partner, and stop their use of violence. Others might stop their use of physical violence but continue to use other forms of abuse or control. Men who attend, yet do not really make an effort, might not change their ways at all. Others might take a long time to change, or change for a while, but slip back into their old ways.



Only a woman can judge whether her partner or other family member is changing, and if so, whether this is enough change. It's best for her to base her decisions on how he is actually behaving, not on her hopes of how he might change.

A woman should never use the fact that her partner or male family member is participating in a behaviour change group as the basis for her own decisions about whether to stay or go, or about her own safety or her children's.

*'What might his participation be like for me?'*

Many women experience a roller-coaster ride of emotions when their (ex)partner or male family member participates in a men's behaviour change group. At different times, a woman might feel:

- encouraged by his commitment to attend and his willingness to share his feelings in a group of men
- a justifiable lack of trust in him and the men's behaviour change process, especially if he has promised to change in the past and/or doesn't seem to be changing much or at all
- guilty and confused about this lack of trust, especially if she was instrumental in his decision to participate in a group.

All Victorian programs have a staff member who is available to support women. Program providers make contact with the partners or ex-partners of men who want to join their program, to check on their safety, see if they need support, and offer them a chance to tell their stories. Each woman can choose whether and how often to talk to program staff. Anything that women or children tell the worker is confidential.

If a woman is feeling a bit safer and/or more supported, a range of other feelings might open up, such as anger, indignation, pain, a new freedom, hopefulness or fear of the future. On the other hand, she might find that she still feels too vulnerable to remove the barriers that she has put up to keep herself emotionally safe.

*'What about anger management?'*

Men's behaviour change groups are for men who use violent and controlling behaviour towards their (ex)partner and/or children. Some of these men might have a problem with expressing angry feelings in safe ways. Others might be experiencing difficulties safely expressing other feelings, such as fear, anxiety or frustration.

Most people experience anger, but this doesn't mean they use violence or control. Men make choices every day about how they express their feelings.

Stopping the use of violent and controlling actions is about a lot more than managing anger. One of the facts that best highlights this is that men who use violent and controlling behaviour towards their partner or children often don't use it towards anyone else. They can control their anger, but in certain settings, with certain people, they choose not to.

This is why it is better for men who use violence to participate in a men's behaviour change program, rather than an anger management group.

*'What about relationship counselling or mediation?'*

Men's use of violent and controlling behaviour is about their choices. Choosing to be non-violent, and then really making it happen, requires very specialised support.

Relationship counselling is based on both parties having a reasonably equal distribution of power. If a woman's partner or family member is using violent and controlling behaviour, she probably won't be able to make fully free decisions or act on her own needs.

If a woman's relationship is in trouble, this is likely to be because of her partner's actions. There might be other reasons for conflict (all couples disagree), but these are secondary. Until she feels safe enough to talk about her own needs, feelings and perspectives, relationship counselling isn't going to work for either party.

If a woman's (ex)partner or male family member is using or threatening physical violence against her, strongly recommend she does not suggest relationship counselling to him.

If a woman is being required to participate in mediation, tips provided by the Domestic Violence Resource Centre might be helpful:

<http://www.dvirc.org.au/HelpHub/MediationTips.htm>

**Who may be referred**

Men may be referred if they are subject to:

- a Family Violence Safety Notice or Intervention Order and/or
  - an application for an Intervention Order and/or
- family violence-related criminal charges.

## Making a formal/active referral: tips for referrers

When you make a formal/active referral for a man, you might be the first person to talk with him about his behaviour. What you say, and how you say it, can make a real difference to how the man feels about the referral.

In general, it is preferable for you to avoid getting into a discussion with the man about his behaviour. Rather, you should focus on why you are making the referral and what will happen.

Here are some tips on phrases and approaches that might help the referral.

### Explain why you are making the referral

Give only a very brief explanation of why you are making the referral. For example, you could say:

- 'Everyone has a right to feel safe and we're concerned that your partner and kids might not be feeling safe at the moment.'
- 'It seems like you might need to have a think about how you're relating to your partner and to your kids.'
- 'I'm wondering if it might be helpful to get some support to start doing things differently.'
- 'It seems like how you're operating with your partner isn't really working for you. And it's certainly not working for her and your kids.'
- 'We all need to make sure that this doesn't happen again.'

### Say that you are making a referral

It is important for the man to understand that he does not have a choice in whether the referral happens. You could say:

'I am going to ask the local men's service to give you a call. Their job is to help men think about how they would like to relate to their partner (and kids). They can give you some information about ways to start making things better for everyone.'

### Make it clear that the agency you are referring to is separate from the police and provide written information

'The service is called [insert name of agency]. They're not police, and they don't work for us. Here's their brochure.'

If you know the intake worker/s, and think it would be helpful to tell the man a little bit about them (for example, by referring to their first name or mentioning the days of the week that they work), that's fine.

### Outline the process

Let the man know that he should expect a call, but also that he is welcome to make contact himself.

'I'm going to send through your name and phone number, and they'll give you a call some time in the next week. If you want, you could call them – their number is on the brochure.'

### Emphasise that there is support for change

'You're the only person who can turn things around here, but you don't have to go it alone. Talking with [name of agency] is a really good way to get some support and information.'

## Active referral good practice scenarios

*These scenarios were first used in the consultation with men's behaviour change program staff during the consultations for the development of the Service intake model. At the time, they were presented as hypothetical situations, in which people were asked "what if ...". Responses to the scenarios were documented, and gradually, a picture of good practice emerged. The stories were subsequently elaborated, and are presented here to demonstrate the roles and responsibilities of various professionals in the process of making and responding to an active referral. They also serve to highlight the variable outcomes of active referral.*

Police attend a house in a middle suburb of Melbourne at 10pm on a Tuesday night. There they find a woman and three children visibly shaken, and the woman's partner (we'll call him Wayne) still yelling abuse about her. The woman (we'll call her Jude) tells police that whilst Wayne hasn't hit her, she feels scared of him and wants him gone – at least for tonight.

The constables in attendance use the L17 form and assess the situation as one of 'elevated risk'<sup>11</sup> to Jude and the children. They give Jude information about her rights and refer her to a local women's domestic violence service. They follow the appropriate procedures to issue Wayne with a Family Violence Safety Notice, including an Exclusion Order. They arrange accommodation at a nearby motel.

In the process of serving the Family Violence Safety Notice on Wayne, Constable Johns talks to him about the importance of everyone being safe, and why police are excluding him from his home. He tells Wayne about your service, briefly outlining that it is separate from the police and there to help men to start making things better in their relationships with their partners and kids. He advises Wayne that he is going to give Wayne's contact details to your service so that your worker, Ian, will give him a call some time this week for a chat. He gives Wayne a brochure for your service, as well as his own card.

\* \* \* \* \*

It's now 2am. Wayne has had a couple of beers and is now sleeping soundly, if not peacefully, in the local motel. Constable Johns has finished dealing with a minor collision, a noisy party and a burglary, and is finally able to go over the leftover paperwork from the family violence incident he attended four hours earlier. He gathers up the documents, loads them into the fax and hits the speed dial button for his local men's behaviour change program.

Somewhere deep in the shadows of your agency, the men's behaviour change fax machine rings and begins to print. Constable Johns has sent through Part 2 of the Victoria Police L17 form. It's computer generated and all sections are completed. It gives provides Wayne's contact details and other relevant personal information, his children's ages, incident classification codes based on the *Family Violence Risk Assessment and Risk Management Framework*, and information about the actions police have taken.

\* \* \* \* \*

<sup>11</sup> Defined in the *Family violence risk assessment and risk management framework* as 'where there are a number of significant risk factors present that are likely to continue, indicating the need to initiate risk management processes that include safety planning' (see p76).

It's 9am and Paul, the receptionist, is clearing a pile of paperwork from the fax. He has only been doing this work for a few months, but he was inducted well and is aware of the confidentiality of the documents he's handling. He places the referral in a sealed envelope addressed to Ian, your intake worker, and places it in the designated in-tray.

Ian arrives for work at 10am. He has been working in men's behaviour change for six years now, having started as a newly graduated social worker and Level 1 Facilitator. He completed his men's behaviour change training at Swinburne a few years back and has gradually expanded his areas of responsibility from facilitation of your open entry group to intake and assessment.

Ian goes to his in-tray and opens the envelope containing Wayne's referral. He has a read, and then picks up the phone and calls the number of the local women's domestic violence service. He doesn't have to look up the number.

Ian's call to the domestic violence service is answered by their women's and children's intake worker. Ian tells her that he received an active referral from Constable Johns dated 2am, Tuesday 5 July 2009 and that the principal victim's family name is Smith. He asks whether the service received a referral with corresponding details, and if yes, whether the woman has been contacted yet.

The intake worker, Melissa, tells Ian that she has received a referral, but that she has not yet been able to establish contact. They discuss the incident classification codes used and what risks might arise if Ian makes contact with Wayne before Melissa manages to contact her client. Together, they decide that Ian will wait for Melissa to make contact with her client, or three days, whichever comes first.

Ian creates a client file for Wayne, and then goes off to prepare for a men's behaviour change group session.

\* \* \* \* \*

It's Friday morning. Ian arrives at work and calling Wayne is first on his 'to do' list. He opens his email to find a note from Melissa saying that she had a brief conversation with her client on Thursday afternoon and that she is coming in for a longer conversation on Monday. A court has issued Wayne with an Intervention Order, but her client is not sure how she feels about the relationship.

It's 9:15 when Ian calls Wayne on his mobile for a chat ...

\* \* \* \* \*

There are any number of possible outcomes of an active referral like that outlined above. Here are just a few.



## Ending 1

Ian finds Wayne full of rage and ready for a fight. He's furious at Jude for wanting him out, and says she'll end up wishing she'd kept her mouth shut. He needs his work stuff for his shift this afternoon and she's just going to have to lump it when he goes to pick it up. He doesn't need some bloody do-gooder calling him up like this, and anyway, how did Ian get his number?

Ian explains that the police provided him with Wayne's contact details after they issued him with the Family Violence Safety Notice. He doesn't get a chance to say much more before Wayne hangs up on him.

Ian is concerned that Wayne has indicated he isn't going to comply with the Intervention Order. He immediately rings the local police station. Constable Johns isn't on shift, and neither is the FLVO. He speaks with Senior Sergeant Bortoli and outlines the situation. She says she will:

- immediately call Jude to advise her of the situation
- call Melissa to advise her of the situation and discuss whether Jude needs to make any amendments to her safety plan
- call Wayne for a 'casual' conversation about the conditions of the court order and the ramifications of not complying with it
- advise all patrols and organise extra drive-bys.

Ian gets off the phone and immediately calls Melissa. He gives her a quick briefing and advises that Senior Sergeant Bortoli will be in touch shortly. He then notifies his manager of the situation and makes notes accordingly for Wayne's client record.

\* \* \* \* \*

It's 12:30pm and Melissa calls Ian back. Senior Sergeant Bortoli called promptly and reported that Jude has decided to go to stay with her mother for a few weeks. Jude feels it's unlikely Wayne will come after her, but has agreed to Senior Sergeant Bortoli notifying her mum's local police station about the situation, just in case. Melissa has since talked to her client on the mobile and revisited her safety plan; she is still talking about this as a temporary break – she still loves Wayne and feels it's important they are together 'for the kids'. Melissa has encouraged her client to make contact with the women's service near where she is staying, or to get back in touch with her whenever she wants.

At 1:30pm, Senior Sergeant Bortoli calls Ian. She tells him what she has organised and reports that she had a short but moderately successful conversation with Wayne, in which he begrudgingly admitted that he could borrow clothes for work from a friend until 'something' was worked out with his partner.

At 3:30pm, Ian completes a report form on his computer and emails it through to Constable Johns. It notes that contact was made and the service was declined and provides a brief explanation of the action that was taken to address safety concerns. He copies the email to his manager (for her information) and makes some final notes in the file. He decides against posting an information brochure to Wayne ... he received one at the time of the incident, and it might just make things worse to post one again now.



It's 4:30 and Ian is heading home. It's felt like a long day, and depressingly, he feels sure he hasn't heard the last of Wayne. He's looking forward to talking about the whole thing in supervision on Monday.

## Ending 2

Ian hangs up with equal measures of optimism and doubt. Wayne has conceded that yes, his behaviour could be experienced as threatening and scary by Jude and his kids, but says they should know he's not really going to hurt them. He says he probably needs to cut down on the beers after work. He'll think about coming in for a chat, but Ian feels that's pretty unlikely.

Ian makes some file notes and emails a brief report letter through to Constable Johns. It notes that contact was made and that Wayne didn't show much inclination to take responsibility for his own behaviour.

He scrawls a quick note to Wayne and puts this, with a service brochure, in the mail.

Finally, Ian rings Melissa, just to let her know the basic outcomes of the situation. He tells her he hopes that the next time he hears Wayne's name, it will be at the front desk – but he's not holding his breath.

## Ending 3

Ian gets off the phone feeling reasonably satisfied with what he managed to achieve in his phone conversation with Wayne. From a pretty shaky start (Wayne thought Ian was a police officer), they managed to talk for 30 minutes, mostly about how Wayne was feeling about the Intervention Order and the conditions it imposed. He seemed to recognise that his behaviour must have been scary for Jude and especially for the kids and said he'd understand if Jude left him. He acknowledged that this wasn't the first time he'd 'just exploded' (in his words), but said this was probably the worst time. He thinks it was the neighbours who called the police, and feels a bit embarrassed about that.

Ian talked with Wayne about how things might be different. Wayne is keen to keep his relationship with Jude, and was interested in coming in for a chat, and maybe participating in a men's behaviour change group. He made an appointment to see Ian the following week.

Ian makes some file notes and emails a brief report letter through to Constable Johns and Melissa. It notes that contact was made and that Wayne has made an appointment for the following week. It also notes however that this is only an appointment – there's no guarantee that Wayne will even turn up, let alone go on to participate in a men's behaviour change program. Ian is mildly hopeful, but really, there's no way to know.

## Cultural competence in the integrated family violence system

### 1 Cultural competence – what is it?

Cultural competence is 'a set of congruent behaviours, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations. Cultural competence is much more than awareness of cultural differences, as it focuses on the capacity of the health system to improve health and wellbeing by integrating culture into the delivery of health services.

To become more culturally competent, a system needs to:

- value diversity
- have the capacity for cultural self-assessment
- be conscious of the dynamics that occur when cultures interact
- institutionalise cultural knowledge, and
- adapt service delivery so that it reflects an understanding of the diversity between and within cultures.<sup>12</sup>

### 2 Cultural competence – whose responsibility?

Working towards this level of inclusiveness is a long journey – it requires resources, patience, foresight, imagination and effort. Most mainstream organisations and institutions have long histories of engaging in systematic oppression and discrimination, and so responsibility rests with them to put in considerable work towards becoming more accessible and more inclusive now and into the future. This responsibility is clearly articulated in the Victorian Government's *Aboriginal cultural competence framework*<sup>13</sup>, which provides an excellent starting point for organisations to move firstly towards Aboriginal cultural competence, and then to reflect on broader issues of cultural competence and accessibility.

The Indigenous Partnership Forum is currently developing cultural competence guidelines for family violence which will be made available as a reference guide to programs upon completion.

<sup>12</sup> National Health and Medical Research Council, (2005) *Cultural competency in health: A guide for policy, partnerships and participation*, Australian Government, published at <[http://www.nhmrc.gov.au/PUBLICATIONS/synopses/\\_files/hp19.pdf](http://www.nhmrc.gov.au/PUBLICATIONS/synopses/_files/hp19.pdf)>

<sup>13</sup> Department of Human Services, (2008) *Aboriginal cultural competence framework*, Victorian Government, published at <<http://cyf.vic.gov.au/indigenous-initiatives/publications2/aboriginal-cultural-competence-framework>>

## Administrative resources

### Qualities of good intake practice: a summary

All intake needs to:

- be non-collusive
- incorporate suicide risk assessment and basic risk assessment (this should include exploring how the man is thinking about the conditions of a Safety Notice or Intervention Order)
- begin the process of engagement and relationship-building
- extend an offer of support
- be non-judgemental about the man as a person.

In the case of active referrals, additional elements of 'good practice' are:

- the referrer communicating to the man skilfully and respectfully about the reasons for making the referral
- the referrer clearly differentiating their role from that of the program provider (especially when the referrer is a police officer)
- the referrer providing the man with some form of published information in addition to verbal information
- the referrer providing the program provider with as much relevant information about the man and the referral context as possible (and permitted under privacy laws)
- the referrer only referring men who meet the receiving agency's criteria for active referral
- the program provider responding to an active referral within three working days
- the program provider waiting to be notified that the man's partner is supported and (preferably) has a safety plan in place before initiating contact with the man
- skilful and non-collusive communication by the men's behaviour change professional, including making a clear statement about the practice of limited confidentiality
- the program provider reporting back to the referrer on the outcomes of the referral.

### Towards integration

VicHealth characterises partnerships along a continuum, which shows progression based on degree of commitment, change required, risk involved, levels of interdependence, power, trust and a willingness to share turf. In this characterisation:

- 'Networking – involves exchange of information for mutual benefit. It requires little time, trust or sharing of turf between partners and is a useful strategy for organisations in the initial stages of working relationships.
- Coordinating – involves exchange of information for mutual benefit and altering activities for a common purpose. It requires more time and trust but does not include sharing the turf.

- Cooperating – involves exchanging information, altering activities and sharing resources for mutual benefit and a common purpose. It requires significant amounts of time, high levels of trust and significant sharing of turf. It may require complex organisational processes and agreements in order to achieve the expanded benefits of mutual action.
- Collaborating – involves all of the above plus a willingness to increase the capacity of another organisation for mutual benefit and a common purpose. It requires the highest levels of trust, considerable amounts of time and extensive sharing of turf. It involves sharing risks and rewards but can produce the greatest benefits.<sup>14</sup>

Integration is a product of advanced partnerships. It goes beyond networking and even coordination, and can only be achieved in the context of cooperation and ultimately, collaboration. Integration is about a shared way of thinking and working, and having a common goal for the future.

An integrated system has no gaps, no dead ends and no loopholes. Rather, it has:

- a common language
- a common vision
- common goals
- clear roles and responsibilities for all who use or work in it
- agreed standards, pathways, processes and instruments
- a high degree of trust amongst professionals
- a culture of reflection and learning.

Below are some ideas for men's behaviour change programs and other parts of the family violence system to work towards integration.

## 2.1 Start modestly

The resources, time and emotional energy required of relationship-building means that it is preferable to narrow efforts to systematically strengthening connections with one or two organisations at a time, rather than taking an ad hoc approach.

Advanced partnerships take time and resources to develop. Sometimes the task of doing this can be the best way to bring out or highlight differences in attitudes or values. This can often mean that an issue that 'should' be quite simple, might actually become quite complex. It is worth persevering in these circumstances, as the discussion that ensues can be very worthwhile in the context of relationship-building.

## 2.2 Reflect

It is critical to take the time to reflect on the experience of partnership building:

- Reflect on and process the feelings and experiences you associate with partner organisations.
- Be frank – with yourself and others – about the limitations of men's behaviour change work.

- Jointly evaluate/reflect on your partnerships and integration. VicHealth's Partnership Analysis Tool, published at <<http://www.vichealth.vic.gov.au>>, is a very useful starting point.
- Note and respond to signs that you, your team and/or your partners are wearying of process and/or becoming demoralised at lack of 'progress'.

### 2.3 Foster commitment at management levels

Commitment to partnerships cannot be sustained by just one or two staff dedicated to working together. It needs to be embedded at management levels. For example, it is helpful to:

- hold regular management level meetings with program stakeholders
- participate in local and regional family violence networks
- persist with attempts to engage people who are in leadership positions.

### 2.4 Strengthen interpersonal connections

Partnership is very much about relationships and trust. It can be helpful to:

- host visits from staff other agencies so that they can meet your family violence team (and vice versa)
- conduct joint activities in the local community, such as information nights or stalls at community events
- have a regular physical presence in partners' workspaces (in at least one part of Victoria, a program provider physically collects the referrals from the police station a few times a week; in others, program staff drop in regularly to the police station)
- pick up the phone (more often) ... to ask questions, seek opinions, say hello
- hold or participate in joint social activities
- draw on the skills and qualities you use to engage men if you are find the hierarchies and/or attitudes you encounter challenging.

### 2.5 Open up

Real opportunities for learning from partnerships will happen if you can open yourself to meaningful input from partners about your ways of working, and think laterally about opportunities for them to do so. It can be helpful to:

- Identify what's open for discussion/negotiation/input from partners (for example, protocols, curriculum, systems).
- Identify ways other than meetings that partners can have input, such as:
- regular observation/monitoring of group work and/or assessment
- discussion of de-identified case presentations – focusing on aspects of clinical practice and systems
- joint planning days
- reviews of curriculum/program structure.
- Actively invite this input (again and again) and consider what might be barriers to partners being involved in these ways.

## 2.6 Embed integration into systems (yours and others')

Partnership and integration might begin with a one-off project or focus, but needs to become an integral and sustainable part of how your agency (and your partner's) does its core business. For example, you might:

- Jointly review how resources are allocated and whether there might be gains in sharing some tasks or activities.
- Conduct a sector-wide training and professional development needs assessment and provide a collaborative response to these needs.
- Consider making family violence a portfolio of responsibility throughout your agency, not a separate program.
- Be aware of the risks of being overly reliant on strong relationships between only a few key staff members.
- Provide or participate in training with partners.
- Formally induct new staff at the partner's agency into the men's behaviour change program (for example, some police stations require all new staff to make contact with the local men's behaviour change program manager within 48 hours of commencing at the station; others provide program information in their station's induction materials)<sup>15</sup>.

## 2.7 Evaluate

The VicHealth *Partnership Analysis Tool* mentioned above is a extremely useful evaluation tool. In the context of men's behaviour change, some of the markers of an integrated family violence system include:

- existence of Memoranda of Understanding and protocols between men's behaviour change programs and other local agencies (or of progress towards these)
- involvement of program managers in inter-agency decision-making
- mechanisms for professionals from other parts of the system to scrutinise the practice of men's behaviour change work (intake, assessment and interventions)
- ways for professionals from other parts of the system to have input into program content and structure
- common tools (for example, for risk assessment)
- existence of, or progress towards, documented pathways for responding to safety concerns
- existence of, or progress towards, collaborative activities (for example training needs assessment, training activities or sub-contractual arrangements between partners).

<sup>15</sup> In large metropolitan areas, it can be hard to keep abreast of staff changes and/or foster relationships with a large and varied staff. Leadership at the partner's end is vital in these situations.



## Sample Memorandum of Understanding

### 1 Aim

- 1.1 This Memorandum of Understanding (MoU) between Victoria Police [insert name of stations] and [insert name/s of men's behaviour change programs] has been informed by the broad principles underpinning the State Government's *Women's Safety Strategy*. It complements a multi-agency response to family violence and supports an integrated service delivery model to build a safer Victoria.
- 1.2 The focus of Victoria Police is to deliver a safer Victoria by providing intelligent and confident policing. Supporting this mandate is a demonstrated commitment to the development of partnerships and fostering a community capacity that empowers individuals to build a safer Victoria. Victoria Police are committed to providing a response to family violence that will assist in breaking the cycle of violence.
- 1.3 [insert short – 1-2 paragraph – description of your men's behaviour change programs or partnership]
- 1.4 This MoU defines the working partnership developed between [insert name/s of men's behaviour change programs] and Victoria Police. Our shared goals for this MoU are to:
  - ensure women's and children's safety
  - ensure that men are held accountable for their use of violent and controlling behaviour
  - foster a whole-of-community response to the issue of men's violent and controlling behaviour towards women and children.
- 1.5 This agreement articulates the collaborative roles and responsibilities of the two organisations with respect to referral pathways for men who use violent and controlling behaviour against family members in the local government areas of [insert LGAs].

### 2 Authority/legal status

#### 2.1 Information exchange

- 2.1.1 Information exchange occurring within this inter-agency agreement is governed by the *Information Privacy Act 2000*. Under the provisions of this Act, it is not necessary for a law enforcement agency to comply with the information Privacy Principles Nos 1.3 to 1.5 (collection of information), 2.1 (disclosure of information) and 10.1 (sensitive information), if it believes on reasonable grounds that the non-compliance is necessary:
  - for the purpose of one or more of its, or any other law enforcement agency's, law enforcement functions or activities
  - in the case of the police force of Victoria, for the purpose of its community policing functions.
- 2.1.2 When formally referring a man, police cannot provide names or contact information for aggrieved family members.



- 2.1.3 If [insert name/s of men's behaviour change programs] accepts the referral they then have certain responsibilities in accordance with Principle 1 and Schedule 1 of the *Information Privacy Act 2000*.

## 2.2 Victoria Police

- 2.2.1 Victoria Police's response to and investigation of family violence is governed by:
- the Victoria Police Code of Practice for the *Investigation of Family Violence*
  - the *Victoria Police Manual*
  - relevant legislation.
- 2.2.2 Police action will embrace the ideals of *The Way Ahead, Victoria Police Strategic Plan 2003–2008* and will be consistent with the *Victoria Police Code of Ethics and Code of Conduct*.

## 2.3 [insert name/s of men's behaviour change programs]

- 2.4 [insert name/s of men's behaviour change programs] response to family violence is governed by:
- *No To Violence Minimum Standards* for men's behaviour change programs
  - *Children, Youth and Families Act 2005*
  - *Child Safety Act 2005*
- 2.5 [insert name/s of men's behaviour change programs] is committed to the principles and practice contained within the Victorian Government's Women's Safety Strategy and supports the principles and practice contained within the *Victoria Police Code of Practice and Code of Conduct*.

# 3 Roles and responsibilities for formal referral

## 3.1 Victoria Police

- 3.1.1 Police will treat all reports of family violence as genuine. In responding to any incident, the primary responsibility for police is safety first, including of attending police and persons who are present at the incident. Police will refer men to specialist men's behaviour change services so they can take steps towards breaking the cycle of violence. Referral to [insert name/s of men's behaviour change programs] is in addition to any other action taken and does not replace victim referrals, mandatory reporting criteria to DHS for children, pursuing criminal charges or initiating appropriate application for Intervention Orders or Safety Notices in line with *Victoria Police Code of Practice for the Investigation of Family Violence*.
- 3.1.2 On attendance at an incident, police will assess the situation based on:
- assessment of risks and threats
  - management of the incident
  - the level of future protection required.

- 3.1.3 Police will choose the best and most appropriate process to initiate actions along one or more of the option paths:
- referral
  - referral and criminal charges
  - referral and civil response/s
  - referral and criminal charges and civil response/s.
- 3.1.4 Police will make a formal referral to [insert name/s of men's behaviour change programs] for all men aged 18 and over for whom they:
- issue a Family Violence Safety Notice, and/or
  - seek an Intervention Order, and/or
  - lay criminal charges related to the family violence incident.
- 3.1.5 When formally referring a man to [insert name/s of men's behaviour change programs] police will follow the protocol outlined at Schedule 1 of this MoU.
- 3.1.6 If a formal referral is not required, police will make an informal referral by providing male perpetrators of family violence with [insert documents to be provided].
- 3.2 [insert name/s of men's behaviour change programs]**
- 3.2.1 On receipt of the police fax the [insert name/s of men's behaviour change programs] will follow the protocol outlined at Schedule 1 of this MoU.
- 3.2.2 [insert name/s of men's behaviour change programs] will initiate telephone contact with the man with a view to:
- inviting him to reflect upon his use of violent and controlling behaviour
  - providing with information and support regarding men's behaviour change
  - identifying and acting upon safety risks to his (ex)partner and children.
- 3.2.3 [insert name/s of men's behaviour change programs] will respond to a formal referral within [xx] working days
- 3.2.4 [insert name/s of men's behaviour change programs] will provide limited information back to the referrer regarding the outcome of the referral within [xx] working days. This information is intended primarily as a receipt of referral. Staff are unable to comment on the level of risk that a man's behaviour might pose.
- 3.2.5 [insert name/s of men's behaviour change programs] will provide telephone advice to police as required, during [insert name/s of men's behaviour change programs]'s regular working hours. Police calling outside of these working hours of operation will not be able to speak to a worker, but may leave a message outlining the general nature of their query.
- 3.2.6 [insert name/s of men's behaviour change program's] hours of operation and contact details are provided in Schedule 2 of this MoU.

### 3.3 Responding to safety concerns arising from a formal referral

- 3.3.1 Police and [insert name/s of men's behaviour change programs] share responsibility for a timely and appropriate response to safety concerns arising from a formal referral. All parties will follow the protocol in Schedule 3 of this MoU.

## 4 Monitoring implementation of this MoU

- 4.1 Any concerns regarding the implementation of this MoU will be managed in the first instance at local level by a police supervisor and [insert position/s and name/s of nominated men's behaviour change program worker/manager]. Any unresolved issues will be referred to the Officer in Charge of the relevant police station or the Family Violence Adviser, and will be addressed in consultation with the [insert name/s of men's behaviour change programs] Program Manager.

## 5 Terms and conditions

- 5.1 [insert name/s of men's behaviour change programs] and Victoria Police representatives will participate in regular [insert frequency] meetings.
- 5.2 This MoU will be updated to reflect any changes to legislation and police/[insert name/s of men's behaviour change programs] policy and procedures as required. Any changes to this document will be made in collaboration with the respective signatories or nominated representatives.
- 5.3 A formal review of this MoU will occur six months from date of signing, or sooner if requested by either party.

## 6 Signatories

### **Schedule 1: Protocols for active referral**

### **Schedule 2: Contact details for men's behaviour change program provider**

### **Schedule 3: Protocol for responding to safety concerns**

## Report to an active referrer

Dear [insert name of referrer]

Thank you for your referral of [insert client name] dated [insert date].

I attempted contact with Mr [insert surname] [insert number of] times using telephone number [insert phone number] and:

- ☐ was able to contact him and engage him in discussion
- ☐ was able to contact him but not able to engage him in discussion
- ☐ was not able to contact him.

At this stage, it appears that Mr [insert surname] is interested/not interested [strike out as applicable] in having further contact with our service. We [have/have not – depending on safety concerns] sent him information about the program and the Men's Referral Service.

A notification has also been made to Child Protection or Child FIRST. [strike out if not applicable]

This letter serves primarily as confirmation that we have taken action on your referral. We are unable to comment on the level of risk that Mr [insert surname]'s behaviour might pose. As in all family violence situations, we strongly encourage you to ensure that all appropriate supports and safety plans are in place for Mr [insert surname]'s family members.

If you would like to discuss this case further, please contact me on [insert phone number].

Yours sincerely

[name and position]

## Tips on securing data during and after transmission<sup>16</sup>

Security obligations apply not only to information when it is stored or housed, but also while it travels. Email or facsimile are examples of transmission for which safety can be a concern. So is collecting and making information available over the internet. Security risks can arise at various points during, and after, information is transmitted. Unencrypted email can be intercepted and read prior to its delivery in the recipient's in-box. Confidential facsimiles can be read by anyone with access to the machine. Online information may be accessed from anywhere in the world and may be difficult to remove after the initial publication. Given these methods of transmission are so commonly used, guidance is provided below in how to better secure data during and after transmission.

### 1 Facsimiles (faxes)

Facsimiles do not simply generate a paper document, but are computers that send, receive, and store data. Increasingly, facsimile functions are being combined with other copying and

scanning functions, with increasing potential to store identifiable information.

Accordingly, similar protections that apply to computers should be considered in relation to facsimile or multi-purpose machines.

When it comes to transmitting documents, there is a potential for the information to be disclosed to more people than just the intended recipients. If the wrong number or email address is used, the personal information may be disclosed. If no record is kept of numbers dialled or the email addresses sent to, it may become impossible to determine who the information was erroneously disclosed to.

To ensure the security of facsimile transmissions, program providers could:

- isolate the fax machine in a secure area, to ensure only authorised personnel can read faxes containing personal or otherwise confidential information
- use cover sheets which indicate the total number of pages faxed, and informs the recipient that the remainder of a transmission contains personal information or is otherwise
- confidential
- confirm the number before dialling, including a periodic check of pre-programmed numbers, to ensure they are accurate and not out of date
- phone ahead to advise that a facsimile of a sensitive nature is coming; and
- check the confirmation report to confirm the accuracy of the destination number and the correct number of pages transmitted.

## 2 Emails

It is easy to send emails and to attach vast amounts of personal information. Information sent to an intended recipient can be intercepted or circulated to those with no authority or need to know. Care should be taken to get the email address right and not to send or forward copies of the email to additional recipients who do not require the information.

Program providers can enhance and maintain the security of emails through a variety of means:

- Establish what personal information can be sent via unencrypted (that is, unprotected) email, and whether alternative means of transmission (for example, delivery by hand) should be considered for information of a more sensitive private nature.
- Determine when and what level of encryption is to be utilised, having regard to any prior need to establish suitable arrangements with recipients (for example, use of digital certificates).
- Adopt an email disclaimer to warn all recipients that the contents of the email may contain personal information and that privacy should be respected at all times (this should set out what steps should be taken if the email is received by someone other than the intended recipient, such as notifying the sender and confirming whether the errant email should be deleted).



