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# Quality practice elements for men's behaviour change programs (MBCPs) in the Northern Territory

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## Acknowledgement of Country

ANROWS acknowledges the Traditional Owners of the land across Australia on which we live and work. We pay our respects to Aboriginal and Torres Strait Islander Elders past and present, and we value Aboriginal and Torres Strait Islander histories, cultures and knowledge. We are committed to standing and working with Aboriginal and Torres Strait Islander peoples, honouring the truths set out in the [Warawarni-gu Guma Statement](#).

## Acknowledgement of lived experiences of violence

ANROWS acknowledges the lives and experiences of the women and children affected by domestic, family and sexual violence who are represented in this resource. We recognise the individual stories of courage, hope and resilience that form the basis of ANROWS work.

Caution: Some people may find parts of this content confronting or distressing. Recommended support services include 1800RESPECT (1800 737 732), Lifeline (13 11 14), Men's Referral Service (1300 766 491), MensLine Australia (1300 78 99 78) and, for Aboriginal and Torres Strait Islander people, 13YARN (13 92 76).

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# About this document

The **purpose** of this rubric is to generate reflection on quality practice in a men's behaviour change program (MBCP). It seeks to support programs to prioritise continuous improvement actions.

## How to use the rubric?

- For each quality practice **element** (QPE), consider the data available and apply a rating using the rating matrix below.
- The **indicators** for each element are listed to prompt the user to consider these in the process of applying the most appropriate rating.
- MBCP progress for each element should be given a **rating** of 0, 1, 2 or 3.
- Notes on how and why the rating was given for each element may be made in the column "**Explanation of Rating**".
- The evidence used to make the rating can be listed in the "**Supporting Evidence**" column. Examples of supporting evidence are provided at **Appendix A**.
- **Actions for improvement** should be recorded in the last column. Not all elements will have actions for improvement.
- Where there is insufficient evidence to rate an element, no rating should be applied and insufficient evidence noted in the "**Explanation of Rating**" column.
- The rating matrix refers to "**critical indicators**". These are indicated throughout the rubric by the colour [red].
- Assessment using the rubric provides a point-in-time snapshot of progress of the MBCP against the quality practice elements. This can be used for continual learning and improvement as well as broader advocacy efforts for where additional resourcing or other support may be needed to achieve quality practice.
- The rubric should be completed alongside the QPEs for NT MBCPs full document which includes additional considerations for each element.

# Rating Matrix

Potentially problematic practice (0)	Significant work to do (1)	Working towards quality practice (2)	Achieving quality practice (3)
<p>Select this rating if there is evidence that the program is:</p> <ul style="list-style-type: none"> <li>not implementing or working meaningfully towards <i>any</i> indicators in the element; <b>or</b></li> <li>not implementing or working meaningfully towards any <i>critical indicators</i> - even if all or almost all of the other indicators are consistently implemented.</li> </ul>	<p>Select this rating if there is evidence that the program is:</p> <ul style="list-style-type: none"> <li>implementing <i>only a small number</i> of indicators and has undertaken minimal work to establish foundations to work towards them; <b>or</b></li> <li>implementing <i>some</i> indicators but inconsistently or on an ad hoc basis, and there is minimal work being undertaken to improve this.</li> </ul>	<p>Select this rating if there is evidence that the program is:</p> <ul style="list-style-type: none"> <li>already implementing <i>many</i> of the indicators (including all of the <i>critical indicators</i>) for the element; <b>or</b></li> <li>already implementing some indicators (including all of the <i>critical indicators</i>) <b>and</b> has established the foundations to work towards implementing the <i>majority</i> of the indicators in an element.</li> </ul>	<p>Select this rating if there is clear evidence that the program is:</p> <ul style="list-style-type: none"> <li>already consistently implementing <i>all, or almost all,</i> of the indicators (including all of the <i>critical indicators</i>) for that element; <b>or</b></li> <li>already consistently implementing the <i>majority</i> of the indicators (including all of the <i>critical indicators</i>), and there are appropriate reasons for not implementing some indicators.</li> </ul>



**1** The MBCP has a clear statement expressing its **fundamental aim** and conceptualises and employs **multiple strategies** to work towards this aim.

## Indicators

- 1.A** The MBCP has a statement that articulates outcomes that matter both to adult and child victim-survivors and to the community in which the MBCP operates and is accountable to.

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- 1.B** The MBCP’s statement includes reference to “enhanced safety” for adult and child victim-survivors but is not focused entirely on safety. This recognises that victims and survivors do not only strive for safety but also dignity, freedom from coercive control, space for action in their lives, and freedom to pursue individual human and collective rights in a non-oppressive environment.

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- 1.C** The MBCP demonstrates an understanding that there are multiple ways in which it can work towards its aim, that do not solely rely on the adult person who is using violence changing their behaviour. As such, the MBCP articulates their strategies in a way that balances pathways through which the MBCP:
  1. in collaboration with other agencies, contributes towards an integrated response to “keep men in view” and to assess and manage dynamic risk
  2. ensures women and children are directly supported; and
  3. works towards behaviour change outcomes with the men.

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- 1.D** The MBCP has a program logic documenting the multiple pathways to work towards its fundamental aim. The program logic model focuses both on:
  - program-level outcomes - intended outcomes for program participants and victims and survivors; and
  - system-level outcomes - intended outcomes related to strengthening the capability of other agencies, and the system as a whole, to respond safely and effectively to domestic and family violence (DFV) and to put and keep men and their patterns of violent and controlling behaviour “in view”.

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- 1.E** The MBCP’s program logic centres risk assessment and risk management at both program and systems levels.

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- 1.F** The MBCP proactively informs and educates partner agencies, and (where possible) the community, that its purpose is to promote safety and wellbeing for women, children and others who experience men’s violence.

STANDARD  
PRACTICE

## Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**2 [First Nations element]** The MBCP has been **developed with local and regional communities** and has processes in place through which it is **accountable to community**.

## Indicators

**2.A** The MBCP has undertaken a process of engagement and trust-building with local and regional communities in the establishment of the program. This includes the incorporation of community inputs into the design or adaption of the program. Initial community engagement might cover:

- program aims and elements
- the particular needs, context and history of the community
- what it means to be culturally appropriate.

**2.B** The MBCP ensures its accountability to community through processes for ongoing engagement in the design and adaption of the program. This might mean engaging Aboriginal Community-Controlled Organisations (ACCOs), Elders (where appropriate) and other community representatives in aspects of the program.

**2.C** The MBCP has processes and systems in place to keep it accountable to Aboriginal women.

## Rating

Potentially problematic practice (0)

Significant work to do (1)

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Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



## 3 [First Nations element] The MBCP has been intentionally **designed to be culturally safe**.

### Indicators

- 3.A The MBCP has established meaningful, accountable and equitable long-term relationships with communities, built on an understanding of their cultures, worldviews, unique needs and strengths.
- 3.B The MBCP demonstrates a commitment to developing a skilled Aboriginal and culturally safe non-Aboriginal workforce. This includes non-Aboriginal staff being supported to engage in an ongoing process of critical reflection and being trained and supported to enact culturally safe practice.
- 3.C The MBCP’s approach supports Aboriginal women and men to walk in “two worlds” (both their community and “mainstream” worlds), reconnecting with culture, and with the respect for women and anti-violence stance inherent in Aboriginal ways of being.
- 3.D The MBCP has policies and procedures in place for the safe use of interpreters with men and women, that support risk identification (to victims and survivors, to the man and to the interpreter) and mitigation strategies for using an interpreter in each situation.

STANDARD  
PRACTICE

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SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



# Constraints and enablers

List below any constraints and enablers to achieving quality practice for this theme. Be specific - avoid making general statements such as "funding limitations" without explanation of the relevant funding gap. Enablers and opportunities can be outlined in relation to alternative or creative ways of addressing constraints and barriers or might relate to other issues.

When considering constraints and enablers, consider:

- wider DFV service system strengths and weaknesses
- funding and contractual arrangements with the government department or other source commissioning your program
- staffing and recruitment
- cross-agency collaborative opportunities and barriers
- community linkages
- organisational resources from other program areas
- other local and state/territory-wide contextual factors.

CONSTRAINTS AND BARRIERS	ENABLERS AND OPPORTUNITIES





## 4 The MBCP's governance draws on collaborative interagency networks.

### Indicators

- 4.A The MBCP has a *multi-agency advisory group*, or similar function in place, to provide advice and support for ongoing program implementation and improvement in the context of an integrated response to DFV and for adapting the program to changing circumstances. This group might consist of stakeholders such as: specialist victim and survivor facing organisations, statutory child protection, non-government organisation (NGO) family support service providers, corrective services, police, legal services, local court representatives, health services (alcohol and other drugs [AOD], mental health) and community cohort representative agencies.

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- 4.B The MBCP receives advice and support from advisory group members both during and between advisory group meetings, on an ongoing basis.

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- 4.C The MBCP advisory group has terms of reference in place that outline the role of the group, which includes providing guidance and support for the MBCP to strengthen its collaborative practice.

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- 4.D The MBCP educates advisory group members about MBCP service delivery, including the uncertain and incremental nature of behaviour change and the importance of having realistic expectations of the outcomes of MBCP work. The MBCP performs secretariat and administrative functions for the advisory group and supports its ability to function.

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- 4.E The MBCP participates in local or regional DFV integrated service system forums or partnership activities, additional to any advisory group that it runs for its MBCP.

STANDARD PRACTICE

### Rating

Potentially problematic practice (0)      Significant work to do (1)      Working towards quality practice (2)      Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



## 5 The MBCP builds and strengthens collaborative relationships to support an integrated response to DFV.

### Indicators

<b>5.A</b>	The MBCP has established strong relationships with <i>specialist DFV organisations</i> , including those working with victims and survivors.	<b>STANDARD PRACTICE</b>
<b>5.B</b>	The MBCP has made efforts to strengthen relationships with <i>organisations with partial, limited or no specialisation in DFV</i> . This includes organisations it receives referrals from, makes referrals to, seeks secondary consultations from, provides secondary consultations to, and/or shares information with, for the purposes of assessing and managing DFV risk.	
<b>5.C</b>	Collaborative relationships are demonstrated through both formal procedures (for example, participation in Family Safety Framework (FSF) meetings, information exchange consistent with information sharing laws) and informal procedures.	
<b>5.D</b>	The MBCP has formalised relationships through memorandums of understanding (MOUs) with key partners including the women’s and children’s safety support service and statutory and non-statutory agencies who are major referrers into the program.	
<b>5.E</b>	MOUs with key referring partners include a focus on realistic expectations for what a man’s participation in the MBCP might achieve and outlines the responsibilities of the referrer to collaborate in assessing and managing risk while the man participates in the program.	
<b>5.F</b>	<b>[aspirational]</b> The MBCP has formalised relationships through MOUs with other agencies that the program works closely with. The MBCP takes active, concerted and sustained efforts to support collaboration between agencies to both share information as well as responsibility for assessing, managing and monitoring risk to keep the adult person using violence and their patterns of behaviours in view.	
<b>5.G</b>	The MBCP is transparent in its practice to other agencies participating in the integrated response to DFV.	
<b>5.H</b>	<b>[aspirational]</b> Drawing upon its specialist expertise, the MBCP identifies and enacts opportunities to support sectors, services and workforces within its catchment area to build their knowledge and skills in responding to DFV.	

### Rating

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SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



## 6 [First Nations element] The MBCP is guided by **Aboriginal and Torres Strait Islander self-determination**.

### Indicators

- 6.A The MBCP demonstrates sensitive collaborative practice with ACCOs, Elders (in some contexts) and key community representatives, both as part of the multi-agency advisory group but also outside this group.
- 6.B The MBCP understands the history of local community struggles for self-determination and the efforts made by community to resist colonisation and to strive towards collective healing.
- 6.C The MBCP recognises that First Nations organisations, services and practitioners operate within two service systems: the formal DFV service system (as conceived by governments and non-Indigenous organisations) and Indigenous systems of ACCOs, community and extended family responders. The MBCP supports both systems to function and finds ways for the two systems to work together on a case-by-case basis and through integrated policy development in decolonising ways.
- 6.D The MBCP works with community to establish and support a cultural advisory group, or groups of First Nations women and men, to:
  - be a conduit from the community to the program and for the community to determine whether it can trust the program
  - support community input into the development, running and continuous improvement of the program
  - link the program with the community's existing and emerging efforts to respond to, and prevent, DFV within the community
  - advise on matters of cultural safety
  - support community engagement and primary prevention activities, if appropriate.

STANDARD PRACTICE

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SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**7** The MBCP is **open to observers** to promote transparency, accountability and continuous improvement.

### Indicators

- 7.A** Each MBCP group includes observers for at least some of the sessions, unless this would jeopardise the safety of participants or of victims and survivors.
- 7.B** The MBCP assesses the potential impact on the men's participation in the program of having an observer from an external agency and on risk to victims and survivors before the observer is confirmed. Where required, risk mitigation strategies are developed and enacted before the observer attends.
- 7.C** The MBCP prepares observers for the group, including expectations and parameters of how they will participate as observers.
- 7.D** Observers are given opportunities to provide verbal and written feedback to facilitators after the group-work session to encourage reflections that might assist with the continuous improvement of the program.

### Rating

Potentially problematic practice (0)

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SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



# Constraints and enablers

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When considering constraints and enablers, consider:

- wider DFV service system strengths and weaknesses
- funding and contractual arrangements with the government department or other source commissioning your program
- staffing and recruitment
- cross-agency collaborative opportunities and barriers
- community linkages
- organisational resources from other program areas
- other local and state/territory-wide contextual factors.

CONSTRAINTS AND BARRIERS	ENABLERS AND OPPORTUNITIES



**8** The MBCP **provides timely and flexible responses** to risk.

## Indicators

<p><b>8.A</b> The MBCP pays attention to the particularities of each referral and considers the best response for each case, based on initial and ongoing risk assessment and analysis. The response to any particular case might shift over time.</p>	STANDARD PRACTICE
<p><b>8.B</b> The MBCP works in a coordinated manner with other agencies in responding to the risk posed, and the harm caused, by the adult person using violence.</p>	
<p><b>8.C</b> The MBCP can, when required, respond to risk and harm and engage with men in a timely and flexible manner through ways other than, or in addition to, group work.</p>	
<p><b>8.D</b> <i>[aspirational]</i> The MBCP safely uses proactive forms of brief, high-frequency engagement (e.g. frequent short phone calls, brief messaging) with serious risk users of violence to scaffold safety during periods of acute risk.</p>	
<p><b>8.E</b> The timing of responses to risk are guided by a Risk Management Action Matrix (RMAM;<sup>1</sup> see also element 13), risk review meetings and, where applicable, FSF meetings and processes.</p>	
<p><b>8.F</b> The MBCP has robust procedures and tools to support identification, assessment and response to participant suicide risk.</p>	STANDARD PRACTICE

## Rating

Potentially problematic practice (0)

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Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**9** The MBCP has a thorough **understanding of, and practices aligned with, the NT Domestic and Family Violence Risk Assessment and Management Framework (RAMF).**

### Indicators

- 9.A The women's and children's safety support service associated with the MBCP uses the Common Risk Assessment Tool (CRAT) with victims and survivors.
- 9.B The MBCP uses direct engagement opportunities with men to make ongoing observations related to evidence-based risk factors, complex needs, violence-supporting narratives, belief systems, situational changes and meaning-making that are indicative of serious risk.
- 9.C In addition to risk assessment information obtained from the women's and children's safety support component, the referrer and other agencies through information sharing requests, the MBCP contributes additional risk assessment information obtained directly or indirectly through engagement with the adult user of DFV towards a combined assessment of risk.
- 9.D *[aspirational]* The MBCP safely uses proactive forms of brief, high-frequency engagement (e.g. frequent short phone calls, brief messaging) with serious risk users of violence to scaffold safety during periods of acute risk.
- 9.E *[aspirational]* The MBCP service provider (organisation as a whole), across all relevant program and services areas including those without DFV specialisation, is RAMF-aligned.

STANDARD PRACTICE

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SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



- 10** The MBCP incorporates **evidence- and community-informed risk factors specific to DFV in First Nations and other community cohort contexts** when assessing risk.

## Indicators

- 10.A** The MBCP identifies risk factors and considerations that often are indicative of increased risk and harm in the context of DFV in local or regional First Nations communities, that are not reflected in the RAMF.
- 10.B** The MBCP identifies risk factors and considerations that often are indicative of increased risk and harm in the context of DFV in migrant and refugee communities.
- 10.C** The MBCP identifies risk factors and considerations that often are indicative of increased risk and harm in the context of DFV in LGBTIQ+ communities.

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SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT





**11** The MBCP conducts **comprehensive and ongoing risk, harm and needs assessments and analyses.**

## Indicators

- |   |                      |
|---|----------------------|
| <p><b>11.A</b> The MBCP assesses each participant's patterns of violent and controlling behaviours and the current, ongoing and cumulative harms caused by these behaviours on an ongoing basis.</p>  | STANDARD<br>PRACTICE |
| <p><b>11.B</b> The MBCP, on an ongoing basis, assesses the risk of the adult user of violence continuing, resuming, escalating or adopting new patterns of violent and controlling behaviours.</p>  |                      |
| <p><b>11.C</b> Through obtaining information from multiple sources, the MBCP analyses risk information on an ongoing basis concerning:</p> <ul style="list-style-type: none"> <li>• evidence-based risk factors</li> <li>• patterns of coercive control</li> <li>• power advantages in relation to, or social marginalisation of, the victim and survivor</li> <li>• systems abuse tactics</li> <li>• how the adult person using violence responds to the MBCP and to other interventions</li> <li>• new or changing circumstances and the meaning the man makes of these</li> <li>• the man's beliefs, thinking and narratives</li> <li>• characteristics suggestive of serious risk; and</li> <li>• complex needs.</li> </ul> |                      |
| <p><b>11.D</b> The MBCP draws together this information, where available and obtained over time, to consider possible spikes in risk (acute risk). In the case of serious risk, this includes identifying scenarios in which the adult person using violence might be at increased risk of using lethal, near lethal or otherwise severe violence.</p>  |                      |
| <p><b>11.E</b> The MBCP continually assesses the impact of the MBCP's direct engagement with the adult person using violence, and the impact of other systems interventions, on particular risk factors. The MBCP remains vigilant to the possibility of unintended negative consequences arising from the program or other interventions.</p>  |                      |
| <p><b>11.F</b> The MBCP assesses any complex needs of the adult person using violence and the implications for developing a case plan, addressing them as barriers to service participation and as contributing factors to risk.</p>  |                      |
| <p><b>11.G</b> Risk, harm and needs assessments contribute towards decisions regarding service coordination, case management and service mix, including the timing of particular intervention components.</p>   |                      |
| <p><b>11.H</b> <i>[aspirational]</i> The MBCP draws upon perpetrator pattern-mapping tools to assist with its analysis of the harm caused by the adult person using violence to family functioning.</p>   |                      |
| <p><b>11.I</b> <i>[aspirational]</i> The MBCP draws upon tools and practice guidance, and collaborations with child- and family-focused services and agencies, to assess the harm caused by the adult person using violence separately to each affected child. These assessments focus on the impacts on each child's development, stability and wellbeing, as well as their safety.</p>  |                      |

*Rating matrix on next page*



**11** The MBCP conducts **comprehensive and ongoing risk, harm and needs assessments and analyses.**

## Rating

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SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**12** The MBCP, where possible, engages in **direct safety planning** with the adult person using violence through individual contact.<sup>2</sup>

## Indicators

<p><b>12.A</b> The MBCP does not rely on group work alone to work towards direct safety planning goals with each program participant. At least a minimum degree of individual contact is used to focus on direct safety planning goals.</p>	STANDARD PRACTICE
<p><b>12.B</b> Safety planning is an ongoing process that builds throughout the participant's and current/former partner's engagement with the program.</p>	
<p><b>12.C</b> Additional individual check-in time - with a strong focus on safety planning - takes place when current or future periods of heightened risk are identified.</p>	
<p><b>12.D</b> The MBCP determines whether the adult person using violence requires legal support to assist with his compliance with the conditions of any police or court order he is subject to. Access to legal advice, or legal education, is actively supported in these situations.</p>	
<p><b>12.E</b> Individual check-ins, that include a focus on safety planning, occur regularly throughout the man's participation in the program.</p>	
<p><b>12.F</b> Safety planning evolves, where possible, into safety and accountability planning, where the program participant is supported to consider commitments he can make to repair or minimise the accumulative harm he has caused through his use of violent and controlling behaviour.</p>	

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SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**13** The MBCP has developed **interlocking and robust indirect risk and harm management processes.**

## Indicators

**13.A** The MBCP conducts internal risk review meetings on a regular basis. While some cases might be allocated more time, during these meetings men’s workers, women’s and children’s safety support workers and a team leader review each case in terms of ongoing risk analysis and program goals. Risk review meetings track actions on how best to manage risk and increase the safety of adult and child victim-survivors.

**13.B** For each adult person using violence who poses a serious risk to the safety of victims and survivors, and/or who is causing serious levels of harm, a risk and harm management plan is developed. The plan might include strategies developed in collaboration with other agencies.

**13.C** The MBCP works collaboratively with relevant agencies to assess, manage and monitor risk. This includes:

- exchanging information with agencies to support and inform risk assessment, risk management and monitoring of risk
- working to improve accountability and visibility of the behavioural patterns of adult persons who use violence across all systems and services
- participating in case conferencing with relevant agencies; and
- coordinating service responses to adult and child victim-survivors and the man perpetrating violence.

**13.D** Risk and harm management processes, plans and actions are informed by ongoing risk and harm assessment and analysis.

**13.E** Risk and harm management processes, plans and actions are informed by victim and survivor needs and wishes, where possible. Victims and survivors have a say in key risk management decisions, where they so desire.

**13.F** The MBCP has a RMAM which provides guidance to workers when responding to different types of risk escalation situations. This includes guidance on internal reporting and decision-making based on appropriate levels of seniority and on notifications to, and information sharing with, other agencies.

**13.G** The MBCP has a process for documenting the implementation, outcomes and review of risk management plans and actions. This requires men’s and women’s and children’s safety support workers to document in sufficient detail:

- internal communications (for example, with a manager or supervisor)
- information shared with external agencies
- decisions, actions and outcomes of actions taken in relation to assessing and managing risk.

STANDARD  
PRACTICE

STANDARD  
PRACTICE

*Rating matrix on next page*



**13** The MBCP has developed **interlocking and robust indirect risk and harm management processes.**

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SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



- 14 The MBCP provider uses its powers as an **Information Sharing Entity (ISE)** to assess, manage and monitor risk and to keep the behavioural patterns of adult persons using violence in view.

## Indicators

14.A The MBCP prioritises women’s and children’s wellbeing and right to safety above men’s right to confidentiality.	STANDARD PRACTICE
14.B The MBCP responds appropriately and in a timely manner to information sharing requests made by other agencies.	
14.C The MBCP makes information sharing requests of other agencies to assist with ongoing risk assessment and risk analysis.	
14.D The MBCP demonstrates an understanding of when they can share information without the knowledge or consent of the adult person using violence.	
14.E The MBCP identifies and offers information that would be useful for other agencies who perform a role in managing the risk posed by the adult person using violence, even where those agencies do not request (and might not be aware of) such information.	
<p>14.F The MBCP and women’s and children’s safety support proactively share information to assist other agencies to understand the behavioural patterns of the adult person using violence and to more effectively partner with the victim and survivor by making sense of her decisions and actions in light of her experience of these patterns. The MBCP might do this through:</p> <ul style="list-style-type: none"> <li>• providing information during warm referral processes for either the victim and survivor or user of violence</li> <li>• providing information to law enforcement, justice system or child protection authorities so that they can better understand the victim’s and survivor’s situation</li> <li>• providing behavioural maps using a perpetrator pattern-based mapping tool</li> <li>• case consultations</li> <li>• case conferencing; and</li> <li>• convening and/or participating in multi-agency case management.</li> </ul>	
14.G The MBCP has clear policies, written procedures and practice guidance on information sharing and documentation.	
14.H <i>[aspirational]</i> The MBCP provider (the organisation as a whole), across all relevant program and services areas including those without DFV specialisation, is compliant with its responsibilities as an ISE.	

Rating matrix on next page



- 14 The MBCP provider uses its powers as an **Information Sharing Entity (ISE)** to assess, manage and monitor risk and to keep the behavioural patterns of adult persons using violence in view.

### Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**15** The MBCP prioritises risk and harm management responses to **serious-risk adult persons using violence**.

## Indicators

- 15.A** An individualised and tailored risk management plan is developed for each program participant who poses a serious risk to the safety of adult and/or child victims and survivors. Risk management plans are developed jointly by men’s workers and women’s and children’s safety and support workers.
- 15.B** The MBCP has a flexible approach to engaging serious-risk adult users of violence. This might include, for example, keeping a serious-risk adult in the program to keep him within view despite him showing little or no motivation towards changing his behaviour or engaging the serious-risk adult predominately through individual sessions.
- 15.C** The MBCP is aware of all instances when a program participant is involved in an FSF matter.
- 15.D** The MBCP makes referrals to FSF meetings in situations where program participants are assessed as posing a serious risk.
- 15.E** The MBCP participates in FSF meetings and Multi-Agency Community and Child Safety Team (MACCST) meeting discussions when a program participant is the focus during a meeting.
- 15.F** The MBCP does not rely solely on FSF and MACCST meetings for interagency risk management collaboration; the risk management plan identifies other avenues for collaboration.
- 15.G [aspirational]** The MBCP contributes to FSF meetings regularly, even where no program participants are discussed, to contribute their specialist expertise across cases.
- 15.H [aspirational]** In cases where the adult user of violence poses a serious risk to the safety and wellbeing of children, the MBCP delineates the specific adverse outcomes that the adult is at risk of causing for the child. Risk mitigation strategies are, where possible, put into place for potentially serious or severe outcomes that have at least a low to moderate likelihood of occurrence.<sup>3</sup>

STANDARD PRACTICE

## Rating

Potentially problematic practice (0)      Significant work to do (1)      Working towards quality practice (2)      Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT





**16** The MBCP has processes in place to identify program- and systems-instigated **risks of causing inadvertent negative harm**, on a case-by-case basis.

## Indicators

<p><b>16.A</b> The MBCP and women's and children's safety support both monitor and identify, on a case-by-case basis, any inadvertent harm caused by a man's participation in the program, or by the actions and responses of other agencies, to the safety and wellbeing of adults and children experiencing the man's use of DFV.</p>	STANDARD PRACTICE
<p><b>16.B</b> Where program- or systems-instigated harm to the safety and wellbeing of a victim(s) and survivor(s) has been identified, the MBCP and the women's and children's safety support service develop a strategy to respond to and minimise the harm and consider the implications for ongoing or escalations in risk.</p>	
<p><b>16.C</b> The MBCP proactively identifies the most likely occurrences of program- and systems-instigated harms and risks and proactively develops strategies, across the program as a whole, to prevent or mitigate these harms and risks. This includes a specific focus on program- and systems-instigated risks and harms to children.</p>	
<p><b>16.D</b> Where an adult person using violence is involved in family law matters regarding access to children, the MBCP considers carefully whether the potential benefits of the man participating in the program might be outweighed by any potential for harm to be caused through the man weaponising his participation in the program.</p>	STANDARD PRACTICE
<p><b>16.E</b> The MBCP has clear, transparent criteria and sound procedures to discontinue a man's participation from the program, including to manage any new or escalated risks arising due to the program's decision to exit the man. Decisions about discontinuing men and strategies to mitigate associated risks are made jointly by men's and women's and children's safety support workers.</p>	
<p><b>16.F</b> The MBCP does not provide program participants with completion certificates.</p>	

## Rating

Potentially problematic practice (0)      Significant work to do (1)      Working towards quality practice (2)      Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**17 [First Nations element]** The MBCP is cognisant of **the complexities in relation to common risk assessment and management frameworks and approaches when working with First Nations communities.**

## Indicators

- 17.A** The MBCP nuances its risk assessment and management processes and framework to First Nations men, women and families, noting there are different risk assessment and risk management considerations than when working with non-Indigenous participants.
- 17.B** The MBCP’s approach to collaborative risk management and information sharing with state-based authorities (e.g. NT Police Force, Child Protection) considers the history and ongoing role these agencies have as agents of child removal, colonisation, occupation of lands and attempted genocide for First Nations people.
- 17.C** The MBCP demonstrates an understanding that, in some cases, family members not disclosing information about a man’s behaviour may be an active safety-making strategy (e.g. due to child protection system considerations or reprisals from the man’s family), in the context of assessing the multiple factors impacting victim and survivor decisions about disclosure.
- 17.D** The MBCP, where possible, attempts to identify and assess how family (including the victim’s and survivor’s family and the family of the adult person using violence) and community responses might impact upon risk, control and entrapment, and the harm experienced by the victim(s) and survivor(s).
- 17.E** The MBCP demonstrates an understanding through their risk assessment and management processes of the multiple meanings of safety for First Nations communities, which might include safety from state-based interventions and from state-based micro-management of community life (given the context of the NT Intervention).

STANDARD PRACTICE

## Rating

Potentially problematic practice (0)      Significant work to do (1)      Working towards quality practice (2)      Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**18** The MBCP has a sound approach to **monitoring how the adult person using violence responds to the program.**

## Indicators

**18.A** Where possible, the MBCP does not rely solely on program attendance, participation data, or observations about the quality of the man's participation in the program to monitor how he is responding to the program and the extent to which he is stepping into the required elements of a behaviour change journey.

**18.B** Where available, the MBCP uses victim and survivor reports to assist in monitoring any changes – positive and/or negative – in attitudes, beliefs or behaviours made by the adult person using violence throughout his participation in the program.

STANDARD PRACTICE

**18.C** To augment victim and survivor reports, or when these reports are not available, the MBCP discerns proximal indicators,<sup>4</sup> based on observations of the adult person using violence in group-work and individual sessions, of whether he is genuinely stepping into the required elements of a behaviour change process.

**18.D** The MBCP does not automatically assume that a man's demonstration of proximal indicators means that he has become a safer man for current and future family members.

**18.E** The MBCP uses observations of the man's responses to, and participation in, the program to assist with ongoing risk assessment.

STANDARD PRACTICE

## Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**19** The MBCP has a sound approach to **progress reporting and post-program completion reporting.**

## Indicators

<p><b>19.A</b> Where an adult user of violence, at an advanced point in the program, is still not demonstrating proximal indicators that he is stepping into the required elements of a behaviour change journey and/or is still displaying strong commitment to violence-supporting attitudes and beliefs (for example, victim blaming, minimisation of his harmful behaviour), the MBCP proactively shares this information with the referrer and/or other services involved in managing the risk posed by the adult. In sharing this information, the MBCP outlines implications for the current and/or future safety and wellbeing of adult and child victim-survivors.</p>	STANDARD PRACTICE
<p><b>19.B</b> The contents of post-program reports are determined collaboratively by men’s workers and the women’s and children’s safety support service. These reports:</p> <ul style="list-style-type: none"> <li>• focus predominantly on conclusions regarding the risk that the man poses to victims and survivors at the point of his completion or exit from the program and outcomes concerning any changes in the harm that his behaviour is causing</li> <li>• consider how risk might change given any significant changes in circumstance (e.g. when the person is no longer in view of the service system); and</li> <li>• focus on what further work might be required to address outstanding issues of risk and harm.</li> </ul>	
<p><b>19.C</b> The MBCP has a template to ensure that post-program report writing is consistent in format, length and tone. The template prioritises reporting on violent and controlling behaviour used since the point of referral, significant concerns and changes in risk, and caveats on the conclusions that can be drawn from this information.</p>	
<p><b>19.D</b> MBCP workers are provided with training, and/or coaching, to write reports in ways that are professional, evidenced and defensible, including in how they represent concerns about risk. This coaching includes how to draw upon ongoing assessments and analyses of risk.</p>	
<p><b>19.E</b> Post-program reports clearly state that conclusions cannot be drawn about future behaviour change outcomes based solely on the fact that a man has positively participated in the program.</p>	STANDARD PRACTICE

## Rating

Potentially problematic practice (0)      Significant work to do (1)      Working towards quality practice (2)      Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



# Constraints and enablers

List below any constraints and enablers to achieving quality practice for this theme. Be specific - avoid making general statements such as “funding limitations” without explanation of the relevant funding gap. Enablers and opportunities can be outlined in relation to alternative or creative ways of addressing constraints and barriers or might relate to other issues.

When considering constraints and enablers, consider:

- wider DFV service system strengths and weaknesses
- funding and contractual arrangements with the government department or other source commissioning your program
- staffing and recruitment
- cross-agency collaborative opportunities and barriers
- community linkages
- organisational resources from other program areas
- other local and state/territory-wide contextual factors.

CONSTRAINTS AND BARRIERS	ENABLERS AND OPPORTUNITIES



**20** There is **close collaboration and trust** between the women’s and children’s safety support workers and men’s workers, and between MBCPs and specialist women’s DFV service providers.

### Indicators

- 20.A** Men’s workers and women’s and children’s safety support workers share information and collaborate regularly, through scheduled meetings and impromptu verbal and written communications. This includes making joint decisions in assessing and managing risk and regarding what information to share with other agencies.
- 20.B** Sufficiently detailed and clear written records are maintained of risk assessment analyses, decisions, and risk management and other follow-up actions discussed during meetings between women’s and children’s safety support and men’s workers, including review of previous action commitments.
- 20.C** The MBCP and women’s and children’s safety support build a high-functioning team environment that enables men’s workers, without defensiveness, to centralise the perspectives and insights of women’s and children’s safety support workers.
- 20.D** Where women’s and children’s safety support is provided by an external agency, the MBCP provider collaborates very closely with the external agency to assist them to understand the additional nuance, considerations and requirements of this work in the specific context of perpetrator interventions.
- 20.E** When women’s and children’s safety support is provided by an external agency, a formal agreement is in place outlining roles and responsibilities for each agency and worker, information sharing, scope and parameters of service provision, and strategies for monitoring and reviewing the arrangement and outcomes.

STANDARD  
PRACTICE

### Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



## 21 Women’s and children’s safety support workers have a **clear and deliberate understanding of the scope of their role.**

### Indicators

<p><b>21.A</b> Women's and children's safety support workers, and their managers, understand how this role is <i>different</i> to standard specialist victim and survivor advocacy and support that is not associated with the provision of MBCP work.</p>	<p>STANDARD PRACTICE</p>
<p><b>21.B</b> Women's and children's safety support workers, their managers and the MBCP providing agency are clear and intentional on what the women's and children's safety support does and does not entail. A considered process to map out the women's and children's safety support role should inform a written statement detailing the service model of the women's and children's safety support and the types of support that are and are not offered to victims and survivors through the service.</p>	
<p><b>21.C</b> Women's and children's safety support workers tailor the frequency, intensity and forms of support to each victim and survivor depending on the levels and nature of risk and the victim's and survivor's needs.</p>	<p>STANDARD PRACTICE</p>
<p><b>21.D</b> The scope and parameters of the women's and children's safety support service is communicated to other relevant DFV service system agencies, such as to specialist DFSV women's services.</p>	
<p><b>21.E</b> Women's and children's safety support workers have a firm understanding of how the MBCP works and what it covers, so that they can talk about the program in detail with victims and survivors and answer their questions in an informed way.</p>	<p>STANDARD PRACTICE</p>
<p><b>21.F [aspirational]</b> The scope of the women's and children's safety support service takes into account the availability, scope and workloads of other specialist DFV victim and survivor services in the catchment area. The women's and children's safety support worker role encompasses more goals and service activities when victims and survivors have few other available options for support.</p>	

### Rating

Potentially problematic practice (0)      Significant work to do (1)      Working towards quality practice (2)      Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**22** The women’s and children’s safety support service operates as an **independent service in its own right**.

## Indicators

<p><b>22.A</b> Women’s and children’s safety support continues to be offered to a victim and survivor – for a period of at least a few months – after their (ex) partner either completes the program, discontinues with the program before he is due to complete it or is exited from the program.</p>	
<p><b>22.B</b> In circumstances where the man does not complete the program, the frequency and/or intensity of support offered to the victim(s) and survivor(s) should, in most situations, increase.</p>	
<p><b>22.C</b> Women are provided with exit interviews when they are transitioned out of the women’s and children’s safety support service. However, they are made welcome to recontact the women’s and children’s safety support service at any point.</p>	STANDARD PRACTICE
<p><b>22.D</b> <i>[aspirational]</i> Women’s and children’s safety support continues to be offered for periods of several months or more after the victim’s and survivor’s (ex)partner completes the program, discontinues with the program or is exited from the program.</p>	
<p><b>22.E</b> Women’s and children’s safety support does not focus solely on themes directly related to the man’s participation in the program.</p>	
<p><b>22.F</b> <i>[aspirational]</i> Women’s and children’s safety support is offered to (ex)partners of men who commence intake and initial assessment but who do not go on to complete the assessment process. Support is also offered to (ex)partners of men who complete assessment but who choose not to continue with the program.</p>	
<p><b>22.G</b> Women’s and children’s safety support is provided to the victim and survivor by a worker who is not also working with her (male) (ex) partner. Where a worker has a dual role working with both male program participants and partners through the women’s and children’s safety support service, they only support victims and survivors where they are not working with their male (ex)partners.</p>	STANDARD PRACTICE

## Rating

Potentially problematic practice (0)      Significant work to do (1)      Working towards quality practice (2)      Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT





**23** Women's and children's safety support is **offered as early as possible**.

**Indicators**

**23.A** Women's and children's safety support is offered as soon as possible after the adult person using violence has participated in his first assessment session.

STANDARD PRACTICE

**23.B [aspirational]** Women's and children's safety support is offered within a week after the (ex)partner's contact details have been obtained either from the user of violence or from the referring or other agency.

**Rating**

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**24** Women’s and children’s safety support is offered to all potentially **eligible participants**.

### Indicators

<p><b>24.A</b> The MBCP and women's and children's safety support service prioritise identifying all adults and children who are at risk from the man's use of DFV, through seeking this information from the man, his current or former partner, referral sources and other agencies.</p>	<p>STANDARD PRACTICE</p>
<p><b>24.B</b> Women's and children's safety support is offered to:</p> <ul style="list-style-type: none"> <li>any person with whom the man is currently having, or has recently had, a romantic or sexual relationship, regardless of whether they live(d) together</li> <li>any new intimate partner that the man has commenced developing a relationship with after he started the program</li> <li>the mother(s) of any children aged under 18 whom the man fathered (either as a birth or step-parent) and still has contact with, regardless of the time elapsed since he and the mother separated</li> <li>any other adult victim and survivor whom the program provider reasonably expects might be affected by the man's use of violence (e.g. his mother, if he has recently returned home to his family of origin).</li> </ul>	
<p><b>24.C</b> The women's and children's safety support worker attempts to “try again” to offer support to a victim and survivor who initially declined the offer of support in situations where her (ex)partner discontinues with, or is exited from, the program.</p>	<p>STANDARD PRACTICE</p>
<p><b>24.D</b> The women's and children's safety support worker recontacts victims and survivors who initially declined support when a significant risk issue has occurred.</p>	
<p><b>24.E</b> Partner safety support is available for victims and survivors who are male, non-binary, agender or intersex.</p>	
<p><b>24.F</b> The women's and children's safety support service and MBCP considers affected children to be participants in the women's and children's safety support process even though direct contact with children will generally not occur. This can include:</p> <ul style="list-style-type: none"> <li>considering the meaning that the children might be making out of the father attending a program.</li> <li>referring children to, and working collaboratively with, other services that can address their needs arising from the father's use of DFV.</li> </ul>	

### Rating

Potentially problematic practice (0)      Significant work to do (1)      Working towards quality practice (2)      Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**25** The women’s and children’s safety support component is **prioritised and sufficiently resourced**.

### Indicators

25.A Women’s and children’s safety support workers operate a manageable case load.	STANDARD PRACTICE
25.B The full-time equivalent (FTE) allocation for the women’s and children’s safety support worker(s) is in proportion to the allocation for men’s workers.	
25.C Women’s and children’s safety support is not provided by male-identifying workers, nor by non-binary workers socialised male at birth, unless requested by the victim and survivor.	
25.D Women’s and children’s safety support is undertaken by workers who have specific knowledge, training and experience in providing support and advocacy for people impacted by DFV. This includes advanced skills in comprehensive DFV case management, risk assessment, safety planning and risk management, collaborative practice and in response-based practice.	STANDARD PRACTICE
25.E Women’s and children’s safety support workers observe a sample of MBCP sessions (not involving men of ex/partners they are supporting) and learn about the program and its approach to behaviour change from men’s workers so that they can provide accurate information to victims and survivors.	
25.F Professional development opportunities are available to women's and children's safety support workers.	STANDARD PRACTICE
25.G Decisions about MBCP capacity to intake men into the program, at any point in time, are influenced by the capacity of the women's and children's safety support service to support their (ex)partners.	
25.H Women’s and children’s safety support workers have the capacity to provide (limited) in-person support on a selective basis to a small proportion of their case loads.	
25.I <i>[aspirational]</i> Women’s and children’s safety support workers have capacity to offer each woman in-person support (in the women's and children's safety support provider’s office or through outreach) for at least one or two of their contacts, rather than relying entirely on telephone-based contact.	

### Rating

Potentially problematic practice (0)      Significant work to do (1)      Working towards quality practice (2)      Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



- 26** The MBCP, in collaboration with specialist women's, children's and family-focused services, attempts to **assess the impact of the man's behaviour on child and family functioning** and to support child victim and survivor needs.

## Indicators

<p><b>26.A</b> Both the women's and children's safety support workers and men's workers take a deliberate approach towards assessing the impact of the man's patterns of behaviour on child and family functioning.</p>	<p>STANDARD PRACTICE</p>
<p><b>26.B</b> Both women's and children's safety support workers and men's workers, where possible, identify options to address the needs arising from these impacts, in relation to each child experiencing the man's violent and controlling behaviour.</p>	
<p><b>26.C</b> The MBCP considers risk of serious impacts on child safety, such as the risk of child homicide, or of a significant traumatic event such as child kidnap or physical injury.</p>	<p>STANDARD PRACTICE</p>
<p><b>26.D</b> The MBCP and women's and children's safety support service work to strengthen the relationship between the mother and her children, if this has been impacted by the man's use of DFV.</p>	
<p><b>26.E</b> The MBCP and women's and children's safety support service have close working relationships with intensive family support services and other family-focused services. In situations where these working relationships break down, the MBCP takes steps to address this.</p>	
<p><b>26.F</b> The MBCP and the women's and children's safety support, on a case-by-case basis, work collaboratively with other professionals involved with the family.</p>	<p>STANDARD PRACTICE</p>
<p><b>26.G</b> The women's and children's safety support and MBCP support children's access to culturally secure services that address their needs arising from the man's use of DFV.</p>	
<p><b>26.H</b> <i>[aspirational]</i> The MBCP and the women's and children's safety support adopt perpetrator pattern-mapping processes and tools to help assess and respond to impacts on child and family functioning.</p>	
<p><b>26.I</b> <i>[aspirational]</i> The MBCP and the women's and children's safety support consider and assess men's use of problematic and harmful parenting practices.</p>	
<p><b>26.J</b> <i>[aspirational]</i> The MBCP and the women's and children's safety support have expertise in identifying and assessing adolescent to parent violence.</p>	
<p><b>26.K</b> <i>[aspirational]</i> Safe and appropriate ways are identified for children and young people to be informed (by either or both parents) about their father's participation in the MBCP.</p>	
<p><b>26.L</b> <i>[aspirational]</i> There is a children's safety worker who works in partnership with the women's safety support worker to support, represent and advocate for children impacted by violence.</p>	

Rating matrix on next page



- 26 The MBCP, in collaboration with specialist women's, children's and family-focused services, attempts to **assess the impact of the man's behaviour on child and family functioning** and to support child victim and survivor needs.

**Rating**

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**27 [First Nations element] Holistic and culturally safe and appropriate support** is provided to First Nations women and children experiencing DFV.

## Indicators

**27.A** The women's and children's safety support service takes a holistic approach to individual, family and community healing, within a culturally strong framework that considers the cultural, spiritual, physical, and social and emotional wellbeing needs of women and children.

**27.B** Women's and children's safety support in First Nations contexts is, where possible, driven by ACCOs within a holistic child and family framework.

**27.C** The women's and children's safety support service determines how it takes into account women’s and children’s healing needs and journeys in relation to the specific contexts of local and regional communities.

**27.D** The women's and children's safety support service works within its limits concerning how it can, and cannot, contribute to women’s and children’s healing journeys.

**27.E [aspirational]** Where the women's and children's safety support service is not equipped to integrate healing work into, or alongside, support work and advocacy, the service explores other options to support the victim’s and survivor’s healing journey.

## Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



# Constraints and enablers

List below any constraints and enablers to achieving quality practice for this theme. Be specific – avoid making general statements such as “funding limitations” without explanation of the relevant funding gap. Enablers and opportunities can be outlined in relation to alternative or creative ways of addressing constraints and barriers or might relate to other issues.

When considering constraints and enablers, consider:

- wider DFV service system strengths and weaknesses
- funding and contractual arrangements with the government department or other source commissioning your program
- staffing and recruitment
- cross-agency collaborative opportunities and barriers
- community linkages
- organisational resources from other program areas
- other local and state/territory-wide contextual factors.

CONSTRAINTS AND BARRIERS	ENABLERS AND OPPORTUNITIES

# THEME 5: Theoretical models and curriculum development



**28** The MBCP puts into practice its **theoretical foundations** – in terms of the processes and elements of change the program is purported to be based on – **with integrity**.

## Indicators

<p><b>28.A</b> The MBCP’s model of work addresses the underlying drivers of men’s choices to use DFV and supports men’s motivation to stop violent and controlling behaviour and to build safety for their relationships, family and community.</p>	<p>STANDARD PRACTICE</p>
<p><b>28.B</b> The MBCP’s model of work supports the development of men’s accountabilities to the experiences and needs of those who his behaviour has harmed, to his own values and strivings consistent with nonviolence and, in a First Nations context, to family and community healing.</p>	
<p><b>28.C</b> The MBCP’s intended processes and elements of DFV behaviour change, based on its theoretical foundations, are clearly articulated in a program manual.</p>	
<p><b>28.D</b> The MBCP’s approach to men’s behaviour change – as operationalised through its group-work curriculum and individual contact with each adult person using violence – is consistent with these theoretical foundations.</p>	
<p><b>28.E</b> Facilitators and other MBCP workers are sufficiently trained and skilled in the program’s theoretical foundations and approach and critically reflect on the approach’s strengths and weaknesses.</p>	
<p><b>28.F</b> The MBCP’s supervision system considers the program’s theoretical foundations and approach.</p>	
<p><b>28.G</b> The MBCP provider’s management supports the program’s theoretical foundations and approach and the implications of this approach for the agency’s response to DFV across the organisation.</p>	
<p><b>28.H</b> The MBCP has a sufficiently detailed program guide for workers that fosters a consistent approach while maintaining flexibility and responsiveness.</p>	
<p><b>28.I</b> Reflective practice processes, including observation and live supervision of practice, is used to check on program integrity.</p>	<p>STANDARD PRACTICE</p>

## Rating

Potentially problematic practice (0)      Significant work to do (1)      Working towards quality practice (2)      Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT





**29** The MBCP uses **dialogical processes that cater to a range of learning styles**, not just psychoeducation.

### Indicators

**29.A** The MBCP curriculum, and the approach towards engaging the men, is based at least in part on dialogical processes. This might include invitational narrative or Duluth-structured enquiry,<sup>5</sup> or other means through which participants become active agents in the learning.

**29.B** The MBCP adopts a mix of engagement styles, including visual concepts and prompts, movement, and opportunities for practice.

**29.C** Group-work processes and activities are responsive to participants' learning preferences, neurodiversity, cognitive capacities, and mental and physical health considerations.

**29.D** While minimising collusion with men's violence-supporting narratives, the MBCP provides space for men to talk about their lives, be listened to, and to feel that their lives and aspirations matter.

### Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**30** The MBCP uses **trauma- and violence-informed practice (TVIP)** in the context of MBCP work.

## Indicators

**30.A** MBCP workers do not await disclosure before applying the principles of TVIP,<sup>6</sup> especially when working with men from communities or cohorts who experience significant rates of trauma.

STANDARD PRACTICE

**30.B** The MBCP has processes in place to identify when an adult person using violence might be continuing to experience ongoing traumatic experiences.

**30.C** The MBCP ensures that assessing men's shame tolerance, shame anxiety and the presence of chronic shame is a routine part of the assessment process with serious-risk adult users of DFV.

**30.D** The MBCP makes a thorough safety assessment in relation to men who have experienced complex trauma, not just of the man's propensity to use violent and controlling behaviour, but also his own living conditions.

**30.E** The MBCP actively works to avoid unintentionally triggering clients' traumatic experiences (for example, through ensuring they have choice and autonomy, providing privacy and confidentiality in physical spaces, providing predictability and consistency in how policies and procedures are applied).

**30.F** The MBCP aims to help adult persons using violence with complex trauma to identify trauma symptoms when they occur and to assist him to manage and reduce these symptoms "in the moment".

## Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**31 [First Nations element]** The MBCP is considered and deliberate in *how* and *why* it does, or does not, **integrate healing work** into its program when working with First Nations communities.

## Indicators

- STANDARD PRACTICE
**31.A** The MBCP understands that behaviour change work with First Nations men occurs in the context of long-term journeys of healing, and that the former cannot be disconnected from the latter.
- 31.B** The MBCP understands that First Nations men’s healing journeys are not separate from the healing journeys of their families nor of their communities as a whole.
- 31.C** The MBCP determines how it takes into account First Nations participants’ healing needs and journeys in relation to the specific contexts of local and regional communities.
- 31.D** The MBCP works within its limits concerning how it can, and cannot, contribute to men’s healing journeys.
- 31.E [aspirational]** The MBCP considers each First Nations man’s specific healing needs and journeys as part of its case-planning processes. Where the MBCP is not equipped to integrate healing work into, or alongside, behaviour change work, other options to support the man “where he is at” in his healing journey are, where possible, identified.
- 31.F** When an MBCP is equipped to facilitate healing work and contribute to healing journeys for the men, it considers the most appropriate means of integrating healing work with behaviour change work.

## Rating

Potentially problematic practice (0)      Significant work to do (1)      Working towards quality practice (2)      Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**32 [First Nations element]** First Nations participants can **locate cultural strengths, cultural pride and resistance to colonisation and its impacts in the MBCP curriculum** and approach to behaviour change.

## Indicators

- 32.A** The MBCP curriculum and approach demonstrates consideration of how it can enable First Nations men to explore the impacts of colonisation, including intergenerational trauma and loss, and how these impacts are a driver of violence against Aboriginal women.

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- 32.B** The MBCP incorporates into its curriculum local and regional historical and current examples of colonisation and oppression, that the men in the program can relate to in a sensitive and informed manner.

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- 32.C** The MBCP curriculum and approach enables First Nations men to grapple with the problem of lateral violence and its impacts on themselves, their partners, children and the community.

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- 32.D** Women’s experiences are centralised and placed at the forefront of the behaviour change work with First Nations men, even when exploring the impacts of colonisation, identity loss and disconnection on the men. STANDARD PRACTICE

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- 32.E** The MBCP curriculum and approach includes a focus on collective accountability in the contexts of men’s community responsibilities and opportunities to contribute towards family and community healing.

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- 32.F** The MBCP uses strengths-based approaches that draw upon the cultural knowledge and ways of local and regional communities. STANDARD PRACTICE

## Rating

Potentially problematic practice (0)      Significant work to do (1)      Working towards quality practice (2)      Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**33** The MBCP has sufficient capability, capacity and processes in place to assess and address **intimate partner sexual violence (IPSV)**.

## Indicators

<p><b>33.A</b> The MBCP has the capacity and processes to assess IPSV, particularly through women’s and children’s safety support, but also through direct engagement with the adult person using violence.</p>	<p>STANDARD PRACTICE</p>
<p><b>33.B</b> MBCP workers (male and female) are supported through training, professional development and debriefing to work with issues of IPSV comfortably and skilfully.</p>	
<p><b>33.C</b> The MBCP curriculum seeds and builds its focus on IPSV across the program, rather than confining this focus solely to one or two dedicated sessions. Addressing IPSV is a major and continuous part of the curriculum.</p>	<p>STANDARD PRACTICE</p>
<p><b>33.D [aspirational]</b> The MBCP complements the focus on IPSV via group work with individual sessions with each man that focus in part on IPSV.</p>	
<p><b>33.E</b> Where appropriate, the MBCP ensures issues of IPSV are included in safety planning with adult persons using violence at multiple points through the program.</p>	

## Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**34** The MBCP curriculum includes a focus on **jealousy** and provides men with strategies to make safe and respectful choices when experiencing jealousy.

## Indicators

**34.A** Jealousy is recognised as a significant risk factor in ongoing risk assessments.

STANDARD PRACTICE

**34.B** The MBCP focuses on jealousy and its destructive effects on relationships at multiple points across the program.

**34.C** The MBCP engages adult users of violence on strategies to make safe and respectful choices when experiencing jealousy.

**34.D** Men are supported through the program to grapple with destructive and gendered attitudes and beliefs about jealousy.

## Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**35** The MBCP explores the **specific impacts of violence on children**, and the **safety and wellbeing of children is kept in view** at all times.

## Indicators

**35.A** The MBCP brings children's needs and experiences into view, when safe to do so, throughout group-work and individual sessions.

STANDARD PRACTICE

**35.B** The MBCP does not automatically assume that each adult person using violence who is a parent or parent figure to children will be motivated to change his behaviour by appealing to the impacts on children.

**35.C** The MBCP is conscious of how some adult users of violence weaponise their role and identity as a father to control, punish or otherwise harm their (ex)partner.

STANDARD PRACTICE

**35.D** The MBCP assists men to explore what their growing understanding of the impacts of DFV on children mean for commitments they can make to change their behaviour.

**35.E** The MBCP assists men to explore the vital importance of children's bond with their mother for their development and wellbeing and of supporting, rather than harming, mother-child relationships and her role as a parent.

STANDARD PRACTICE

**35.F** The MBCP assists men to explore the vital importance of children's relationships with extended family and kin, with other cultural and community supports, and with services that focus on children's health and social and emotional wellbeing.

**35.G [aspirational]** The MBCP provides additional program time - in the form of additional group-work sessions and/or individual sessions - for program participants who are fathers or father figures. This additional time is used to explore:

- the abovementioned themes in more depth
- what being a "good father" means to him
- becoming more child focused rather than self-focused in his parenting
- what the impacts of his violence on the children he cares for means for how he might need to parent or care for them differently
- what he might be able to do to repair some of the harm he has caused to his children's emotional wellbeing, social relationships, stability and development; and
- what he might be able to do to help restore a safe and nurturing environment for his children.

*Rating matrix on next page*



**35** The MBCP explores the **specific impacts of violence on children**, and the **safety and wellbeing of children is kept in view** at all times.

## Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT





## 36 The MBCP works towards secondary and tertiary desistance goals.

### Indicators

**36.A** The MBCP recognises that behaviour change takes time and that gains are often incremental. The MBCP provider as a whole, and the MBCP team, do not make claims about the potential effectiveness of the program that are unwarranted in relation to the particular length of the program and its power to change ingrained attitudes, beliefs and behaviours.

STANDARD PRACTICE

**36.B** The MBCP has deliberate, culturally appropriate processes to work towards secondary and tertiary desistance goals and is not solely focused on primary desistance. This includes a focus on men's evolving identity in ways that might drive current and future choices to use nonviolence, build safety and engage in respectful ways of relating. It also includes a focus on how men might develop or restore connections with others who value these aspects of the man's evolving identity.

### Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



# Constraints and enablers

List below any constraints and enablers to achieving quality practice for this theme. Be specific – avoid making general statements such as “funding limitations” without explanation of the relevant funding gap. Enablers and opportunities can be outlined in relation to alternative or creative ways of addressing constraints and barriers or might relate to other issues.

When considering constraints and enablers, consider:

- wider DFV service system strengths and weaknesses
- funding and contractual arrangements with the government department or other source commissioning your program
- staffing and recruitment
- cross-agency collaborative opportunities and barriers
- community linkages
- organisational resources from other program areas
- other local and state/territory-wide contextual factors.

CONSTRAINTS AND BARRIERS	ENABLERS AND OPPORTUNITIES

## THEME 6: Access and participation



**37** The MBCP has appropriate **eligibility and suitability** criteria and processes.

### Indicators

**37.A** The MBCP communicates its eligibility criteria clearly to referrers.

**37.B** The MBCP listens to the community and is flexible about suitability criteria and referral pathways with the safety of women and children at the core of all decision-making.

**37.C** The MBCP does not automatically exclude a referral in situations where the man poses a particularly serious risk to victims and survivors and/or demonstrates little or no motivation to work on his behaviour. Instead, the MBCP considers multiple factors when determining whether to accept referrals in these situations, particularly focusing on what would produce most benefit for victims and survivors and how accepting the referral would fit into other agency efforts to manage the risk posed by the man.

STANDARD  
PRACTICE

**37.D** The MBCP has guidelines or processes in place so that when a man is assessed as ineligible or unsuitable for the group, they are referred to other appropriate services and their ex/partners are referred to women's services.

**37.E** The MBCP does not automatically deem a referral unsuitable when the adult person using violence is struggling with AOD use, poor mental health or other complex needs. Instead, the MBCP conducts a risk and needs assessment to determine if the complex needs can be addressed in parallel with the commencement of MBCP work, or if the complex needs should be stabilised first.

**37.F** Where an adult person using violence is deemed temporarily unsuitable for the group due to the intensity of AOD use, mental health or other complex needs, and the MBCP provider does not have the capacity to address or case manage these needs, the MBCP liaises with the referrer about what would be required for the adult to be suitable for the MBCP.

STANDARD  
PRACTICE

**37.G [aspirational]** The MBCP develops and enacts strategies to improve the program's responsiveness to cohorts that are eligible for the program, but not suited to a strictly mainstream approach. This might includeGBTQ men, refugee or migrant men with limited English skills, men with significant cognitive impairment or men without neurotypical privilege.

### Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**38** The willingness and motivation of each adult person using violence to participate in the program is assessed on an ongoing basis beginning with initial assessment.

### Indicators

**38.A** The MBCP anticipates that most men will commence the program with limited internal motivation to participate genuinely in the program. However, it does not consider men with limited internal motivation unsuitable for the program.

**38.B** Motivational interviewing and enhancement strategies are incorporated within initial assessment sessions, and in the group-work curriculum, to strengthen the man's willingness and commitment to work towards change.

**38.C** The MBCP monitors changes in the nature and levels of each man's motivation across his participation in the program. This monitoring influences each man's evolving case plan and is considered in ongoing risk assessment.

STANDARD PRACTICE

**38.D [aspirational]** Additional individual sessions are available for adult persons using violence who demonstrate markedly low levels of willingness and motivation during initial assessment.

### Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**39** The MBCP manages **waitlists** carefully.

## Indicators

**39.A** The MBCP adopts strategies to attempt to avoid the need for, or that limits the size of, waitlists. This might include modular or open entry group structures and extending the number of initial assessment sessions.

**39.B** The MBCP makes periodic contact with men on waitlists, in an attempt to keep them engaged and to monitor risk.

**39.C** Women’s and children’s safety support is offered to (ex)partners of men on waitlists, especially in cases where men are assessed as serious risk.

**39.D [aspirational]** Women’s and children’s safety support is offered to all eligible (ex)partners of men on waitlists.

**39.E** The MBCP notifies government, the funding body and key referrers when waitlists build towards unsustainable levels, or when major changes occur in program capacity in other ways.

STANDARD  
PRACTICE

## Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**40 [First Nations element]** The MBCP has strategies in place to increase the **likelihood of participation from First Nations men.**

### Indicators

**40.A** MBCP workers spend time developing trusting relationships with First Nations men referred into the program.

**40.B** The MBCP develops or sources culturally safe resources to support men’s understanding of program content. Metaphors and concepts are adapted for local context, culture and levels of literacy. Images and other strategies that are used to help build empathy are culturally appropriate and grounded in context.

STANDARD PRACTICE

**40.C** The MBCP understands the cultural obligations of Aboriginal men and attendance will be negotiated during these times.

**40.D** The MBCP learns from local and regional communities about cultural protocols that need to be respected for men to feel safe to participate in the program and for the program to be aligned to community norms and expectations.

STANDARD PRACTICE

**40.E [aspirational]** The MBCP uses proactive outreach to assist men who have transport or other barriers to attend group-work and individual sessions.

### Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**41** The MBCP considers current evidence and quality practice regarding the **use of technology in MBCP work** prior to introducing this into their program.

### Indicators

**41.A** The MBCP reviews published and informal evaluations of, and guidelines for, running MBCP group-work sessions online, to inform whether and, if so, how to introduce this modality into their program.

**41.B [aspirational]** The MBCP considers new developments in the use of apps and other new technologies designed to assist adult users of DFV to make safe behavioural choices around family members.

### Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



# Constraints and enablers

List below any constraints and enablers to achieving quality practice for this theme. Be specific – avoid making general statements such as “funding limitations” without explanation of the relevant funding gap. Enablers and opportunities can be outlined in relation to alternative or creative ways of addressing constraints and barriers or might relate to other issues.

When considering constraints and enablers, consider:

- wider DFV service system strengths and weaknesses
- funding and contractual arrangements with the government department or other source commissioning your program
- staffing and recruitment
- cross-agency collaborative opportunities and barriers
- community linkages
- organisational resources from other program areas
- other local and state/territory-wide contextual factors.

CONSTRAINTS AND BARRIERS	ENABLERS AND OPPORTUNITIES





**42** The MBCP works towards providing a **safe response** to men and their families **from a range of community and cultural contexts**.

## Indicators

**42.A** The MBCP has a multifaceted strategy in place to improve its responsiveness to *lesbian, gay, bisexual, trans, queer and non-binary people* who use or experience DFV. This includes staff professional development and links with specialist LGBTIQ+ services to enable secondary consultations.

**42.B** The MBCP puts into practice strategies to improve its responsiveness to men who use DFV from *culturally and linguistically diverse (CALD), refugee or newly arrived backgrounds*. These strategies focus on developing cultural proficiency and humility at the organisational and worker levels and respectful collaboration with migrant and refugee centres, settlement services providers and ethnocultural organisations and associations.

**42.C** The MBCP adopts a respectful approach towards assessing how the adult person using violence might draw upon and appropriate culture and religion to support his victim-stance thinking and violence-supporting attitudes and beliefs.

**42.D** The MBCP demonstrates sensitivity to the oppression, trauma, collective shame and discrimination experienced by minoritised communities, and what this means for taking an intersectional approach towards working with adult users of violence from these communities.

STANDARD PRACTICE

**42.E [aspirational]** The MBCP identifies program participants who do not have *neurotypical privilege* and, where possible, adapts aspects of program delivery to these participants.

## Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**43** The MBCP tailors approaches to **participants with cognitive disability or impairment.**

### Indicators

**43.A** The MBCP screens for cognitive disability or impairment in circumstances where this is suspected.<sup>7</sup>

**43.B** The MBCP adapts aspects of program delivery for participants with cognitive disability or impairment.

**43.C [aspirational]** The MBCP runs separate group-work sessions or processes for men with cognitive disability or impairment and/or for men who for other reasons might struggle to participate effectively in a standard group context. This might include smaller groups and other adjustments.

### Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**44 [First Nations element]** The MBCP tailors the program for First Nations users of violence and their families.

### Indicators

**44.A** The MBCP takes steps to tailor the program for First Nations men and families. This may involve:

- deep listening to each man, including his journey, what matters to him and his family
- a focus on social and emotional wellbeing
- support to access the program (addressing barriers)
- to the extent possible depending on existing practitioner skillset, offering different modalities of behaviour change work such as art, role play, yarning and outside grounding work
- responsivity to men with cognitive disability or other cohorts such as the First Nations queer community
- the use of additional individual sessions to build rapport and prepare the man for the program and/or to address complex needs (for example, employment, housing, education, substance abuse); and
- developing safety plans that the men will remember, that suit their ways of learning and being in their community.

**44.B** The MBCP works with community correctional services and other organisations to support throughcare for Aboriginal men recently released from prison.

**44.C [aspirational]** The MBCP engages men in prison, through individual sessions, on motivational enhancement and behaviour change work that is continued post release.

### Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**45** The MBCP tailors responses to each program participant based on the **needs of adults and children who experience his violence**.

## Indicators

**45.A** The MBCP ensures ongoing risk and harm assessment shapes intervention goals and case plans with the man.

**45.B** Women’s and children’s needs and preferences are actively sought through the women’s and children’s safety support service, and when safe to do so, influence intervention goals and case plans with the man.

STANDARD  
PRACTICE

**45.C [aspirational]** Perpetrator pattern-mapping tools and processes are used to help identify specifically what family members need the man to stop doing, start doing, or do less or more of.

## Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



## 46 The MBCP tailors its response to **men with complex needs and who present a serious risk.**

### Indicators

<p><b>46.A</b> The MBCP has sound risk assessment and analysis processes to identify adult users of DFV who present a serious risk to the safety and wellbeing of victim(s) and survivor(s).</p>	
<p><b>46.B</b> The MBCP conducts a risk and needs assessment through initial individual sessions with the man, initial contact with their (ex)partner through women's and children's safety support, and through information sharing with other agencies. This assessment determines the nature, significance and intensity of any complex needs that contribute towards risk and that limit the man's capacity to participate in DFV behaviour change processes.</p>	STANDARD PRACTICE
<p><b>46.C</b> The MBCP <u>identifies</u> those adult users of violence who - due to posing serious risk and/or having complex needs - require a lengthier and/or more intense program response involving additional intervention components. To the extent possible, the MBCP <u>provides</u> these participants with a lengthier and/or more intense program than other participants.</p>	
<p><b>46.C</b> In situations of mandated referrals, when a risk, harm and needs analysis identifies that a man requires a relatively lengthy and/or intense program response and/or complex arrangements for service sequencing and coordination, the MBCP <u>communicates this to the referrer</u> to confer about the implications.</p>	
<p><b>46.E</b> The MBCP ensures that interventions involving direct engagement with serious-risk men are integrated with multi-agency responses that work on strategies to disrupt opportunities for violence and reduce risk. The MBCP performs an active role in contributing to the development of these multi-agency strategies through both the FSF meetings as well as through multi-agency collaboration before and after the case is considered by the FSF.</p>	STANDARD PRACTICE
<p><b>46.F</b> <i>[aspirational]</i> The MBCP provides an extended and enhanced approach to participants who have a significant history of using violence in a range of situations and settings, including outside of a family context. This approach considers the interplay of both gendered and generalised violence beliefs.</p>	
<p><b>46.G</b> The MBCP addresses AOD use, mental health and other complex needs through case management approaches. Case management approaches focus on reducing the influence of these factors in limiting capacity to engage in behaviour change work and in contributing towards escalated risk.</p>	

### Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



47 The MBCP demonstrates some attempts to **address AOD use** in the context of its work.

## Indicators

**47.A** The MBCP addresses AOD use, when applicable, as a priority contributing factor. This could be through case managing the involvement of specialist AOD services for those participants where AOD use is an issue.

**47.B** The MBCP assesses the behaviours associated with the individual's substance use - not only the substance use itself - in terms of the dynamics associated with risk and harm. This includes the individual's thinking, motivation for use and behaviours associated with cravings; acquiring the substance; planning its use; withdrawal; and maintaining connections related to use.

**47.C [aspirational]** The MBCP co-locates some service provision with AOD services to enhance a closely collaborative response.

**47.D [aspirational]** The MBCP includes a module or multiple sessions within the group-work curriculum focusing on AOD use or, alternatively, this is weaved into the curriculum at multiple points.

**47.E** The MBCP draws upon the support of specialist AOD services, through secondary consultations and other means, to expand their capability to assess AOD use during the initial risk, harm and needs assessment.

**47.F [aspirational]** Secondary consultations allow MBCP workers to provide treatment of AOD issues within realistic parameters.

## Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**48** The approach to all adult persons using violence engaging in the MBCP is influenced by **case-planning** processes.

## Indicators

**48.A** The MBCP has a sufficient intake and initial assessment phase, consisting of a sufficient number of individual sessions with the adult person using violence prior to commencing group work. These individual sessions:

- contribute towards an initial assessment of risk, harm and complex needs
- determine suitability for the adult to participate in the program
- identify how the program might need to be responsive to the adult's identity, health issues, cognitive capacity and processing, and to other considerations
- establish a working relationship with the man
- support his motivation to participate
- introduce him to the program including his responsibilities as a participant; and
- enable preliminary development of a case plan or at least some degree of tailored focus.

**48.B** The case plan is informed by information obtained through the women's and children's safety support service and through information sharing with other services. It reflects the ongoing risk, harm and needs analysis conducted by the MBCP, and the needs and preferences of victims and survivors who experience the impacts of the man's behaviour.

**48.C** The MBCP adopts two streams of the case-planning process:

1. A worker-facing stream where case plans are developed collaboratively between MBCP team members, involving, where relevant, the women's and children's safety support service. Case plans, and associated documentation, is not shown to the adult person using violence. The case plan is influenced by information provided by the victim and survivor and other sources, including worker observations and professional judgement that have not been communicated to the man. The case plan serves as a guide for workers.
2. A client-facing stream that involves collaboration with the participant through, for example, case planning with him to establish and further develop goals concerning his participation in the program. This stream of case planning is documented or represented in a way that is shared with the adult person using violence and is used directly with the client as an active intervention tool.

**48.D** The MBCP considers carefully which components of a worker-facing case plan are safe to share with the adult person using violence and how these case-plan goals are worded.

**48.E** In situations of mandated referrals, the MBCP considers whether the referrer should be provided with case plans to assist their role in engaging the man and in contributing to risk management.

**48.F** The MBCP gives some attention to updating or modifying both the worker-facing and client-facing streams of the plan as new information and observations come to hand.

**48.G** The worker-facing and client-facing case plans are documented in sufficient ways. The client-facing plan is accessible to the man's preferred styles of learning and attuned to his language and literacy needs and preferences.

**48.H** The client-facing case planning is informed by ongoing safety planning throughout the man's participation in the MBCP.

**48.I** The participant's progress in relation to case-planning goals has a bearing on the program provided to him. That is:

- if he is not making sufficient progress towards meeting the behavioural and attitudinal goals in the case plan, the MBCP reviews and revisits how the intervention can be adapted to make this more likely
- where adaptations are not possible, or might not make a difference, the MBCP considers how to communicate to the man, victims and survivors and to key system agencies involved in managing the risk he poses, that he is not making sufficient progress in working towards the goals in his case plan.

*Rating matrix on next page*



48 The approach to all adult persons using violence engaging in the MBCP is influenced by **case-planning** processes.

## Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT





**49** The MBCP has **capacity to provide case management** sessions for those adult users of DFV who need it.

## Indicators

- 49.A The MBCP adopts principles and practices of *safe and effective DFV-focused case management* with adult users of DFV.

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- 49.B The MBCP considers how success in meeting the complex needs of an adult person using violence might increase the person's capacity to cause harm to victims and survivors.

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- 49.C Case management goals are reviewed and modified on an ongoing basis. The MBCP anticipates how successfully addressing particular complex needs might result in new stresses and challenges for the adult person using violence that will need to be incorporated into the case plan.

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- 49.D The MBCP develops and strengthens relationships with AOD, mental health, other health, housing and community services to enable and streamline referral options for program participants. STANDARD PRACTICE

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- 49.E The MBCP adopts a flexible and proactive outreach approach through frequent liaison with service providers, the use of active referrals and other means to support men's attendance and participation in services that address complex needs.

## Rating

Potentially problematic practice (0)      Significant work to do (1)      Working towards quality practice (2)      Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**50** The MBCP has some **capacity to offer individual sessions and other forms of individual contact** to at least some program participants, beyond those provided during initial assessment and at program exit.

## Indicators

<p><b>50.A</b> The MBCP’s capacity to provide individual sessions is used strategically and prioritised for adult persons using violence who:</p> <ul style="list-style-type: none"> <li>• pose a serious risk to victims and survivors; and/or</li> <li>• have complex needs; and/or</li> <li>• who are at risk of deciding to discontinue with the program.</li> </ul>	STANDARD PRACTICE
<p><b>50.B</b> Adult users of violence who demonstrate a pattern of participating in group-work sessions in disruptive or passive ways are offered individual sessions to attempt to motivate them to participate more constructively, actively and genuinely.</p>	
<p><b>50.C</b> At least one individual session is offered to each adult person using violence approximately halfway through his participation in the program.</p>	
<p><b>50.D</b> The MBCP attempts some forms of individual contact to assess and enhance the man’s motivation to genuinely participate in the program at periodical points through the program. This can include phone contacts in between group-work sessions, discussions after group-work sessions or outreach visits.</p>	
<p><b>50.E</b> Phone contacts in between group-work sessions are used selectively and where resources allow to follow-up particular issues with participants in a targeted and strategic way.</p>	STANDARD PRACTICE
<p><b>50.F</b> <i>[aspirational]</i> Participants are offered more than two initial assessment sessions before they commence the group-work component of the program, to assist with motivating their readiness to participate in the program and to begin the process of inviting them to move away from victim stance thinking.</p>	
<p><b>50.G</b> <i>[aspirational]</i> Participants are offered individual sessions to strengthen their engagement with challenging program content, such as to focus on sexual respect and sexual violence and impacts of DFV on children. These individual sessions would be offered in close proximity to the group-work sessions focusing on these themes.</p>	
<p><b>50.H</b> The MBCP takes a deliberate and planned approach when engaging adult users of DFV in individual sessions as a replacement for group-work sessions.</p>	STANDARD PRACTICE
<p><b>50.I</b> The MBCP applies safeguards for workers providing individual sessions so as not to fall into collusive practice. This might include audio-recording some sessions for review in supervision.</p>	
<p><b>50.J</b> Women’s and children’s safety support, and all other essential elements for safe and appropriate program delivery, take place when individual sessions are used as a replacement for group-work sessions for any adult person using violence.</p>	STANDARD PRACTICE

Rating matrix on next page



**50** The MBCP has some **capacity to offer individual sessions and other forms of individual contact** to at least some program participants, beyond those provided during initial assessment and at program exit.

### Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**51** The MBCP has an approach that considers **transitions after the adult person using violence has completed the program** towards other forms of support that might assist him to stay committed to a path towards nonviolence.

## Indicators

**51.A** The MBCP enacts a deliberate strategy of stepped down support, or a “tapering off” of engagement, in the latter part of the man’s participation in the program.

**51.B** The MBCP’s stepped down support includes one or more individual exit review sessions with the adult person using violence. These sessions, in part, help to consolidate the participant’s behaviour change commitments and safety-building actions, based on his journey throughout the program.

STANDARD  
PRACTICE

**51.C [aspirational]** When a man is referred to the MBCP by a court, the man presents and explains his safety and accountability plan to the magistrate or judge as part of the court’s judicial oversight of the man’s participation in the MBCP.

**51.D** The MBCP requires mandated men, and encourages men who self-refer or participate voluntarily, to continue formally engaging with the program for at least an additional 2 to 3 months beyond the cessation of the main group-work component of the program. This participation might occur through individual sessions, phone contact, outreach to men’s homes, and/or participation in a “maintenance” or ongoing support group.

**51.E** The MBCP supports men to engage in other options after they have completed the program, that will assist them to continue a focus on their behaviour change journey and to address issues that will support this journey.

**51.F** The MBCP shares information with other options/services that men are referred to after they have completed the program, so as to support those services to keep the man’s behaviour in view and to reinforce behaviour change themes.

**51.G [aspirational]** The MBCP maintains periodical contact with services the man is referred to after he has formally completed engagement with the program, to enable these services to encourage the man to maintain some engagement with the program (for example, through occasional individual maintenance sessions).

**51.H [aspirational]** The MBCP conducts one or more follow-up contacts with the man several months after he has formally completed his engagement with the program.

## Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



# Constraints and enablers

List below any constraints and enablers to achieving quality practice for this theme. Be specific – avoid making general statements such as “funding limitations” without explanation of the relevant funding gap. Enablers and opportunities can be outlined in relation to alternative or creative ways of addressing constraints and barriers or might relate to other issues.

When considering constraints and enablers, consider:

- wider DFV service system strengths and weaknesses
- funding and contractual arrangements with the government department or other source commissioning your program
- staffing and recruitment
- cross-agency collaborative opportunities and barriers
- community linkages
- organisational resources from other program areas
- other local and state/territory-wide contextual factors.

CONSTRAINTS AND BARRIERS	ENABLERS AND OPPORTUNITIES



## 52 MBCP workers have adequate **qualifications and foundational training**.

### Indicators

52.A	The facilitator team consists of at least one senior facilitator with several years' experience in the provision of MBCP group work.	STANDARD PRACTICE
52.B	Emerging facilitators observe and critically reflect on at least the majority of a group-work program before they commence co-facilitation as part of a facilitator team.	
52.C	Only senior facilitators, or those with an intermediate level of experience, conduct individual sessions with adult persons using violence.	
52.D	Emerging facilitators without social work, psychology, behavioural sciences or equivalent undergraduate qualifications are supported by the MBCP provider agency to obtain a relevant vocational education and training (VET) or tertiary qualification.	
52.E	Workers have relevant and ongoing training and/or qualifications in intersectional feminist theory and frameworks for understanding DFV, response-based practice, application of the Safe & Together™ Model, <sup>9</sup> specialist DFV training, violence- and trauma-informed practice, cultural safety, and specialist DFV risk assessment and risk management.	
52.F	The MBCP provider conducts a capability gap analysis for each worker recruited into the team. The provider identifies gaps in knowledge and skill competencies required for the role and supports the worker to eliminate these competency gaps through training, professional development, coaching and supervision.	STANDARD PRACTICE
52.G	<i>[aspirational]</i> The MBCP workers are supported by the program provider, and by government, to obtain competency-based or subject-based qualifications specific to interventions with adult users of DFV.	
52.H	<i>[aspirational]</i> New and emerging male MBCP workers experience MBCP work as a program participant during their initial period of learning the work.	

### Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**53** The MBCP has in place **professional development plans** for each worker.

## Indicators

**53.A** Each MBCP worker – both men’s and women’s and children’s safety support workers – have their own, individualised professional development plan. These plans are updated on a regular basis.

**53.B** Professional development plans include an analysis of the worker’s capability building needs with respect to culturally safe work with people from:

- First Nations communities
- LGBTIQ+ communities
- culturally and linguistically diverse communities.

**53.C** Professional development for team members includes issues related to the intersection of the practitioner’s gender identity and their work.

**53.D** Professional development is offered to women’s and children’s safety workers in ways that reflect the highly specialised and nuanced nature of this work.

STANDARD  
PRACTICE

## Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT

**54** The MBCP is aware of and addresses the **gender-dynamics of its team**.

### Indicators

- 54.A** MBCP group-work sessions include at least one female-identifying worker. Where this is not possible, the MBCP puts measures in place to reduce the impact of the lack of a woman in the room.
- 54.B** Female workers in the MBCP team are supported to reach out and find solidarity with female workers from other programs and jurisdictions, to share experiences about what it means to be “the only woman in the room”.
- 54.C** Male workers in the MBCP team are encouraged to identify and reflect on their own use of male privilege and entitlement, including in their relationships with female colleagues and to contribute proactively towards gender equitable processes, structures and systems in the workplace and elsewhere.
- 54.D** Male staff are expected and supported to be accountable to the experience of their female colleagues, particularly in terms of how male staff enact and understand gender.
- 54.E** MBCP team leaders and managers identify work practices that create gender inequality within the team and more broadly across the organisation. Gender equitable strategies are adopted, applied sensitively and guided by the experience and wishes of staff members without male hetero-cis privilege.

STANDARD PRACTICE

### Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT





**55** The MBCP has a sufficiently developed **supervision system** in place.

## Indicators

55.A The MBCP provider adopts a multifaceted supervision system for its MBCP workers.	STANDARD PRACTICE
55.B The MBCP provider understands that supervision is different to management of individual workers and conducts management separately and additionally to supervision activities. External supervisors - who are highly experienced and qualified in MBCP work - might be used for this purpose.	
<p>55.C MBCP supervision activities include:</p> <ul style="list-style-type: none"> <li>• individual clinical supervision at minimum frequency of monthly or fortnightly for less experienced workers</li> <li>• some opportunities for team-based, group or peer supervision</li> <li>• debriefing that is responsive to critical incidents or situations where staff wellbeing has been impacted.</li> </ul>	STANDARD PRACTICE
55.D Supervision is offered to women's and children's safety workers and men's workers equitably.	
55.E Supervision activities incorporate, and are sensitive to, gendered issues in MBCP practice, including the unique and different challenges facing female and male workers.	
55.F Supervisors have sufficient experience and expertise both in DFV service delivery and in the provision of supervision.	
55.G Supervisors look out for signs of vicarious trauma among MBCP team members and respond in an appropriate and timely manner.	STANDARD PRACTICE
55.H <i>[aspirational]</i> Observations of live practice are made of each worker by a sufficiently qualified and experienced MBCP supervisor; alternatively, group-work sessions can be recorded on a periodical basis and reviewed by the supervisor.	

## Rating

Potentially problematic practice (0)      Significant work to do (1)      Working towards quality practice (2)      Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**56 [First Nations element]** The MBCP has an **appropriate team for working with First Nations** men, women and families.

## Indicators

56.A The MBCP is deliberate and responsive to community preferences in their decision as to whether to use Aboriginal or non-Aboriginal workers.	STANDARD PRACTICE
56.B Where the MBCP uses non-Aboriginal workers, it provides adequate professional development, supervision and support to enable them to work safely with First Nations people and communities.	
56.C <i>[aspirational]</i> The MBCP draws upon Aboriginal cultural advisors or peer support workers to support non-Aboriginal workers in their work with First Nations people and communities.	
56.D Where the MBCP uses First Nations workers, they have a process to consider whether they have good community standing.	
56.E The MBCP provider, where it is not an ACCO, demonstrates consideration of its own barriers to providing culturally safe services (e.g. by examining its own white culture and white lens) and embeds cultural safety in workplace practice, including policies and procedures.	
56.F MBCP workers demonstrate significant knowledge and understanding of the ongoing impacts of colonisation for Aboriginal and Torres Strait Islander people and the impacts of trauma. This needs to include the local history of the area they are working in, including significant local events that marked accelerated or new forms of dispossession of First Nations communities from land and culture, massacres, mission camps and Aboriginal resistance.	STANDARD PRACTICE
56.G The MBCP engages local community advisory group/s or engages with community through other means to support staff awareness of the context of the work.	
56.H The MBCP's induction includes a component on the history of the local environment and cultural history of the area, including the additional barriers and obstacles communities may face in the context.	

## Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**57** The MBCP is **supported by its organisation**.

### Indicators

57.A The MBCP provider has policies and procedures in place to manage the program safely and effectively.	STANDARD PRACTICE
57.B The MBCP provider organisation, as a whole, is DFV-informed in how it runs its range of services.	
57.C The MBCP provider has the resources to run the program safely. This includes both men's and women's and children's safety support workers having the time and resources to conduct their work with integrity.	STANDARD PRACTICE
57.D The MBCP provider monitors case loads and puts strategies into place to prevent long-term patterns of unsustainable work practices.	
57.E Management supports MBCP workers to engage in practices of mutual and self-care, through a social justice and ethics driven approach towards burnout prevention and sustainable practice.	
57.F Management listens to the expertise and perspectives of its MBCP team and does not make decisions about service expansion, new funding contracts or new services without genuinely seeking their input.	
57.G Management uses the status of senior positions to assist the MBCP team, when required, in communications with partner agencies, for example, when agencies are unresponsive to the team's request for information sharing or risk management collaboration.	STANDARD PRACTICE
57.H Management understands the limits of its organisation in conducting work with and for Aboriginal communities. Management does not collude with the expectations of others that the organisation can start collaborating with Aboriginal communities that they have not (yet) been invited into.	

### Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



# Constraints and enablers

List below any constraints and enablers to achieving quality practice for this theme. Be specific – avoid making general statements such as “funding limitations” without explanation of the relevant funding gap. Enablers and opportunities can be outlined in relation to alternative or creative ways of addressing constraints and barriers or might relate to other issues.

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- funding and contractual arrangements with the government department or other source commissioning your program
- staffing and recruitment
- cross-agency collaborative opportunities and barriers
- community linkages
- organisational resources from other program areas
- other local and state/territory-wide contextual factors.

CONSTRAINTS AND BARRIERS	ENABLERS AND OPPORTUNITIES



**58** The MBCP undertakes **review activities** to monitor program integrity and assist with continuous improvement of program quality.

## Indicators

<p><b>58.A</b> The MBCP conducts regular brief reviews of the program. This review process includes information and learnings from worker perspectives on various aspects of service delivery, feedback from adult persons using violence, from victims and survivors, and from stakeholders.</p>	<p>STANDARD PRACTICE</p>
<p><b>58.B</b> The MBCP applies structured and consistent processes to obtain feedback from men and from victims and survivors participating in women’s and children’s safety support.</p>	
<p><b>58.C</b> The MBCP conducts <i>formal operational reviews</i> periodically. These have a similar focus to brief reviews, but also entail analysis of a minimum dataset (and additional data if required), disaggregated for various population cohorts to determine specific access and participant trends.</p>	
<p><b>58.D</b> All reviews attempt to identify opportunities to improve the program towards promoting victim and survivor safety, including through improvements in assessing, managing and monitoring risk.</p>	<p>STANDARD PRACTICE</p>
<p><b>58.E</b> The MBCP and its workers are grounded in the evidence base and constantly engage with emerging evidence. Reviews are informed by emerging evidence, identifying opportunities for continuous improvement.</p>	
<p><b>58.F</b> The group-work curriculum, and model of men’s behaviour change practice, is reviewed regularly.</p>	
<p><b>58.G</b> Critical incidents that occur in program delivery trigger a review of relevant processes and procedures.</p>	<p>STANDARD PRACTICE</p>
<p><b>58.H</b> Implications arising from reviews are provided to the MBCP provider’s senior management, and to the MBCP’s multi-agency advisory group, for consideration.</p>	
<p><b>58.I</b> Learnings to improve the quality of the program are, where feasible, put into practice. Issues identified that compromise the safety of practice are responded to with priority.</p>	<p>STANDARD PRACTICE</p>
<p><b>58.J [aspirational]</b> The MBCP enacts an ongoing practice management strategy through activities such as:</p> <ul style="list-style-type: none"> <li>• auditing of random samples of case files to determine if MBCP policies and procedures related to quality practice have been implemented</li> <li>• case study presentations to enable reflection and discussion by the whole team</li> <li>• review of recorded group-work and individual sessions; and/or</li> <li>• peer and group supervision sessions focusing on particular areas of program implementation.</li> </ul>	

Rating matrix on next page



**58** The MBCP undertakes **review activities** to monitor program integrity and assist with continuous improvement of program quality.

### Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**59** The MBCP undertakes or participates in **program impact evaluation** processes that measure medium-term outcomes.

### Indicators

**59.A** The MBCP builds upon program review processes to conduct its own internal evaluations every few years, focusing on intermediate outcomes in its program logic model.

**59.B** The MBCP ensures that when piloting a new or innovative approach or program, funds are set aside for an independent evaluation.

**59.C** The MBCP seeks to become evaluation ready before attempting an impact evaluation.

**59.D [aspirational]** The MBCP seeks collaborations with DFV researchers and research centres to build collaborative capacity for evaluation and research.

**59.E [aspirational]** The MBCP allocates resources for independent evaluation of the MBCP to examine intermediate outcomes.

### Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT



**60 [First Nations element]** The MBCP considers issues of **Indigenous Data Sovereignty (IDS)** when planning and undertaking evaluation activity.

## Indicators

- 60.A** The MBCP has awareness of the legacy and ongoing harms to First Nations people of coloniser appropriation and misuse of First Nations knowledge, data and cultural heritage.
- 60.B** The MBCP considers how the collection, analysis, reporting and dissemination of data about First Nations people and communities might impinge upon the community's rights to exercise control over their data.
- 60.C** Processes of Indigenous Data Governance (IDG) are well defined so that decisions about governance of First Nations data are self-determined by First Nations communities.

STANDARD PRACTICE

## Rating

Potentially problematic practice (0)

Significant work to do (1)

Working towards quality practice (2)

Achieving quality practice (3)

SUPPORTING EVIDENCE	EXPLANATION OF RATING	ACTIONS FOR IMPROVEMENT





# Constraints and enablers

List below any constraints and enablers to achieving quality practice for this theme. Be specific – avoid making general statements such as “funding limitations” without explanation of the relevant funding gap. Enablers and opportunities can be outlined in relation to alternative or creative ways of addressing constraints and barriers or might relate to other issues.

When considering constraints and enablers, consider:

- wider DFV service system strengths and weaknesses
- funding and contractual arrangements with the government department or other source commissioning your program
- staffing and recruitment
- cross-agency collaborative opportunities and barriers
- community linkages
- organisational resources from other program areas
- other local and state/territory-wide contextual factors.

CONSTRAINTS AND BARRIERS	ENABLERS AND OPPORTUNITIES

# Appendix A: Examples of supporting evidence sources

## THEME 1: Program design, aims and objectives



### Examples of supporting evidence

- Program manual
- Program logic
- Group-work curriculum
- Relevant written policies and procedures
- Case reviews
- Case file audits
- Other case-specific documentation
- Service participation data (for users of violence and for victims and survivors)
- Communications with ACCOs
- Cultural advisory group minutes and terms of reference
- Attendance at interagency forums
- Education of and skill-sharing exchanges with other agencies
- Cultural advisory group minutes and terms of reference
- Secondary consultations requested from other services
- Secondary consultations provided to other services
- Supervision records
- Professional development plans

## THEME 2: Integrated governance and practice



### Examples of supporting evidence

- Program manual
- Program logic
- Relevant written policies and procedures
- Communications with external agencies and community stakeholders
- Communications with child- and family-focused agencies
- Communications with ACCOs
- Memorandums of understanding (MOUs) and formal agreements with other agencies
- Attendance at interagency forums
- Education of and skill-sharing exchanges with other agencies
- MBCP advisory group terms of reference, agendas and meeting minutes
- Cultural advisory group minutes and terms of reference
- Secondary consultations requested from other services
- Secondary consultations provided to other services
- Referrals and referral processes to external services

# Appendix A: Examples of supporting evidence sources

## THEME 3: Risk assessment, analysis and management



### Examples of supporting evidence

- Program manual
- Relevant written policies and procedures
- Relevant tools and templates
- Case reviews
- Case file audits
- Other case-specific documentation
- Group-work session documentation
- Service activity data (men's workers and women's and children's safety support service)
- Service participation data (for users of violence and for victims and survivors)
- Initial intake and assessment case documentation
- Case-specific risk management documentation
- Risk management plans
- Risk Management Action Matrix
- MBCP-specific/focused critical incident reporting and response policy
- Documented risk mitigation strategies concerning children
- Documented risk mitigation strategies for systems- and program-instituted risks
- Information sharing policies and procedures
- Documented information sharing requests, responses and actions
- Notifications to statutory authorities
- Risk review meeting notes
- Case plans
- Safety (and accountability) plans
- Referrals to high-risk team meetings
- Participation in high-risk team meetings
- Organisation of and participation in case conferencing/coordination meetings
- Communications between men's workers and women's and children's safety support workers
- Communications with external agencies and community stakeholders
- Communications with child- and family-focused agencies
- Secondary consultations requested from other services
- Secondary consultations provided to other services
- Referrals and referral processes to external services
- Waitlist management documentation
- Training enrolment and participation by staff
- Supervision records
- Program completion report templates
- Program completion reports

# Appendix A: Examples of supporting evidence sources

## THEME 4: Women's and children's safety support in the context of MBCPs



### Examples of supporting evidence

- Program logic
- Women's and children's safety planning policies, procedures and templates
- Women's safety planning documentation
- Case reviews
- Women's case file audits
- Other case-specific documentation
- Women's and children's safety support service activity data
- Service participation data (for users of violence and for victims and survivors)
- Case-specific risk management documentation
- Risk management plans
- Documented risk mitigation strategies concerning children
- Documented risk mitigation strategies for systems- and program-instituted risks
- Perpetrator pattern maps focusing on impacts on child and family functioning
- Other documentation concerning impacts on children and goals related to reducing impacts
- Information sharing policies and procedures
- Documented information sharing requests, responses and actions
- Notifications to statutory authorities
- Risk review meeting notes
- Women's and children's safety planning policies, procedures and templates
- Women's exit interview notes
- Referrals to high-risk team meetings
- Participation in high-risk team meetings
- Organisation of and participation in case conferencing/coordination meetings
- Communications between men's workers and women's and children's safety support workers
- Communications with external agencies and community stakeholders
- Communications with child- and family-focused agencies
- Communications with ACCOs
- Memorandums of understanding (MOUs) and formal agreements with other agencies
- Women's and children's safety support employee files
- Women's and children's safety support worker professional development plans
- Training enrolment and participation by women's and children's safety support workers
- Women's and children's safety support worker caseloads
- Supervision records

# Appendix A: Examples of supporting evidence sources

## THEME 5: Theoretical models and curriculum development



### Examples of supporting evidence

- Program logic
- Written theory of (men's behaviour) change
- Written theory of integrating healing and behaviour change work (for First Nations programs)
- Program manual
- Group-work curriculum
- Post-session debriefing documentation
- Evidence of revisions/continuous improvement of program manual and curriculum
- Other documentation of behaviour change model
- Recorded or live supervisor observations of group-work practice
- Supervision records
- Observer notes
- Case reviews
- Case file audits
- Case plans
- Perpetrator pattern maps focusing on impacts on child and family functioning
- Other documentation concerning impacts on children and goals related to reducing impacts
- Professional development plans
- Staff enrolment and participation in training
- Program integrity analyses
- Policies related to the application of a TVIP lens
- Referrals to ACCOs

## THEME 6: Access and participation



### Examples of supporting evidence

- Program manual
- Group-work curriculum
- Evidence of revisions of group-work curriculum and continuous improvement
- Relevant written policies and procedures
- Case reviews
- Case file audits
- Other case-specific documentation
- Service activity data
- Service participation data (for users of violence and for victims and survivors)
- Initial intake and assessment case documentation
- Risk review meeting notes
- Case plans
- Safety (and accountability) plans
- Communications with external agencies and community stakeholders
- Communications with ACCOs
- Secondary consultations requested from other services
- Secondary consultations provided to other services
- Referrals and referral processes to external services
- Waitlist management documentation
- Program completion report templates
- Program completion reports
- Documentation concerning online program development (if applicable)

# Appendix A: Examples of supporting evidence sources

## THEME 7: Tailoring MBCP work



### Examples of supporting evidence

- Program manual
- MBCP-specific policies and procedures related to creating safety and security for minoritised communities
- Organisation-wide policies and procedures for creating safety and security
- Case reviews
- Case file audits
- Other case-specific documentation
- Group-work session documentation
- Service activity data (men's workers and women's and children's safety support service)
- Service participation data (for users of violence and for victims and survivors)
- Evidence of complex needs and responsivity analyses in initial intake and assessment case documentation
- Evidence of use of cognitive disability and impairment screening processes
- Case-specific risk management documentation
- Risk management plans
- Documented risk mitigation strategies concerning children
- Documented risk mitigation strategies for systems- and program-instituted risks
- Information sharing requests concerning information relating to complex needs
- Information sharing policies and procedures
- Documented information sharing requests, responses and actions
- Notifications to statutory authorities
- Risk review meeting notes
- Case plans - worker-facing and client-facing
- Evidence of adapting client-facing case plan formats to be responsive to client-preferred learning styles and cognitive capacities
- Safety (and accountability) plans
- Case management documentation
- Policies and protocols concerning proactive outreach
- Organisation of and participation in case conferencing/coordination meetings
- Communications between men's workers and women's and children's safety support workers
- Communications with external agencies and community stakeholders
- Communications with child- and family-focused agencies
- Communications with ACCOs
- Documented liaison with AOD providers
- Documented liaison with Community Corrections and NGO providers of throughcare services
- Secondary consultations requested from other services
- Secondary consultations provided to other services
- Referrals and referral processes to external services
- Program completion report templates
- Program completion reports
- Documentation related to provision of individual behaviour change sessions in lieu of group work

# Appendix A: Examples of supporting evidence sources

## THEME 8: Building a high-quality team



### Examples of supporting evidence

- Program manual
- Organisation-wide DFV policies and procedures
- Documented evidence of executive and managerial support for the program
- Budgeting and financial analysis related to the MBCP
- Practitioner reflections of managerial and executive understanding of the work of the MBCP
- Executive and managerial advocacy to government and other stakeholders concerning enabling factors for the safe and appropriate provision of MBCP work
- Evidence of executive and managerial support for the MBCP to operate within the context of a learning environment
- Men's practitioner and women's and children's safety support worker employee files
- Professional development plans
- Training enrolment and participation by men's practitioners and women's and children's safety support workers
- Supervision system policy
- Supervision records
- Gender audit processes
- Women and gender diverse practitioner feedback concerning gender equality within the MBCP team and MBCP provider organisation
- Processes for solidarity among women and gender diverse practitioners, including across MBCP providers
- Behavioural observations of practitioners with gender-based and cisgendered privilege
- Case file audits
- Risk review meeting minutes
- Practitioner reflections and documentation of reflective practice sessions
- Observations of group-work practice
- Communications with ACCOs
- Position descriptions and policies concerning the role, status and cultural authority of cultural advisors

## THEME 9: Monitoring and program review



### Examples of supporting evidence

- Program manual
- Organisation-wide policies and procedures related to continuous improvement and evaluation
- Documentation of program review outcomes
- Evidence of application of program review outcomes for continuous improvement
- Case reviews
- Case file audits
- Service activity data (men's workers and women's and children's safety support service)
- Service participation data (for users of violence and for victims and survivors)
- Other MBCP-specific data related to a minimum dataset
- Case-specific risk management documentation
- Risk management plans
- Documented risk mitigation strategies concerning children
- Documented risk mitigation strategies for systems- and program-instituted risks
- Information sharing requests concerning information relating to complex needs
- Documented information sharing requests, responses and actions
- Notifications to statutory authorities
- Risk review meeting notes
- Communications with ACCOs
- Observations of group-work sessions
- Supervision records
- MBCP observation records
- Evidence of program integrity-checking documentation
- Program evaluation documentation
- Evidence of learning about Indigenous Data Governance (for non-Indigenous organisations)
- Policies and procedures related to Indigenous Data Governance

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<sup>1</sup> An RMAM specifies key information sharing and risk management responses to different examples and types of acute or escalating risk situations (for example, MBCP participant breach of court order conditions, significant participant escalation during a group-work session, evidence of a participant weaponising his participation in the program, separation by a participant's partner). An RMAM can be organised under broad categories of risk situations, for example: danger situation/imminent risk, elevated and escalating risk, change in dynamic risk factors, current or predicted acute spike in risk. Each category of risk - or row - has adjoining columns specifying key or common information sharing and risk management actions required to respond to the risk, whose responsibility with the program team and provider organisation it is to enact these actions and the timeframes in which these actions should be taken. While an RMAM cannot specify all or even most of applicable information sharing and risk management actions for every possible risk situation, it provides guidance to help to ensure that key actions are not forgotten.

<sup>2</sup> For more information on "direct safety planning", please see: <https://www.vic.gov.au/maram-practice-guides-professionals-working-adults-using-family-violence/responsibility-4#48-safety-planning-with-a-person-using-violence>

<sup>3</sup> For further guidance, refer to this recording: <https://www.youtube.com/watch?v=dZOqw4cUUyQ&list=PLRmYyMTndST6hXFK3FcK6JpX3pKvdtfZ&index=7&t=2126s> (from 29:55 mins)

<sup>4</sup> See: Vlasis R, Campbell E and Green D. *Signposts for assessing and reporting family and domestic violence perpetrator behaviour change*. RMIT University and Stopping Family Violence. 2022. <https://cij.org.au/news-and-views/signposts-to-perpetrator-change/>

<sup>5</sup> For more information on the Duluth Model see: <https://www.theduluthmodel.org/>

<sup>6</sup> For more information, see: Scott KL and Jenney A. Safe not soft: Trauma- and violence-informed practice with perpetrators as a means of increasing safety. *Journal of Aggression, Maltreatment & Trauma*. 2022; 32(7-8): 1088-1107. <https://doi.org/10.1080/10926771.2022.2052389>

<sup>7</sup> For some examples of screening tools, see: Family Safety Victoria. *MARAM Practice Guides: Guidance for professionals working with adults using family violence, Responsibility 3 Appendix 5: Screening questions for cognitive disability and acquired brain injury*. State of Victoria. 2021. <https://www.vic.gov.au/maram-practice-guides-professionals-working-adults-using-family-violence/responsibility-3>; and Alcohol and Drug Cognitive Enhancement (ACE) program screening and assessment tools, available at: <https://aci.health.nsw.gov.au/projects/ace-program#:~:text=The%20ACE%20program%20is%20a,identify%20clients%20with%20cognitive%20impairment>

<sup>8</sup> The Safe & Together™ Model is an internationally respected approach for working with families impacted by the patterns of behaviour of users of DFV. Developed by David Mandel in the United States, it seeks to help child welfare systems to become better partners to adult and child victim-survivors and to intervene more effectively with users of violence. See: <https://safeandtogetherinstitute.com/the-sti-model/model-overview/>



# ANROWS

AUSTRALIA'S NATIONAL RESEARCH  
ORGANISATION FOR WOMEN'S SAFETY

*to Reduce Violence against Women & their Children*