

# Continuous Improvement Practice Principles for Men's Behaviour Change Programs in Victoria



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## The Research at a Glance

The Victorian government approach to reform of the family violence sector has placed emphasis on a whole of government 'integrated policy'. Men's Behaviour Change (MBC) programs in Victoria have evolved alongside, but generally separate from, other family violence services for women and children. The current reform agenda seeks to encourage continuous service system improvement by building links between the men's, women's and children's sectors.

## Research Objectives

This (SAFER) research project was carried out to establish a benchmark awareness of how DHS funded MBC programs were operating at the earliest point of change across the state-wide system. This will be followed by a second survey within 12-18 months to compare individual program practice alongside system change.

The broad objectives of the research were:

- To explore the extent to which the MBC programs are integrated within the wider family violence support system
- To explore how the emergence of a whole of government 'integrated policy' is realised through the MBC intervention system<sup>1</sup>
- To monitor a model of continuous improvement of best practice
- To provide feedback loops for service providers (keeping them informed and involved in the research and reform process)
- Making research relevant and accessible to policy and practice experts

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## Reasons for Research

Men's Behaviour Change programs in Victoria have evolved alongside, but generally separate from, other family violence services for women and children. While predominantly based on the 'Duluth Model' of Accountability and Responsibility, there are important differences between that model and Victorian MBC programs. The primary difference is that the Duluth Model encompasses a court mandated attendance and the Victorian system has evolved from a pre-dominantly 'voluntary', self-reporting system to include very recent pilot programs where men are directed (or mandated) by the court to attend a MBC program. This hybrid model of MBC programs in Victoria contain similar program modules, but the methods for screening and including men within the programs vary.

Over the past few years the Victorian Government has undertaken a broad reform of the family violence service system. A focus of this reform has been on the development of more

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<sup>1</sup> It should be noted that while this paper focuses on MBC programs, integration is the responsibility of all Victorian family violence service providers.

integrated responses across police, courts and family violence services for women and children and men's behaviour change programs. The reform has included additional funding, through the Department of Human Services, for MBC programs. A consistent funding model has been applied to all MBC programs and, in some areas, MBC programs have been funded for the first time. These resources allowed for the implementation of program standards and guidelines with an expectation that all programs will have the capacity to deliver quality services. Further changes to enhance service intake capacity will enable service providers the opportunity for proactive engagement of men combined with a comprehensive risk assessment process to increase the safety of women and children.

## Methods

This report is based on the results of an on-line questionnaire conducted between November and December 2008 with the 29 MBC programs receiving funding from the Victorian Department of Human Services. Across these 29 programs, 45 agency workers included their views and experiences. Three of the programs had not yet provided any MBC programs at the time of the survey and therefore could only respond partially. The detailed responses are based on the 26 programs which have run MBC programs.

The survey was engineered for a single agency response and designed so that multiple members from each agency could log into the same questionnaire and enter responses relevant to their position in the program. For example, a program manager could provide answers to questions about the overall structure of the program within their agency, a facilitator could respond to questions relevant to the contact with men, and partner contact workers could address the questions relevant to partner contact. In some agencies, one person was responsible for all aspects of the program and completed the whole questionnaire. In other agencies multiple workers logged in and completed their relevant parts, and a few agencies completed the questionnaire during an agency meeting which offered the opportunity for discussion of variation of individual practices.

The questionnaire was developed based on the principles of the *Continuum Matrix of structures, processes and practices developing integrated responses to domestic violence for 'Moving Good Practice Forward'*.<sup>2</sup> Specific questions within the survey were also developed in line with the *Not to Violence (NTV) Minimum Standards of Practice* for MBC programs<sup>3</sup> and the previously conducted national questionnaire developed by Keys Young.<sup>4</sup>

In line with the objectives of the research, three key areas were chosen as the focus for questions on integration, networking and collaboration, in particular:

1. Community partnerships / collaboration and organisational structure
2. Pathways to programs (how men come to participate)
3. Accountability and risk assessment process

## Main Findings

Initial analysis has been undertaken in line with the Continuum Matrix for Moving Good Practice Forward (O'Leary, Chung and Zannettino 2004). In relation to each of the three areas

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<sup>2</sup> O'Leary, Chung and Zannettino (2004) *A Comparative Assessment of Good Practice Programs for Men who use Violence Against Female Partners*, Section 7, Research and education Unit on Gendered Violence, School of Social Work and Social Policy, University of South Australia, Commonwealth of Australia, PADV.

<sup>3</sup> In order to obtain DHS funding, a MBC program must be a member of *No to Violence* and adhere to the "NTV Minimum Standards of Practice".


















<sup>4</sup> Keys Young (1999) "Ending Domestic Violence: Programs for Perpetrators", Report to National Crime Prevention, Commonwealth of Australia.

explored through the questionnaire, the continuum matrix of good practice provides a summary of the types of practices which could be considered *Unacceptable form*, *Minimum form* and *Optimum form* (Tables 1 and 2).

Table 1 outlines the practices associates with the first of the three areas of interest listed above (Community partnerships and collaboration). The greyed boxes illustrate the issues specifically explored within the questionnaire. The shapes within the table provide a key to the number of agencies which provide a service or practice which generally falls into that description.

For example, in Table 1, column 3 it is clear that a more than half of the programs have senior management representation at a regional steering committee comprised of other family violence agencies. These regional steering committees commenced in the past two to three years for most areas, and include representatives from MBC programs. This is a positive step.

**Table 1 Community Partnerships and collaboration<sup>5</sup>**

Unacceptable form	Minimum form	Optimum form
No formal links with women's services. 	MOU for referral and accountability process with key women's services. 	Senior management participation on a representative steering committee that guides the program as one component of a community response to family violence. 
No formal links with child protection, corrections or health services. Use of ad hoc referral processes with no formal processes for follow-up or evaluation. 	Formal protocols for referring clients from other agencies (limited confidentiality). 	MOU for referral of clients from statutory authorities (corrections, courts, child protection). 
No formal links with police and use of ad hoc referral processes with no formal processes for follow-up or evaluation. 	Established relationship for referral of clients to other agencies. 	MOU for referral of clients from Police. 
No designated staff member for leadership of men's family violence program ( <i>problem at two rural agencies unable to recruit qualified staff</i> ) 	Protocols established for mandatory notifications and reports of breaches to statutory authority 	Co-ordinator of men's family violence program as part of the management structure. 
	Designated co-ordinator of men's family violence program 	
<p>Key to table:  Discussion / findings targeted for analysis in this paper</p> <p> 14 or more programs (more than half)  More than 5 programs, less than 14</p> <p> 5 or fewer programs</p>		

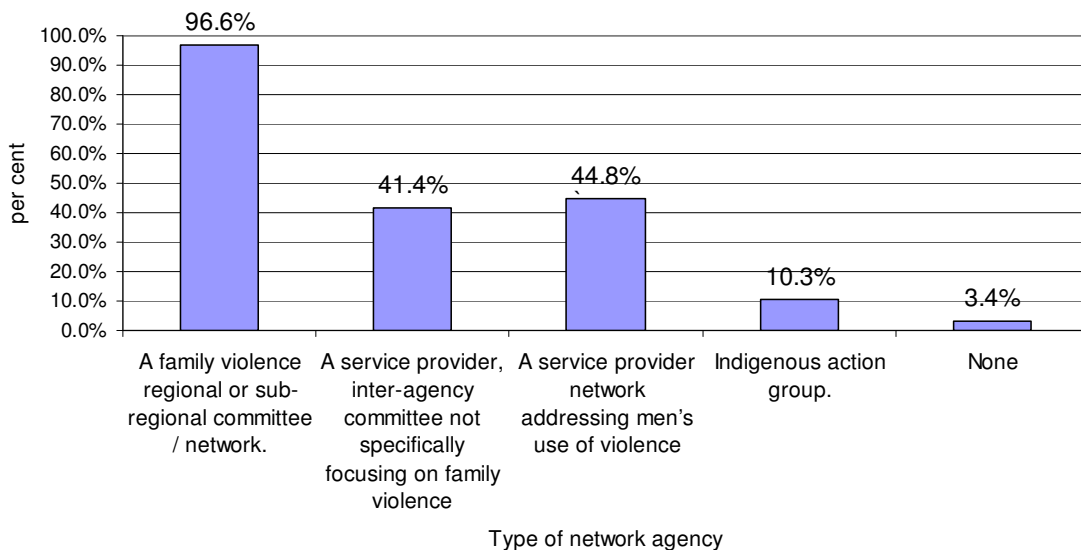
*Collaboration with other family violence agencies*

<sup>5</sup> O'Leary, Chung and Zannettino (2004) *A Comparative Assessment of Good Practice Programs for Men who use Violence Against Female Partners*, Section 7, Research and education Unit on Gendered Violence, School of Social Work and Social Policy, University of South Australia, Commonwealth of Australia, PADV.

It is a positive step toward collaboration in that these regional committees exist and members from different family violence organisations regularly come together. Figure 1 illustrates the types of committees with representation from MBC programs. These committees could be used to guide programs toward a community response to family violence.

However, while the multi-agency committees exist, implementation of collaborative networking does not appear to have yet evolved to actual practice for most agencies. Upon examination across other elements in Table 1 (see especially Column 1) it is clear that few programs have formal links with women’s or children’s services to assist with the partner contact work they carry out, or simply to enhance the safety of women and children.

**Figure 1**  
**Does a representative from your MBC program participate in any inter-agency networks? (multiple responses accepted)**



#### *Collaboration with Victoria Police*

Most programs have formal links with police to receive client referrals into the MBC program (Table 1, Column 3). However, the level of information shared between the MBC programs and police consists primarily of name and contact details (Figure 2). Police rarely pass on information about the circumstances or charges laid against the perpetrator (7 agencies), whether there are children involved (6 agencies), information about the partner (5 agencies), or a copy of the risk assessment (0 agencies).

Police privacy provisions allow sharing information about the name of the man, and contact details, which by definition indicates that the police have attended in relation to a violent incident. However, inconsistently, police are unable to relay any further information about the circumstances (eg charges laid) or presence of children who may have witnessed the incident.

<sup>6</sup> Further knowledge would assist MBC program agency workers to:

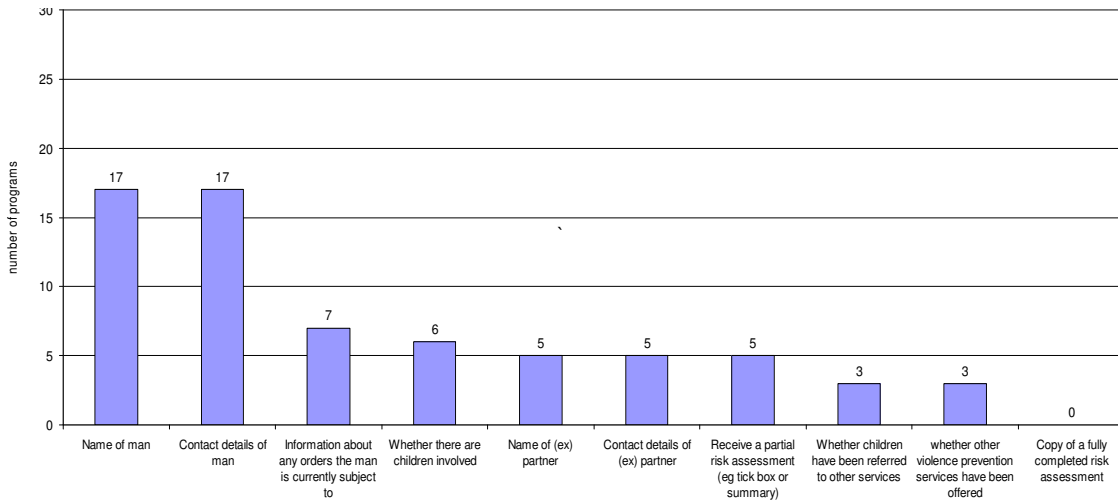
- identify the level of risk involved when contacting the man,
- better hold the man accountable for his actions, and
- increase the safety of partners and children involved.

<sup>6</sup> At the time of writing, the Victorian Police Family Violence Incident Report (L17 form) was being re-designed to allow more consistent and simpler methods for sharing information between Victoria Police and services to which men, women and children are referred.

**Figure 2**

**What information do you (MBC agency) generally receive *from the police* on the active referral (fax back) sheet?**

(based on 26 agencies, multiple response accepted)

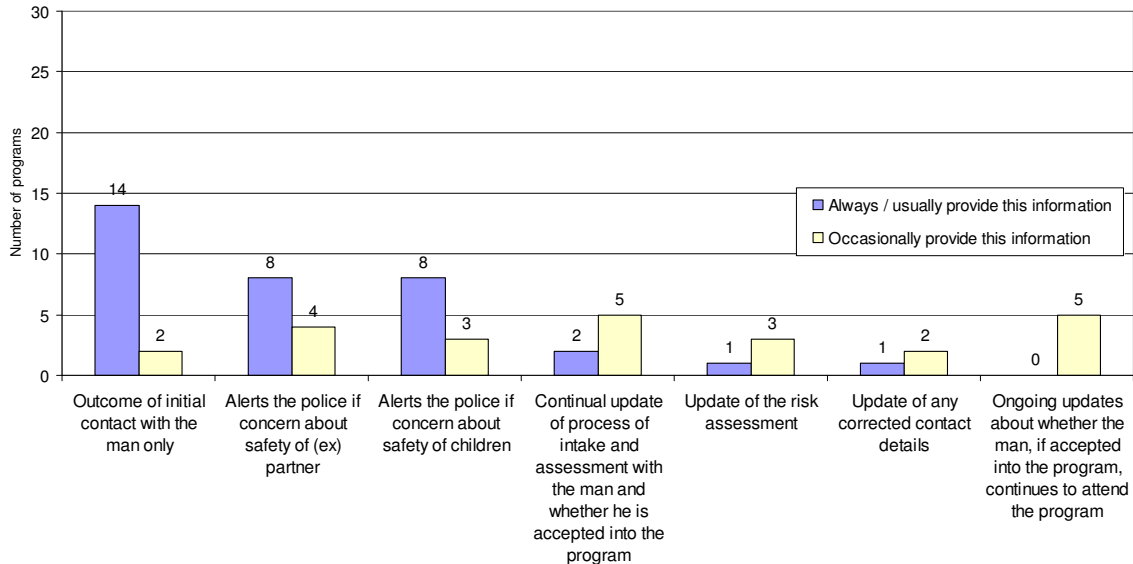


Once a man enters a MBC program, in line with NTV guidelines, he signs a confidentiality waiver allowing the agency worker to share information about his violence and situation. This confidentiality waiver is used primarily for the agency worker to share information with the partner contact worker and potentially with the partner. In principle, the information could be shared more widely to increase safety for the women and children and accountability for the man. Information could be shared between the program, police and other family violence agencies in a truly collaborative and effective manner.

As illustrated in Figure 3, only about half of the agencies regularly provide any information back to the police about the outcome of the referral (14 of the 26 agencies). Information about suspected risks to safety of women and children is regularly shared with police by eight agencies and on an ad hoc basis by another three to four agencies.

**Figure 3**

**What information do (MBC agency) you generally Provide to the police who have referred the man to your program through active referral (fax back)**  
 (based on 26 agencies, multiple response accepted)



The benefits of regularly sharing information about the men involved in their programs with the police could be used to reinforce the effectiveness of the role police play in handling men who use violence, and enhancing the safety and security of women and children. For example, knowledge about referrals leading to attendance in MBC programs could assist police to understand the unfolding changes in the situation if they are subsequently called to attend another incident involving the same man. In addition, police receive positive reinforcement that their referrals have been acted on and hence are more likely to refer again.

Sharing information more widely, with women’s and children’s workers, would enhance victim safety through service contact and provision of service supports. Only about five MBC programs share information with agencies other than police, courts and child protection (Figure 6). A notable exception is that specifically identified risks may be shared more broadly. Overall, information sharing encourages accountability for violent behaviour.

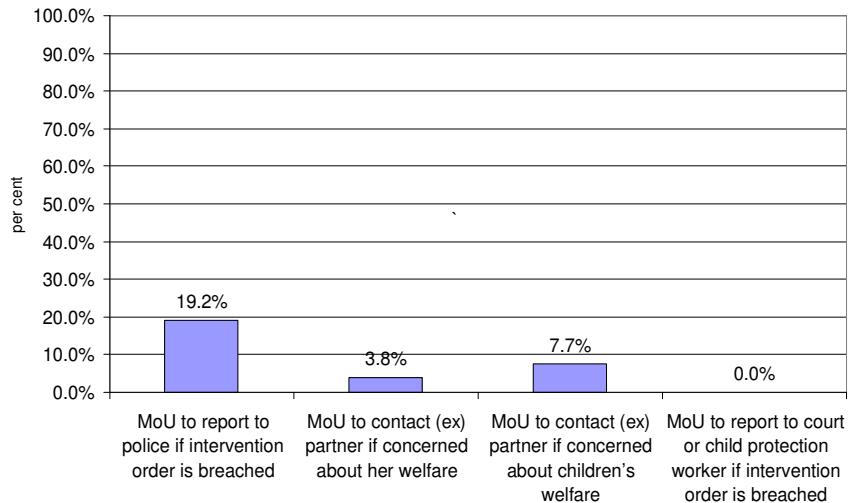
*Formalised processes for working with high risk participants*

Best practice suggests that formalised MoUs assist in regulating standards of practice across the organisation, and seeks to limit change in practice based on individual preferences. Nearly one in five of the MBC programs have formalised MoUs in place with police in relation to their work with higher risk violent men, such as those who breach intervention orders (Figure 4).

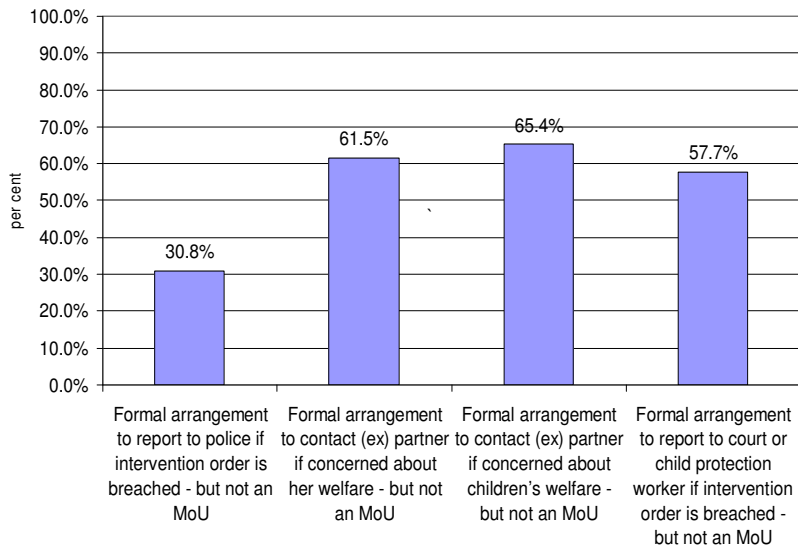
Fewer agencies have MoUs with services for women and children, but nearly two out of three have established protocols to notify partner contact worker if safety concerns are raised (Figure 5). Just over half of the agencies will notify a court worker if an intervention order is breached, but this is not formalised through an MoU.

Establishment of reporting protocols for high risk behaviour is commendable and only four programs reported that they did not have any formal reporting mechanisms in place. Increasing the formality of the protocols would assist in standardising the reporting system and remove individual practitioner judgement and choice about what constitutes a risk worthy of formal notification.

**Figure 4** Do you (MBC agency) have any formal MoUs in place for working with high risk participants?  
(based on 26 agencies, multiple response accepted)



**Figure 5** Do you (MBC agency) have any other formal arrangements (not MoUs) in place for working with high risk participants?  
(based on 26 agencies, multiple response accepted)



*Summary Findings for Community Partnerships and Collaboration*

**Good practice:**

Collaborative protocols have been established for:


















- MBC program representation at multi-agency network committees across and within regions
- Basic information sharing between police and MBC programs
- Initial establishment of formal MoUs for reporting breaches of intervention orders to the police
- Initial establishment of reporting processes for breaches of intervention orders to the courts
- Development of reporting protocols for risky perpetrator behaviour for discussion with partner contact worker

**Indicators of continuous improvement leading toward best practice:**

Further development of collaborative protocols to:

- Establish more formalised practical links and work practices between agencies attending multi-agency committees
- Develop a continuum of formal information sharing between MBC programs and active-referral agencies (eg police) as well as agencies to support women and children
- Formalised MoUs for all MBC agencies, across a continuum of perpetrator behaviour which places women and children at risk of violence, with other agencies including police, courts, partner contact workers and services for women and children

**Table 2 Pathways to Programs<sup>7</sup>**

Unacceptable form	Minimum form	Optimum form
<p>No established referral and assessment pathway (ie clients are recorded as self-referral). </p> <p>No individual assessment prior to group entry. </p> <p>No written contract with the man about program requirements. </p> <p>No formal limit to maximum number of participants. </p>	<p>Direct formalised process of referral from statutory agencies (eg police courts, corrections child protection) which does not rely on the man deciding the appropriateness of referral. Police =  other agencies = </p> <p>Written contract detailing program requirements such as partner contact, limited confidentiality, attendance, non-intoxication, behaviour, no use of violence, consequences for non-compliance </p> <p>Established process for men entering ongoing group programs to ensure basic understanding of core concepts. </p> <p>Group programs limited to 12 participants - Maximum. </p>	<p>Referrals from all agencies (statutory and non-statutory) have formalised processes of follow-up, monitoring and evaluation. (ensures agencies actively engage with the program when referring) </p> <p>Contact with partner or ex-partner as appropriate for the assessment process. </p> <p>Audit of man's family violence-related civil and criminal history, through man's consent to release of such information. </p>
<p>Key to table:  Discussion / findings targeted for analysis in this paper</p> <p> 14 or more programs (more than half)  More than 5 programs, less than 14</p> <p> 5 or fewer programs,  Not measured</p>		

*Establishment of referral pathways into the MBC programs*

Victoria's Men's Behaviour change programs have been largely built, historically, on a 'voluntary' referral system. In effect, this means that a man refers himself into the program (Table 2, column one, row one – considered 'unacceptable form'). Most agencies have formalised processes in place with police (eighteen of the 26 agencies) and six or fewer agencies report formalised processes with other statutory agencies (Figure 6).

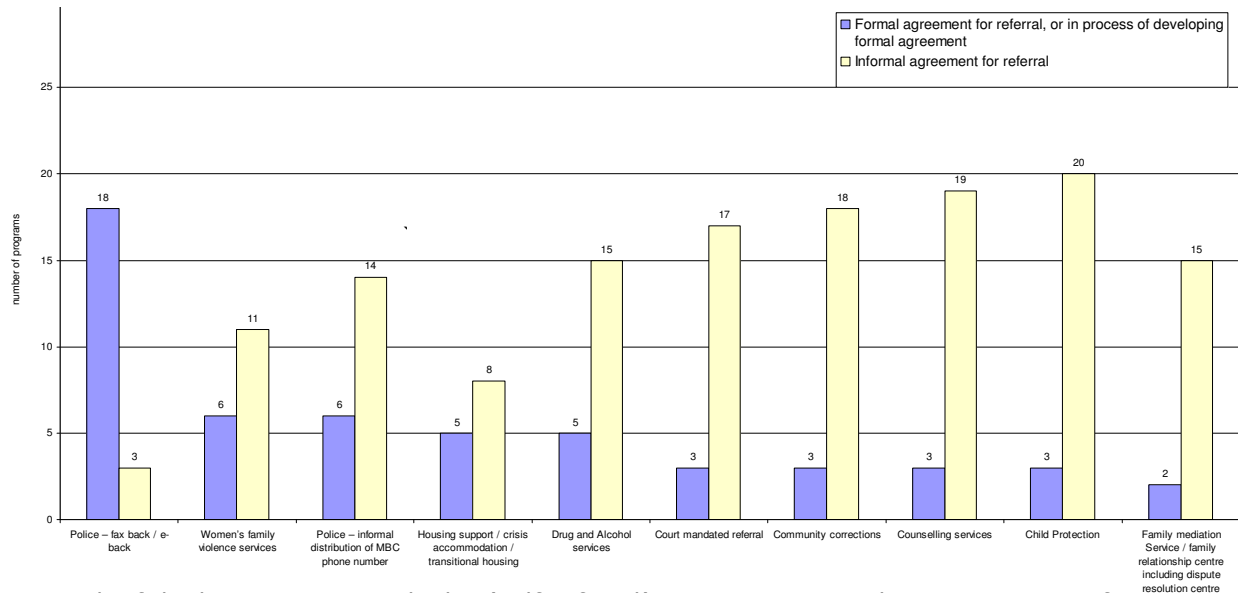
The strength of this system is built on the probability that a man is more likely to take responsibility to change his behaviour and not resist group participation if he voluntarily brings himself to the program. The weakness, as suggested in Table 2 (see row 1, column 3), is first, a lack of external, formalised accountability systems, for follow-up, monitoring and evaluation

<sup>7</sup> O'Leary, Chung and Zannettino (2004) The Matrix on 'Moving Good Practice Forward', *A Comparative Assessment of Good Practice Programs for Men who use Violence Against Female Partners*, Research and education Unit on Gendered Violence, School of Social Work and Social Policy, University of South Australia, PADV publication

of the progress of the man and safety of the woman and child(ren); and second, less engagement from referring agencies.

**Figure 6**

**Formalised processes for referrals into the programs**  
(based on 26 agencies, multiple response accepted)



Much of the literature contends that 'self-referral' is a misnomer as the vast majority of men only attend a MBC program when there is either a formal mandate (court order) or a social mandate (eg loss of relationship or access to children). Nevertheless there is a clear distinction between a man being forced (court order) to attend a MBC program, or choosing to participate, albeit reluctantly, in order to change behaviour that he knows is abusive.

Formalised referral pathways have been developed recently and most within the past two to three years.<sup>8</sup> Formalised referrals into the MBC programs evolved first with Victoria Police (active referral systems / fax-back) and more recently with the courts and community corrections.<sup>9</sup>

While 'mandated' referrals are considered best practice in other systems internationally and within Australia, there are three primary criticisms widely debated. First, many men presenting to the courts are not suited to attend a MBC program due to co-existing complex issues (eg addiction, mental health) which may indicate they are currently ineligible for the program.

Second, some men are not appropriately briefed prior to attending a MBC program which may be labelled as 'court-referred counselling'. This can lead to men feeling the counselling program has been mis-represented and they may vent their anger to facilitators when attending the first sessions. Some facilitators believe this leads to increased safety risk.

Finally, when men are mandated into a system as a form a punishment there may be a much longer road to acceptance of responsibility for their violence. There may be a need for

<sup>8</sup> Note: community corrections have had formalised referrals to MBC programs in place for almost fifteen years in the Gippsland region

<sup>9</sup> Specialist Family violence courts are piloting court-directed referrals for perpetrators into counselling programs.

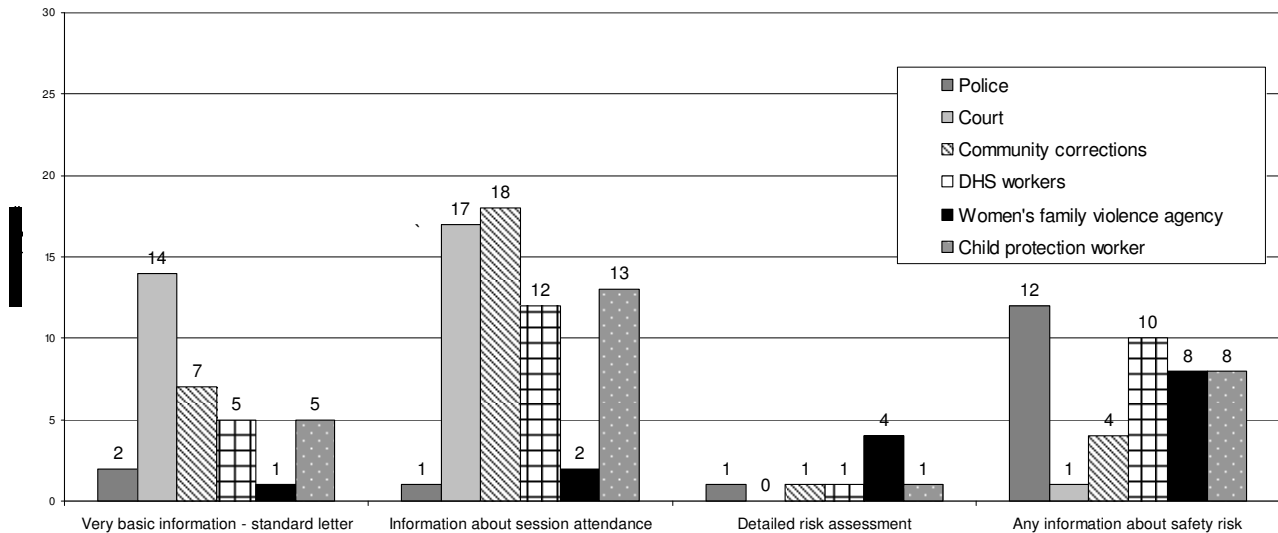
facilitators to be further skilled in addressing men’s refusal of responsibility as acknowledgement of responsibility is a key component to successful progress through the program.

*Formalised processes for follow-up, monitoring and evaluation by / in conjunction with the referring agency*

Building a system of on-going engagement between the MBC program and the referring agency is in early stages of development across the sector and yet, is essential for long term effective intervention with men who use violence against women and children.

A majority of feedback from the MBC program to referring agency is brief and relates primarily to program attendance. Less than half of the programs provide information about perceived safety risks back to the referring agency (Figure 7).

**Figure 7**  
**What formalised feedback processes are in place with agencies referring the man to your program?**  
 (based on 26 agencies, multiple response accepted)



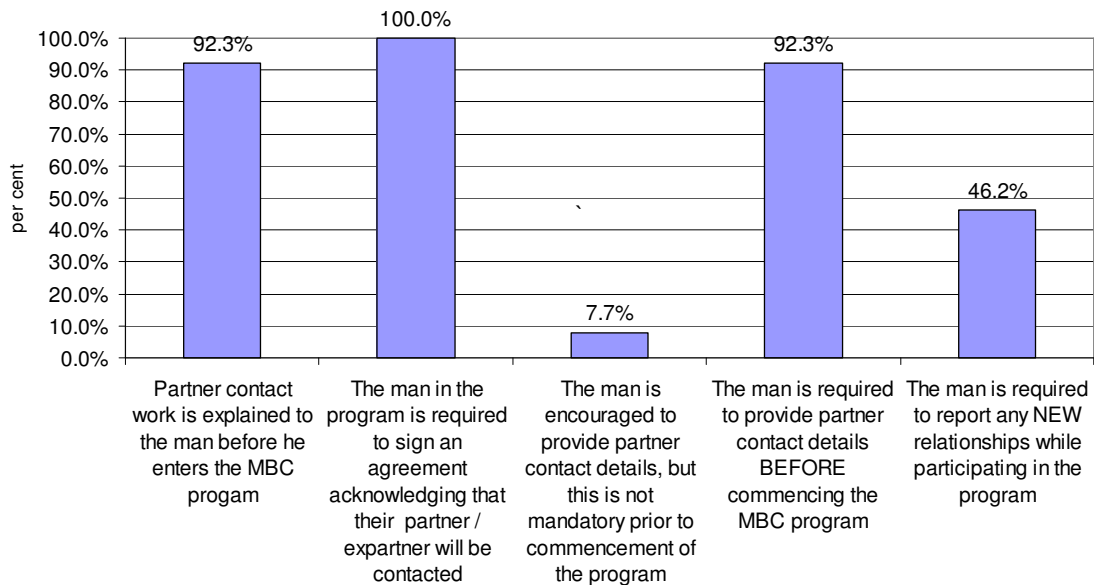
*Processes for follow-up, monitoring and evaluation through partner contact work*

A key component to the MBC program is ensuring increased safety of the woman and child(ren). Before a man can attend an MBC program, NTV best practice guidelines recommend that he provide the contact details of his partner and agree that she can be contacted. This process serves both to review the safety risks of partners and children, and as an accountability measure where what a man reports within the program can be ‘checked’ with the partner.

Nearly all MBC programs understood and complied with this core aspect of the program (Figure 8), thereby instituting a strong social accountability measure within a ‘voluntary’ system. In addition, nearly all programs reported that the primary reason for contacting (ex) partners in the MBC program was to *review safety risks and safety issues for (ex) partner* (25 programs) or to *assess children’s safety and needs* (24 programs). However, the protocols and practice frameworks for establishing partner contact, as well as the extent to which it develops or evolves varies by program.

**Figure 8**

**Is there an established process to ensure basic understanding of partner contact work prior to a man entering the MBC program?**  
(based on 26 agencies, multiple response accepted)



A primary weakness of the partner contact work, and subsequently the effectiveness of this measure of accountability, is the variability in regularity and frequency of partner contact across the programs.<sup>10</sup> For example:

- Two of the twenty-six programs reported that men were encouraged to provide partner contact details, but it was not required prior to commencing the program.
- In more than half of the programs (52%), it was *not* mandatory for participants to report new relationships while participating in the MBC program.
- Two-thirds (68 per cent) of programs do *not* have formalised procedures in place for facilitators or partner contact workers who become aware that a man in the program has breached an intervention order.
- Thirty per cent of programs only undertake consultations with other supporting agencies to work with the client, partner or children if it is initiated by the other agency.

<sup>10</sup> Please note: it is not required that MBC programs operate within the same framework. However, there are guidelines for best practice set by NTV and supported by DHS within their funding model. Best practice guidelines encourage regular partner contact with minimum standards. The discussion here outlines the variability of practice when then inhibits consistent measures of accountability, systematic review of practice and program evaluation. A more detailed discussion about Partner contact will be the subject of a forthcoming paper.

### Summary Findings for Pathways to Programs

<b>Good practice:</b>
<ul style="list-style-type: none"><li>• Formalised referral pathways into MBC programs are being developed and trialled with Victoria police and corrections.</li><li>• Formalised feedback from MBC programs to referring agencies is being initiated from a few programs.</li><li>• Information sharing is occurring widely in the form of session attendance reports.</li><li>• <i>Informal</i> referral pathways with other agencies are being developed across the sector.</li><li>• The core component of agreement for partner contact is practiced across all MBC programs</li></ul>
<b>Indicators of continuous improvement leading toward best practice:</b>
Referral pathway improvement could arise from: <ul style="list-style-type: none"><li>• Formalising referral agreements across a diverse range of agencies.</li><li>• Increasing the range of information shared with referring agencies to encourage increased accountability of the men and cross-sector engagement with MBC programs.</li><li>• Develop a consistent system of partner contact work for all MBC agencies including strong links to service supports for women and children.</li></ul>

### Resultant articles and knowledge sharing

Presentation of initial findings at the *Service Intake Model workshop* held by DHS in February, 2009.

### Implications for Policy, Planning, and Processes

1. the imperative of the service intake model to develop consistency in MBC programs
2. this data indicates the developmental nature of building an integrated approach to family violence responses
3. insights from the data can inform training and lead to shared learnings about better practice
4. integration of the fv service sector will require on-going and increased resourcing