



Perpetrator case management trial program

Operational guidelines

Perpetrator case management trial program

Operational guidelines

To receive this publication in an accessible format phone 03 9194 3224, using the National Relay Service 13 36 77 if required, or [email Family Safety Victoria <reception@familysafety.vic.gov.au>](mailto:reception@familysafety.vic.gov.au)

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Australia, Family Safety Victoria November 2018.

In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.

Available on the [Family violence page](https://providers.dhhs.vic.gov.au/family-violence) of the DHHS Service Providers website <<https://providers.dhhs.vic.gov.au/family-violence>>

Contents

Preamble.....	5
Terminology	6
1. About these operational guidelines	8
1.1. What is the purpose of these guidelines?	8
1.2. Development of a case management model.....	8
1.3. Guiding principles	8
1.4. How do these guidelines relate to existing policies and practices?	9
1.5. Implementation of the model	9
2. Context	9
3. Service Model	10
3.1 Target group.....	11
3.2 Working with Aboriginal perpetrators	11
3.3 Referral pathways	12
3.4 Service model elements	12
3.5 Case management approach	14
3.6 Family safety contact.....	15
3.7 Use of brokerage funding	16
4. Roles and responsibilities.....	17
4.1 Staff qualifications and competencies	17
5. Accountability and monitoring	17
5.1 Governance	17
5.2 Data collection and reporting.....	18

Preamble

These guidelines were produced by Family Safety Victoria in conjunction with other Victorian Government agencies and community service organisations to enable the consistent establishment and operation of case management for perpetrators of family violence in Victoria.

These guidelines are subject to change during the establishment phase of the model.

Terminology

Family violence

Family violence is defined under Section 5 of the *Family Violence Protection Act 2008* as:

- (a) Behaviour by a person towards a family member of that person if that behaviour:
 - (i) is physically or sexually abusive; or
 - (ii) is emotionally or psychologically abusive; or
 - (iii) is economically abusive; or
 - (iv) is threatening; or
 - (v) is coercive; or
 - (vi) in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person; or
- (b) Behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of, behaviour referred to above.

Please see section 3.2 for a definition of family violence within Aboriginal communities.

Victim survivors

Refers to people, including children and young people, who are experiencing, or who have experienced family violence.

Family Safety Victoria recognises the gendered nature of family violence, consistent with the Royal Commission into Family Violence (the Royal Commission) which noted that ‘the significant majority of perpetrators are men and the significant majority of victim survivors are women and their children’.

However, in recognition of the diverse experiences of family violence experienced by Aboriginal people, people from culturally diverse backgrounds, people with disabilities, people from the lesbian, gay, bisexual, trans, gender diverse and intersex community and older people experiencing elder abuse, victim survivors will be the exclusive term used throughout this document.

Partner

- a) Anyone with whom the perpetrator is in a **current intimate relationship** (*an intimate relationship is an interpersonal relationship that involves physical or emotional intimacy*)
- b) Anyone with whom the perpetrator is in a **new intimate relationship** that commences during the program
- c) Anyone with whom the perpetrator **shares access to children**, regardless of the period of separation (*whether formal or informal access*)
- d) Anyone with whom the perpetrator has been in a **past intimate relationship** in the last two years and who may be at risk of the perpetrator’s family violence.

Agencies and organisations

Collectively refers to all entities including government departments and organisations, funded agencies, community service organisations and individual professionals.

CALD

Refers to a person from a culturally and linguistically diverse background

LGBTI

Refers to a person who is lesbian, gay, bisexual, transgender or intersex.

Victorian Risk Assessment and Risk Management Framework

The Family Violence Risk Assessment and Risk Management Framework, also known as the Common Risk Assessment Framework (CRAF), helps practitioners from a wide range of fields understand and identify risk factors associated with family violence and respond consistently. The framework is currently under review. Providers should use the most up to date risk assessment framework as new versions are introduced.

1. About these operational guidelines

1.1. What is the purpose of these guidelines?

The purpose of these operational guidelines is to provide information to service providers delivering case management to family violence perpetrators in Victoria. These procedures and processes are designed to ensure consistent access to and delivery of perpetrator case management.

The guidelines outline:

- the structure and components of the perpetrator case management model
- roles and responsibilities of staff delivering perpetrator case management
- processes to support the operation of perpetrator case management.

Please note that the Department of Health and Human Services (DHHS) currently provides funding through the Commonwealth National Partnership Agreement on Homelessness (NPAH) for community based men's case management. However, this model has a narrow housing focus on perpetrators who have been removed from the family home and is only available in limited locations. Services funded under this agreement are not covered by these guidelines and should refer to existing guidelines.

1.2. Development of a case management model

Family Safety Victoria (FSV) has been working with specialist family violence agencies and departmental partners, including Department of Justice and Regulation, Corrections Victoria and Court Victoria, to broaden the range of community based perpetrator interventions.

The model has been developed with input from:

- the Expert Advisory Committee on Perpetrator Interventions (EACPI)
- No to Violence
- Domestic Violence Victoria
- Indigenous Men's Referral Service

1.3. Guiding principles

The following principles have been developed by the EACPI (2017) and underpin the approach to perpetrator case management.

1. Victims', including children's, safety and freedom underpins all interventions with perpetrators of family violence.
2. Interventions with perpetrators are informed by victims and the needs of family members.
3. Perpetrators take responsibility for their actions and are offered support to choose to end their violent behaviour and coercive control.
4. Inter-agency risk assessment and risk management processes are consistent, robust and strong, and any risk associated with intervention is minimised.
5. Perpetrators are kept in view through integrated interventions that build upon each other over time, are mutually reinforcing, and identify and respond to dynamic risk.
6. Responses are tailored to meet the individual risk levels and patterns of coercive control by perpetrators, and address their diverse circumstances and backgrounds which may require a unique response.

7. Perpetrators face a range of timely system responses for using family violence.
8. A systems-wide approach collectively creates opportunities for perpetrator accountability, both as a partner and a parent. Actions across the systems work together, share information where relevant, and demonstrate understanding of the dynamics of family violence.

1.4. How do these guidelines relate to existing policies and practices?

Where relevant, these guidelines align with the revised Minimum Standards for men's behaviour change programs (MBCP) that become effective from July 2018. These guidelines should be read in the context of relevant legislation and organisational policy in relation to family violence. The guidelines do not replace or override individual or collective responsibilities of organisations or individuals who are required to continue to operate within existing legal, policy and practice frameworks.

A broad range of family violence reforms are currently underway in areas such as:

- information sharing
- multi-agency approaches to risk assessment and management
- design and delivery of Support and Safety Hubs
- review of case management for women and children
- integration with other service system responses such as mental health, housing and homelessness, child and family services, and alcohol and other drug services (AoD).

These reforms will inform future service delivery and practice approaches across family violence and community services, including perpetrator case management. The case management model may be updated in line with the rollout of reforms and any evaluation findings.

1.5. Implementation of the model

As part of the establishment phase of the model, FSV will work with agencies to support and further develop:

- the relationship between intake providers and case management providers when these are not the same agency
- the relationship between perpetrator case management providers and MBCP providers
- responses to diverse cohorts, including Aboriginal, CALD and LGBTI perpetrators
- the interface between this model and broader service responses, including Support and Safety Hubs.

2. Context

The Royal Commission into Family Violence (the Royal Commission) found that in order to achieve the overall objective of keeping victim survivors safe, the range of perpetrator interventions needed to be both broader and better integrated to create a 'web of accountability' to keep perpetrators in view of the service and justice systems.

The Royal Commission found that MBCPs, a psycho-educational group-based program that works with perpetrators to address their use of family violence and understand the impact this has had on their

partners, ex-partners, children and other family members, lacked the capacity to provide tailored interventions to address individual needs and risks.

As a result it made the following recommendation:

Recommendation 87 - The Victorian Government, subject to advice from the recommended expert advisory committee and relevant ANROWS (Australia's National Organisation for Women's Safety) research, trial and evaluate interventions for perpetrators [within three years] that:

- **provide individual case management where required**
- deliver programs to perpetrators from diverse communities and to those with complex needs
- focus on helping perpetrators understand the effects of violence on their children and to become better fathers
- adopt practice models that build coordinated interventions, including cross-sector workforce development between the men's behaviour change, mental health, drug and alcohol and forensic sectors.

3. Service Model

The introduction of case management, including a small amount of brokerage funding, offers an opportunity to tailor responses to individual perpetrators and address complex needs such as AoD misuse, mental health, physical health and homelessness in order to increase the safety of victim survivors.

Case management also assists in providing a timely response for perpetrators by linking them in with services without the need to go on a waiting list for an MBCP. While the availability of MBCPs is expanding it is not uncommon, especially in rural and regional areas, for perpetrators to wait to access supports.

In recognising that one size does not fit all, case management offers an approach which recognises that perpetrators may be at different levels of acceptance of responsibility and motivation to change. Case management aims to reduce the risk associated with perpetrator's use of family violence by providing an individualised and tailored response to address the barriers to engaging in the change process. This is achieved through proactive practical and psychological support to men across the community who use family violence in conjunction with systemic and integrated risk management strategies.

The purpose of case management is to:

- keep perpetrators in view of services and relevant authorities
- contribute to a 'safe at home' approach
- provide an opportunity to engage with victim survivors via family safety contact
- identify information that may be proactively or responsively shared on request under the information sharing scheme to contribute to risk assessment and management for victim safety
- offer perpetrators a timely response
- actively engage perpetrators with a view to identify key changes necessary to enable perpetrators to take responsibility and enable the victim survivor to live safely, including the ongoing use of risk assessment and risk management
- provide a more tailored service response through the coordination of specialist services, including mental health, alcohol and other drug, and housing services

- assist in engagement with programs that aim to stop family violence, including but not limited MBCPs.
- actively involve the perpetrator in planning and decision making to encourage engagement with other social and universal services.

3.1 Target group

As the perpetrator case management initiative is in a trial phase, a broad range of target groups will be considered for a response.

Case management is targeted to adult perpetrators of family violence, aged 18 years and over. Services may be provided to:

- Perpetrators who have been removed from the home as a result of using violence against family members and require practical support around managing risk.
- Perpetrators who have been deemed unsuitable for a MBCP. This includes perpetrators who:
 - do not have English as their primary language.
 - have complex needs that require intervention, support and stability before they can safely participate in a MBCP, including mental health, AOD and homelessness issues.
 - have complex needs that require an individualised response, including cognitive impairment and acquired brain injury (ABI), and require support around complex health and social issues.
 - may be at risk from other perpetrators due to the nature of their offending or relationship context.
- Perpetrators who are currently attending a MBCP and require additional practical and psychological supports to encourage and maintain their engagement and address the risk associated with their use of violence as well as risk to themselves (self-harm and suicidal ideation).
- Perpetrators who require additional practical support following the completion of a MBCP.

Some cohorts, such as those with ABI or cognitive impairment, may require specialist skills or experience that are not held by all practitioners. Providers should only engage with these cohorts if they can do so in a manner which is safe for staff and clients.

Perpetrators who are on bail or a Community Corrections Order are not eligible to access community based perpetrator case management. Case management for these cohorts will be trialled by the Magistrates' Court.

3.2 Working with Aboriginal perpetrators

The delivery of case management for Aboriginal perpetrators should be viewed in the following context.

Family violence is an issue of serious concern to Aboriginal families and communities in Victoria and throughout Australia. It is recognised that family violence adversely affects the social and emotional wellbeing of Aboriginal people, families and communities. Aboriginal definitions of the nature and forms of family violence are broader and more encompassing than those used in the mainstream. As outlined in *Strong Culture, Strong Peoples, Strong Families: Towards a safer future for Indigenous families and communities: 10 year plan*, family violence in an Aboriginal community context is complex and includes a wide range of physical, emotional, sexual, social, spiritual, cultural and economic abuses that occur within families, extended families, kinship networks and communities.

A number of Aboriginal Community Controlled Organisations (ACCOs) are funded to deliver men's case management. Where ACCO service provision is not in place a strong, collaborative approach is required between mainstream family violence services and ACCOs, with a view to build local ACCO capacity to deliver case management independently in the future. Mainstream agencies working with Aboriginal perpetrators must have culturally appropriate training, process and referrals in place.

3.3 Referral pathways

It is anticipated that the primary method of referral will occur through existing perpetrator intake services and Support and Safety Hubs.

Police referrals

It is anticipated that the majority of perpetrator case management providers will also be local police referral (L17) intake service providers or members of a Support and Safety Hub.

Where the case management provider does not receive local police referrals, processes should be in place to ensure appropriate referrals are sourced from the local intake providers and Support and Safety Hubs.

Men's Referral Service

The Men's Referral Service (MRS) receives informal calls from perpetrators and L17 police referrals from across the state on weekends and public holidays. MRS will engage with perpetrators and refer them directly to case management agencies (in non-Support and Safety Hub sites) or Support and Safety Hubs (in Hub trial areas).

Informal referrals

Informal referrals may occur through (but are not limited to) the following pathways:

- Self-referral
- MBCP providers
- Specialist family violence services
- Child Protection
- Family Services
- Risk Assessment and Management Panels
- Mental health services
- AoD services

3.4 Service model elements

Duration and frequency of support

- A case is defined as a perpetrator receiving an average of 20 hours of support. This acknowledges that some perpetrators may require less or more than 20 hours of support.
- Frequency of contact must be at least weekly, unless specified and justified in the case plan.

Location of support

- Case management is an assertive outreach service, and will involve case managers travelling to other locations and services to provide support to their client to address their barriers. This will

include attending appointments to address housing, AOD and other issues. Providers must ensure that safety procedures are in place to manage any risks to staff.

Intake, risk assessment and needs identification

- Intake will be guided by the *Enhancing access to men's behaviour change programs service intake model and practice guide* (2009) – noting that the target group and response differs from a MBCP. In Support and Safety Hub trial sites, intake and assessment will occur through Hubs as part of a broader assessment of risk and need.
- Intake, assessment and needs identification process should include:
 - A face to face assessment of risk assessment based on the Victorian Family Violence Risk Assessment and Risk Management Framework.
 - Assessment of suitability for case management, including readiness to take responsibility for use of violence and willingness to actively engage.
 - Assessment of needs, including health, financial, mental health, AoD, legal, and accommodation services.
 - Assessment of risk of self-harm.
 - Sharing of information with other service providers will be required under the information sharing scheme to contribute to victim survivor risk assessment and management.

Active engagement and referrals

- Active engagement and referrals process should include:
 - Development of a case plan, including goal setting and engagement with required services.
 - Support for perpetrators to achieve their goals and negotiate the service system.
 - Proactive and assertive practical and psychological support to work with perpetrators to address barriers to motivation and readiness to change through strengths-based practice and use of approaches such as motivational interviewing.
 - Activating referral processes and relationships with local support services, including supporting attendance at appointments with housing services and health services.
 - Use of brokerage funding to deliver on case plan goals (details at section 3.7).

Perpetrator accountability

- Engagement with perpetrators should:
 - Challenge violent, threatening and controlling attitudes and behaviours.
 - Encourage the recognition of the effects of violence on others, including children and extended family members.
 - Encourage perpetrators to take responsibility for their behaviour and for the goals within their case plan.
 - Support engagement with MBCPs or other family violence specific interventions.

Family safety contact

- Mechanisms must be in place to ensure standalone family safety contact is built into service delivery to ensure the response provided is aligned with victim survivor's safety (details at 3.6).

3.5 Case management approach

Theoretical approach

- The goal of case management is to increase the perpetrator's motivation to change and to develop strategies and skills to stop their use of violence. This service model of tailored, individualised support seeks to assist perpetrators to:
 - recognise abusive patterns and tactics in their behaviour;
 - to take responsibility for their violence by demonstrating engagement with MBCP and/or other support services through the change process; and
 - to draw connections between engaging with support services and achieving long-term change to their violent behaviour.
- Development, monitoring and evaluation of the professional relationship between the perpetrator and the case manager is critical. Case workers must be cognisant of the fine line between engagement and collusion or interactions which minimise the impact the perpetrator's violence has had on family members.
- Engagement should be informed by a strengths-based approach, and the use of motivational interviewing and other techniques that acknowledge the nuances of perpetrator's behaviour and presenting issues.

Case planning, monitoring and review

- Case managers must work with the perpetrator to develop a written case management plan (also called a support plan), which is developed from the assessment, and lists the goals that the perpetrator wishes to work on. Goals should incorporate a broad range of support needs and build upon the perpetrator's strengths.
- Each time the case plan is reviewed and redrafted, both the case manager and the perpetrator should sign it. This does not represent a contract of service as the program is voluntary; rather, it indicates a mutual agreement of allocated tasks and a commitment by both parties to undertake the activities contained in the plan.
- Case managers will assume responsibility for the perpetrator's engagement with activities which are outside the scope of family violence expertise and ensure that the support plan demonstrates links and referrals with complementary support services and details any co-case management activities (including joint goal setting and action planning).
- Case plans should contain realistic and achievable goals. If the goals are broad, they should be broken into smaller steps. Contingency plans should be developed so that alternatives are available if one goal cannot be met.
- Each goal is broken down into actions or tasks that are allocated to the perpetrator or case manager to complete within a time frame.
- The outcome of each task or action is noted on the support plan at regular intervals or milestones
- All meetings, including case conference meeting minutes and resulting follow up actions, become a part of the case management plan and are recorded in the case file.
- All communication and correspondence undertaken and received during the period of engagement forms part of the case file.
- Clients should be given a copy of the signed support plan. If required, the plan should be written in a language that the client will understand and note any requirements for translator and

interpreting support. For clients who are hearing or sight impaired specialist support should be sought.

- It is the responsibility of the case manager to monitor and review the case plan to determine and address any barriers to achieving the agreed case plan.

Case coordination and interagency management of perpetrator risk

- Risk assessment and risk management is to be undertaken throughout the term of support with the perpetrator.
- Where a referral to another service is needed this is also noted. This includes details of secondary consultations and case planning for example with victim survivor services, MBCPs or Police.
- Where another worker or service becomes involved in the support plan processes this is also noted.
- Information is shared in line with relevant family violence information sharing legislation for the primary purpose of victim survivor safety and where there are identifiable safety concerns (e.g. Child Protection, Police).
- Ensure that the perpetrator can safely engage in programs without fear of retribution from their community.

Exiting from service

- Case managers will formalise the case closure phase by ensuring that an exit plan is developed and client follow up is undertaken.

3.6 Family safety contact

- The family safety contact worker will not simultaneously have case management and family safety contact responsibilities for the same perpetrator, except in exceptional circumstances.
- Providers will have a process outlining how family safety contact workers will communicate with case managers to ensure that interventions with perpetrators are responsive to the issues being raised by the victim survivors, and conducted in a safe and constructive manner.
- Family safety contact work is undertaken by a female worker, unless a male worker is requested.
- Family safety contact workers will work with the perpetrator's partner and family members, including children, if they are identified as being impacted by the perpetrator's violence, for the purposes of risk assessment and management, information sharing and referrals.
- Family safety contact workers will make initial contact with any partner or impacted family member following the perpetrator's initial assessment session. Where the partner or impacted family member wishes to have ongoing contact, the family safety contact worker will make contact at least fortnightly. More, or less, frequent contact will be provided by the family contact worker if requested.
- Family safety contact workers will prepare the partner and any other impacted family members for the participation of the perpetrator in a program, including by providing verbal and written information about the content, and approach of the program and all relevant procedures.
- Where the partner or impacted family member is not being supported by another specialist family violence service, family safety contact workers are to undertake all relevant risk assessment, risk management, and safety planning procedures in an ongoing way for the duration of the program using the Victorian Family Violence Risk Assessment and Risk Management Framework. This

should be continuously shared with the perpetrator's case manager and any identified risks escalated to management and other services when appropriate for additional safety planning.

- Where the partner or impacted family member is already in contact with a specialist family violence service or other case management service and does not want ongoing contact with the family safety contact worker, the family safety contact worker will liaise with the partner or impacted family member's case manager for the purposes of information sharing. Providers should adhere to relevant family violence information sharing legislation, in particular any consent requirements.
- Any new threat to the safety of the partner or impacted family member should be documented and communicated to those at risk by the family safety contact worker.
- When the perpetrator completes, withdraws or is terminated from a program the family safety contact worker will contact the partner and other relevant family members at risk of family violence, or their case manager (if prescribed under the family violence information sharing scheme), and inform them of this and any other information relevant to managing any risk to their safety from family violence.

3.7 Use of brokerage funding

A small amount of brokerage funding is available to deliver on case plan goals.

Funding is to be controlled solely by the case manager and can facilitate purchases of up to \$2000 per client, with an average of \$700 per client.

The overarching purpose of brokerage funding is to reduce the risk to victim survivors through the purchasing of products or services that seek to stabilise perpetrators so that they can engage in programs that respond to their use of violence. Given the limited funds available, it is incumbent on the case manager administering brokerage to their client to undertake a careful eligibility assessment of need and explore alternative sources of financial support before issuing any funds.

Examples include, but are not limited to:

- Short term accommodation – including motel accommodation immediately after a family violence incident to keep the perpetrator away from the family home and in view.
- Physical and mental health – medical or pharmaceutical costs not covered by Medicare or Pharmaceutical Benefits Scheme, physical aids, counselling or specialist services, including mental health, and drug and alcohol services.
- Participation in employment or education.
- Transport to and from appointments scheduled as part of the case plan.
- Immediate basic needs, including food and clothing.
- Cultural supports.

The allocation of brokerage funding must meet the following criteria:

- The service or goods do not increase the risk to victim survivors. Ideally, the service or goods should directly reduce the risk to victim survivors.
- The service or goods relate directly to the achievement of a case plan goal/s.
- The funds must be allocated directly to an ATO registered third party with an Australian Business Number (ABN) who has provided the goods or service required.
- The service or good does not exceed \$2000.

- Any funds allocated are to be carefully documented on the perpetrator's case file, with receipts for each procured item retained by the organisation.
- Victim survivors are notified of any significant purchases, such as drug and alcohol counselling.

Brokerage funding cannot be used for:

- Direct payments to the perpetrator or their associates, including family members.
- Illegal activities.
- Material needs, such as cars and kitchen appliances.
- Products or services not identified in the case plan.
- Products or services that replace or duplicate supports that are available through other funding sources, including other Local, State and Commonwealth Government programs.

Providers are required to submit an acquittal document detailing each purchase to FSV on a quarterly basis. Templates will be supplied by FSV.

4. Roles and responsibilities

4.1 Staff qualifications and competencies

All staff involved in perpetrator case management should have the following competencies:

- Experience working with perpetrators of family violence, such as, but not limited to, experience facilitating MBCPs, performing enhanced service intake, perpetrator case management (NPAH) or Time Out services.
- An understanding of the social and gendered context of family violence and the impact of violence on victim survivors.
- An understanding of culturally appropriate service responses for CALD, LGBTI and Aboriginal clients.
- An understanding of, and training in, relevant risk and needs assessment frameworks.
- Ability to undertake client centred assessments and develop a support plan in partnership with the client that reflects their goals.

In recognition of the challenges the target group may present to the health and wellbeing of workers, staff must have access to high quality professional development, organisational support and regular clinical supervision by an appropriately trained senior clinician. Service providers will be required to monitor the safety and wellbeing of their staff working in the program and also provide reflective practice opportunities.

All staff must successfully pass a police and working with children check.

5. Accountability and monitoring

5.1 Governance

The perpetrator case management trial is managed by the Family Violence Policy and Program Unit, Family Safety Victoria.

A providers' forum will be established to monitor implementation and to inform the evaluation of this trial. Local DHHS areas will have contract management responsibilities, including management of targets, service delivery tracking and Integrated Reporting Information System (IRIS).

5.2 Data collection and reporting

Providers will be required to report cases in service delivery tracking and IRIS.

Providers will be required to submit a brokerage funding acquittal document detailing each purchase on a quarterly basis.

A range of mandatory requirements will be included as part of funding and service agreements. These will be set out in the relevant activity code.

Providers will be required to work with evaluators to facilitate the collection of client level data and client, victim survivor and staff interview and surveys.