

High Intensity Men's Behaviour Change Program (HI MBCP) Grant Program

Grant Program Guidelines

March 2026

Acknowledgement of Country

The Department of Communities and Justice acknowledges the Traditional Custodians of the lands where we work and live. We celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW.

We pay our respects to Elders past, present and emerging and acknowledge the Aboriginal and Torres Strait Islander people that contributed to the development of this document.

We advise this resource may contain images, or names of deceased persons in photographs or historical content.

High Intensity Men's Behaviour Change Program (HI MBCP) Grant Program

Published by Department of Communities and Justice dcj.nsw.gov.au

Copyright and disclaimer

© State of New South Wales through Department of Communities and Justice. Information contained in this publication is based on knowledge and understanding at the time of writing, March 2026, and is subject to change. For more information, please visit dcj.nsw.gov.au/copyright.

Contents

Acknowledgement of Country	2
1 Key dates and information	5
2 Overview	6
2.1 HI MBCP Grant Program Guidelines	6
2.2 The HI MBCP Grant Program.....	6
2.3 Objectives.....	7
2.4 Program components.....	7
2.4.1 Core MBCP delivery.....	8
2.4.2 Integrated case management preceding and during the MBCP.....	8
2.4.3 Post MBCP Accountability and Support.....	8
2.4.4 Survivor safeguards	9
2.4.5 Cultural Pathways	9
2.4.6 Professional Practice.....	9
2.5 Target group	9
2.6 Intended Outcomes.....	10
3 Eligibility Criteria.....	11
3.1 Eligible applicants.....	11
3.2 Mandatory eligibility criteria	11
4 Assessment Criteria.....	12
4.1 Assessment of grant applications	12
5 Prioritisation.....	13
6 Funding amounts	13
6.1 Grant funds expenditure	14
6.2 Grant fund exclusions.....	14
6.3 Unspent project funds.....	14
7 Application Process	15
8 Subcontracting information.....	15
9 NSW National Redress Scheme sanctions.....	15
9.1 Insurance	15
9.2 Banking details	16
10 Successful grant application.....	16
10.1 Grant funding agreement	16
11 Successful applicants' obligations and reporting.....	16
12 Feedback and appeals process.....	17
13 Publication of grant information.....	17
14 Additional information.....	17
14.1 Complaint handling.....	17

14.2 Access to information..... 17

14.3 Ethical conduct..... 18

14.4 Accessibility 18

14.5 Support available to applicants 18

1 Key dates and information

Grant applications open	2 March 2026
Grant applications close	Wednesday, 8 April 2026 at 2:00 pm
Assessment of submitted applications	April 2026
Notification of application outcomes	May 2026
Project Service Delivery commences	30 June 2026
Project Service Delivery concludes	30 June 2028
Final report and financial acquittal due	1 September 2028
Decision maker	Deputy Secretary, Strategy Policy and Commissioning, Department of Communities and Justice
NSW Government Agency	NSW Department of Communities and Justice (DCJ)
Type of grant opportunity	Closed Competitive
Total grant value	\$1,300,000 (excl. GST)
Program enquiries	dfvstrategy@dcj.nsw.gov.au
Technical enquiries	grantdesignandsupport@dcj.nsw.gov.au

2 Overview

2.1 HI MBCP Grant Program Guidelines

These guidelines contain information to assist potential applicants to complete the application. It includes an overview of the HI MBCP Grant Program, information about the application process, eligibility and assessment criteria, parameters on using the funds, and reporting requirements.

It is recommended that these guidelines including **Appendix A: NSW HI-MBCP Pilot model** and **Appendix B: Post-MBCP Accountability and Safety Support Model** are read prior to completing your application for the HI MBCP Grant Program. Also please refer to the Frequently Asked Questions (FAQs) for further information about the application process.

2.2 The HI MBCP Grant Program

The High Intensity Men's Behaviour Change Program (**HI-MBCP**) is a two-year initiative designed to strengthen responses to men assessed as high risk and high complexity for domestic and family violence (**DFV**). Men must be assessed as suitable to participate in an MBCP, taking into account the support that will be available through the pilot.

A total of \$1.3 million over two years is available to fund and test the HI MBCP program in NSW.

The primary purpose of the pilot is to assess whether structured high-intensity augmentation of an MBCP program improves engagement, strengthens risk management and consolidates behaviour change for high-risk participants. Secondary purposes include testing feasibility, workforce requirements and scalability.

This initiative augments business-as-usual MBCPs with structured, high-intensity case management and post-program support and accountability. It strengthens continuity, coordination and sustained accountability across the full intervention pathway while preserving the integrity of established group delivery.

For participants who complete the full pathway, the model delivers approximately 120 hours of structured, extended intervention across pre-engagement, group participation, case management and post-program accountability, in addition to parallel safety support to partners/ex-partners.

The HI MBCP pathway comprises five integrated components:

1. Pre-Program engagement and stabilisation
2. Core MBCP
3. Parallel high intensity case management
4. Post-Program Accountability and Safety Support Model (refer to documented model at Appendix B)
5. Parallel partner/ex-partner safety engagement (across whole pathway).

Together, these components provide a structured intervention before, during and after group participation, with parallel victim-survivor support operating across all phases.

Risk Safety and Support Framework (**RSSF**)-aligned risk assessment operates continuously across all phases of the HI MBCP pathway, ensuring that eligibility, intensity settings and escalation responses are informed by structured and documented risk review.

All components of the HI MBCP Grant Program operate under the NSW Practice Standards for Men's Domestic Violence Behaviour Change Programs, the Compliance Framework for Men's Behaviour Change Programs¹ and the NSW Risk Safety and Support Framework (RSSF)². This includes requirements for risk-informed practice, cultural safety, supervision, survivor-advocacy involvement and governance. The standards apply equally to case management, facilitator check-ins, survivor pathways, pro-social activities and any ACCO-led delivery streams.

The pilot will incorporate monitoring, evaluation and learning, to ensure the outcomes can be measured and that the pilot adds to the evidence base for perpetrator interventions.

The HI MBCP model outlined in **Appendix A**, and the Post-MBCP Accountability and Safety Support Model at **Appendix B**, have been informed by available evidence and consultation.

2.3 Objectives

The HI MBCP aims to:

- Assess whether structured high-intensity augmentation of an MBCP program improves engagement, strengthens risk management and consolidates behaviour change for high-risk participants
- Test feasibility, workforce requirements and scalability of the program
- Maintain survivor and child safety as the central indicator of program effectiveness
- Generate empirical and practice-based evidence to inform long-term service design.

The intended outcomes are outlined in Section 2.6 below.

The theory of change sets out the conceptual foundation of the pilot program (see Theory of Change, **Appendix A** which is included in the grant program guidelines). The program positions HI MBCP support as a continuum of survivor-centred, risk-responsive pathways, linked to the RSSF. It integrates participant case management, balances flexibility with accountability, and embeds survivor advocacy, cultural safety, and robust governance.

2.4 Program components

The HI MBCP will provide approximately 120 hours of structured intervention per participant. These hours will include group work; individual case management; post MBCP support; facilitator accountability check-ins; dedicated survivor advocacy and support; criminogenic goal setting; and, where relevant, culturally governed supports and on-Country elements.

The HI MBCP comprises an integrated, multi-phase pathway with indicative time allocations assigned to phases 1-4:

1. Pre-Program case management – up to 20 hours
2. Core MBCP group – this will depend on the provider's MBCP program

¹ Access the Practice Standards and the Compliance Framework for NSW MBCPs at NSW Department of Communities and Justice. (2025). *Men's Behaviour Change Programs*. 6 November 2025. <https://dcj.nsw.gov.au/service-providers/supporting-family-domestic-sexual-violence-services/dfv-programs-funding/men-s-behaviour-change-program.html>.

² The NSW Risk, Safety and Support Framework (RSSF) is available to registered MBCP providers and organisations upon registration.

3. Case management delivered in parallel to participation in the core MBCP – up to 40 hours on average, with step-up capacity during escalation in risk
4. Post-Program Accountability and Safety Support – up to 30 hours
5. Parallel partner/ex-partner safety engagement – throughout the pathway.

While these phases provide structural clarity, the model operates as a continuous pathway rather than discrete stages. Movement between components is not time-triggered but informed by structured review and safety considerations. All components operate within a flexible allocation envelope to enable responsiveness to assessed risk.

NOTE: The HI MBCP incorporates the Post-MBCP Accountability and Support Model at Appendix B as a component within the broader high-intensity pathway, with an indicative allocation of 30 hours. A separate pilot of the standalone Post-MBCP Accountability and Support Model is being commissioned concurrently and operates with a different indicative allocation of hours. While the practice framework is consistent across both pilots, applicants should note the difference in the allocation of indicative hours. The HI MBCP Program components are listed below and in more detail in **Appendix A** included in the Grant Program Guidelines.

2.4.1 Core MBCP delivery

The foundation of the HI-MBCP pathway is participation in a registered MBCP delivered in accordance with existing standards and registration requirements. The pilot does not redesign or replace group content. The core MBCP component includes:

- Structured, group-based behaviour change sessions focused on accountability, gendered drivers of violence and respectful relationships
- Ongoing risk assessment and monitoring
- Established escalation and referral pathways.

2.4.2 Integrated case management preceding and during the MBCP

The defining feature of the HI-MBCP is enhanced, individualised case management delivered both before program commencement and concurrently throughout MBCP participation. Case management is structured and accountability-focused, and is designed to:

- Stabilise practical and psychosocial factors that undermine engagement
- Increase readiness for group-based accountability work
- Enhance risk visibility and coordination with justice, alcohol and other drug, mental health and other relevant services
- Support retention and re-engagement following destabilising events
- Reinforce behaviour change concepts between group sessions.

2.4.3 Post MBCP Accountability and Support

The post MBCP accountability and support component is a structured, time-limited accountability phase designed to:

- Consolidate behaviour change following group completion
- Prevent disengagement at program end
- Maintain structured risk monitoring in real-world contexts
- Support survivor safety through parallel, proactive engagement.

Program tapering will be individually planned and documented to ensure continuity and safe exit. Relapse, resistance or escalation during the post-MBCP phase will trigger structured review, risk reassessment and, where appropriate, step-up, booster or re-entry pathways rather than automatic exit.

2.4.4 Survivor safeguards

Survivor safety and voice are central to the pilot program. The dedicated survivor advocacy and support component ensures that women and children remain visible, protected, and heard without added burden or risk. The core functions of survivor advocacy are to:

- provide proactive, survivor-centred contact and safety planning
- conduct and update risk assessment throughout the intervention lifecycle
- share relevant risk information (where appropriate and safe) to inform structured case review
- support access to legal, housing, financial, cultural and therapeutic services
- reduce the burden on partners/ex-partners to monitor or report on the man's behaviour.

Support must include the provision of information about what to expect from the program and may include structured case coordination and, where appropriate, case management functions. It may also include counselling or referral to specialist services, depending on survivor needs and consent.

2.4.5 Cultural Pathways

Where relevant, the framework includes ACCO-led, co-designed pathways for Aboriginal and Torres Strait Islander men, grounded in healing, accountability, and cultural safety.

2.4.6 Professional Practice

Practitioners must have appropriate qualifications, skills, and supervision to deliver safe, survivor-centred interventions while sustaining workforce wellbeing. Practitioners are required to meet the *NSW Practice Standards for Men's Domestic Violence Behaviour Change Programs*, with additional skills in cultural safety, integrated case management, and child-centred parenting.

2.5 Target group

The HI-MBCP target group is men assessed as high risk and high complexity within existing referral streams to registered MBCPs. Men must be assessed as suitable to participate in an MBCP, considering the support available through the pilot program. High risk in this context refers to a combination of a range of factors:

- Elevated assessed risk of serious or repeated domestic and family violence
- Prior justice system contact or convictions related to domestic and family violence
- Indicators of escalation, coercive control or persistent non-compliance
- Co-occurring factors such as alcohol and other drug use, mental health concerns, housing instability or other complexity that undermine engagement.

Eligibility and movement within and beyond program components will be guided by:

- RSSF-aligned risk assessment, which operates continuously across all phases of the pathway
- documented professional judgement
- consideration of behavioural indicators and engagement

- partner/ex-partner safety feedback
- multi-agency information.

Eligibility for participants is not static – assessments should be reviewed at regular intervals, and participation can be withdrawn if survivor safety is compromised, or accountability is not sustained. This ensures that participation remains appropriate, safe, and consistent with program goals.

2.6 Intended Outcomes

Intended outcomes for different stakeholder groups

Stakeholder group	Intended Outcomes
Men (Core MBCP)	<ul style="list-style-type: none"> • Male participants effectively engage in the program • Male participants are supported to be accountable for their behaviour • Male participants are better able to identify coercive control and escalation patterns
Men (High-Intensity Case Management)	<ul style="list-style-type: none"> • Male participants are supported to be ready to participate in an MBCP • Stressors linked to relapse or disengagement are reduced, actively managed and/or stabilised • Male participants are supported to participate in, remain engaged with and complete all components of the program • Reduced reliance on partners or ex-partners for emotional or practical regulation • Male participants are supported to be accountable for their behaviour between group sessions
Men (Post-MBCP Accountability)	<ul style="list-style-type: none"> • Male participants demonstrate sustained reductions in the use of violence and control through ongoing accountability and system oversight • Male participants strengthen emotional regulation, resilience, safe parenting, pro social identity, and help-seeking behaviours • Reduced disengagement and relapse risk of male participants following core MBCP completion
Women (Partners / Ex-partners)	<ul style="list-style-type: none"> • Women experience increased safety • Women experience reduced burden of monitoring men’s behaviour and compliance • Women have greater agency and trust in systems • Women have improved emotional wellbeing and recovery opportunities • Women have improved access to culturally appropriate supports and connections
Children	<ul style="list-style-type: none"> • Children experience increased safety and stability • Children experience improved emotional wellbeing • Children have positive parenting experiences • Children gain stronger relationships with their non-violent caregiver

Stakeholder group	Intended Outcomes
Aboriginal participants and partners/ex-partners (Cultural Pathways)	<ul style="list-style-type: none"> Aboriginal men are engaged more effectively through culturally legitimate pathways Accountability is reinforced through cultural governance structures Aboriginal women and children experience improved safety outcomes Cultural legitimacy is embedded in risk assessment and decisions
System	<ul style="list-style-type: none"> Continuous risk monitoring throughout HI MBCP participation Earlier and more consistent response to escalation Fewer men disengage prior to completion of core MBCP Stronger integration of survivor voice in governance and evaluation Practice-based evidence to inform future commissioning and scalability

3 Eligibility Criteria

3.1 Eligible applicants

This is a closed competitive grant program

To be eligible to apply for the grant program you must be:

- Incorporated not-for-profit community organisations
- NSW local council operating under the Local Government Act 1993

For the purposes of this grant, organisations deemed to be ‘incorporated not-for-profit community organisations’ include:

- incorporated organisations that are registered and approved as not-for-profit bodies by NSW Fair Trading
- not-for profit companies limited by guarantee, registered in NSW (must have ACNC registration and/or DGR status)
- Indigenous Corporations (must be registered with the Office of the Registrar of Indigenous Corporations)
- NSW Local Aboriginal Land Councils
- religious organisations operating in NSW
- NSW non-government organisations established under their own Act of Parliament.

3.2 Mandatory eligibility criteria

To be eligible to apply for the grant program you must also:

- maintain adequate and current insurance cover including, but not limited to; Workers Compensation Insurance, Professional Indemnity Insurance, Personal Accident Insurance, and a **minimum of \$10 million Public Liability Insurance**
- address the NSW National Redress Scheme sanctions

- not have outstanding acquittals with DCJ
- be registered under the *NSW Practice Standards for Men's Domestic Violence Behaviour Change Programs* and Compliance Framework to deliver an MBCP program in the same location(s) that you intend to deliver the HI MBCP Pilot
- be able to collect and report data on InfoShare.

4 Assessment Criteria

4.1 Assessment of grant applications

This is a closed competitive grant program. All submitted applications will first be screened for eligibility.

Eligible applications will then be assessed on the assessment criteria below.

Applicants should ensure their responses clearly address each criterion and reference **Appendix A: NSW HI MBCP Pilot Model** and **Appendix B: Post-MBCP Accountability and Support Model** where relevant.

Criterion 1: Service Delivery Model (refer to **Appendix A: NSW HI MBCP Pilot Model**) included in the Grant Program Guidelines.

A well-defined support service delivery model that:

- Clearly articulates how the provider will:
 - assess whether participants fall within the target group of high-risk, high-complexity men who are suitable to participate in an MBCP, considering the support available through the pilot
 - assess risk, eligibility, intensity settings and escalation responses on an ongoing basis, across all phases of the pilot
 - provide pre-program case management
 - provide high-intensity case management in conjunction with an MBCP
 - provide tapered, post-MBCP support (refer to **Appendix B: Post-MBCP Accountability and Support Model**)
 - provide parallel victim-survivor safety-focused support, throughout the pathway.
- Demonstrates strategies to identify risk and manage safety and support for victim-survivors, in alignment with best practice principles
- Includes a commitment to participate in monitoring and evaluation of the pilot.

Criterion 2: Organisational Capacity and Experience

- Proven track record in successfully delivering existing MBCP contracts and/or pilot programs
- Demonstrated capability to establish and deliver a pilot program in a short timeframe
- Demonstrated capability to deliver the components of this pilot, including case management services.

Criterion 3: Implementation/Participant Engagement

- A clear and practical plan for how you will recruit and retain participants in the HI MBCP.

- Demonstration of existing demand or need in the chosen location for a new MBCP group, case management services and post-MBCP support for high-risk and high-complexity men.

Criterion 4: Collaboration and Partnerships

- Evidence of strong interagency networks and partnerships to facilitate referrals of men and families to support services and to receive referrals from other agencies.

Criterion 5: Financial Sustainability and Value

- A compelling case for value for money, including strategies to ensure sustainability of the HI MBCP across the two-year program duration.

Criterion 6: Risk Management

- Demonstrated awareness of potential risks to the pilot and a robust plan outlining how these risks will be mitigated.

Criterion 7: Location

- A compelling case for why
- the pilot should be located in the chosen location, for example, because of demand or need, or availability of relevant services.
- Two different locations will be selected for the HI MBCP Grant Program and the Post MBCP Support Pilot Grant Program.

5 Prioritisation

The assessment process will prioritise:

- Applicants that have demonstrated satisfactory performance of their MBCP service delivery contract.
- Geographical location with high need, as reflected in the rate and/or volume of domestic violence assaults.

The assessment process may also, at DCJ’s discretion, prioritise awarding the HI MBCP Grant and the Post MBCP Support Grant to two different providers.

6 Funding amounts

One-off funding for two financial years is available to the successful recipient:

Table 1.0: HI MBCP- One-off funding

HI MBCP financial year	\$ exclusive of GST
Year 1: 2026 - 2027	\$650,000
Year 2: 2027 - 2028	\$650,000
Total one-off funding	\$1,300,000

Organisations can apply for a maximum of \$650,000 (excl. GST) per year, for two financial years. Program delivery will occur from 30 June 2026 to 30 June 2028.

Please ensure your budget has equal amounts of funding across both financial years in your application. This funding amount will include participation in monitoring and evaluation of the HI MBCP.

6.1 Grant funds expenditure

Funds can only be used for expenses/activities directly associated with the HI MBCP grant and will cover funding for:

- Group facilitation
- Case management
- One-on-one support and/or check-ins
- Victim-survivor advocacy and support
- Brokerage
- Management and administration costs
- Participation in monitoring, evaluation and learning.

Your application must clearly outline your proposed expenditure in relation to the funding amounts identified above and included in the budget you submit with your application.

6.2 Grant fund exclusions

Organisations must use the grant funds, including any interest earned, for the purposes of the grant.

Items or activities that funding cannot be used for include, for example:

- Any activity of a commercial nature that is for profit
 - Existing debt or budget deficits
 - Capital works, including building work
 - Permanent salaries/wages
 - Permanent equipment purchases, for example tables and computers
 - Business as usual costs or general operating expenses
 - Programs or activities that encourage gambling such as bingo, or the consumption of alcohol
 - Programs and activities coordinated by NSW Government Departments and Statutory Authorities
 - The same project twice. For example, two different organisations cannot apply for funds for the same program or activity
-

6.3 Unspent project funds

If a grant recipient's project is completed and there are unspent project funds remaining, these must be returned to NSW Department of Communities and Justice unless otherwise specified in the grant funding agreement if more than \$250.

7 Application Process

One step application process:

- Before you start your application, please review the Grant Program Guidelines, including Appendix A and Appendix B, the FAQs and consider attending the information session.
- One application form submitted per applicant will be assessed based on eligibility and assessment criteria. Smarty Grants will be used to support the application process.
- Applicants will be formally notified on whether their application has been successful. It is an applicant's responsibility to ensure all contact details are up to date.

Further support on the grant is available by emailing dfvstrategy@dcj.nsw.gov.au

For queries regarding Smarty Grants, please contact DCJ Grant Design and Support by emailing grantdesignandsupport@dcj.nsw.gov.au.

Please quote your Application ID in all correspondence. If you are not familiar with the SmartyGrants management system, please refer to the SmartyGrants [Help Guide for Applicants](#) or check out [Applicant FAQs](#). You can also contact SmartyGrants directly if you are having technical difficulties with the application form or your SmartyGrants account/password, via email service@smartygrants.com.au.

8 Subcontracting information

NSW DCJ will only provide a grant to a single organisation. Organisations can work together through one lead organisation using subcontracting arrangements between them.

For more information about subcontracting please refer to the DCJ [subcontracting](#) policy.

9 NSW National Redress Scheme sanctions

The NSW Government will not award a Grant Funding Arrangement to a non-government organisation with Redress Obligation (or to any of its Related Entities) if that non-government organisation:

- has declined to join the Scheme, or
- at the expiry of six months after the time it is notified to join the Scheme, has failed to do so.

Visit the [website](#) for further information about the [NSW National Redress Scheme](#) sanctions.

9.1 Insurance

The successful grant recipient must maintain current and adequate insurance appropriate to the activities/services funded under this grant to cover any liability of the grant recipient that might arise in connection with the performance of its obligations under a Grant Funding Agreement. This must include a minimum of \$10 million Public Liability Insurance.

Applicants will be asked to provide a copy of all relevant insurance policies and certificates in the application form.

9.2 Banking details

It is your responsibility as the applicant to provide correct banking details, including the authorised signatures to verify your bank details in the application form. Funds transferred to an incorrect bank account may not be recoverable.

10 Successful grant application

10.1 Grant funding agreement

- The application, Grant Funding Agreement and acquittal for the grant will be managed using the SmartyGrants management system and Adobe Acrobat Sign.
- The successful applicant is required to return the signed Grant Funding Agreement within two weeks of receipt. If you do not return your signed grant agreement by this date your grant offer may be forfeited.
- All projects must be completed by 30 June 2028.
- Grant Funding Agreement can only be signed by authorised officers of your organisation. This may be a member of the executive/committee as deemed under the Articles of Association or Constitution for a not-for-profit organisation, or the General Manager or delegated officer if you are a council.
- Please note, all applicants must provide the contact details (email address, phone number, name, and position) of the relevant authorised signatories, or their delegates, in their application form.
- It is the applicants' responsibility to ensure staff availability to complete and sign documents, to carefully read the terms and conditions of the Grant Funding Agreement, and to sign the Grant Funding Agreement using the correct authorised signatories via email.
- Once we receive your signed Grant Funding Agreement via Adobe Acrobat Sign, DCJ will countersign the agreement and return to you by email.
- Any variations to the Grant Funding Agreement, including scope, location or timeframes outlined in the application form and Grant Program Guidelines must be formally requested and approved in writing. Failure to do so may result in the withdrawal of the grant offer.

To discuss a variation, please contact the Innovative DFV Perpetrator Responses team on DFVStrategy@dcj.nsw.gov.au or the Grant Design and Support by email on grantdesignandsupport@dcj.nsw.gov.au

11 Successful applicants' obligations and reporting

The successful grant recipient is required to submit the following:

- Project must be completed by 30 June 2028.
- An annual progress reporting on activities, milestones and challenges encountered must be submitted in the SmartyGrants portal on 30 June 2027 and 30 June 2028.
- Grant recipient must participate in consultations and/or workshops led by DCJ to develop the data collection criterion for monitoring, evaluation and learning.

- The final report must provide a comprehensive summary of outcomes achieved throughout the project. It should detail the extent to which the grant funding contributed to these outcomes, including an assessment of impact, sustainability, and community benefit. Recipient is encouraged to include stories or case studies that illustrate community impact, highlight lessons learned, and demonstrate how the project has created meaningful change.
- The Financial Acquittal must show how funds were spent to be submitted no later than 1 September 2028. DCJ will send you the final report and acquittal form prior to the required date that you will need to complete in the SmartyGrants portal.
- Please note that any photographs or videos containing images of participants and/or staff submitted in the Final Report must be accompanied by a signed [DCJ still and moving images consent form](#).

12 Feedback and appeals process

If your application is not successful, it does not mean your application is without merit. Funding is limited and not all applications are successful. Due to the high-volume applications, we are unable to provide individual feedback on each unsuccessful application.

13 Publication of grant information

The NSW Grant Administration Guide requires that certain information is published in relation to grants awarded no later than 45 calendar days after the grant agreement takes effect (see section 6.5 of the Guide and Appendix A to the Guide). This information is also open access under the Government Information (Public Access) Act 2009 (NSW) (GIPA Act), which must be made publicly available unless there is an overriding public interest against disclosure of the information.

In accordance with these requirements, relevant information about the grants awarded will be made available on the NSW Government Grants and Funding Finder as soon as possible after the grant funding is approved or declined.

All records in relation to this decision will be managed in accordance with the requirements of the State Records Act 1998 (NSW).

14 Additional information

14.1 Complaint handling

Any complaints should be sent in writing to GrantDesignandSupport@dcj.nsw.gov.au

14.2 Access to information

Note that documents submitted as part of a grant application may be subject to an application under the GIPA Act or an order for papers under Standing Order 52.

The GIPA Act provides for the proactive release of government information by agencies and gives members of the public an enforceable right to access government information held by an agency (which includes Ministerial offices). Access to government information is only to be restricted if there is an overriding public interest against disclosure.

Before information is released in response to an application under the GIPA Act, there will be an assessment of the public interest considerations in favour of and against disclosure of that information, and there may be consultation requirements that apply.

The NSW Legislative Council has the power to order the production of State papers by the Executive Government. Standing Order 52 provides that the House may order documents to be tabled by the Government in the House. The Cabinet Office coordinates the preparation of the papers – that is, the return to order. The return to order may contain privileged and public documents. Privileged documents are available only to members of the Legislative Council.

14.3 Ethical conduct

Conflict of interest management

Conflicts of Interest between DCJ and applicants will be managed in accordance with the DCJ's code of conduct, and declarations are made and recorded by all persons involved in performing functions related to the assessment process.

Confidentiality

DCJ staff who assist an applicant with an application will not be involved in the assessment for that application.

Information relating to the successful applications, including the name of the applicant, description of the funded project and the funding amount, will be included in:

- Public media releases.
- An announcement on the DCJ website.
- The NSW Grants finder website.
- DCJ social media.

Disclaimer

Every effort has been made to ensure that this publication is free from error and/or omission at the date of publication. The authors, publisher and any person involved in the preparation of this publication take no responsibility for loss occurring to any person acting or refraining from action as a result of information contained herein.

14.4 Accessibility

Grant Design and Support team can provide grant information and application forms in accessible formats on request. Formats include word documents, audio disk and large print. We also accept applications in accessible formats.

14.5 Support available to applicants

For questions regarding the grant and related information, support is available by emailing the DCJ Innovative Perpetrator Interventions team at DFVStrategy@dcj.nsw.gov.au. While staff will be pleased to answer questions about the application process, they cannot comment on the content of the application. To maintain a fair and equitable process, staff are unable to edit or correct any applications.

For queries regarding Smarty Grants, please contact the DCJ Grant Design and Support by emailing grantdesignandsupport@dcj.nsw.gov.au.

Communities and Justice

6 Parramatta Square
10 Darcy Street
Parramatta NSW 2150

Locked Bag 5000
Parramatta 2124

Office hours:
Monday to Friday
9:00am – 5:00pm

E: Grantdesignandsupport@dcj.nsw.gov.au
and
DFVStrategy@dcj.nsw.gov.au

Appendix A: NSW High Intensity Men's Behaviour Change Program (HI MBCP) pilot model

Prepared for the NSW Department of
Communities and Justice

March 2026

Table of contents

1	Executive summary	1
2	Background	2
2.1	Policy context and problem definition	2
2.2	Relationship to the Standalone Post-MBCP Pilot	2
2.3	This document	3
3	Overview of the model	4
3.1	The model at a glance	4
3.2	Model structure	4
3.3	Integration across the pathway	6
4	HI MBCP Pilot	8
4.1	Guiding principles	8
4.2	Target cohort and eligibility	9
4.3	Case management intensity and delivery parameters	9
4.4	Professional practice, supervision and governance	10
4.5	Survivor safety and parallel support	10
4.6	Evaluation	11
5	Theory of change	12
	Appendix A	16

1 Executive summary

The High Intensity Men's Behaviour Change Program (HI MBCP) pilot is a two-year initiative designed to strengthen system responses to men assessed as high risk and high complexity for domestic and family violence. The pilot augments registered business-as-usual (BAU) Men's Behaviour Change Programs (MBCPs) with structured high-intensity case management and post-program accountability. It strengthens continuity, coordination and sustained accountability across the full intervention pathway while preserving the integrity of established group delivery.

The HI MBCP pathway comprises five integrated components:

1. Pre-Program engagement and stabilisation
2. Core MBCP
3. Parallel high intensity case management
4. Post-Program Accountability and Safety Support Model (refer to documented Model at Appendix B)
5. Parallel partner/ex-partner safety engagement (across whole pathway).

For participants who complete the full pathway the model delivers approximately 120 hours of structured, extended intervention across pre-engagement, group participation, case management and post-program accountability, in addition to parallel safety support to partners/ex-partners.

The primary purpose of the pilot is to assess whether structured high-intensity augmentation improves engagement, strengthens risk management and consolidates behaviour change for high-risk participants. Secondary purposes include testing feasibility, workforce requirements and scalability.

Risk Safety and Support Framework (RSSF)-aligned risk assessment operates continuously across all phases of the HI MBCP pathway, ensuring that eligibility, intensity settings and escalation responses are informed by structured and documented risk review.

Findings from the pilot will inform future commissioning decisions and contribute to NSW's evidence base for intensity-based perpetrator interventions.

What makes HI MBCP different from standard MBCP?

HI MBCP differs from standard MBCP in that it targets a defined high-risk cohort and augments group-based intervention with structured high-intensity case management, post-program accountability, and continuous RSSF-aligned risk review.

Standard MBCPs deliver time-limited group programs with associated partner contact and support. HI MBCP preserves this core model but adds pre-program stabilisation, sustained individual case management throughout participation, and access to a structured post-program.

High intensity in this model refers not simply to additional hours, but to increased continuity, coordination and accountability across time.

2 Background

The HI MBCP pilot is a two-year initiative designed to strengthen responses to high-risk perpetrators of domestic and family violence. The pilot is designed in response to evidence indicating that standard MBCPs are less effective for men assessed as high risk and high complexity, particularly where instability, co-occurring needs and system fragmentation undermine engagement in and consolidation of change.

The HI MBCP pilot augments business-as-usual (BAU) registered MBCPs with enhanced, individualised case management, and structured post-program accountability with BAU family safety contact throughout. The intent is to deliver increased intensity, continuity and coordination across the intervention lifecycle, while preserving the integrity of established MBCP group delivery

2.1 Policy context and problem definition

Men's Behaviour Change Programs (MBCPs) are a core component of the domestic and family violence (DFV) response in NSW. Evidence and practice experience indicate that while MBCPs can support positive change, outcomes are uneven, and for men with high and complex risk profiles, this can include compounding factors such as instability, trauma, substance use, and prior disengagement from services.

For this cohort, standard group-based interventions alone may be insufficient to:

- sustain engagement over time
- manage fluctuating and escalating risk
- support consolidation of behaviour change
- prevent disengagement following program completion.

In parallel, evidence highlights a critical vulnerability point following MBCP completion, when accountability and system visibility can drop and risk to victim-survivors can increase. This gap is addressed through post-MBCP support, which establishes a structured, survivor-centred post-program phase focused on continuity, risk visibility and accountability.

The HI MBCP pilot responds to these challenges by intensifying support for high-risk men during MBCP participation and ensuring continuity into post-program accountability, without redesigning core MBCP delivery.

2.2 Relationship to the Standalone Post-MBCP Pilot

DCJ is concurrently releasing two related pilots: the HI MBCP pilot and a standalone Post-MBCP Accountability and Support pilot. Both pilots draw on the same Post-MBCP practice framework and are designed to strengthen accountability and safety beyond group participation.

In the HI MBCP pilot, the post-program component is embedded within a broader high-intensity pathway and operates within a defined service allocation specific to

this pilot. The standalone Post-MBCP pilot delivers the same core practice model as a distinct intervention with a different allocation and service scope.

2.3 This document

The document is structured to support both strategic understanding and operational clarity:

- **The executive summary** (Section 1) and **Model overview** (Section 3.1) outline the purpose, structure and allocation envelope of the pilot.
- **The model structure** (Section 3.2) sets out the five integrated components of the pathway and how they operate continuously rather than as discrete stages.
- **The guiding principles** (Section 4.1) and **target cohort** (Section 4.2) clarify the policy logic and eligibility expectations.
- The section on **case management intensity and delivery parameters** (Section 4.3) set out what “high intensity” means in practice.
- The **theory of change** and its associated **outcomes tables** (Section 5) articulate the assumptions underpinning the pilot and the intended outcomes across men, partners/ex-partners, children and the broader system.
- **Appendix A** provides the operational spine of the model, including role differentiation, escalation expectations, supervision requirements and RSSF alignment. Providers should read this section carefully.

3 Overview of the model

3.1 The model at a glance

The HI MBCP pilot is a risk-responsive, high-intensity intervention pathway designed to strengthen accountability, improve risk monitoring and extend structured support beyond the group component of a Men's Behaviour Change Program (MBCP).

Movement within and beyond program components is guided by:

- continuous, structured risk assessment
- documented professional judgement
- consideration of behavioural indicators and engagement
- partner/ex-partner safety feedback
- multi-agency information.

The pathway integrates pre-program engagement, concurrent group and case management delivery, and structured post-program accountability and safety support within a flexible service envelope.

3.2 Model structure

The HI MBCP pilot comprises an integrated, multi-phase pathway with indicative time allocations assigned to phases 1-4:

1. Pre-Program engagement and stabilisation, up to 20 hours
2. Core MBCP group
3. Concurrent high-intensity case management during the core MBCP, up to 40 hours on average, with step-up capacity during escalation in risk
4. Post-Program Accountability and Safety Support, up to 30 hours
5. Parallel partner/ex-partner safety engagement, throughout the pathway.

While these phases provide structural clarity, the model operates as a continuous pathway rather than discrete stages. Movement between components is not time-triggered but informed by structured review and safety considerations. All components operate within a flexible allocation envelope to enable responsiveness to assessed risk.

NOTE: The HI MBCP pilot incorporates the Post-MBCP Accountability and Support Model at Appendix B as a component within the broader high-intensity pathway, with an indicative allocation of 30 hours. A separate pilot of the standalone Post-MBCP Accountability and Support Model is being commissioned concurrently and operates with a different indicative allocation. While the practice framework is consistent across both pilots, applicants should note the difference in the allocation of indicative hours.

1. Pre-program case management

This component focuses on engagement and motivation, clarification of risk profile, addressing practical participation barriers and initial safety coordination. The approach should apply the Risk, Needs, Responsivity principles. The intensity is responsive to the assessed need. There is no fixed readiness threshold for commencing the MBCP; decisions are based on documented professional judgement and safety considerations.

2. Core business-as-usual (BAU) MBCP

The foundation of the HI MBCP pathway is participation in a registered MBCP delivered in accordance with existing standards and registration requirements. The pilot does not redesign or replace group content. Rather, it augments standard delivery for a defined high-risk cohort.

The core MBCP component includes:

- Structured, group-based behaviour change sessions focused on accountability, gendered drivers of violence and respectful relationships
- Ongoing risk assessment and monitoring
- Established escalation and referral pathways
- Dedicated partner or ex-partner support delivered independently of the men's group.

Partner or ex-partner support is a core safety safeguard available on an opt-in basis. It provides proactive contact, safety planning, information and referral, and operates independently to avoid role confusion or collusion.

3. High-intensity case management throughout

A defining feature of the HI MBCP pilot is enhanced, individualised case management delivered concurrently throughout MBCP participation.

This component augments existing MBCP supports and is designed to:

- Stabilise practical and psychosocial factors that undermine engagement
- Increase readiness for group-based accountability work
- Enhance risk visibility and coordination with justice, alcohol and other drug, mental health and other relevant services
- Support retention and re-engagement following destabilising events
- Reinforce behaviour change concepts between group sessions.

Case management supports accountability, monitors risk indicators, coordinates multi-agency responses, and enables escalation where required. It is structured and accountability focused. It is distinct from therapeutic counselling and separate from group facilitation roles.

Each case management plan must include RSSF-aligned review and documentation of current risk indicators, stability and volatility markers, and any survivor-informed insights, ensuring continuous risk visibility across the intervention period.

The pilot allows for step-up capacity where risk escalates. This flexibility allows the pilot to respond dynamically to risk while maintaining a clear expectation of increased intensity compared to BAU MBCP delivery.

4. Post-MBCP accountability and safety support

The third component of the pathway is the approved Post-MBCP Accountability and Safety Support Model.

This component is not a generic aftercare service. It is a structured, time-limited accountability phase designed to:

- Consolidate behaviour change following group completion
- Prevent disengagement at program end
- Maintain structured risk monitoring in real-world contexts
- Support survivor safety through parallel, proactive engagement.

Relapse, resistance or escalation during the post-MBCP phase triggers structured review, risk reassessment and, where appropriate, step-up, booster or re-entry pathways rather than automatic exit.

5. Parallel partner/ex-partner safety engagement (across all phases)

This component is a core safety safeguard. Parallel support is designed to:

- provide proactive, survivor-centred contact and safety planning
- conduct and update risk assessment throughout the intervention lifecycle
- share relevant risk information (where appropriate and safe) to inform structured case review
- support access to legal, housing, financial, cultural and therapeutic services
- reduce the burden on partners/ex-partners to monitor or report on the man's behaviour.

Support should include the provision of information about what to expect from the program and may include structured case coordination and, where appropriate, case management functions. It may also include counselling or referral to specialist services, depending on survivor needs and consent.

Survivors are not positioned as responsible for monitoring compliance or behaviour change. Information shared by partners/ex-partners informs risk assessment processes but does not compromise their independence or safety.

3.3 Integration across the pathway

The HI MBCP model is designed as a continuous and coordinated intervention rather than discrete programs. Integration across components is achieved through:

- structured information-sharing and case review processes
- clear role differentiation between group facilitation, case management and post-program accountability

- parallel victim-survivor support operating across all phases
- structured continuation planning from MBCP to post-MBCP support.

This integrated design increases intensity not only through hours of contact, but through continuity, coordination and accountability across the full intervention lifecycle.

The pilot responds to evidence that men with high-risk profiles are more likely to disengage from programs and that risk can escalate following MBCP completion. It aligns with both Commonwealth and NSW investments in innovative perpetrator interventions, complementing national initiatives under the National Plan to End Violence against Women and Children 2022–2032 and NSW’s own investments in strengthened MBCPs, system coordination and post-program accountability.

4 HI MBCP Pilot

All components of the HI MBCP pilot operate under the NSW Standards for Men's Behaviour Change Programs, including requirements for risk-informed practice, cultural safety, supervision, survivor-advocacy involvement and governance.

4.1 Guiding principles

The framework is underpinned by the following evidence-based insights and guiding principles:

- **Survivor and child safety and voice comes first:** The safety of victim-survivors and children is the primary purpose of the intervention. All decisions regarding eligibility, intensity, escalation, transition and exit must prioritise safety and risk management over program completion or throughput. Evaluation must be survivor-informed.
- **Accountability as the core intervention:** The intervention is grounded in accountability for the use of violence. High intensity does not equate to therapeutic depth alone, but to structured and continuous accountability, coordinated risk monitoring and consistent reinforcement of responsibility. Men must remain connected to structured supports before, during and after group participation.
- **Augmentation:** The pilot augments MBCP delivery rather than replacing or redesigning group content. Preserving the BAU MBCP delivery is essential to enable comparison, maintain standards and ensure system coherence.
- **Structured and governed intensity:** Increased intensity must be structured, documented and supervised. High levels of one-to-one contact increase the risk of drift or collusion and therefore require clear role boundaries, supervision and escalation protocols.
- **Cultural governance and equity:** Delivery must be culturally safe and responsive. Where Aboriginal men participate, culturally informed pathways and ACCO-led options should be prioritised where available. Cultural supervision and consultation should be incorporated into governance arrangements.
- **Continuous learning and adaptive delivery:** The pilot includes structured evaluation and adaptive refinement. While core elements are non-negotiable, intensity settings, sequencing and operational details may be refined during implementation in response to risk patterns, workforce considerations and evaluation findings.
- **Change is possible but uneven:** Relapse and resistance are recognised risks and require active management rather than being treated as failure.
- **Program dose matters.** While 16–20 weeks of group participation may initiate change, consolidation requires sustained engagement over a longer period.
- **Contextual stressors significantly influence relapse risk:** Stressors must be addressed through coordinated case management. These include substance use, mental health concerns, housing instability and justice involvement.

- **Positive developmental pathways reinforce accountability:** Strengthening pro-social identity, safe parenting and resilience may reinforce accountability and reduce the likelihood of harm.

4.2 Target cohort and eligibility

The HI MBCP pilot targets men assessed as high risk and high complexity within existing referral streams to registered MBCPs. Men must be assessed as suitable to participate in an MBCP, considering the support available through the pilot program.

High risk in this context refers to a combination of:

- Elevated assessed risk of serious or repeated domestic and family violence
- Prior justice system contact or convictions related to domestic and family violence
- Indicators of escalation, coercive control or persistent non-compliance
- Co-occurring factors such as alcohol and other drug use, mental health concerns, housing instability or other complexity that undermine engagement.

4.3 Case management intensity and delivery parameters

High-intensity case management is delivered prior to program commencement and throughout MBCP participation. The purpose is to stabilise risk factors, strengthen engagement and reinforce accountability.

The model allows for a flexible allocation of hours rather than a fixed dosage. This includes:

- a minimum expected level of individual case management contact per participant
- a typical range reflecting sustained engagement
- step-up capacity where risk escalates or destabilising events occur.

Case management may include structured one-to-one sessions, coordination with external services, attendance at relevant case conferences and follow-up after missed sessions. All activity must remain anchored in accountability and risk management rather than therapeutic counselling.

Providers must define and document escalation triggers in line with RSSF and organisational governance requirements. Where risk increases, providers may increase case management intensity and activate established justice or statutory pathways where required.

Case management hours may include:

- structured one-to-one sessions (in person or remote)
- risk-focused follow-up after missed sessions
- coordination with justice, AOD, mental health or other services
- participation in case conferences directly related to the participant.

Noting there is an envelope of hours for the pilot (see earlier Overview section), case management support across the model may be along the following lines:

- **Pre-program contact and case management** focused on readiness, stabilisation, engagement and clarification of risk prior to group commencement.
- **Concurrent case management during the core MBCP**, delivered in addition to group sessions to reinforce accountability, monitor risk and support coordinated system responses.
- **Continuation of case management within the Post-MBCP phase**, where required, to maintain structured accountability and risk visibility beyond group participation.
- **Step-up case management intensity** where risk escalates or destabilising events occur, drawing on available hours within the allocation envelope.
- **Structured safety support to partners/ex-partners**, which may include a case management function where appropriate and delivered independently from the men's intervention.

4.4 Professional practice, supervision and governance

High-intensity work with high-risk perpetrators requires structured governance and supervision.

Providers must demonstrate:

- clear role differentiation between group facilitators, case managers and survivor support workers
- regular supervision for practitioners delivering high-intensity case management
- access to external or specialist supervision where required
- structured case review processes, particularly following risk escalation or critical incidents
- cultural supervision and consultation where working with Aboriginal and Torres Strait Islander participants.

Escalation and review processes must include defined timeframes and documentation requirements to ensure risk is actively monitored and responded to.

4.5 Survivor safety and parallel support

Victim-survivor safety-focused support operates across all components of the HI MBCP pathway.

Survivor support operates independently of the men's intervention while maintaining appropriate information-sharing and risk escalation pathways.

Information provided by survivors, where safe and appropriate, may inform risk assessment and decision-making, but survivors are not positioned as responsible for monitoring men's compliance or behaviour change.

4.6 Evaluation

As a condition of funding, the pilot provider will be required to participate in the evaluation of their HI MBCP pilot. An independent evaluator will be appointed by DCJ, and they will engage with you on the detail of the evaluation design.

Your contribution may include routine data collection, qualitative input from practitioners, participation in evaluation forums or interviews, and cooperation with agreed evaluation processes. These requirements recognise that provider insight and practice-based evidence are critical to assessing the effectiveness and scalability of high-intensity perpetrator responses.

Findings from the HI MBCP pilot evaluation will be publicly released, subject to appropriate de-identification and safety considerations. Publication will focus on implementation insights, mechanisms of change, and system learning, rather than individual-level outcomes, and will contribute to continuous improvement of perpetrator interventions across NSW.

The Theory of Change, below, sets out the range of processes and outcomes being trialled in the pilot. The Monitoring Evaluation and Learning framework will build on this detail.

5 Theory of change

Men assessed as high risk and high complexity are more likely to disengage from standard MBCPs, present with escalating risk during participation, and experience destabilising stressors that undermine behaviour change. Standard program dosage and time-limited group delivery may be insufficient to sustain engagement and accountability for this cohort. HI MBCP is designed to address these vulnerabilities through increased intensity, structured continuity and coordinated oversight.

The HI MBCP model is grounded in the premise that intensity is structured, targeted and integrated across the full intervention pathway. The theory of change below articulates how the components of the HI MBCP pathway are designed to operate together to improve engagement, strengthen risk management and consolidate behaviour change for men assessed as high risk and high complexity.

The framework is underpinned by the following insights:

- **Change is possible but uneven.** Relapse and resistance are expected and must be actively managed rather than treated as failure.
- **Program dose matters.** While group participation may initiate change, consolidation requires sustained engagement over a longer period.
- **Continuity of accountability is essential.** Men must remain connected to structured supports before, during and after group participation.
- **Survivor safety and voice must remain central** to all decision-making, including eligibility, intensity and transition.
- **Contextual stressors significantly influence relapse risk.** These include substance use, mental health concerns, housing instability and justice involvement; they must be addressed through coordinated case management.
- **Positive developmental pathways reinforce accountability and reduce the likelihood of harm.** These include resilience, pro-social identity and safe parenting.
- **Strong system safeguards are essential** to maintaining integrity and safety in high-intensity work. This includes governance, supervision and survivor-informed evaluation.

The theory of change sets out the conceptual foundation of the model using an “if – because – then – so that” structure (Table 1). It makes explicit the logic connecting targeted eligibility, integrated case management, structured accountability and survivor-informed governance to anticipated outcomes. It clarifies the causal assumptions underpinning the framework and transparently links activities to intended impacts. Table 2 articulates outcomes for all stakeholder groups.

Table 1: HI MBCP model theory of change

If	Because (rationale)	Then (observable change)	So that (outcome)
High-risk men are identified through structured, multi-source risk assessment within existing MBCP referral pathways	Standard program settings do not sufficiently differentiate intensity based on risk and complexity	The cohort most likely to disengage or escalate receives targeted augmentation	Resources are directed to those with greatest risk of ongoing harm
Pre-program engagement and stabilisation are delivered alongside and prior to group participation	Instability, co-occurring needs and system fragmentation undermine engagement and accountability	Practical barriers are addressed, readiness is strengthened, and risk indicators are clarified early	Participants are more likely to engage meaningfully and sustain participation
High-intensity case management is delivered concurrently throughout group participation	Group-only delivery may not provide sufficient continuity, coordination or real-world accountability for high-risk cohorts	Accountability is reinforced between sessions, risk visibility is increased, and system coordination is strengthened	Escalation is identified earlier, responded to more quickly and consistently
Partner/ex-partner safety support operates independently and in parallel across all phases	Survivor safety cannot depend on men's engagement or self-report	Risk information is strengthened, safety planning is proactive, and survivor burden is reduced	Victim-survivor burden is reduced and safety responses are more coordinated
The pathway delivers an extended, structured intervention proportionate to assessed risk	High-risk perpetrators require sustained accountability and continuous risk monitoring beyond standard group dosage	Intensity, continuity and risk visibility are maintained across the intervention lifecycle without redesigning the core MBCP	Engagement is strengthened, risk escalation is identified earlier, and behaviour change is more likely to consolidate over time
Delivery occurs within a governed and supervised pilot framework	High-intensity interventions require structured testing, governance and evaluation to ensure safety and fidelity	Practice remains structured, documented and aligned with standards	Government is able to assess feasibility, fidelity and scalability with confidence

The outcomes below reflect anticipated changes across participant, survivor and system levels, aligned to the pilot's risk-responsive and accountability-focused design.

Table 2: Intended outcomes for different stakeholder groups

Stakeholder group	Outcomes
Men (Core MBCP)	<ul style="list-style-type: none"> • Male participants effectively engage in the program • Male participants are supported to be accountable for their behaviour • Male participants are better able to identify coercive control and escalation patterns
Men (High-Intensity Case Management)	<ul style="list-style-type: none"> • Male participants are supported to be ready to participate in an MBCP • Stressors linked to relapse or disengagement are reduced, actively managed and/or stabilised • Male participants are supported to participate in, remain engaged with and complete all components of the program • Reduced reliance on partners or ex-partners for emotional or practical regulation • Male participants are supported to be accountable for their behaviour between group sessions
Men (Post-MBCP Accountability)	<ul style="list-style-type: none"> • Male participants demonstrate sustained reductions in the use of violence and control through ongoing accountability and system oversight • Male participants strengthen emotional regulation, resilience, safe parenting, pro social identity, and help-seeking behaviours • Reduced disengagement and relapse risk of male participants following core MBCP completion
Women (Partners / Ex-partners)	<ul style="list-style-type: none"> • Women experience increased safety • Women experience reduced burden of monitoring men's behaviour and compliance • Women have greater agency and trust in systems • Women have improved emotional wellbeing and recovery opportunities • Women have improved access to culturally appropriate supports and connections
Children	<ul style="list-style-type: none"> • Children experience increased safety and stability • Children experience improved emotional wellbeing • Children have positive parenting experiences • Children gain stronger relationships with non-violent caregiver
Aboriginal participants and partners/ex-partners (Cultural Pathways)	<ul style="list-style-type: none"> • Aboriginal men are engaged more effectively through culturally legitimate pathways • Accountability is reinforced through cultural governance structures • Aboriginal women and children experience improved safety outcomes • Cultural legitimacy is embedded in risk assessment and decisions

System

- Continuous risk monitoring throughout HI MBCP participation
 - Earlier and more consistent response to escalation
 - Fewer men disengage prior to completion of core MBCP
 - Stronger integration of survivor voice in governance and evaluation
 - Practice-based evidence to inform future commissioning and scalability
-

Appendix A

This appendix sets out the integrated case management framework applicable to both the MBCP and Post-MBCP phases within the HI MBCP pathway.

Case management provides structured, DFV-informed contact focused on risk assessment, accountability and coordinated system response using RSSF guidance. It does not replace group work or therapeutic counselling and must not drift into welfare-oriented or unstructured problem-solving. The delivery model, including length and intensity, are based on the Risk, Needs, Responsivity principles.

Risk-responsive case management intensity

Facilitators and case managers can step up intensity at any point in response to RSSF reassessment, instability indicators, or information provided by survivor advocates indicating increased risk. Step-up can include additional structured check-ins, or collaborative work with partner agencies.

Facilitator check-ins

The purpose of facilitator check-ins is accountability, progress review, behavioural reflection, reinforcement of group content. These check-ins:

- must maintain a behavioural, risk-focused frame
- are documented in the same structure as group content (skills, accountability, risk indicators)
- are not case management
- are not for problem-solving or emotional support

Case management sessions

These are structured and risk-responsive. The purpose is stabilisation, coordination, criminogenic goal setting, risk monitoring, escalation. These sessions:

- follow a defined case management template (RSSF review, goal progress, system linkages, actions and consequences)
- may include collaboration with external agencies
- never replace group contact or facilitators' behavioural work.

This dual structure increases clarity, prevents scope creep, and reduces safety risks associated with unstructured or unsupported 1:1 contact. It is acknowledged that the facilitator and case management role may be undertaken by the same practitioner, in some cases.

Workforce and supervision requirements

To support safe, high-quality case management delivery, the model requires:

- monthly external supervision for practitioners, delivered by a DFV specialist and documented using a structured supervisory template

- cultural supervision when working with Aboriginal and Torres Strait Islander participants or victim-survivors, delivered by ACCO governance or cultural knowledge-holders
- internal reflective practice at least monthly, linked to RSSF updates
- case discussion protocols where any risk escalation, minimisation, or boundary drift triggers supervision review within 72 hours.

Criminogenic and accountability-focused goal setting

Case management uses a structured goal-setting framework grounded in DFV and criminogenic needs. Goals must:

- focus on risk drivers (e.g., coercive control, entitlement, emotional dysregulation, substance-related volatility, financial instability)
- be behavioural, observable and measurable
- be linked to consequences for non-progress
- avoid broad wellbeing or welfare goals that, if pursued without accountability, can increase collusion risk.

Examples include:

- reduce controlling behaviours in financial decision-making
- use agreed de-escalation strategies during conflict
- attend mandated appointments reliably
- implement parenting boundaries in line with child-safety advice.

RSSF alignment and risk escalation

Escalation decisions must be documented and reviewed in supervision.

Every case management session includes:

- a brief RSSF-aligned review
- documentation of risk indicators
- survivor-informed insights (via advocates, never via direct contact)
- stability and volatility markers
- immediate escalation steps if required.

This ensures case management remains the structured backbone of accountability during core and post-MBCP periods.

RooftopSocial