

Post-Men's Behaviour Change Program (MBCP) Pilot 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We advise this resource may contain images, or names of deceased persons in photographs or historical content.

Post-Men's Behaviour Change Program (MBCP) Pilot Grant Program

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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 2029
Final report and financial acquittal due	1 September 2029
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	\$900,000 (excl. GST)
Program enquiries	dfvstrategy@dcj.nsw.gov.au
Technical enquiries	grantdesignandsupport@dcj.nsw.gov.au

2 Overview

2.1 Post-MBCP Pilot Grant Program Guidelines

The Post MBCP Pilot Grant Program Guidelines contain information to assist potential applicants to complete the application. It includes an overview of the Post-MBCP Pilot 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 and Appendix A: NSW Post-MBCP Accountability and Safety Support Model are read prior to completing your application for the Post-MBCP Pilot Grant Program. Also please refer to the Frequently Asked Questions (FAQ) page for further information about the application process.

2.2 Purpose of the Post-MBCP Pilot Grant Program

In NSW, there is currently no unified model for sustaining men's accountability and safe behaviour after completion of an MBCP.

The grant will provide funding for a pilot program to provide structured, ongoing support for men who have completed an MBCP, consistent with the NSW Practice Standards for Men's Domestic Violence Behaviour Change Programs, to address this service gap. The pilot will incorporate monitoring, evaluation and learning, to ensure the outcomes can be measured and that the pilot adds to the evidence base of behaviour change programs.

The pilot treats post-MBCP work as a distinct service phase within the continuum of perpetrator intervention, directly linked to the Risk Safety and Support Framework (RSSF) to ensure men remain visible to systems and accountable for behaviour. It will provide participants with sustained engagement of approximately 40 hours, tapered over time, which includes:

- Post-program groups with rolling/modular formats that revisit MBCP themes in greater depth, with tapering intensity planned with each participant
- Integrated case management, with a nominal allocation of 15 hours per participant with flexibility to reallocate unused time, addressing practical stressors (e.g. housing, employment, alcohol and other drug use and mental health issues) with tapered contact and capacity to increase support if risk rises
- One-on-one check-ins focused on accountability
- Regular risk reviews aligned with the Risk Safety and Support Framework (RSSF)
- Survivor advocacy pathways for safe, voluntary contact
- Goal setting for behaviour change and family safety
- Culturally governed pathways for Aboriginal men, led by Aboriginal Community-Controlled Organisations (ACCOs), if relevant to the program.

The Post-MBCP Pilot model outlined in Appendix A has been informed by available evidence and statewide consultation.

2.3 Objectives and outcomes

The NSW Government has committed a total of \$900,000 over three years to fund and test post-MBCP support in NSW for men who have completed an MBCP.

The Post-MBCP Pilot includes behaviour change, integrated case management and continuous risk assessment through the RSSF.

The objective of the Post-MBCP Pilot is to:

- Support men to sustain accountability and make positive changes to reduce their use of violence following completion of an MBCP
- Maintain survivor and child safety as the central indicator of program effectiveness
- Test components including integrated case-management structures
- Establish clear workforce, supervision and cultural governance arrangements to support program integrity
- Generate empirical and practice-based evidence to inform statewide MBCPs and long-term service design.

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

2.4 Program components

The Post-MBCP Pilot will provide approximately 40 hours of structured intervention per participant. The hours for post-MBCP support will include tapered, risk-scaled case management, facilitator accountability check-ins; survivor-advocacy input, criminogenic goal setting; and, where relevant, culturally governed supports and on-Country elements.

All components of the Post-MBCP Pilot Grant Program operate under the *NSW Practice Standards for Men's Domestic Violence Behaviour Change Programs*,¹ including 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 Post-MBCP Pilot offers a layered set of supports, working together as a tapered, risk-responsive continuum. The program components are listed below and in more detail in Appendix A: NSW Post-MBCP Accountability and Safety Support Model.

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>.

2.4.1 Program dosage and continuity

The Post-MBCP Pilot adopts approximately 40 hours of program dosage, tapered over time. Program tapering will be individually planned and documented to ensure continuity and safe exit. Participants are allowed flexibility for relapse re-entry or booster in recognition that behaviour change is non-linear.

2.4.2 Integrated case management

Integrated case management is a core, non-optional component of the Post-MBCP Pilot Grant Program and operates as a risk-scaled, accountability-focused function that maintains system visibility and stabilising support during the post-program period. Case management is included as an integrated support alongside men's behavioural change work, not as a standalone intervention. Case management may include criminogenic goal setting. A nominal allocation of 15 hours (included in the 40-hour total) is available per participant, with flexibility to reallocate unutilised time.

2.4.3 Parenting pathways

The Post-MBCP Pilot may include referrals for participants to child-centred and trauma-aware programs such as Caring Dads or Circle of Security, with links to accountability.

2.4.4 Pro-social activities

Participants of the pilot can engage in structured pro-social activities to strengthen men's positive social identities and reduce isolation, while remaining linked to accountability structures. Pro-social activities are used only where they reinforce behavioural goals and cannot proceed without DFV-competent partners, clear risk screening, and documented accountability linkages.

2.4.5 Survivor safeguards

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

Core functions of survivor advocacy:

- act as a conduit for survivor voices in program decisions
- provide clear, accessible information on eligibility, safety, and program processes
- support women to identify and articulate risks while protecting safety and confidentiality
- offer survivors independent avenues for feedback and accountability monitoring
- connect survivors including children with DFV, legal, and social supports to strengthen safety and recovery.

These safeguards are monitored through the program's governance structure and survivor-informed evaluation processes.

2.4.6 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.

2.4.7 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 target group will be men who have completed an MBCP, and support for former and current partners and family members of those men.

Eligibility for participants in the pilot will be determined through facilitator judgement, survivor input (where safe), proxy indicators (validated tools, records, advocate perspectives) and structured risk assessments using the NSW RSSF.

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

High-risk or denial-based men are redirected to a core MBCP or an intensive case management pathway.

2.6 Intended Outcomes

Cohort	Intended Outcomes
Men	<ul style="list-style-type: none">• Demonstrate sustained reductions in the use of violence and control through ongoing accountability and system oversight• Strengthen emotional regulation, resilience, safe parenting, pro-social identity, and help-seeking
Women	<ul style="list-style-type: none">• Increased safety• Reduced burden of monitoring men• Greater agency and trust in systems• Improved emotional wellbeing and recovery opportunities• Improved cultural connections
Children	<ul style="list-style-type: none">• Increased safety and stability• Improved emotional wellbeing• Positive parenting experiences• Stronger relationships with non-violent caregiver
System	<ul style="list-style-type: none">• Survivor voices embedded in monitoring and evaluation• Strengthened workforce, governance, and supervision• Expanded evidence base for future system design

3 Eligibility Criteria

3.1 Eligible applicants

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*.²
- receive NSW Government funding to deliver an MBCP program in the same location(s) that you intend to deliver the Post-MBCP Pilot
- be able to collect and report pilot data on InfoShare.

² Access the Practice Standards and the Compliance Framework for NSW MBCPs at <https://dcj.nsw.gov.au/service-providers/supporting-family-domestic-sexual-violence-services/dfv-programs-funding/men-s-behaviour-change-program.html>

4 Assessment Criteria

4.1 Assessment of grant applications

This is a closed and competitive grant program. All submitted applications will first be screened for eligibility. Eligible applications will then be assessed based on the following assessment criteria:

Criterion 1: Service Delivery Model

A well-defined post-MBCP support service delivery model that:

- Clearly articulates how ongoing support will be provided to men who have completed an MBCP
- Incorporates an evidence-based therapeutic approach aimed at sustaining positive behaviour change
- Demonstrates strategies to identify risk and manage safety for victim-survivors, in alignment with best practice principles (refer to Appendix A: NSW Post-MBCP Accountability and Safety Support Model)
- Includes a commitment to participate in monitoring and evaluation of the pilot.

Criterion 2: Organisational Capacity and Experience

- Proven capability to deliver the Post-MBCP Pilot over the full program period (2026–27 to 2028–29)
- Demonstrated track record in successfully delivering existing MBCP contracts or MBCP development grants.

Criterion 3: Implementation/Participant Engagement

- A clear and practical plan for how you will recruit and enrol participants into the Post-MBCP Pilot.

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 Post-MBCP Pilot across the three-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.

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.

6 Funding amounts

One-off funding for 3 financial years is available to the successful recipient:

Table 1.0: Post-MBCP Pilot - One-off funding

Post-MBCP Pilot financial year	\$ exclusive of GST
Year 1: 2026 - 2027	\$300,000
Year 2: 2027 - 2028	\$300,000
Year 3: 2028 - 2029	\$300,000
Total one-off funding	\$900,000

Organisations can apply for a maximum of \$300,000 (excl. GST) per year, for three financial years between 2026-27 and 2028-29. Program delivery will occur from 2026-27 to 2028-29.

Please ensure your budget has equal amounts of funding across financial years in your application. The total three years of grant funding must be spent by 30 June 2029. This funding amount will include participation in monitoring and evaluation of the Post-MBCP Pilot.

6.1 Grant funds expenditure

Funds can only be used for expenses/activities directly associated with the Post-MBCP Pilot 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.

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 including, 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, 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 the DCJ Grant Design and Support team 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 2029.
- 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 applicant' obligations and reporting

The successful grant recipient is required to submit the following:

- Project must be completed by 30 June 2029.
- An annual progress reporting on activity/ies, 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 2029. DCJ will send you the final report and acquittal form prior 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.

Appendix A: NSW Post-MBCP Accountability and Safety Support Model

Prepared for NSW Department of Communities
and Justice

Acknowledgement

The development of the Post-MBCP Accountability and Safety Support Model has been informed by the expertise, experience and generosity of a wide range of practitioners, subject matter experts, peak bodies and service leaders across New South Wales and nationally.

We acknowledge the practitioners working in men's behaviour change programs, victim-survivor advocacy services, Aboriginal Community Controlled Organisations, and allied domestic and family violence services who contributed their time, insight and practice wisdom through consultations, written submissions and peer dialogue. Their grounded expertise and commitment to survivor and child safety have been central to shaping a model that is practical, culturally governed and responsive to system realities.

We also acknowledge the contribution of subject matter experts and peak organisations who shared evidence, policy insight and critical reflection to strengthen the model's integrity, safety scaffolding and alignment with best practice and standards. Their guidance has helped ensure the framework is evidence-informed, survivor-centred and attentive to the risks of program drift and unintended harm.

This work reflects a collective investment in strengthening accountability, safety and system coherence beyond program completion. We thank all contributors for their leadership, rigour and ongoing commitment to improving outcomes for women, children and communities.

Executive Summary

The Post Men's Behaviour Change Program (MBCP) Accountability and Support model provides a consistent, survivor-centred structure for supporting men after completion of an MBCP in New South Wales (NSW). It addresses current gaps in accountability, risk visibility and system coordination during the period when instability and harm can increase and when survivors often carry the monitoring burden.

The model introduces a tapered, risk-scaled approach that integrates case management, structured facilitator check-ins, Risk Safety and Support Framework (RSSF)-aligned risk monitoring, survivor advocacy pathways and criminogenic goal setting. Where relevant, the model embeds Aboriginal Community Controlled Organisation (ACCO)-led pathways, cultural supervision, cultural healing and on-Country elements as core mechanisms that strengthen accountability and uphold cultural authority.

The model recognises the structural, cultural and geographic barriers faced by Aboriginal communities, culturally and linguistically diverse men, people in regional and remote areas, LGBTQIA+ participants, people with disability and those experiencing socio-economic disadvantage. It positions cultural safety, language access, accessibility and strong survivor pathways as features of safe, equitable practice.

The model is delivered in alignment with the NSW Practice Standards for MBCPs, which apply in full to the post-MBCP phase, including supervision, workforce capability, cultural safety and survivor-advocacy requirements.

A three-year pilot will test the model, examining feasibility, acceptability, safety, fidelity and early behavioural and system indicators. Recidivism is treated as contextual information rather than evidence of program effectiveness. Future funding may allow additional pilots to test alternative eligibility pathways, varied case management intensity and ACCO-led delivery streams in different regions.

The model's theory of change centres survivor and child safety as its primary outcome, with expected early shifts in men's accountability, stability and responsibility-taking, and improved system coherence and cultural safety. The accompanying Monitoring, Evaluation and Learning framework adopts survivor-informed, culturally governed indicators and mixed-method evidence to guide refinement throughout the pilot.

1 Overview

Across NSW there is currently no unified model for sustaining men's accountability and safe behaviour after completion of a Men's Behaviour Change Program (MBCP). Existing post-program responses are localised and vary in structure, intensity and linkage to survivor advocacy.

This Post-MBCP Accountability and Safety Support responds to this gap by establishing a consistent, survivor-centred framework that integrates behaviour-change maintenance, case management, and ongoing risk review. It recognises that sustained change requires structured contact, clear accountability mechanisms and professional supervision rather than ad hoc or time-limited follow-up.

The problem is most acute where men disengage from services following group completion, leaving victim-survivors without ongoing visibility of risk and systems without coordinated responses. The model therefore positions post-MBCP work as a distinct service phase within the continuum of perpetrator intervention, directly linked to the Risk Safety and Support Framework (RSSF).

The model comprises several integrated components:

- risk-scaled case management that follows a default taper with step-up capacity
- facilitator 1:1 check-ins focused on behavioural accountability
- RSSF-aligned risk assessment and review
- survivor advocacy pathways that maintain safe, voluntary contact
- criminogenic and DFV-specific goal-setting
- structured pro-social activities delivered only with DFV-competent partners
- clear workforce and supervision requirements
- culturally governed pathways for Aboriginal men, including Aboriginal Community-Controlled Organisations (ACCO)-led delivery, cultural supervision, cultural healing and on-Country mechanisms.

These components work together to create a risk-responsive continuum that reinforces responsibility-taking, strengthens system visibility and minimises reliance on survivors to monitor risk.

The model also acknowledges intersectional barriers to engagement. Aboriginal and Torres Strait Islander, culturally and linguistically diverse (CALD), regional, disability and LGBTQIA+ communities experience unique access and trust challenges. Aboriginal community-controlled organisations will lead program design and delivery for Aboriginal men, supported by culturally governed data and evaluation processes.

Hours are flexible and risk-responsive, ensuring that men with higher volatility or escalating risk receive more intensive engagement while maintaining clear boundaries and safety safeguards for victim-survivors.

The accompanying monitoring, evaluation and learning framework prioritises survivor-reported safety, reductions in coercive control, emotional abuse, and parenting-related harm as primary outcomes.

1.1 What the evidence and consultations tell us

Evidence drawn from the 2025 statewide consultations and program evaluations indicates that:

- survivor-centred accountability must anchor all post-MBCP activity. Use of the RSSF provides a consistent, lawful mechanism for information-sharing and risk assessment.
- integrated, risk-scaled case management with professional supervision and clear behavioural goals is critical for sustaining change. Where case management is optional or time-limited, risk visibility declines
- structured engagement patterns, including tapered contact and defined re-entry mechanisms, increase men's accountability and maintain service oversight
- parenting and family-safety programs are effective only when DFV-competent, survivor-informed and clearly separated from any contact-entitlement processes
- cultural governance and Aboriginal community-controlled delivery strengthen program legitimacy, engagement and safety for Aboriginal men, women and children
- evaluation must measure reduction in coercive control and survivor burden, rather than relying solely on criminal recidivism data
- cross-agency collaboration, external supervision and communities of practice are essential to workforce sustainability and program fidelity.

The evidence base for post-MBCP supports is limited but provides useful guidance:

- **change is non-linear:** relapse and re-engagement are expected, not exceptional
- **program dose matters:** light-touch interventions are associated with poor outcomes and increased risk
- **continuity strengthens accountability:** long-term therapeutic relationships improve motivation and reduce disengagement
- **flexibility aids retention:** rolling entry, modular content, and tapered intensity support longer engagement
- **risks must be managed:** poorly governed or under-resourced models can drift, collude, or increase risks for survivors.

These findings establish the empirical and practice foundation for the model and inform the hypotheses to be tested through the pilot implementation phase.

2 The Post-MBCP Accountability and Safety Support model

2.1 Aim

The Post-MBCP Accountability and Safety Support model sets out a structured, evidence-informed framework for supporting men to sustain accountability and non-violence following completion of a MBCP. It defines the key components, workforce requirements and governance structures that will be piloted and evaluated across selected sites.

The model is informed by practice evidence gathered through statewide consultation and program review undertaken in 2025, and it positions post-MBCP work as a distinct, formal phase within the continuum of perpetrator intervention.

The model aims to:

- strengthen men’s sustained accountability and support positive changes in reducing their use of violence following completion of an NSW-registered MBCP
- maintain survivor and child safety as the central indicator of program effectiveness
- test components including integrated case-management structures
- establish clear workforce, supervision and cultural governance arrangements to support program integrity
- generate empirical and practice-based evidence to inform statewide post-MBCP standards and long-term service design.

This aim aligns with the objectives of the NSW Domestic and Family Violence Plan 2022-2027, ensuring continuity of risk management and coordinated accountability beyond the core program stage.

2.2 Problem definition

Across NSW there is currently no consistent framework for supporting men to sustain accountability and make positive changes to reduce their use of violence after completing an MBCP. Existing post-program responses vary significantly in duration, intensity, cultural relevance, and their connection to survivor advocacy. This fragmentation creates gaps in risk visibility and limits the system’s capacity to maintain safe, coordinated oversight once core group programs conclude. In the absence of a defined post-MBCP phase, the burden of monitoring often falls back onto victim-survivors, creating both inequity and avoidable risk.

A further challenge is the limited continuity between MBCP completion and the broader DFV system. Without structured transition points, tapered engagement, or clear accountability pathways, men may disengage or destabilise at precisely the point when risk can increase. Current arrangements do not reliably embed the RSSF as a mechanism for ongoing assessment, information-sharing and coordinated system responses.

These systemic gaps are experienced unevenly across communities. Engagement, access and safety outcomes vary according to cultural, social, geographic, linguistic and economic factors. Aboriginal and Torres Strait Islander participants face the compounded impacts of colonisation, historical and intergenerational trauma, racism, mistrust of statutory systems, and the ongoing erosion of cultural authority. For many Aboriginal men, healing, accountability, identity and connection to culture are inseparable. Without culturally governed pathways, on-Country elements and ACCO-led delivery, post-MBCP supports do not adequately address the cultural determinants that underpin engagement, responsibility-taking and safety for Aboriginal women and children.

CALD participants also experience barriers to trust, communication and safety. Language access, interpreter quality, migration status, and experiences of discrimination or exclusion can impede understanding of program expectations and limit safe disclosure of risk. For some, family or community dynamics can constrain help-seeking or create risks when interpreting cultural norms. Without active measures to address language and cultural safety, post-MBCP responses can reproduce system-level inequities.

People living in regional and remote areas face further challenges, including limited service availability, workforce shortages, transport barriers and inconsistent access to DFV-competent practitioners. These barriers can undermine continuity, restrict pathways to stabilising supports, and reduce system oversight at key points of risk.

People with disability, LGBTQIA+ participants, and those experiencing socio-economic marginalisation also encounter distinctive forms of exclusion and risk. Services are not always equipped to respond to these intersecting needs, leading to reduced access, reduced trust, and inconsistent safety outcomes.

The model addresses these gaps by establishing a structured, survivor-centred post-program phase that integrates ongoing risk assessment, behavioural maintenance, and DFV-informed case management. Where relevant, it embeds Aboriginal community governance and ACCO-led delivery for Aboriginal men, ensures cultural supervision and on-Country pathways where appropriate, and mandates culturally safe and accessible practice for all participants. By formalising survivor advocacy, culturally governed pathways, and structured risk-responsive engagement, the model provides a consistent mechanism for maintaining safety, accountability and visibility across the DFV system.

2.3 Guiding principles

The post-MBCP model is grounded in a set of guiding principles that express the values and assumptions underpinning all aspects of program design, delivery and

evaluation. They translate practice evidence and stakeholder insights into a shared foundation for consistent, survivor-centred delivery across NSW.

They draw on practice evidence, survivor expertise and Aboriginal community leadership to ensure the model strengthens accountability, safety and trust across the domestic and family violence service system.

Safety and accountability: survivor and child safety, achieved through centring survivor voices and sustained accountability of men who use violence, is the model's core purpose.

Survivor-centred practice: all decisions, processes and measures of success prioritise the experiences, autonomy and safety of victim-survivors and children.

Aboriginal governance and cultural authority: ACCOs lead design, delivery and evaluation of programs tailored for Aboriginal participants. Aboriginal cultural governance is embedded at every level of implementation.

Equity, access and inclusion: the model recognises the diversity of participants and communities, ensuring culturally safe, disability-inclusive, and gender-affirming practice across all settings.

Collaboration and shared responsibility: safety and change are collective outcomes requiring coordination between perpetrator, survivor, community and justice services.

System integrity: strong governance, DFV-informed supervision, and survivor-informed evaluation safeguard against program drift and collusion.

Continuous learning and accountability: the model embeds reflective supervision, practitioner learning, and system review to ensure adaptive improvement.

Evidence-informed learning: the pilot embeds longitudinal, mixed-methods evaluation to generate reliable knowledge about safe and effective practice.

These principles provide the conceptual foundation for the operational model that follows. They define the ethical and systemic conditions under which all program components must operate.

2.4 Hypotheses to be tested

This pilot will test this series of hypotheses to assess feasibility, effectiveness, and safety:

- **eligibility:** multi-source assessment reduces unsafe admissions, and proxies can substitute effectively when survivor input is unsafe
- **retention:** integrated case management increases men's retention in post-MBCP program and reduces risks for survivors compared with groups-only models
- **dosage:** sustained engagement of approximately 40 hours (noting current MBCPs deliver between 30 and 60 hours) with tapered intensity supports long-term change more effectively than short or abrupt models

- **motivation:** child-centred parenting programs (child-centred, trauma-aware parenting programs) and structured pro-social activities increase retention, positive engagement and outcomes
- **system integrity:** survivor-informed governance and DFV-informed supervision reduce collusion and program drift
- **evaluation:** longitudinal and survivor-informed approaches capture reductions in coercive control, emotional abuse, and parenting-related harm more effectively than recidivism data alone.

This pilot will test the post-MBCP model over a three-year period, focusing on feasibility, safety, fidelity and early outcomes.

Future funding may enable additional pilots to test variations, including different eligibility pathways, sequencing and intensity of case management, and ACCO-led delivery streams. These comparative pilots would support more rigorous testing of model components and strengthen the evidence base for statewide scale-up.

2.5 Theory of change

MBCPs provide a critical intervention but cannot, in isolation, guarantee sustained behaviour change. A system that anticipates non-linear change, relapse, and cycles of recommitment is required.

The assumptions underpinning this framework are that:

- change is possible but uneven, and relapse is expected
- program dose matters: while 16 weeks may initiate change, consolidation requires sustained engagement over a longer period
- continuity of accountability is essential, ensuring that men remain connected to structured supports
- survivor safety and voice must remain central to all decisions and processes
- contextual stressors strongly influence relapse risk and must be addressed
- positive developmental pathways, such as resilience, pro-social identity, and safe parenting, reinforce accountability
- strong system safeguards – governance, supervision, and survivor-informed evaluation – are essential to maintaining integrity and safety.

The theory of change sets out the conceptual foundation of the model. Using an “if–because – then – so that” structure (see Table 1 on page) it explains why specific strategies, such as triangulated eligibility, integrated case management, and survivor-informed governance, are expected to contribute to safer and more accountable outcomes. It highlights the causal assumptions behind the framework and makes transparent the evidence and logic that connect activities to impacts.

The model positions post-MBCP support as a continuum of survivor-centred, risk-responsive pathways. It integrates participant case management, balances flexibility

with accountability, and embeds survivor advocacy, cultural safety, and robust governance.

2.6 Model components

Approximately 40 hours of structured intervention per participant is available. The hours include tapered, risk-scaled case management; facilitator accountability check-ins; survivor-advocacy input; criminogenic goal setting; and, where relevant, culturally governed supports and on-Country elements.

The model offers a layered set of supports, working together as a tapered, risk-responsive continuum:

1. Post-program groups with rolling/modular formats that revisit MBCP themes in greater depth, with tapering intensity planned with each participant (weekly - fortnightly - monthly).
2. Integrated case management from DFV-informed specialists addressing practical participant stressors (housing, employment, AOD, mental health) as barriers to retention and or change, always tied to behaviour change goals.
3. Parenting pathways that may include referral to child-centred, DFV trauma-aware programs.
4. Individual counselling for men with complex needs, as pre-group preparation or a complement to group participation.
5. Pro-social low-barrier activities (shared meals, recreation, volunteering) that reinforce positive social identities linked to accountability goals.
6. Re-entry and booster options so men can return to MBCP modules or “booster” sessions if risk escalates or relapse occurs, using same eligibility criteria.

In addition:

7. Survivor-centred work, including advocacy, ongoing safety monitoring, and structured collaboration with survivor services to ensure that women’s and children’s safety, wellbeing, and perspectives remain central throughout the program.

All components of the post-MBCP model 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. The standards apply equally to case management, facilitator check-ins, survivor pathways, pro-social activities and any ACCO-led delivery streams.

2.7 Intended outcomes

The outcomes set out below describe the intended safety, accountability and system impacts of the Post-MBCP Accountability and Safety Support model. They reflect the model’s core purpose: to strengthen survivor and child safety by maintaining

accountability, risk visibility and coordinated system oversight following completion of an accredited MBCP.

The outcomes are framed across men, women, children and the service system, recognising that post-MBCP supports do not operate in isolation and that safety is produced through sustained accountability and effective coordination rather than individual behaviour change alone. Outcomes are sequenced to reflect early, medium and longer-term shifts, acknowledging that change is non-linear and that relapse, re- engagement and stepped responses are expected within safe and governed practice.

The outcomes should be read alongside the model’s theory of change. Achievement of outcomes will be assessed using survivor-informed, culturally governed and mixed-method indicators, with recidivism treated as contextual information rather than a sole measure of effectiveness.

Table 1: Post-MBCP Accountability and Safety Support outcomes

Stakeholder group	Outcomes
Men	<ul style="list-style-type: none"> • Demonstrate sustained reductions in the use of violence and control through ongoing accountability and system oversight • Strengthen emotional regulation, resilience, safe parenting, pro-social identity, and help-seeking
Women	<ul style="list-style-type: none"> • increased safety • reduced burden of monitoring men • greater agency and trust in systems • improved emotional wellbeing and recovery opportunities • improved cultural connections
Children	<ul style="list-style-type: none"> • increased safety and stability • improved emotional wellbeing • positive parenting experiences • stronger relationships with non-violent caregiver
System	<ul style="list-style-type: none"> • survivor voices embedded in monitoring and evaluation • strengthened workforce, governance, and supervision • expanded evidence base for future system design

Outcomes reflect intended impacts to which the Post-MBCP Accountability and Safety Support model contribute, as part of a broader system response and are not presented as sole or attributable effects of the service.

Figure 1 overleaf illustrates the pathway through the model. The theory of change underpinning the model follows in Tables 2 and 3 sets out the program logic.

Figure 1: Post-MBCP Accountability and Safety Support pathway

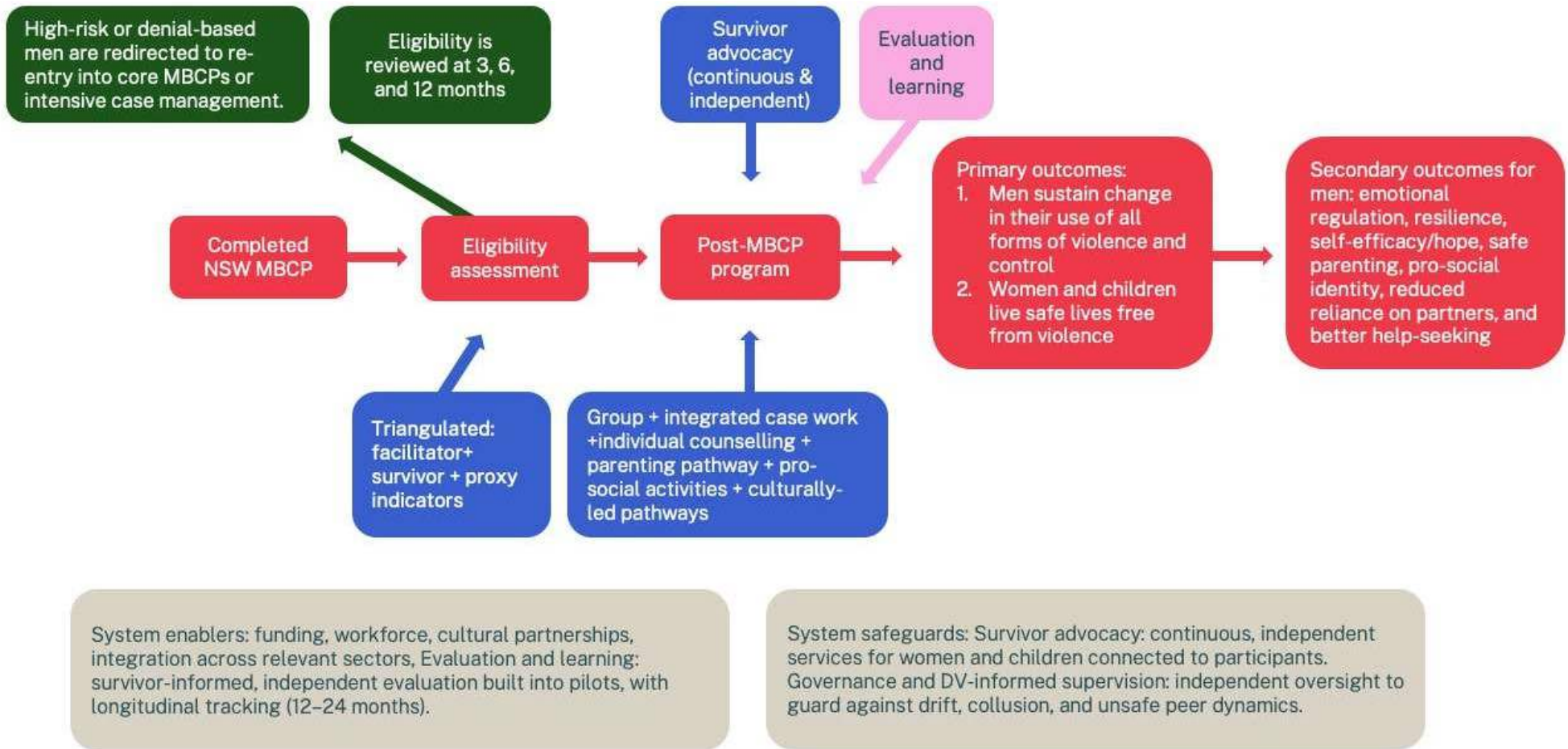


Table 2: Post-MBCP Accountability and Safety Support theory of change

If..	Because..	Then..	So that..
Men who complete an MBCP are provided with structured, survivor-centred post-program supports	Behaviour change is non-linear, relapse is common, and a single MBCP is insufficient for sustained change	Men remain connected to groups, case management, parenting pathways (child-centred, trauma-aware parenting programs), counselling, and pro-social activities	They sustain gains made in behaviour change and continue to reduce their use of violence over time
Eligibility is determined through a triangulated process (facilitator judgement, survivor input where safe, proxy indicators when not)	Single-source assessments miss risks; survivor voices are vital but cannot always be sought safely	Only men who demonstrate readiness are admitted, with survivors' perspectives protected	Risks of unsafe referrals are reduced and women and children remain safer
Integrated case management is embedded alongside behavioural interventions	Men's instability (housing, employment, AOD, mental health, parenting disputes) undermines program retention and accountability	Case management stabilises practical barriers while reinforcing accountability to change goals	Men are less likely to disengage or relapse, reducing risks for survivors, and more likely to achieve the stability that sustains behaviour change
Parenting pathways and pro-social activities are offered as motivators	Men are more likely to stay engaged when change connects to identity, relationships, and children's wellbeing	Men voluntarily sustain participation in supports	Safer parenting, stronger pro-social identity, and accountability are reinforced
Aboriginal men engage in ACCO-led cultural healing, on-Country work and Elder-led supervision	Cultural identity, belonging, and community accountability structures strengthen behavioural anchors	Men develop accountability grounded in cultural obligations and relational accountability	So that safety improves for Aboriginal women and children, and intergenerational healing is supported.

If..	Because..	Then..	So that..
Survivor advocacy, DFV-informed supervision, and independent governance are embedded as system safeguards	Without strong oversight, programs risk collusion, drift, or minimising survivor voices	Safeguards keep accountability central and ensure survivor perspectives guide decisions	Women's and children's safety remains the highest priority at all times
Longitudinal, survivor-informed evaluation is conducted	Recidivism data alone fails to capture coercive control, emotional abuse, and parenting harms.	Evaluation measures sustained behavioural change and survivor safety over 12-24 months	The evidence base grows, guiding safe system design and scaling
If survivor voices continue to inform decisions	They are the primary source of risk visibility and early warning signs	Decision-making is more responsive to risk	Women and children experience increased safety, reduced burden, and fewer risk escalations.

The program logic operationalises the theory of change. It maps the inputs and activities of the model to a sequence of short-, medium-, and long-term outcomes for men, women, children, and the system as a whole. While the theory of change explains why the model is designed in a particular way, the program logic shows how its components are intended to function in practice and how progress will be measured over time. Together, these tools demonstrate that the framework is both conceptually sound and practically robust. They show that the model is not only guided by survivor-centred accountability but also structured in ways that allow for rigorous evaluation, system learning, and the safe scaling of effective practices.

Table 3: Post-MBCP Accountability and Safety Support program logic

Inputs	Activities	Short-term outcomes (0–6 months)	Medium-term outcomes (6–18 months)	Long-term outcomes (18–36 months+)
Accredited MBCP completers identified as eligible	Triangulated eligibility and assessment (facilitator judgement, survivor input where safe, proxy indicators)	Only men demonstrating readiness enter post-program supports	Survivors report greater trust that men remain accountable	Consistent eligibility pathways reduce unsafe admissions system-wide
Specialist DFV-informed facilitators and case managers, experienced or qualified to work with men who use DFV	Post-program groups (rolling, tapered, booster)	Men maintain connection to structured support after MBCP completion	Men demonstrate improved emotional regulation and responsibility-taking	Men sustain change across all forms of violence and control
DFV-informed case management workforce, experienced or qualified to work with men who use DFV	Integrated case management addressing destabilising stressors (housing, employment, AOD, mental health, parenting disputes)	Men engage more consistently with groups and services	Men stabilise life stressors without relying on partners/ex-partners	Men’s accountability and capability is reinforced, reducing relapse risk
Parenting program practitioners and cultural mentors	Parenting pathways (child-centred, trauma-aware programs such as Caring Dads, Circle of Security)	Men show initial motivation to engage through focus on children’s needs	Safer, more accountable parenting practices reported by survivors	Children experience safety, within relationship with father or without relationship with father

Inputs	Activities	Short-term outcomes (0–6 months)	Medium-term outcomes (6–18 months)	Long-term outcomes (18–36 months+)
Counsellors and therapeutic supports	Individual counselling for men with complex needs	Men address barriers to participation (trauma, mental health, AOD)	Counselling reinforces behaviour change goals and accountability	Men sustain long-term wellbeing supports, strengthening safety outcomes
Community organisations and pro-social partners	Structured pro-social activities linked to accountability	Men participate in safe, structured activities outside the home	Men develop pro-social identity and networks that reduce isolation	Pro-social identities are sustained, reducing likelihood of coercive or violent behaviours
Aboriginal Community Controlled Organisations and Elders	ACCO-led, culturally safe pathways	Aboriginal men engage with culturally relevant supports	Men strengthen accountability through healing grounded in culture Greater safety for Aboriginal women and children	Cultural healing and accountability contribute to intergenerational safety
Survivor advocacy and independent monitoring	Ongoing survivor advocacy and safety monitoring	Survivors feel heard and supported, without increased risk or burden	Survivors report reduced exposure to risk escalation post-program	Women and children experience sustained safety, stability, and healing and recovery opportunities
Governance, DFV-informed supervision, and independent evaluation	Strong governance structures and longitudinal, survivor-informed evaluation (12–24 months)	Program fidelity safeguarded; early lessons identified	Evidence builds about what works safely and effectively	System design evolves with a stronger evidence base, governance, and workforce capacity

3 Components of the model

3.1 Eligibility and assessment

Eligibility is determined through a triangulated process: facilitator judgement, survivor input (where safe), proxy indicators (validated tools, records, advocate perspectives), ACCO practitioner/elder input for Aboriginal participants, and structured risk assessments using the NSW RSSF.

As an established framework across NSW services, the RSSF ensures that assessments use a consistent language and approach to risk, reducing duplication and supporting coordinated responses across agencies. It complements facilitator judgement and survivor input, and offers a reliable proxy when direct survivor engagement is unsafe or not possible.

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

High-risk or denial-based men are redirected to core MBCP or an intensive case management pathway.

Evidence shows that single-source assessments miss risks, and survivor voices are crucial but cannot always be safely sought. By embedding the RSSF into a triangulated process, the framework strengthens its risk-responsive design. Only men who demonstrate readiness are admitted, with survivors' perspectives protected. Risks of unsafe referrals are reduced, and women and children remain safer.

3.2 Integrated case management

Case management is included as an integrated support alongside behavioural work, not as a standalone intervention. The purpose of a case manager is to address destabilising stressors while reinforcing accountability. This may include criminogenic goal setting. A nominal allocation of 15 hours is available per participant, with flexibility to reallocate unutilised time. See Appendix B for further detail.

Evidence from adjacent sectors shows case management improves retention and stability. Practitioners warn of role drift if boundaries are unclear, the need for case management to be DFV informed, and designed to address destabilising stressors while reinforcing men's accountability and engagement in change. Practitioners also highlight the importance of reducing reliance on partners/ex-partners for men's stability.

3.3 Program dosage and continuity

This model adopts approximately 40 hours, tapered over time. Program tapering will be individually planned and documented to ensure continuity and safe exit.

Evidence supports longer engagement as critical to sustained outcomes. Tapered intensity prevents abrupt endings, while allowing flexibility for relapse re-entry or booster sessions.

3.4 Parenting pathways

Parenting can be a motivator for engagement by some men, with pathways to child-centred and trauma-aware programs such as Caring Dads or Circle of Security, with links to accountability goals.

Evidence shows parenting is a strong motivator, but risks exist if framed around entitlement to contact or custody. Survivor and child safety must remain paramount.

3.5 Pro-social activities

Structured pro-social activities are included to strengthen men's positive social identities and reduce isolation, while remaining linked to accountability structures. Pro-social activities are used only where they reinforce behavioural goals and cannot proceed without DFV-competent partners, clear risk screening, and documented accountability linkages.

Evidence warns that unstructured or social activities delivered without DFV competence can collude with minimisation

3.6 Survivor safeguards

Survivor safety and voice are central to the model. A dedicated survivor advocacy and support component ensures that women and children remain visible, protected, and heard without added burden or risk.

Core functions of survivor advocacy:

- act as a conduit for survivor voices in program decisions
- provide clear, accessible information on eligibility, safety, and program processes
- support women to identify and articulate risks while protecting safety and confidentiality
- offer survivors independent avenues for feedback and accountability monitoring
- connect survivors including children with DFV, legal, and social supports to strengthen safety and recovery.

These safeguards are monitored through the program's governance structure and survivor-informed evaluation processes.

Evidence shows that embedding survivor advocacy not only strengthens safety and support for women and children, but also increases the accountability of men by ensuring survivor perspectives remain central to monitoring and decision-making.

Embedding survivor advocacy in this way balances the risks of engaging men post-MBCP, ensuring accountability to survivors is never diluted by programmatic focus on men's participation.

3.7 Cultural pathways

The framework includes ACCO-led, co-designed pathways for Aboriginal and Torres Strait Islander men, grounded in healing, accountability, and cultural safety. Where delivery occurs within community settings governance will be Elder-led, with cultural supervision for Indigenous and non-Indigenous staff.

3.8 Professional practice

Strong professional practice is critical to the safety and effectiveness of post-MBCP supports. Practitioners must have appropriate qualifications, skills, and supervision to deliver safe, survivor-centred interventions while sustaining workforce wellbeing.

Key elements:

- qualifications and competencies: practitioners are required to meet NSW Practice Standards for MBCPs, with additional skills in cultural safety, integrated case management, and child-centred parenting
- supervision: both DFV-informed and clinical supervision are essential, with consistent, formalised structures embedded in governance
- cultural safety: ongoing training and ACCO-led guidance should support culturally safe practice, especially for Aboriginal and Torres Strait Islander men
- parenting practice: practitioners delivering child-centred programs (e.g. Caring Dads, Circle of Security) require specialist training and supervision to maintain accountability and prioritise women's and children's safety
- ethical practice: clear boundaries and ongoing training are needed to prevent role drift, collusion, or minimisation of violence.

3.9 System design and sustainability

The resource framework must explicitly fund cultural governance, supervision, Aboriginal delivery, women's and children's advocacy capacity, interpreter and translation services, and small participant brokerages to support safe engagement.

Appendix B

Integrated case management

Integrated case management is a core, non-optional component of the post-MBCP model and operates as a risk-scaled, accountability-focused function that maintains system visibility and stabilising support during the post-program period. Case management is delivered alongside group or individual behaviour-change work.

Case management provides structured, DFV-informed contact that supports ongoing assessment, reinforces responsibility-taking, and coordinates system responses using RSSF guidance. It does not replace group work or therapeutic counselling, and it must not drift into welfare-oriented casework, emotional support, or unbounded problem-solving. All case management interactions are anchored in risk, safety and criminogenic/DFV-specific goals.

Risk-scaled case management dosage

The model sets a **default tapered schedule** to ensure consistency across sites, while allowing risk-responsive variation. The standard taper is:

- weekly for four weeks
- fortnightly for six sessions
- monthly for two sessions.

Facilitators and case managers can **step up** intensity at any point in response to RSSF reassessment, instability indicators, or survivor/she informs of increased risk. Step-up can include a return to weekly contact, additional structured check-ins, or collaborative work with partner agencies.

A **minimum total duration of 4–6 months** of case management is expected unless withdrawal is warranted due to risk or non-engagement.

Clear role differentiation

To prevent drift and maintain fidelity, the model distinguishes between:

- facilitator 1:1 check-ins
- minimum 1 hour per fortnight.

Facilitator check-ins

The purpose of these 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, risk-responsive appointments. 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.

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 participants 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

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 the post-MBCP period.

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