Inquiry into Child Protection

Organisation: No To Violence incorporating the Men's Referral Service
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General Purpose Standing Committee No. 2
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This correspondence comprises a submission to your Committee’s Inquiry into Child Protection. We have carefully read the Inquiry’s terms of reference, and the issues highlighted in our submission are directly relevant to a number of these terms. We appreciate this opportunity to provide a submission on some crucial issues presenting both challenges and opportunities for child protection jurisdictions throughout Australia, New Zealand, the UK, North America and quite possibly beyond.

About our organisation

No To Violence incorporating the Men’s Referral Service (NTV/MRS) provides a range of services and functions supporting the development and effective functioning of domestic & family violence (DFV) perpetrator intervention systems across many Australian jurisdictions. Our telephone-based early intervention and second responder services to DFV perpetrators operates in Victoria, New South Wales and Tasmania. We are the Victorian peak body for community-based men’s behaviour change program (MBCP) providers, and have a significant and increasing national role in providing advice to governments about strengthening perpetrator intervention systems. We are the only such non-government organisation of its kind in Australia focusing on policy, training, practice development, knowledge transfer and exchange and research specifically focusing on intervening with DFV perpetrators.

Although we are physically based in Victoria, we have and are conducting a substantial body of work in NSW, including:

- Developing the government-endorsed practice guide used by NSW MBCP providers
- Developing (in 2013) and operating the statewide telephone-based referral service for DFV perpetrators
- Recently completing a telephone-based pilot response program to men referred as victims of DFV by the NSW Department of Justice
- Conducting an initial trial of telephone-based responses to police referrals of DFV perpetrators in six NSW Police Local Area Commands
- Providing 15-30 days of training per annum in NSW to hundreds of DFV, child protection, family services and other community sector practitioners on recognising and responding to men’s perpetration of DFV, in both urban and regional areas
- Providing advice to Women NSW on DFV reforms relating to perpetrator interventions on an ad hoc basis
- Regular liaison with NSW DFV peak bodies and networks, such as DV NSW, and the NSW Men’s Behaviour Change Network.
Our organisation’s work and expertise in child protection

NTV/MRS has developed significant specialisation in systems design, policy, research, training and practice development in improving child protection responses to DFV perpetrators. We embarked on this specialisation for the following reasons:

- The substantial cross-over / intersect between harm to women and harm to children caused by DFV perpetrators, with the harm to children driven by DFV perpetrators comprising a significant proportion of caseloads faced by child protection and (sub-threshold) family services systems.
- Increasing expectations (and understandably so) on MBCP providers to reduce the risk faced by children in the child protection system due to DFV perpetration by their father.
- The substantial cultural change and capability building required by child protection and family services systems to understand the dynamics of DFV perpetration, how perpetrators sabotage the mother’s parenting and the mother-child bond, and to contribute effectively towards perpetrator intervention.
- The common practice across many child protection systems in the English-speaking world (and widespread across Australia) to place responsibility for protecting the family’s children on the non-offending parent (most usually the mother), to judge her critically for ‘failing to protect’ if she does not leave the perpetrator, and to render the perpetrator’s responsibility for causing the harm invisible through a lack of focus on his patterns of coercive control in casework and a fear and lack of confidence on behalf of child protection practitioners to engage him.

NTV/MRS has conducted the following work specific to this focus on strengthening perpetrator engagement and accountability in child protection and family services systems. We:

- wrote the practice guide underlying the Western Australian child protection system’s response to DFV perpetrators Perpetrator accountability in child protection practice: A resource for child protection workers about engaging and responding to men who perpetrate family and domestic violence.¹
- trained approximately 300 child protection practitioners and practice leaders in WA concerning the use of this guide
- trained several hundred Victorian family services and child protection practitioners in DFV perpetrator accountability and engagement
- introduced one of the English-speaking world’s leading experts on strengthening child protection and DFV service sector collaboration, David Mandel, to Australian child protection jurisdictions
- are a member of the Australian Child Safety Alliance which arose to advocate for government funding of evaluated trials of the Safe and Together model by David Mandel
- spoke at a 2015 NSW Family and Children’s Services Research Into Practice seminar on improving child protection system understanding of family violence, alongside David Mandel
- participate as an industry partner in multi-jurisdictional research projects focusing on the intersect between child protection and FDV, funded by ARC Linkage Project grants and the Australian National Research Organisation for Women’s Safety

• are sought after for advice by the Victorian Government on perpetrator accountability and engagement in child protection contexts, including in relation to the Victorian Royal Commission into Family Violence findings in relation to the child protection system.²

Why DFV perpetrator intervention is highly relevant to child protection

There is a large international body of research demonstrating that DFV is a substantial driver of children and their families coming into the child protection system.³ The weight of this evidence suggests that DFV is present to a significant degree in approximately 40-60% of child protection work at the stages of notification or investigation, or higher in some contexts and jurisdictions.

DFV is generally not just a correlate or a ‘side issue’ that complicates an already highly problematic situation. DFV is the main driver of harm and risk experienced by children in many of these cases. This harm, the responsibility of which lays solely with the perpetrator (in the vast majority of cases men), can occur through:

• Children being exposed to the perpetrator’s use of violence in a range of different ways, beyond only ‘witnessing’ the violence.⁴
• The perpetrator engaging in a wide range of tactics to sabotage and undermine his partner’s or former partner’s parenting and her felt worth as a mother, to sabotage the bond she has with her children, and to control the family narrative in a way to make him out to be the ‘victim’.⁵
• The perpetrator engaging in patterns of coercive control restricting the lives of family members and severing the developmental ecologies required for children’s safety, stability and development.⁶
• The perpetrator directly abusing and maltreating his children – while most DFV perpetrators do not engage directly in physically or sexually abusing their children, rates of such abuse are higher amongst this cohort than the general population.⁷

We know that despite the perpetrator’s widespread and sometimes terrifying and horrific use of tactics to control family members, women (and their children) find ways, sometimes subtle, sometimes overt, to resist his coercive control and to find moments of dignity and self-determination.⁸ Furthermore, what can so easily be seen as ‘unhelpful’ behaviours by mothers in child protection contexts – substance abuse, disorganisation, anxiety, etc. – are often the direct result of the perpetrator’s use of violence and coercive control. Indeed, understanding what she is already doing to create moments of dignity and self-determination for her family in spite of his violence, and how many of her behaviours makes sense when one understands the specific patterns and tactics of coercive control that he engages in to organise the family around him, is key for child

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⁴ Harne 2011, Holden 2003
⁷ Bancroft 2004, Dwyer & Miller 2014
⁸ Wilson et al. 2015
protection systems to support the non-offending parent rather than blame her for ‘failing to protect’.  

Despite DFV perpetrator patterns and tactics of coercive control being such a substantial driver of the day-to-day workloads faced by child protection practitioners – whether at intake, investigation, case management or community-based stages or locations – child protection systems across the English-speaking world at least are renowned for enabling the perpetrator to remain invisible. Studies auditing child protection case files have commonly found the DFV perpetrator mentioned in case assessment or planning in only a very small proportion of files.

This presents a tremendous problem for child protection systems, and the sub-threshold family services systems that attempt to prevent at-risk families from entering the system. A substantial driver of child protection work, and of the associated costs involved in funding child protection interventions, arises through violent and controlling behaviours of DFV perpetrators putting their children and their children’s mother at risk. Yet historically, child protection systems have relied on the mother to protect her children with little or no consideration or intervention with the perpetrator, and with an insufficient understanding of how her responses are shaped by his coercive control and deliberate tactics to sabotage her ability to parent and act according to her children’s best interests.

As noted by the Victorian State Coroner Judge Gray, in his Coronial Inquest findings past down on the murder of Luke Batty by his father, government and non-government agencies need to work much more effectively and collaboratively to keep the perpetrator within view.

**Perpetrator accountability in the child protection system**

Perpetrator accountability is one of the most oft-used terms in family violence policy and systems reform at the current time. The term can mean quite different things to different people, and in different contexts. These meanings greatly influence efforts to develop and evolve perpetrator intervention systems, and the governance, policy and practice environments in which they sit.

In one use of the term, perpetrator accountability predominantly means a criminal justice system response based on punishment as a purported deterrent and ‘moral’ consequence to criminal behaviour. The perpetrator is held accountable to community corrections, parole or custodial conditions, in part to place restraints around his capacity to use further violence, and to provide external motivating starting points (arising through consequences for non-compliance) for participation in behaviour change interventions. The effectiveness of these interventions depends in no small part on the judicial monitoring and community corrections / probation contexts in which they sit.

For some, perpetrator accountability means a stronger (than current) criminal justice system response not necessarily out of a moral sense or belief in the value or effectiveness of punishment,

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11 No To Violence 2013  
12 Klein 2015
but from the need for family violence to be treated seriously as a crime and for there to be clear societal messages that it won't be tolerated.

For integrated family violence service system stakeholders involved in systems governance, perpetrator accountability often means the ability of systems agencies to work together to keep the perpetrator within view, to assess, monitor and manage dynamic risk. Here perpetrator accountability is seen less as a set of singular actions or consequences to ‘hold’ perpetrators accountable for their behaviour, and more as an ongoing response that flips the system’s focus from solely protecting victims from risk, towards additionally responding to and containing risk at the source (i.e. the perpetrator).

In this way, accountability rests on the system to create and hold spaces for the perpetrator to work with services and community interventions towards responsibility and accountability, and to contain risk. Rather than ‘holding the perpetrator accountable’, the system creates and holds the spaces required for the perpetrator to potentially become accountable.

For men’s behaviour change program (MBCP) providers, perpetrator accountability is often seen as a process of each individual man’s potential journey towards taking responsibility for his behaviour, through non-cooperation with predominant violence-supporting masculinities, and through being accountable to the experiences and needs of those affected by his use of violence. Rather than being a response, it is seen as a process of men being accountable towards staying on a journey of nonviolence, of ultimately being accountable to what they set out to do when on this journey.

Here, genuine accountability requires the operationalisation of what accountability means for that specific perpetrator, based on what those affected by his violence need to see change about his specific patterns of coercive control. Men can be invited to act more accountably, and family violence service systems can have important roles to perform in mandating men’s attendance and providing ‘non-voluntary’ interventions as a means to ‘hold’ men in a journey towards accountability. However, service systems cannot make men accountable, only attempt to mandate, scaffold and hold them in intervention contexts that might lead some of these men towards behaving in ways that are more accountable to what their family needs from him.

Family violence service systems can place restraints around the man’s violent and controlling behaviours. They can use incarceration, monitoring, supervision and predict consequences if the man does not change his behaviour, as means to place restraints around his behaviour and tighten the web of accountability around him. These are important and legitimate actions with many perpetrators to reduce risk. However, this is not the same as holding the man accountable. Ultimately, accountability needs to be internalised by the perpetrator on a journey of change – he can be scaffolded and supported on this journey, but he cannot be made to be accountable.

Finally, for Indigenous communities, perpetrator accountability is less about individual journeys towards responsibility, but rather a collective and community responsibility maximised through opportunities for Indigenous men to heal and re-connect (with country, spirit and role) free from oppression and colonisation.

These different meanings and narratives of perpetrator accountability need not be totally competing, and can be weaved together through the web of accountability conceptualisation. A web of accountability around a man potentially comprises strands based on:
• attempts to hold him accountable through the formal criminal justice, civil justice and child protection systems (involving informed, consistent and coordinated actions by police, courts, corrections and child protection, where appropriate)
• the actions of non-mandated service systems that attempt to engage him through proactive, assertive outreach (for example, at court through a Respondent Worker or other front-end service system initiatives)
• women’s (and in some cases, a community’s) own informal attempts to ‘draw a line in the sand’ about his behaviour, and to hold him accountable to the promises he might have made to change his behaviour, and to her and her children’s needs for safety and dignity.

An important corollary of the web of accountability concept is that accountability is defined, in part, by the following questions:

What do those affected by the perpetrator’s use of violence need to see change in his behaviour? How might these needs change over time?

What are the specific patterns of coercive control that the perpetrator is exhibiting that is interfering with the victim’s safety and space for action in her life, and/or the developmental ecology required for their children’s safety, stability and development?

Victim-defined accountability confers perpetrator accountability to what she and her children need at a given point of time. For a particular family, at one point this might involve an immediate reduction in his physical and sexual violence, with the victim still desiring to stay in the relationship with the man. At a later point, the family’s needs for the perpetrator to stop his other forms of coercive controlling tactics (financial, emotional, etc.) might become more prevalent. Still later, if separation occurs, her family’s needs might centre on the perpetrator not using unsupervised child visitation as a means to manipulate her children against her, and for the perpetrator to repair some of the damage he has caused to the family by actively supporting rather than sabotaging the mother’s relationship with her children.

As David Mandel emphasises in his work in child welfare systems, true accountability is based on a specific understanding of each perpetrator’s patterns of coercive control, and what his family members need from him in terms of behaviour change, cessation of controlling tactics, and active efforts to repair damage (to the best extent possible) and to work towards responsible fathering. Specialist women’s family violence services, child protection and family services systems have a crucial role in helping to assess what these needs are at any given point of time, how these needs change, transform and develop over time, and to base perpetrator interventions and accountability processes on this specific assessment of needs and his patterns of coercive control. Perpetrator tactics to control family member lives can be so wide-ranging, pervasive and insidious, targeting both family member’s sense of worth and their connections with the community, health, educational and social service systems required for strong family functioning, that single measures of criminal justice system based accountability (namely, recidivism) do not capture what is required to genuinely create

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13 Westmarland & Kelly 2012
14 Mandel 2016
a web of accountability around perpetrators in terms of what their family needs to lead safe, dignified and self-determined lives.

**Keeping the perpetrator within view**

To keep perpetrators within view in a child protection context, interventions with perpetrators need to be based on the following principles:

**Centrality of the safety and support needs of those affected by the perpetrator’s violence, on a case by case basis** – as discussed previously, this enables interventions with the perpetrator to be based on what affected family members most need the system to address about his patterns of coercive control and the risk that he poses.

‘Spaces’ and processes that provide perpetrators with external motivators to engage – the reality is that the (vast) majority of perpetrators are not going to engage with intervention systems under their own steam, at least not initially. A strong component of perpetrator intervention work such as through MBCPs is to attempt to build, over time, internal motivation and readiness to participate in services. However, external motivators associated with various degrees of (‘soft’ to ‘hard’) mandates and consequences for non-participation, at the points of multiple doors through the perpetrator intervention system (law enforcement, criminal justice system, civil justice system, child protection, family law, etc.), are often required to hold open spaces through which accountability and responsibility can evolve.

**Engagement** – in some senses ‘engagement’ is an over-used word in perpetrator intervention policy, where to ‘engage’ the perpetrator can unfortunately sometimes be seen as accountability itself, or as an end-goal. Furthermore, the objective of engaging the perpetrator to invite/motivate him to participate (and participate earnestly) in an intervention or service is often privileged over an equally important other goal of engagement – to augment existing risk assessments through observing his thinking and behaviour in response to the system’s attempts to engage him, to find out any new information about the risk that he poses. Engagement also has the crucial purpose of assessing his understanding of any protection order, bail or other conditions placed by the legal system on his behaviour, his attitudes towards these conditions, the nature and degree of risk of non-compliance, and strengthening the likelihood that he will comply with these conditions.

Engagement is therefore important for all three objectives:

(i) building the perpetrator’s internal motivation to participate earnestly in behaviour change interventions,
(ii) contributing to existing assessments and monitoring of dynamic and ongoing risk, and
(iii) assessing and where possible improving the likelihood of him complying with legal conditions designed to place restraints around his violent behaviour.

**Ongoing risk assessment** – understanding the perpetrator’s patterns of coercive control, and the often dynamic nature of the risk he poses to different family members over time, should not be based solely on what is learnt through engaging him / attempts to engage him. Other sources of

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For a comprehensive outline of opportunities within justice rather than child protection systems to keep the perpetrator within view, see the Centre for Innovative Justice 2015 report *Opportunities for early intervention: Bringing perpetrators of family violence into view.*
information, from victims and service system agencies (police, child protection, family services, etc.) often provide the basis for integrated risk assessment. However, we can learn additional things about the risk he poses from our attempts to engage him, including how risk might fluctuate. MBCPs, for example, sometimes have a unique window in how a perpetrator is making sense of a current or upcoming situation, what violence-supporting narratives might be at play in his thinking, and what this might mean for the choices he might make in response to the event or situation.

Perpetrator interventions therefore need to orient themselves to be as much about contributing to the ongoing assessment of dynamic risk, in the context of shared risk assessment and risk management processes with other family violence service system agencies, as they are about attempting to ‘change men’. In our experience, this has been a very difficult balance for programs to achieve, given the understandable and important passion that many men’s behaviour change practitioners come into this work to ‘change men’.

Coordinated case management – for some perpetrators, a potential journey towards accountability and responsibility does not start with a behaviour change intervention. It might not be possible to apply a hard or soft mandate in their situation, or that application might be months off (e.g. for someone in the early stages of being a defendant to family violence related criminal matters). There might be no ‘social mandate’ from a current partner or from his community to provide him with the motivation to attend a MBCP. While having little or no recognition and acceptance of his use of violence as a problem, he might however recognise one or more other issues as something that he needs to address – issues such as substance abuse, mental health, problem gambling, etc. – that might intensify or accelerate (though not cause) the risk that he poses to family members due to his use of violence.

For these perpetrators, a crucial consideration is how the perpetrator intervention system can start work with him on those issues related to dynamic risk that he is willing to address, but in a way that creates stepping stones towards his participation in a service or program focusing specifically on his use of family violence. Rather than the substance abuse or mental health intervention being seen as an alternative option to a MBCP, it serves as a stepping stone. This requires substance abuse, mental health and other services to be much more closely integrated with, and supported by, the family violence sector than is currently the case.

There are other perpetrators where a mandate to attend a MBCP might exist or be possible, or who are potentially willing to participate under their own volition, but whose current capacity to participate is limited by severe substance abuse or mental health issues. These perpetrators might require an intervention focusing on this first before they are able to participate in a MBCP.

And yet there are others who also can be mandated to attend a MBCP or who are willing to self-refer, who are experiencing substance abuse or mental health issues not to the extent of precluding his effective participation, but nevertheless, are currently active issues that serve as important dynamic risk factors. These perpetrators might require a specialist substance abuse or mental health response in parallel with their participation in a MBCP.

In all these cases, coordinated case management is required to ensure that the incorporation of services and interventions that are not directly violence-focused do not displace the overall focus on his violent and controlling behaviour and the risk he poses to family members. Coordinated case
management is required to maximise the potential of all services and interventions to play a role in ongoing risk assessment and risk management, and for all to have a consistent understanding of family violence and approach, so that the perpetrator does not receive mixed messages regarding causality, responsibility and accountability.

Preferably, coordinated case management is conducted by specialist family violence practitioners who have expertise and experience in working with perpetrators. Where this is not possible, for example due to workforce limitations, those practitioners involved in other systems should collaborate with a specialist men’s family violence service to provide coordinated case management – for example, through obtaining a secondary consultation as part of determining the case management mix. Those involved in coordinated case management of family violence perpetrators might typically be community corrections officers, child protection workers or court personnel.

Opportunities for the NSW child protection system

Providers of MBCPs and other specialist men’s DFV interventions have much to offer the NSW child protection system in supporting a strengthened focus on perpetrator engagement and accountability. By addressing the cause of the harm driving the need for a child protection intake, investigation and/or case management response, closer collaboration between these specialist services and child protection practitioners could be both an effective and efficient means to help relieve some of the demand strain off the child protection system.

Particular precursors are required, however, before this potential could become possible. These are as follows, and comprise the five recommendations of our submission:

Recommendation 1: Learn from existing Australian multi-jurisdictional research studies concerning the intersection of child protection, family violence and family law systems.

This includes the ARC Linkage Project Fathering challenges: Fathering in the context of domestic and family violence16 and the PATRICIA Project17 funded by Australia’s National Research Organisation for Women’s Safety. Both research projects, in mid-stream, involve child protection and family violence jurisdictions in multiple states, and will offer valuable outcomes and learnings to base systems and practice reforms on.

Recommendation 2. Provide support for the NSW child protection system to evolve its culture and practice towards greater proficiency in responding to domestic and family violence both systemically and in intake, investigation and casework practice, through the use of the Safe and Together model.

Child protection systems are continuously adapting and evolving. While major shifts take time – years and sometimes decades – As University of Melbourne Professor of Social Work Cathy Humphreys has emphasised, these systems have demonstrated their ability to embrace new understandings over the past 50 years. While understanding, identifying and responding to sexual abuse of children was the focus of major cultural shifts in the 1980’s and 90’s, the current challenge is domestic and family violence.

16 https://violenceagainstwomenandchildren.com/fathering-challenges-project/
17 https://violenceagainstwomenandchildren.com/patricia-project/
Evolving such a shift requires more than organising some training and developing a practice resource. It requires specialist and detailed auditing of the system’s proficiency or lack there-of in understanding and responding to DFV at all parts of the system, data generation and analysis, authorising leadership and practice leadership, specialist supervision, attention to detail in case noting, amongst other considerations.

We strongly recommend that the NSW child protection system adopt the Safe and Together Model by David Mandel and Associates to assist with this cultural and systemic change. We know of no other model in the English speaking world that comes close to matching the depth and breadth of practical, systems-level and concrete practice-based tools and processes to support child protection systems to increase their DFV proficiency. It is no secret that many Australian child protection jurisdictions are turning towards this model for either informal or direct guidance, with David Mandel or his colleagues having conducted over 30 days of consulting and training work in Australia since late 2013.

Recommendation 3. Strengthen perpetrator interventions through closely collaborative and coordinated efforts between child protection, specialist family violence and other statutory and non-statutory agencies, based on the principles of perpetrator accountability and keeping the perpetrator within view outlined in this submission.

There are various models and possibilities for how such collaboration and coordination can come into being and be strengthened. Our main ‘advice’ here is to resist the temptation to rush towards any specific model before a proper audit and review of the proficiency of the NSW child protection system in effectively understanding and responding to DFV has been undertaken, at all points of the system, using both systems-based and practice-level tools such as those provided through Safe and Together. Consideration of the outcomes and learnings from the Fathering Challenges and PATRICIA research projects should also provide input into how to design, scaffold and support closer collaboration.

Recommendation 4: Provide funding to enable community-sector providers of MBCPs and other perpetrator interventions to fulfil their potential to support the child protection system

At present, NSW MBCPs have very little capacity to enhance its support for the child protection system. There are huge swathes of the state without any MBCP provider coverage at all, and outside four pilot sites, state government funding for MBCP work is very poor.

There is much potential for NSW MBCP providers to work towards the UK experience, where approximately one-third of all referrals into domestic violence perpetrator programs arise from child protection. And furthermore, where some perpetrator programs are starting to be situated directly within child protection units. With adequate funding, this could become the experience in NSW as well.

In addition to working collaboratively with child protection with men referred into their programs, MBCP providers can provide other assistance to their child protection colleagues. With sufficient capacity provided through adequate funding, they could assist child protection and family services practitioners on a wider range of cases through offering secondary consultations, or where appropriate and prioritised accompanying these practitioner on home visits or attempts to engage the perpetrator. The potential for skill-sharing in both directions here would be significant.
Another significant contribution that MBCP providers could make is to collaborate with child-centred agencies to run specialist fathering programs such as Caring Dads.\footnote{http://caringdads.org/} This is a 17 week program taking referrals from a range of sources of men who compromise the safety and well-being of children either through their use of domestic violence, or through direct child maltreatment (outside of sexual abuse). In domestic violence situations, the decision about whether to refer a father to Caring Dads or a men’s behaviour change program depends on who is most at risk in the short- to medium-term, the child/ren or the mother (if both are at high risk, then a MBCP is usually appropriate).

Crucially, the program needs to rest on a three-way partnership between child mental health / child family violence trauma specialists, women’s DFV advocacy and support specialists, and perpetrator intervention specialists. All three lenses are required for the program to operate safely and effectively. The program focuses on ongoing dynamic risk assessment, motivational enhancement to engage men, individualised goal setting and case planning, and a strong focus on scaffolding men to adopt a child-centred mindset in their parenting and interactions with their partner / former partner. The offering of mother contact (similar to partner contact in MBCPs) is an essential part of the program.

Operating in both Canada and the UK, the program is highly consistent and complimentary with the Safe and Together model. A working group is being established to consider what principles and infrastructure might be required to support the future adoption of this program with integrity in Australia.

Overall, at the present time specialist men’s perpetrator intervention providers have very limited capacity to assist in the above-mentioned ways.

**Recommendation 5: Fund the NSW Men’s Behaviour Change Network to guide program development and quality practice**

In addition to required investment to expand MBCP capacity, the secretariat for MBCP providers in NSW – the NSW Men’s Behaviour Change Network\footnote{http://www.mbcn-nsw.net/} – needs adequate funding to guide the growth of the MBCP sector from its very small current base. Currently, this Network is funded for only a 0.2 EFT position – or one day per week for a single project worker.

This funding is vastly inadequate given the Network’s crucial role in supporting quality program development and practice across the whole state. Developing a community of practice, supporting providers to meet minimum standards, developing policy and translating current research into practice guidance cannot be done by government alone. Given the highly challenging and complex nature of perpetrator intervention work, without a sufficiently resourced network or peak body to support the safe development of the sector, the potential for government investment in MBCPs to do more harm than good is significant.
References


