

**Organisational spotlight:**

# Integration in action: men's and women's programs together

There is enormous value in what specialists from different services can bring to each other's practice, however to do this well takes investment, planning, invention, caution and very thoughtful design. We talked with Cheryl at the Centre for Non-Violence (CNV), so that you can hear from the source how one organisation spent the last ten years integrating women's and men's services under the one roof.

## **What is the biggest main difference between CNV and other specialist family violence services?**

We're the first women's specialist family violence service that also delivers men's behaviour change. It's been ten years and we're gradually getting closer to a fully integrated model to capitalise on the advantages of having men's and women's programs together. However, the Victorian system is not set up for this level of integration so we have set up our own systems and worked out how to minimise risk to women and children.

## **What's the advantage of delivering both men's and women's services under the one roof?**

Hosting services for men, women and children under one roof is crucial to the level of support we can offer. It means a woman could be receiving case management, attending a women's group, getting financial support. Her children could be getting therapeutic support. Their father could be attending a men's behaviour change program. The fact that we can pull all these services together for that family is the real advantage of our service.

## **How have you developed your approach?**

We've done a lot of study and thinking about integrated models. We've invested in training about integrated models in America, Canada, the UK and New Zealand. We've considered how to apply those ideas safely within one service. It's been quite a tentative process so we can be sure we're not putting women at risk.

## **How does the CNV integrated model work in practice?**

Police referrals are loaded onto a portal and different services get different viewing rights: men's programs can only access the men's referral information; women's specialist family violence services can only access the woman's referral. Child First and Child Protection have access to everything.

CNV receive police referrals for both men and women so we assess them together. We share information based on risk to the woman. Men's workers and women's workers operate within an integrated practice framework. This means a worker can look at information on a woman's partner – and previous partner, if we've got information on them – to inform the risk assessment. We can have coordination conversations between the women's case workers and the men's key workers and therapeutic staff about the whole family.

## **Is it an advantage to have one manager for both the men's and women's team? Does that enable integration that would otherwise have to happen across different services?**

Co-location enables shared understandings, common language, joined up risk assessment and daily case coordination. It's all much easier if people sit in the same team and use the same framework. Women and children's safety is central to our framework, so we're less likely to privilege the man's needs over the woman's, which can happen if you're not well connected to women's services. Partner contact should be a key activity, but evidence suggests that women partners of men attending behaviour change programs rarely have contact with the family violence service system. A Melbourne University study found that 'consistent, adequate partner contact that supported these women through the men's behaviour change programs was not often evident and in one program, absent for considerable time'.

## **How do you manage risk?**

Initially we were very risk averse and rented a new building for the purpose of running the men's programs. Separate buildings, separate managers and separate staff. People were concerned that the women accessing the service could be put at risk by the men accessing the service. Slowly, we've built the confidence to bring them closer together.

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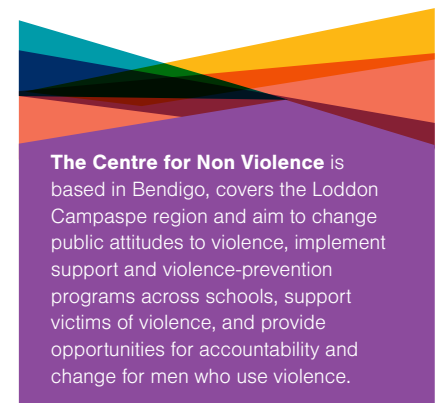
**It's been quite a tentative process, so that we can make sure we're not putting women at risk.**

We outgrew those two buildings and the opportunity arose to expand into the whole building so we did a risk assessment and decided to go ahead. We designed the refit with safety in mind and relocated in 2017.

## **What are the next steps for CNV?**

Our men's behaviour change program is focused on men taking responsibility for their use of violence towards family members, primarily women. Not all men are fathers and the curriculum reflects that.

In the future we plan to work individually and in groups with men who are fathers to support them to understand how their choice to use violence and control against the mother of their children affects their children and also how to be more child-centred as fathers. ■



1. Humphreys, Cathy. (2013). The central place of women's support and partner contact in men's behaviour change programs. Ending Men's Violence Against Women and Children: The No To Violence Journal. 7.