

## COVID-19 In Person Service Delivery and Men's Behaviour Change Programs PRACTICE UPDATE 2 (09/04/20)

### Rationale

Following on from the COVID-19 and Men's Behaviour Change Programs Practice Update 1 (19/03/20) it has become increasingly important to consider the viability and safety of in person service delivery across a variety of important but challenging essential services. This includes but is not limited to doctors and medical services, mental health services, AOD programs, and responses to families experiencing FDV. Many of these services have moved to virtual forms of engagement and varied service models in order to safely respond to the health and safety concerns arising from the current COVID-19 Emergency

As stated in SFV's previous Practice Update, clearly, a business-as-usual approach is unattainable in the current circumstances. In this document we focus on specific considerations and risks that may be associated with continuing to run in person group work for perpetrators of FDV during the COVID-19 crisis. It is especially important that MBCP work maintains a focus on safety for women and children whilst working in line with a 'Do no Harm' Principle and this practice update has been developed to provide some further guidance for organisations around the approach to service delivery at this current time.

### Additional risks and considerations for in person group work during COVID-19 in WA

The COVID-19 crisis clearly brings many additional risks (both COVID-19 health risks and increased risk to women and children) particularly when continuing with in person service delivery at this time.

Considerations for child and adult victim-survivors, MBCP group members, facilitators, members of the public and referring bodies needs to be recognised. **For the reasons highlighted below, SFV would strongly recommend that in person interventions for perpetrators of FDV are not a viable or safe response to the current crisis:**

- Program provider offices, where the MBCPs are usually run, have largely shut down. To hold these sessions may require additional staff to be present in the building for Workplace Health and Safety reasons while the group is being run. This results in more people being out of their homes and contradicting current WA Government stay-at-home guidelines.
- State and Commonwealth governments are sending a strong and clear message to WA residents that we need to be staying at home. This is a conflicting messaging to men if we are also requesting them to attend in person services.
- There are no assurances that group participants have been abiding by social distancing and 'stay-at-home' guidelines before the group session. It is possible they have been in contact with many other people outside of the group work which increases risk of infection across other group members, facilitators, other staff and clients in the building.
- Many group participants need to utilise public transport to attend group sessions. In WA all public transport has currently been changed to Saturday schedules. This means the men may need to either arrive really early for group, in which case are they congregating in groups prior to and following sessions. It is important to also note here that most groups are facilitated in the evening which may add to transport difficulties and access barriers.

- Many people in WA are fearful of travelling via public transport due to COVID-19 at the moment. This would be the same for perpetrators of FDV. If a group member does not feel safe to travel via public transport (may be actually feeling unsafe or simply using it as a further excuse not to attend) it is likely they will not attend anyway.
- The group participant may also coerce his partner to drive him to the group, therefore placing child and adult victim-survivors at further risk.
- Mandated group participants might be so fearful of being breached (particularly those on Parole or High Intensity Orders) should they not attend group that they may attend with symptoms of COVID-19, irrespective of instructions and guidance not to attend if they are showing symptoms.
- Group participants may simply use COVID-19 generally or any sickness related symptoms as justification for non-attendance and would need to self-isolate validating their disengagement.
- Group participants may be living with vulnerable family members in the high-risk categories such as having health issues, living with elderly family members, pregnant partners, or with Aboriginal people particularly over 50 years of age.
- Equally, facilitators and staff within the MBCP may be vulnerable or have family members at home that are vulnerable to the health impacts of COVID-19 and it is envisaged that there will be issues with employee availability to facilitate in-person services.
- Prison populations may be experiencing some unrest due to the COVID-19 situations, therefore creating an environment that is not conducive to the challenging work of MBCP.

### Where to from here

Clearly group participants, both current and new still need intervention at this time. This has been addressed in more detail in the Practice Update 1 but it is clear that the in person responses to perpetrators during the isolation phase of COVID-19 are unfeasible and at the current time online MBCP programs lack the evidence base to be a viable alternative at this time. However, another solution must be found. It is the current view of SFV that in person sessions, and especially group work, is no longer appropriate as we progress through the current emergency response to COVID-19. As the emergency progresses and the advice and implications for in person service delivery change we will seek to update this advice to ensure the intervention work with perpetrators remains responsive to the changing needs and circumstances of the families we serve.