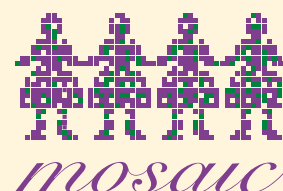
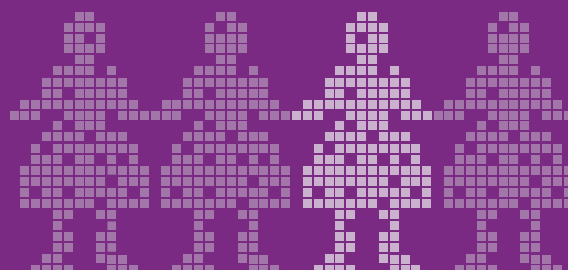
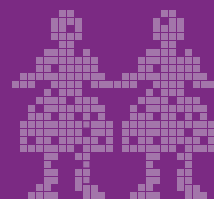
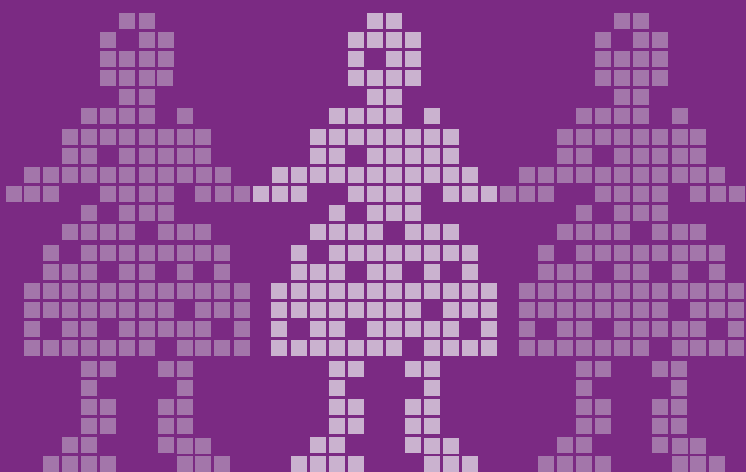
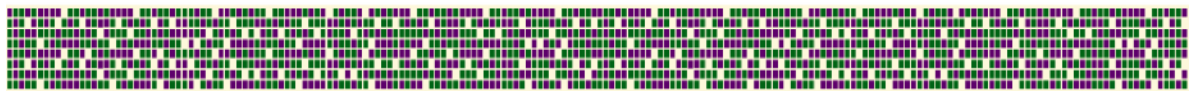


2009 PROJECT MANUAL

SETTING UP A MENTOR PROJECT FOR MOTHERS
EXPERIENCING INTIMATE PARTNER/FAMILY VIOLENCE





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This manual was written by Cath Kerr,
Coordinator of MOSAIC from 2007 until its closure in 2008.

MOSAIC acknowledges the contribution of previous MOSAIC coordination
staff Kim Hoang, Ann Harley, Viv Woska, Doris Sant and Catherine Plunkett.
Angela Taft and Rhonda Small edited the manual.

March 2009

I don't know how I would have survived mentally without Yvonne and MOSAIC. She is better than a social worker because she was able to spend more time with me when she visited and I always had phone contact when I needed to talk. The age gap was good because it was like I had an older sister because I don't have any family [in Australia] and I had someone to talk to. Yvonne was my only friend. I have had lots of social workers who have visited me but Yvonne supported me through everything... the kids, stuff with my ex, the legal stuff with Fred, moving to a new home, getting furniture together... everything - Carissa

I love her [the mentor], she is fantastic, she listens and guides me, she is lovely. ... She is helpful and always there if I am down or if I am happy... I have had good referral advice. I could not have coped without MOSAIC and my housing support worker from Berry Street. I know you worked together to help me and I cannot thank you enough - Carla

I have more power now as a woman and I let [my husband] know that I will not let him abuse me or take my daughter away. He was always saying I am crazy and that he will get custody of our daughter and that used to upset me but now I just tell him that I will not let him do that and that I am not crazy - Annika



Purpose of the manual

The purpose of this manual is to describe how we implemented the MOSAIC (Mothers Advocates in the Community) mentor mothers' program, and to reflect on all we learnt. We want to inform other organisations - local governments, welfare bodies or others who would like to provide a similar mentor support service to mothers abused by intimate partners in pregnancy or after childbirth. The manual includes issues related to providing a mentoring program in culturally and linguistically diverse communities. As MOSAIC did not work with Aboriginal and Torres Strait Islander communities, the manual does not address the particular issues which might be involved in establishing such a project in these communities.

Values statement about violence against women

Violence against women is a violation of women's human rights. It is unacceptable, health damaging and occurs across the female lifespan. Intimate partner abuse, which is one form of violence against women, occurs in adulthood. It is a violation of human rights in the family, which is the crucible of primary health care. Commonly partner abuse reflects gender inequities in the family, as both women and girls are those more commonly abused. Intimate partner abuse also occurs among homosexual and heterosexual couples, but is most prevalent among heterosexual couples, with women the majority of victims; therefore it is with women that early intervention should first occur.

Background

What do we mean by intimate partner violence?

Intimate partner violence (IPV) has been defined as any behaviour within an intimate relationship that causes physical, psychological, or sexual harm. This includes:

- Physical aggression, such as hitting, kicking, and beating
- Psychological violence, such as intimidation, constant humiliation
- Forced intercourse and other sexual coercion

These may consist of various controlling behaviours, such as isolation from family and friends, monitoring movements, financial control, and restricting access to services. (Krug EG, Dahlberg LL et al. 2002). It is common among women in the early childbearing years and harmful to the mental and physical health of women and their children (Taft A 2003).

In Victoria, where MOSAIC was established, it is also referred to as domestic violence or family violence and the terms 'partner violence' 'partner abuse' and domestic or family violence' are used interchangeably throughout this document.

The purpose of MOSAIC

MOSAIC was developed to evaluate a mentor mother intervention for women referred by their primary health care providers (general practitioners (GPs) or maternal and child health (MCH) nurses), where abused women often seek help (Hegarty KL and Bush R 2002).



Rationale for MOSAIC

Early motherhood is an important transition period in women's lives which has major health and social implications for women, their children and families and the wider community.

Evidence exists that home visiting (Olds DL, Eckenrode J et al. 1997), or peer support can improve the health and well-being of disadvantaged women and children and that domestic violence advocacy (Bybee D and Sullivan CM 2005) benefits women experiencing partner abuse. One significant study of mentors for women in pregnancy indicated that as long as the intervention was available, women benefitted from it. This ground-breaking Madres A Madres project had insufficient funds to provide mentoring for a longer period and had stopped when the baby was born - commonly a time of increased stress (McFarlane J and Fehir J 1994).

As there were so few well-evaluated interventions for women experiencing partner violence, MOSAIC was designed to evaluate whether mentor mothers could improve the lives of pregnant women or those with infants who were attending their GPs or MCH nurses. *Any future mentoring service ought not to be limited by this requirement.* Mother to Mother mentoring provides, a non-professional, supportive and non-judgemental relationship to help women take control over their lives and improve their situation and those of their children.

Why a focus on intimate partner abuse?

Partner abuse is prevalent among Australian women (Krug EG, Dahlberg LL et al. 2002). In a national population study, over 1 in 5 ever-partnered Australian women reported physical or sexual abuse in a relationship (Australian Bureau of Statistics 1996; Australian Bureau of Statistics 2006). Forty-two percent of abused women report abuse when pregnant, 20% of these abused for the first time. Just under half of the abused women reported that their children had witnessed the abuse and a third of victimised women had themselves experienced abuse as a child. Partner abuse can be experienced by women of all ages, cultures, religions, socio-economic background, but research indicates that it is common among disadvantaged communities (Krug EG, Dahlberg LL et al. 2002). Risk markers for partner abuse among women are very consistent. They include youth, marital status (either de facto or separated and divorced), low levels of education and low income and have been found across many studies (Martin SL, Mackie L et al. 2001; Hegarty K, Gunn J et al. 2008).

Abuse in pregnancy and after birth

Pregnancy is a time when violence against women by intimate partners (or others) can commence, continue or escalate (Gazmararian JA, Lazorick S et al. 1996). Between 4% to 8% of women are abused during pregnancy but for many it is merely a continuation of the violence they experienced beforehand. For others, the abuse may stop, only to recommence again after the birth. Violence against women often results in poor reproductive outcomes, including unwanted and unplanned pregnancies, poor birth outcomes, including low birth-weight and pre-term birth, more abortions than those among non-abused women and homicide of both mother and child (Campbell JC 2002).

Partner violence is more common in families with many children and partner violence may be a risk factor for having many children. A background paper for MOSAIC called *Violence in Pregnancy and after childbirth* can be located at:

<http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/Issuespaper6.pdf>

Children and abuse – resiliency and inter-generational effects

Partner and child abuse are closely associated (Smith JL 2005). Children under five are in greater proportions among families experiencing partner abuse, and are also at greatest risk of child maltreatment. Depending on how long children are exposed to violence, and the nature and severity of violence (and factors such as substance misuse and poverty) exposed children may be more likely to display aggressive behaviour, emotional problems such as depression and /or anxiety, lower levels of social competence and poorer academic functioning. One of the resiliency factors thought to protect a child from the harmful effects of partner abuse is a positive relationship with an adult, especially a parent. Effective interventions in early childhood, particularly strategies strengthening the relationship between caregivers and infants, have been shown to shift the odds in favour of beneficial outcomes (Smith JL 2005).

Depression and partner abuse

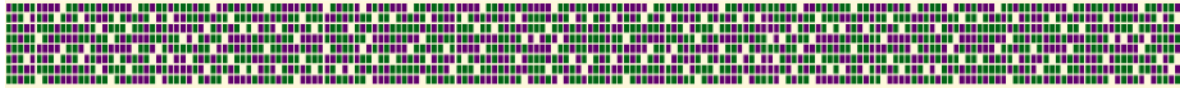
Victimised women suffer significantly more mental health disorders than women not abused. In particular, they suffer higher rates of post-traumatic stress and depression. Just under half (47.6%) of all abused women were found to have suffered from clinical depression when compared with up to 20% among women in the overall community (Golding JM 1999). Abused women were 3 times as likely as non-abused women to be diagnosed as depressed. Maternal depression is associated with poorer cognitive, behavioral and emotional outcomes for children. A further background paper, *Promoting women's mental health: the challenge of intimate partner abuse* can be located at:

http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/Issues_Paper_8.pdf

Why Mentoring?

Social support is known to be associated with good mental and physical health outcomes, irrespective of a woman's experience of violence (Coker AL, Smith PH et al. 2002). The value of friendship and connectedness and availability of a 'confidante' who can provide a listening ear and non-judgmental support appears central. Peer support, with mother to mother mentoring provides a, non-professional, supportive and non-judgmental relationship to help women take more control over their lives and improve their situation if they are ready and able.

The best thing was that I had someone to talk to about things that was there for me and cared about how I was feeling. ...it was a big help to me. The visits and phone calls and text messages have been beneficial. You work up a friendship basis, going to lunch and shopping and stuff. If the mentor didn't come here, I wouldn't have gone out of the house. I was encouraged to get out of the house and Mandy would phone me when she was just around the corner and say "I am going to be there soon... get ready". It was the push I needed. Thank you for letting me be part of the project. - Loretta



Purpose of the program

MOSAIC aimed to:

- enhance the capacity of local community mentor mothers (both volunteer and paid) to support pregnant women and recent mothers at risk of partner abuse who had been identified and referred by their GPs and MCH nurses.
- to build sustainability through developing the skills, capacity and networks among mentors, women and local services,
- provide innovative models of good practice for local GPs and MCH nurses. These, together with stronger networks between primary care providers and community based family violence services, could enhance positive community engagement in support of very vulnerable families.
- provide opportunities for growth and leadership for the volunteer and paid mentor mothers. Some women were survivors of violence themselves who wish to give back to their communities and they model this to the women they care for. Others were refugees or immigrants wishing to help their communities and build their skills for later employment in the community. MOSAIC training and experience offered a pathway to further employment and sustained community engagement.

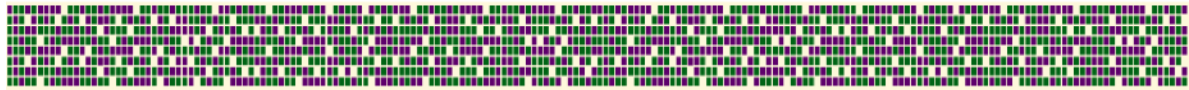
MOSAIC's aim was for the mentor mother to provide women with:

- a listening, caring ear,
- non-judgmental, non-professional support and friendship;
- assistance with safety strategies for women and their children, including supporting women to access family violence services; and
- information about, and assistance to access, other relevant local support and services where needed (e.g. legal and court systems, education choices for themselves or their children, language or immigration services).

Successful Mentoring Programs in Victoria

There have been a number of mentoring programs that have had some success in addressing issues faced by disadvantaged groups in Victoria through community based support and intervention. Nor is MOSAIC the first Mentor program for victimised women in Victoria. One which specifically targeted women who had experienced domestic violence within the home is run by **Western Women's Domestic Violence Support Network (WWDVSN)**.

The program provides post refuge support to women in the community who have experienced a crisis from partner abuse within their relationship. The volunteer peer support workers are often women who have experienced violence in their past relationship, have undertaken counselling and/or support groups to the point where they are now free of abuse, strong and independent and therefore are well positioned to empathise and support other women who have just left an abusive relationship.



WWDVSN recognises that women still have ongoing issues “post crisis”. These issues include ongoing court appearances for intervention orders and/or breaches, family law matters, housing support, support in dealing with children who had witnessed or experience violence themselves, feelings of grief and loss, loneliness and vulnerability. It is often at these times that women who do not have sufficient ongoing support consider returning to an abusive relationship.

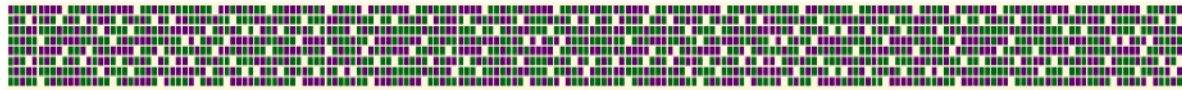
In a report called “Mind the Gap” (prepared by Dr Debbie Kirkwood and funded by the Reichstein foundation, September 2006) that looked at gaps in domestic violence services; many service users praised the work of the Network. The advantage of using volunteer “peer support workers” was highlighted in the report through a quote given by a survivor “Grace”.

“One day I found a brochure from the WWDVSN about a group run for women survivors of domestic violence. Talking to the workers was completely different to counselling. Knowing they were survivors finally enabled me to open up and let out my dark secrets. They validated me and they didn’t judge me for what I had done to survive. They gave me a sense of acceptance and forgiveness for myself. They understood and offered options; they never told me what to do but gave me choices. This is what we need – someone to listen, understand, care and be there without judging us”.

Grace eloquently points out that the non-professional support she received through the network had been of great benefit to her as it enabled her to make a connection with the volunteer peer support worker that she had not been able to make with a professional counsellor.

This too has been the outcome for many MOSAIC referred women. While not all of the Mentor Mothers within MOSAIC had experienced violence in their own lives, some had (either as witnessing children or in past relationships), and all received comprehensive training and geographically appropriate information regarding referral points, to enable women to gain professional support when they felt ready or needed to do so. As non-professionals, the Mentors had more time to spend talking and building a relationship with the referred woman than workers in the mainstream service sector.

I don't know how I would have survived mentally without Yvonne and MOSAIC. She is better than a social worker because she was able to spend more time with me when she visited and I always had phone contact when I needed to talk. The age gap was good because it was like I had an older sister because I don't have any family [in Australia] and I had someone to talk to. Yvonne was my only friend. I have had lots of social workers who have visited me but Yvonne supported me through everything... the kids, stuff with my ex, the legal stuff with Fred, moving to a new home, getting furniture together... everything - Carissa



Establishing the MOSAIC mentoring program

MOSAIC mentor mother coordinator

Before the project could commence, it was important to find an appropriate woman to establish the program and recruit, train and support the mentors.

These were our selection criteria

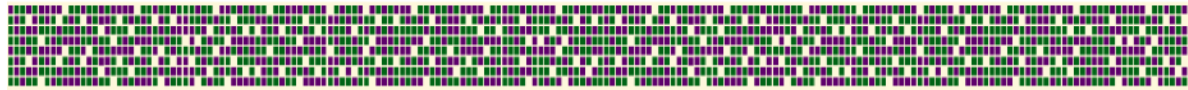
1. A graduate qualification in, community development, social work or other relevant tertiary qualifications or substantial experience in community services deemed appropriate to fulfil the requirements of the position.
2. Extensive experience and sound knowledge of parenting skills (including theory), incorporating the needs of women and their children in the context of partner/family violence, in particular the impact on children in the early years
3. Experience in working within culturally and linguistically diverse communities including the Aboriginal and Torres Strait Islander community enabling a mature, respectful and non-judgemental approach to people
4. Previous experience in supervising, training or management of volunteers
5. Excellent communication skills for a wide range of settings, including groups and an ability to liaise effectively with community members, health professionals and a wide range of organisations
6. An Innovative and flexible approach to work with a demonstrated ability to work collaboratively or autonomously to meet project objectives
7. Well developed computer skills in Windows, Microsoft Office and email
8. Current driver's licence and access to a motor vehicle, for which mileage will be reimbursed

Role and responsibilities of the MOSAIC Coordinator

The Coordinator needed to have extensive knowledge of family/domestic violence viewed through a feminist lens, and understand its effects on women and children's emotional and physical well being and support and safety options that are available. She also needed to have extensive management experience to enable her to manage all aspects of a multifaceted role.

Human resource management - The mentor mother coordinator was to be responsible for the coordination of mentor mothers' recruitment; assessment and screening; initial and ongoing training; and supervision. It was necessary that the coordinator had the skills to manage, supervise and support a large number of volunteer and paid staff (MOSAIC recruited around 65 mentor mothers into the project over a two year period).

Interview and communication skills – The coordinator would need to be able to communicate effectively with a range of people and organisations, including women who had been referred to the



project, referring agency staff, community based organisations that would provide a referral point, training or resource sharing to the project. As some of the conversations with women were undertaken via phone, being able to take notes while listening and maintaining clear communication with the referred woman was of utmost importance.

Risk assessment, safety planning and crisis management – Working with women who either were experiencing violence in their relationships or with mentors who were providing support to women, required the need to quickly assess risk and plan actions for containing that risk. This was vitally important. Knowing what services are available to women in the community and legal options available to manage crisis were also important.

Financial management – Many projects that operate in the community manage on small amounts of funding. This project was no different. It is imperative that the coordinator is aware of how much funding is available and that it is allocated to ensure the best possible service is provided. This includes (but is not limited to) reimbursements to the mentor mothers for out of pocket expenses such as travel (fuel, public transport etc), outing expenses (coffee and cake if meeting outside of the home etc) and wages if this is a component of the project, and initial and on-going training.

Computer and data base competence - MOSAIC utilised a comprehensive ACCESS data base to enable information about women referred to the project, referrer details and mentor mothers to be easily accessed. The coordinator was responsible for keeping this data base up to date at all times, by attaching forms to the relevant file and recording all contacts made with the referred woman and mentor mothers. Pre-match, review and exit documents were prepared as word documents then hyperlinked to the woman's file on completion (see below).

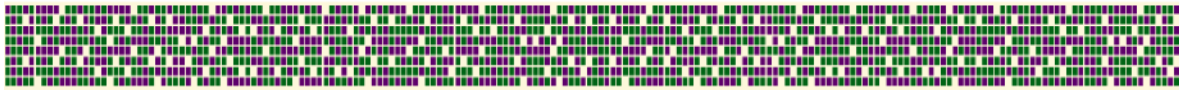
Writing ability – The coordinator needed to prepare documents, reports, support letters, resources, policy and procedures etc when required.

Training organisation and/or facilitation – Mentor Mothers were required to complete a five week (one day per week) training course prior to commencing the mentoring role. The coordinator developed the training package, organised the trainers and delivered some components of the package. She then facilitated regular ongoing upskilling and support.

Time management skills – The project coordinator required sound time management skills to enable her to deliver all aspects required of her role in a timely manner.

Occupational health and safety – As much of this work is undertaken within the woman's home, it is important that the coordinator has a working knowledge of risk assessment.

The Coordinator was also required to undertake a Police and Working with Children Check prior to the commencement of her role.



Working with culturally and linguistically diverse (CALD) communities

Supporting Bilingual Mentors

MOSAIC was fortunate to have amongst its mentors many women of diverse backgrounds who spoke a range of community languages other than English. This was very beneficial as the diverse mix of women referred to the study mirrored Australia's multicultural society. Often women who had been referred wanted to be able to communicate in their first language and having access to mentors from a variety of CALD backgrounds enabled us to ensure this could happen.

When setting up a Mentoring program in a culturally diverse community, it would be highly desirable that a host service consider employing a bilingual coordinator (perhaps as a job share option) to ensure the needs of the community are being adequately addressed. MOSAIC had a particular focus on Vietnamese families and employed Vietnamese staff and mentors. Similar to many of Melbourne's CALD communities, Vietnamese culture traditionally viewed family violence as a family matter, and as a result, Vietnamese women were less likely to have knowledge of or access support services (Taft A, Small R et al. 2008). Information specific to CALD communities will be highlighted throughout this manual in **green text**.

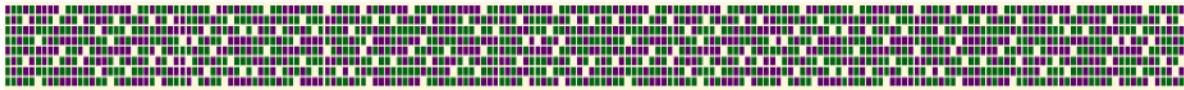
NB: Caution must be used in matching the referred woman and the Mentor based only on similar CALD background, particularly if domestic/family violence is an issue. Often women who experience violence within their relationship may not wish to have a mentor from their own cultural community due to fears that their ex/partner, extended family or friends might find out. A woman's safety can be jeopardised in this situation. Always ask the referred woman if she would prefer someone from a similar cultural background prior to organising a mentor match meeting.

Aboriginal and Torres Strait Islander/Indigenous Women

MOSAIC was unable to provide specific services to ATSI women during the study, as we were unable to cater adequately to the specific needs of ATSI families due to lack of resources and short time lines. MOSAIC acknowledges that extensive community consultation in relation to service delivery needs to occur before a similar project could be established that would support Indigenous women.

Role and Characteristics of Mentor Mothers

For the MOSAIC project, we required women who were mothers; and therefore had an understanding of the mothering role and associated parenting issues. Mentors had to display a genuine, caring and compassionate nature. They also had to have the capacity to listen, be supportive, build friendships, and offer options where required, without making judgements about the woman or her situation.



And importantly she had to be available for a minimum of two hours per week to phone and visit the referred woman in her home, or take her on outings, to reduce isolation and build a trusting relationship.

I do not take this role lightly but I feel I have gained so much for myself. I understand the isolation associated with family violence and I can see that Ebony has new strength and is dealing with severe issues very well now - Emily

Our mentors were asked to commit to this time frame for at least 12 months, as this was the identified support requirement for this project. We also wanted our mentors to have a basic knowledge of support services within the community.

Recruitment & Screening Processes

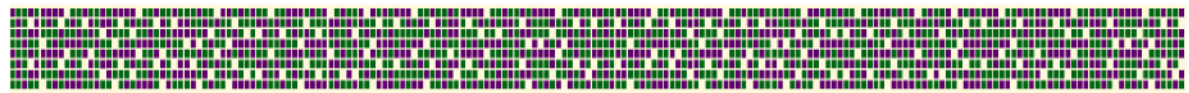
Mentoring is not for everyone and it is very important to the success of the project that the “right” people are recruited so that the best possible service can be provided. You will not be doing your project or its referred women any favours by having people involved who will make up Mentor numbers, but who do not share the project’s vision or have genuine empathy for the people they will be supporting. That is why assessment and screening is vital to program success..

So how do you find the right people for the program and at what point do you encourage mentors who do not share the vision away from your program and into something that better suits their needs?

Before advertising for mentors it is important to recognise the desired qualities or personality traits that best suit the mentoring role..

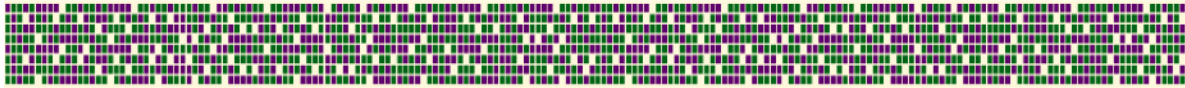
MOSAIC advertised for mentor mothers through the placement of an advertisement in various newspapers, by placing posters in various agencies that women were likely to use (women’s health centres, maternal and child health clinics etc), through contacting volunteer placement agencies, and via the Infoxchange recruitment website.

The most successful recruitment technique for us was through newspaper advertisements. These advertisements outlined the program and its aims, identified the geographical areas targeted i (the Northern and Western Suburbs and the Yarra district of Melbourne), the time frames in which the program would operate, the skills required for the mentors and expected benefits to mentors through involvement with the program.



The Vietnamese component of the program utilised the same training and resources as the main program, however advertising for mentor mothers was undertaken mainly through the Vietnamese media (newspapers and SBS Vietnamese program). The response was so great that the Vietnamese project coordinator did not have to advertise in additional sectors.

It is beneficial to have a sound understanding of the CALD community in the area you wish to establish a program, as this will assist with identifying the appropriate media for placing your advertisement.



WE NEED VOLUNTEERS! CAN YOU HELP?

The MOSAIC Project is seeking volunteers to assist identified mothers of young children who are experiencing difficulties due to stress and/or isolation by listening, supporting and providing friendship.

NO FORMAL QUALIFICATIONS ARE REQUIRED

MOSAIC MENTOR MOTHERS NEED:

- Patience, understanding, acceptance, compassion and the ability to listen
- Experience as a mother with knowledge and skills in the area of parenting and family relationships
- Ability to commit to approximately 2 hours per week plus contact by phone for a minimum of 12 months
 - To be over the age of 21 years

WHAT DO MENTOR MOTHERS GET FROM THEIR INVOLVEMENT?

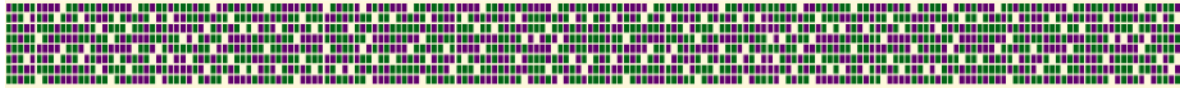
- Skill development (through initial training and ongoing support), and experience that enhances future work options
- Personal growth by helping others through difficult times
- A better understanding of local resources and community services
 - New friendships and broader networks

**DO YOU KNOW ANYONE WHO MAY BE INTERESTED IN
BECOMING A MOSAIC MENTOR MOTHER?
WOULD YOU LIKE FURTHER INFORMATION ABOUT THE
MOSAIC PROJECT?**

**CONTACT: Vivianne Woska or Catherine Plunkett
MOSAIC Mentor Mother Coordinators
8341 8544 or 0402 988 277**

Email: v.woska@latrobe.edu.au or c.plunkett@latrobe.edu.au





Mentor Mother Recruitment

MOSAIC undertook a thorough multi-staged assessment and screening process for potential mentor mothers. The applicant could withdraw from the process at any point if she did not wish to continue. It was also important that the coordinator recognised applicants who did not fit the criteria at the earliest possible stage.

The selection process included; (a) an initial inquiry telephone interview, (b) a formal application form, (c) assessment interview, (d) Police check, (e) referee check, (f) working with children check and (g) a compulsory five day training program .

- (a) An initial inquiry telephone interview.** In this interview women who expressed an interest in being part of the program were given basic information about MOSAIC and its aims, the type of support that would be required from the Mentor Mother, the need for a commitment to a 12 month minimum time frame for involvement, and further steps required in the recruitment process. If the woman wished to continue the process, her name and postal details were obtained and she was sent an application form and information package.
- (b) Eliciting information through the application form.** The application form varied from a normal position application form in that it sought information in greater detail about the mentor. It asked specifically what she hoped to gain for herself by being part of the program and other information that would assist the coordinator to match her to a referred woman; such as her basic family history, support she had within her family for undertaking mentoring her cultural and moral beliefs etc.

It was very important to program success that mentor mothers recruited to the project were matched according to referred women's preferences, not simply on the basis of similar backgrounds. For example in MOSAIC one woman who had experienced violence in her relationship and had left her partner, was concerned that someone from her own ethnic community might inform her ex-husband where she was living, so asked specifically NOT to be matched with a mentor from her community



Mentor Mother Application Form

SECTION A

DATE

FULL NAME:

ANY PREVIOUS NAME:

D.O.B

COUNTRY OF BIRTH

LANGUAGES SPOKEN

ADDRESS

.....

..... POST CODE:

PHONE: (H)

..... (W)

(MOBILE)..... E-MAIL

OCCUPATION/CURRENT WORK:

QUALIFICATIONS

(What is your level of education?):

WORK EXPERIENCE/VOLUNTEER EXP:.....

.....

EMPLOYER:(if appropriate)

DRIVER'S LICENCE NUMBER:

CURRENT MARITAL/RELATIONSHIP STATUS:.....

NUMBER & AGES OF CHILDREN:.....

MALE:

FEMALE:.....

SECTION C

1. What interests you in being a volunteer in the MOSAIC PROJECT?

.....

.....

2. What kinds of things do you think that you could offer as part of being a Supportive Friend to a pregnant women or a mother with children under 5 years of age?

.....

.....

.....

3. What might you hope to gain from becoming a MOSAIC Supportive Friend?

.....

.....

4. What is the reaction of others significant to you (eg. Spouse/Partner, children, family) to the possibility that you may become a volunteer for the MOSAIC Project?.....

.....

.....

5. Do you feel that you can spend between 1 and 2 hours per week with a program participant?

.....

6. Do you sincerely feel that you will be able commit yourself to the program for at least 12 months?

.....

7. Do you agree to maintain regular contact with staff for supervision support purposes?

.....

8. Do you agree to attend all training sessions?

.....

9. What are some of your interests?

.....

10. Do you participate in any organised community/sporting groups?

.....

11. Do you have, or have you ever had a problem with excessive alcohol or drug use?

SECTION C

12. Do you use any form of drugs (prescription or other)?

.....



Please explain:

SECTION C

13. Have you ever or are you currently receiving therapeutic counselling, psychiatric or

prolonged medical treatment?

Please specify:

.....

14. Have you ever been charged with a criminal offence?

Please specify:


.....

15. Please name all Clubs and Groups to which you belong or are a member:

.....

.....

.....



I acknowledge and agree that:-

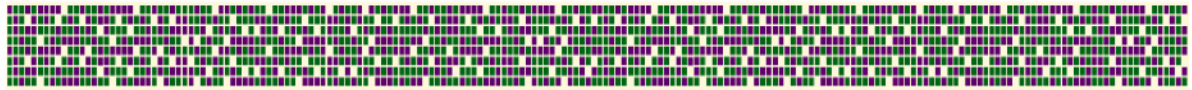
- i. I am not obliged, if called upon, to perform the role of a MOSAIC Supportive Friend for which I have applied.
- ii. The agency is not obliged to provide an explanation, should my application be unsuccessful.
- iii. The agency is not obliged to match, or actively seek to match me with a parent, and
- iv. As part of the agency's matching process, additional personal information will be sought from me by MOSAIC staff.

VOLUNTEER POLICY AND PROFILE

MOSAIC is a program designed to help pregnant women and women with children under 5 years of age who have been identified by their General Practitioner and who would benefit from the assistance of a MOSAIC Supportive Friend. The desires of the parents are respected in the selection of the volunteer.

In determining whether an applicant may be considered for a match and the extent to which information shall be communicated to both parties, due consideration is given to past and present factors in the health, personality and behaviour of each individual and/or family constellation. The professional Agency personnel may deem certain information as having the potential to affect the relationship adversely unless it is revealed at the appropriate time. While relevant information shall be provided the name and names of parties described shall be held confidential before a match is made. Any party has the right to refuse to enter into the match based upon information so communicated.

An interview is designed to establish a profile of you and your interests. This profile will be used by the Agency to best match you with a program participant, a similar profile of the program participant and the family will be discussed with you to ensure that your desires are respected.



APPLICANT RELEASE FORM

AUTHORISATION FOR RELEASE OF CONFIDENTIAL INFORMATION FOR MOSAIC APPLICATION

I acknowledge that it will be necessary for MOSAIC to investigate my background and check my character references. I consent to this and I hereby authorise any agencies, individuals or other entities such as past or present employers, educational institutions, law enforcement agencies, social services, and other such entities with which I have had contact, to release relevant information requested by MOSAIC in relation to me to the MOSAIC Project.

Signature of Applicant:

Date:



REFERENCES:

Please list the names and address of three people who can act as referees for you. The nominated people need to have known you for at least 12 months, to have had recent contact with you and be able to vouch for your reputation and character. Nominated referees are to include your employer or supervisor, a friend and character referee (the character referee may be someone who is well known in the community, a public figure, a self employed or professional person). Please do not use relatives. Please notify referees that they have been nominated. All references are strictly confidential.

1. NAME OF SUPERVISOR OR EMPLOYER

Name:.....

Address:.....

Postcode:.....

Phone (Home) (Work)

(Mobile)

2. FRIEND

Name:.....

Address:.....

Postcode:.....

Phone (Home) (Work)

(Mobile)

3. CHARACTER REFEREE:

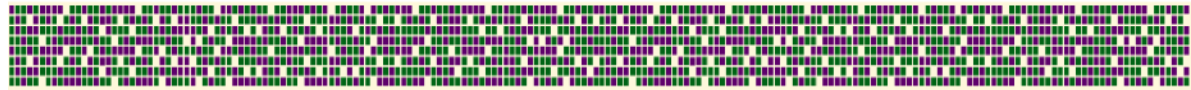
Name:.....

Address:.....

Postcode:.....

Phone (Home) (Work)

(Mobile)



(c) Assessment interview. After the completed application form was received, the Coordinator contacted the applicant to organise a time and venue for an assessment interview. This interview was conducted initially in the applicant's home; however in the later stages of the project, the applicant was invited to come into the MOSAIC office. The interview was undertaken by two staff members.

The assessment interview considers eight broad areas: family background, awareness of family violence, experience with children/parenting, education and work history, dealing with a range of emotions, personal values, personal qualities and the applicants expectations of the project and her role.

After the interview was completed, the two interviewers assessed the woman's suitability as a mentor and if suitable she was invited to attend MOSAIC Mentor Mother Training.

CALD considerations: The Vietnamese Coordinator stated that it was important in the Vietnamese community to take a gift of food to share at this meeting. The sharing of food and social discussion were very important to building the trust relationship with mentors and women participating in the study. Similar considerations should be investigated in other communities.



Date:

Dear

Your name had been given by to be a referee to support her application to become a volunteer in the MOSAIC Project. The aim of the MOSAIC Project is to strengthen and improve the health and well being and mother-child bonds in pregnant women and those with children under five years of age.

The volunteer or supportive friend, is matched with a mother or mother to be who has been referred to our project by her General Practitioner or Maternal and Child Health Nurse because she is experiencing significant family stress. The intention is for the volunteer to be a companion, friend, and support for these often isolated women.

We strive to ensure that the applicants we accept have the qualities to be effective volunteers in the program. The volunteer must be consistent, reliable and dependable. The volunteer should be a stable, mature individual, with personal characteristics that make her a good mentor or peer support. Each volunteer should be capable of being supportive and should be a person you would value highly.

Would you please help us in our evaluation of this prospective volunteer by completing the enclosed form carefully and to the best of your knowledge, and by returning the completed form to this office as soon as possible.

If for some reason we do not receive an answer from you, we may have to consider this non-response as a negative answer in our evaluation of the prospective candidate for the MOSAIC Project.

This reference has two parts, Section A and Section B. Please complete both sections:

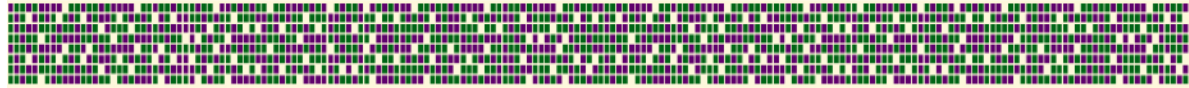
- Section A consists of your own written reference
- Section B consists of a list of questions we would like you to complete.

Thank you for your willingness to be a referee for this Applicant, and for the assistance you are giving to the work of this project. (The information on this form will be considered confidential in every respect).

If you have any concerns or would like further information regarding the MOSAIC Project please feel free to contact me on 8341 8544 or 0438 585 660

Yours sincerely

MOSAIC Coordinators



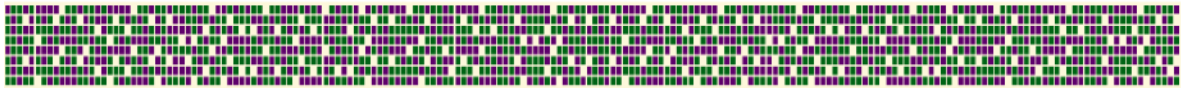
(d) A police check was undertaken to ensure the applicant had no prior criminal history that would negate her suitability as a mentor mother. The applicant was asked to disclose criminal activity on her application form. During training, the applicant was asked to complete a Victoria Police Criminal Check form and this was lodged at completion of training and prior to the Mentor being matched with a referred woman. If criminal history was apparent, consideration would be given in relation to the type and severity of the criminal act and whether this would impact adversely on the applicant's ability to participate effectively in terms of safety to the referred woman and the program. For example one woman who applied to MOSAIC had been charged ten years earlier for possession of a small quantity of marijuana. The coordinator deemed this a minor crime, committed when the woman was quite young and therefore that it should not impact adversely on her mentoring ability. Her references were good and therefore she was permitted to mentor and proved to be one of the projects most successful mentors.

A Police Check Application form is available from your nearest police station or on-line at <http://www.police.vic.gov.au>

(e) Three confidential referee checks were carried out as part of the assessment screening process once the assessment interview was completed and the woman had progressed into the project.

The applicant nominated three referees on her initial application form and signed an authorisation for them to be contacted. The referees were contacted via mail with a letter explaining the project, its aims and including a questionnaire that they were asked to complete in support of the mentor mother applicant (a copy of the referee letter and Reference form is included opposite).

With positive responses from the referees, the applicants then progressed to the next stage in the process of becoming part of the mentoring team.



Reference Form

APPLICANT'S NAME:

ADDRESS:

POSTCODE:.....

DATE SENT:

(The information on this form will be considered confidential in every respect)

SECTION A. *(Please note that this section below is very important. Thank you.)*

Please write a description of the applicant's personal qualities that you think they can bring to the program and to the women they will visit. (Dot points are very acceptable!)

.....

.....

.....

.....

.....

.....



SECTION B. (In questions where there are options to choose, please indicate your choice(s) by a tick [])

1. How long have you known the applicant?

2. In what capacity have you known the applicant?

3. How well do you know the applicant?

4. IF APPLICABLE:

(a) How would you describe the applicant's relationship to their partner? (If known.)

.....

(b) How would you describe the applicant's relationship to her children?

Extremely Good [] Good [] Mild conflict [] Extreme Conflict []
[] Unknown []

5. **IF APPLICABLE – (To be filled in by employers or supervisors)**

(a) Please describe the applicant's relationship to peers:

.....

(b) What is the applicant's current satisfaction with his or her present occupation/study?

Very Good [] Fair [] Poor [] Unknown []

Any comment?



6. How many of the following describe the applicant's relationship with young children?

Well liked	[]	Friendly	[]	Understanding [..]	Distant	[]	
Stern	[]	Judgemental	[..]	Impatient	[]	Sensitive	[]
Supportive	[..]	Unknown	[]				

Other

7. How many of the following describe the applicant's friendships:

Sincere	[]	Warm	[]	Loyal	[]	Shy	[]
Shallow	[]	Cool	[]	Distant	[]	Supportive	[]
Unknown	[]						

Other

8. How would you rate the applicant's friendships, if known?

(tick as many as applicable)

Makes friends easily	[]
Has many friends	[]
Has small circle of close friends	[]
Constantly changing friends	[]
Few friends	[]
No friends	[]

9. Please describe the applicant's ability to perceive his or her own strengths and weaknesses

.....

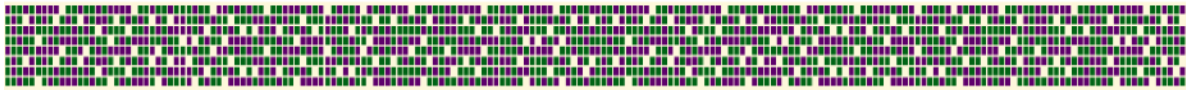
.....

.....

10. Please comment on the applicant's health:

.....

.....



11. How many of the following describe the applicant's personality?

- | | | | | | | | |
|---------------|-----|--------------|-----|---------------|-----|------------------|-----|
| Friendly | [] | Nervous | [] | Domineering | [] | Leader Co- | [] |
| Happy | [] | Aggressive | [] | Temperamental | [] | operative | [] |
| Reserved | [] | Opinionated | [] | Follower | [] | Unhappy | [] |
| Well adjusted | [] | Confident | [] | Shy | [] | Erratic | [] |
| Outgoing | [] | Easily upset | [] | Resourceful | [] | Lacks confidence | [] |

Other

12. How does the applicant respond to justifiable criticism?(If known)

- | | | | |
|---------------------|-----|-------------------------|-----|
| Accepts readily | [] | Accepts with difficulty | [] |
| Ignores it | [] | Accepts unwillingly | [] |
| Responds negatively | [] | | |

13. Do you know of any reason why the applicant would not serve well as a volunteer?

.....

.....

14. Does this applicant have, or has he or she ever had, a drinking problem?

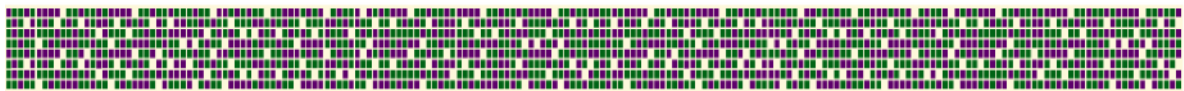
.....

.....

15. Describe what you consider would be the applicant's strong points in a one-to-one relationship with a mother of young children. (if not covered beforehand.)

.....

.....



We may need to contact you personally with regard to this reference. Please supply a telephone number by which you may be contacted.

Home Telephone Work Telephone

Mobile Telephone

When is the most suitable time for you to be contacted by telephone?

If you have any additional information that you feel would be helpful to us, please include it on a separate page. If you would like to discuss any information with the Coordinator, please ring me on **8341 8544**.

Could you please sign here:..... (Signature)

Name in Block Letters:
.....

Date:

Thank you for the time and effort you have put into it completing this form.

PLEASE MARK 'CONFIDENTIAL' AND RETURN TO:

Vivianne Woska,

MOSAIC Project,

Mother and Child Health Research,

La Trobe University



(f) Five days of compulsory training

Once screening was completed applicants progressed to the next stage in the process – training.

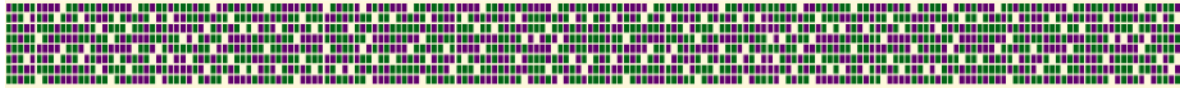
Women who were referred to MOSAIC by their GP or MCH Nurse, had either disclosed partner abuse or had been identified as being at ‘possible risk’ and in need of support due to many factors, the main ones being: concerns of possible family violence incidents, isolation and lack of support, depression, or significant parenting support needs.

MOSAIC wanted to provide mentor support to the woman that would allow them to identify and prioritise their own support needs (self determination) and identify pathways to services that could have these needs met.

It was therefore important that Mentor Mothers had some understanding of the issues the woman may be experiencing; particularly around family violence and depression, and parenting and child development.

It was also important for the Mentor Mother to be given training around the mentoring role including; strategies for effectively communicating and building supportive relationships, personal safety and self care, confidentiality and its limitations, policies and procedures relating to MOSAIC and knowledge of the range of services in the area and how to access them.

To this end, a comprehensive training package was developed and implemented. The training program extended over a five day period which was offered one day per week over five weeks. A total of 13 modules were developed. Some training modules were presented by the MOSAIC coordinator, while others were presented by service providers working within the sector. An outline of the training program as offered in February 2007 is included below:



Week 1 Introduction to MOSAIC

Welcome

Hand out agenda for training today.

Introductions

Warm-up exercise. In pairs, introduce yourselves to each other and describe the strengths you think you bring to the project. Come back to group and introduce the woman to whom you were speaking to the group.

Group Guidelines

Hand out group guidelines and discuss. Add any suggestions that are endorsed by the group.

Module 1 Outline of project

Aims, Objectives and Background

–Hand out ‘Project Background Information’ and latest Annual Report.

Personnel

Describe roles in MOSAIC project and when the mentor might meet other staff (at lunch etc)

Peer support and advocacy – history and perspective

–History of peer support with family violence assistance e.g. Refuges began by survivors supporting one another.

– Women have traditionally helped each other with children etc but communities are now less cohesive and many women are isolated.

Personal values and expectations

‘What are Values?’ handout; discuss as a group (suggest that exercises can be completed at home).

In pairs, discuss what things stand out in either your family of origin or current family and make it unique. Report back to group about what you learned about the other woman’s values and where these come from.

Module 2 Mentor Role

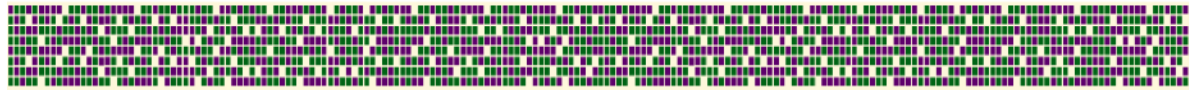
What it means to volunteer and how a volunteer supportive friend role differs to that of a family worker etc

– discuss as a group: have you volunteered before and what was satisfying, what was challenging/frustrating/limiting? Why?

– Many of the projects referred women also see social workers, counsellors etc – discuss difference.

C o n f i d e n t i a l i t y a n d i t s l i m i t a t i o n s – d i s c u s s

Non-judgemental approach – discuss



Boundaries

Rights and responsibilities of Mentor Mothers (hand out information packages)

- discuss the Mentor Mother Agreement
- Access to support and information (including library), group supervision/ongoing training attendance requirements, administrative responsibilities, reporting to Co-ordinators etc.

Administration – referee checks, Police checks (hand out Police check form and photocopy drivers' licenses) and Working with Children Check application form – explain procedures to completing the form and lodging at Post Office with passport photo.

Mentor Mother position description (included in Agreement handout)– discuss each function

- Difference between information provision and advice

Mentor Mother, to describe her experience of mentoring – when the project is first set up the coordinator may source a mentor from another support service to talk about her role as a volunteer and what its challenges and rewards have meant to her. In subsequent training sessions, the project can utilise mentors that have been supporting women from your project to conduct this section of the training.

Module 3 Social Context (Australian Contemporary Society)

What we share as women (common experiences, perspectives, conditioning etc)

- Brainstorm: what do we have in common?

Traditional role of women and society's expectations

- Brainstorm desirable characteristics and behaviours in girls/boys to illustrate pervasiveness of conditioning in relation to gender.

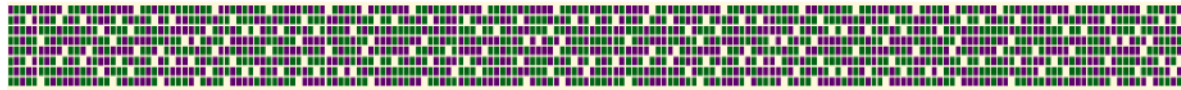
What does it mean to have personal agency? A sense of entitlement? Discuss.

What are the messages that women receive which may limit their options in life? Brainstorm

Messages that limit women's options may present as structural barriers - Brainstorm examples of structural barriers / gender discrimination / inequality e.g. discrimination in workforce demonstrated by lack of universal maternity leave provisions, unequal pay etc

Overcoming our own conditioning and confronting biases, fears and stereotypes

- Brainstorm: how do we feel about women (ourselves?) who experience family violence, depression, are sole parents use drugs etc
- Victim-blaming attitudes can be subtly expressed and discourage disclosures 'rates of reported violence have been shown to be very sensitive to intimations of judgement or blame'.



Mothering and society's expectations versus supports.

- Social stigma of single parenting, family violence, depression etc helps explain why abused women are reluctant to leave relationships.

Empowerment and strengths-based model to increase women's agency and build confidence and self-esteem

- knowing your rights, access to employment and educational opportunities, connection to community etc
- In small groups come up with at least 5 things you could do to empower women and help them to recognise their strengths. Report back to large group.

The meaning of advocacy and its application in an empowerment model.

What are examples of advocacy and where is the line between advocacy and the woman's agency?

Discuss.

Week 2 Family Violence

Module 4 Understanding family violence

What is family/domestic violence

Prevalence

Types of abuse

Power and control model

Cycle of violence

Effects of abuse on women and children

Isolation and lack of autonomy/agency

Cultural considerations

Indicators

Safety including risk assessment

Options for women experiencing family violence

The 'process of leaving' - how to support it.

Module 5 Family Violence and Children

Physical, sexual, emotional abuse

Exposure to family violence (emotional abuse)

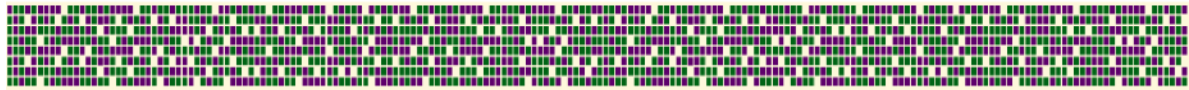
Neglect

Reporting concerns

Module 6 Family Violence Support Services

Speakers should include:

A Speaker from a Domestic Violence Outreach Service



A Speaker from a Legal Service (preferably a women's legal service). While MOSAIC provided Mentors with some information on the legal framework for domestic violence and legislative application, this could be further expanded in future training programs. Particularly as there have been recent changes to legislation surrounding domestic/family violence it is imperative that mentors are able to provide the most up to date information AND more importantly, appropriate referral points to enable women to access the best legal information available to them.

A speaker from Immigrant Women's Domestic Violence Outreach Service - Often culture is used as an excuse for violence in the home, and this service explains that culture is NOT an excuse for violence.

MOSAIC invited a speaker from the Men's Help Line to present information on options available to men who wish to change their behaviour. Some women do not want to end their relationship but want the violence to stop and may be able to persuade their partners to attend a group.

Presentations should include: services provided, approach, suitability criteria, intake procedures, support period, secondary consultation. What is crisis and what assistance is available for women in crisis (WDVCS). Illustrate content with case histories.

N.B Cross cultural presentations conducted by Immigrant Women's Domestic Violence Service were an important component to the training session as they highlighted a range of issues specific to immigrant women's circumstances, for example: how a woman's status in relation to permanent residency could be used by an abusive partner to maintain power over her. It also allowed a cultural referral point for the Vietnamese mentors that referred women could access as IWDVS has a Vietnamese speaking case manager available.

Module 7 Safety and Self-Care

Physical safety

Emotional safety: self-care and stress management for Mentors and the women they support

Burnout – causes and indicators

Participation in Group Supervision/Ongoing training

Week 3 Depression / Grief and Loss

Module 8 Depression in the Context of Motherhood

Challenges of mothering

Postnatal depression (social context)

Isolation

Prevalence and association with violence

How is depression experienced in this context

Impact on Children

Cultural considerations

The importance of support and normalising

Supportive communication



Options for women experiencing depression

Module 9 Depression and Community Supports

Mental Health Outreach

What is depression?

What is it like to work with women who are depressed?

What are the manifestations of depression?

What services are available for women who are depressed?

Module 10 Grief and Loss in the Context of family Violence and Depression

Possible sources of grief and loss for women supported by MOSAIC

Stages of grief

Cultural differences

Children's experience of grief and loss

Responses to women experiencing grief and/or loss

Week 4 Communication Skills/Emotional Intelligence and Child Development

Module 11 Communication Skills

Active Listening

Respectful Assertiveness

Module 12 Emotional Intelligence

Understanding Emotional Intelligence – Family Communication Styles

Emotion Coaching

Friendship and Communication Styles that Support

Week 5 Diversity / Being a Mentor Mother

Module 12 Communication and Diversity

Recognising our own culture and biases

Recognition of positives of diversity

Tools to reflect on ways of working

Skills to communicate in an empowering way

Module 13 Being a Mentor Mother

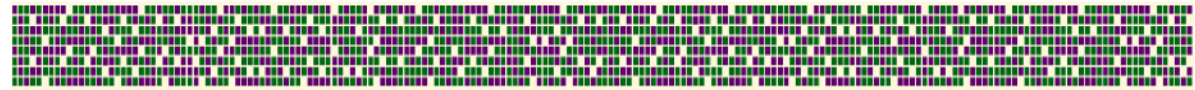
Role, rights and responsibilities

Administration and reporting

Safety

Boundary setting

Supervision and Peer supervision



CALD considerations: The Vietnamese project coordinator reported that while the mentors understood and coped well in the mainstreamed training sessions, which were presented in English, it was beneficial to have a Vietnamese speaking worker to clarify and express views on different issues.

N.B The information package handed to the Mentor Mothers at the first training session contained a MOSAIC information flyer, a position description, volunteer information sheet, volunteering protocol, safety protocol, a copy of the weekly contact sheet and travel reimbursement forms, A MOSAIC resource card, suggested activities that can be undertaken with women once matched, a confidentiality and privacy agreement and a mobile phone use agreement. The last two forms were signed and witnessed by the coordinator.



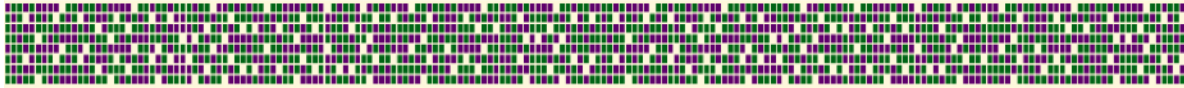
(g) Working with Children Check

Mandatory minimum checking standards were introduced in Victoria in 2006 for paid and volunteer programs providing services that have contact with children through their programs. The new process is called the Working with Children Check (WWC) and is monitored through the Department of Justice.

After consideration of the tasks required by the mentor mothers and recognition that the mentors were entering the homes of the women and their dependent children alone, it was decided that we would ask mentor mothers to complete the working with children check. This check is done in addition to the Victoria Police Criminal Record Check that Mentors completed when they commenced the mentoring process.

WWC forms can be obtained through most Australian Post Offices in Victoria or can be ordered on the Department of Justice Website <http://www.justice.vic.gov.au/workingwithchildren> . Screening for volunteers is free however if paid staff, the cost is \$73.90 per person. When lodging the application form at the Post Office, applicants must show original identification, provide a passport sized photograph (this can be taken at the post office for a fee) and signed in the presence of Australia Post Staff.

Once the WWC has been cleared, verification is sent to the service and the WWC photo ID card is sent to the applicant. The ID card is valid for five years from date of issue. WWC check holders must inform the Department of Justice if they change their name address or employer or any other circumstances that may affect their status as a card holder.



Management Systems

Tracking data base

We developed (and recommend) a data base to enable the coordinator to keep track of referred women and mentors. We were also able to record all activities and actions taken (e.g. pre-match, matches, reviews, critical incidents, safety issues etc) and all other contact with referred women and mentor mothers were recorded in the MOSAIC data base.

As interviews and on-going evaluation formed part of the process for monitoring the success of the project, it was important that documents developed for this purpose, when completed, could be electronically hyperlinked to the data base in the women's and mentors' electronic file. This enabled the coordinator to review all relevant documents in relation to the woman or mentor quickly and easily.

The MOSAIC Tracking Data Base that was developed for the project consisted of contact and ongoing information in three main areas:

- Referred women
- Mentor Mothers
- Referring agencies (so that we could provide timely feedback about the completion of mentoring and to thank agencies for the referrals.)

The Referred woman section: contained seven pages that recorded:

- The woman's details (and status history subpage). The data base allowed for the woman to be found through a drop down box for their first name, surname or identification number. The first page also had a "safety issues" box where any known safety issues could be recorded. The details page also had spaces for recording her match and exit due dates, and the name and identification number of the mentor mother she was matched with.
- Contact details (her address, home and/or mobile phone numbers and times she indicated were best (or safest) times to contact her, her date of birth, Melway reference number etc)
- Alternative contact details (MOSAIC recorded additional contact details of a woman identified in the assessment interview that she was happy for MOSAIC to contact if she for some reason could not be reached and /or her safety was of concern).
- Contact and follow-up section (to record any contacts made chronologically – included date, staff initials recording details, type of contact e.g. phone/visit, outcome e.g. was contact made, how and by whom; referred woman/staff, general notes and time taken in minutes)
- Referrer Details (Records the contact details of the referrer)
- Hyperlink Section (Information recorded on electronic forms e.g. pre-match and assessment and exit forms, and any support letters requested by the woman or other services etc can be linked to the data base for ease of future access)
- Critical events (A critical event was defined as "anything that causes a woman, mentor, staff member or referrer to feel anxious, distressed or fearful, or to experience any physical injury or



threat, and was due to their involvement in MOSAIC that this has happened to them”). (see Critical event protocol at page 63)

Mentor Mother Section: contained two pages that recorded:

- Mentor mother details (all details of the mentor mother, id number, name, home phone, personal mobile number and MOSAIC mobile phone number, Mentor Mother's address, her training completion date her mentor status, a notes box and a box to record referred woman matches).
- Contact and follow up section (similar to that of the referred woman which recorded the date, staff initials, type of contact, general notes and time taken).

Referrer Section: The Referrer information was contained on one page in the data base and recorded all information relevant to the referrer including contact number, email address and name of the individual staff member who made the referral.

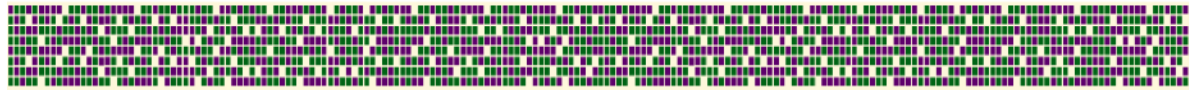
Safety and Confidentiality

Safety and confidentiality were two major principles of care that needed to be incorporated into MOSAIC to ensure its success. MOSAIC recognised that a woman experiencing intimate partner abuse is at the greatest risk of harm at the time she decides to take positive steps to end the abuse or leave the relationship. Therefore, while it was very important for women to have someone to talk to about their issue, it was also important that any information given would be protected (unless the safety of the woman, her dependent child/ren or others was jeopardised) and that the physical and emotional environment for contact was maintained as a safe place for women and their mentor throughout the mentoring period.

Safety and protection of women, mentors, staff and the integrity of the program itself needed to be maintained as the highest priority. As such, an attempt was made to consider every possible scenario during the establishment phase. Issues such as advertising for mentors, safe contact between the mentor and woman, safety planning options, the importance of confidentiality and its limitations, support systems and reporting mechanisms for the mentor, were carefully considered. Protocols (see Appendices p.62 onwards) were then developed and included in the comprehensive training package for mentors.

Advertising and publicly available resources

While MOSAIC was designed to assist women experiencing intimate partner violence and/or associated depression, , it was important for the safety of the program and the women participating in it, not to identify this specifically through the advertising campaigns for mentors or referred woman. It was expected that abusive partners might attend maternal and child health centres or doctors' surgeries with their partners, so tht there should be nothing to indicate that MOSAIC was other than a support project for women who were pregnant or had children under the age of five years.



Contact forms

MOSAIC developed a contact form for mentors to complete at the end of each visit. These contact forms were distributed to the mentor mothers either in hard copy or electronically; depending on the preference of the mentor mother herself. If they were to be sent in via mail, postage paid self addressed envelopes were also provided. Refer to pages 38-39 below.

Travel Forms

Mentors were required to use their own vehicles or public transport when visiting or going on outings with referred women. Mentors were reimbursed travel at a per kilometre rate for travel to and from the home of the referred woman or on presentation of the public transport ticket.

While transporting referred women in their private vehicle was discouraged, mentor mothers needed to have comprehensively insured vehicles and properly fitted child restraints suited to the age of the child if they did choose to use their own vehicle. In this situation, they were also reimbursed travel costs per kilometre to attend MOSAIC-related outings. Child seats and restraints were also available for mentor mothers to borrow to children were transported in safety.

Mentor Payment

Mentor Mothers volunteered their time to provide mentoring support to one referred woman t. For mentor mothers who chose to support more than one woman, payment was made at a casual rate for each additional woman supported. Many mentors chose to support just one woman and others refused payment, choosing to volunteer their support for each subsequent woman. The mixed model was chosen specifically MOSAIC recognised the value of the level of support being provided by the Mentor Mothers, and also that often women in caring roles within the community are either not paid or are paid a minimum wage to provide welfare services cheaply. MOSAIC wanted to retain the skills developed by the mentors through training and also to give financial recognition to these contributions when they involved women giving up significant time to their mentoring role..

It has been fun, we have had some worrying times (re family court and perpetrator) but were able to talk about them and work through them. We had done fun things too; we have been out shopping or gone out for coffee or pizza. Carissa and I have just clicked and we are good friends. I don't want to stop seeing her. I am proud of her, she has been through so much with Fred but she is stronger now and stands up for herself. The kids are happier now then when I first met them, they seem more settled, they are well mannered young kids and that is a credit to Carissa 's parenting of them - Yvonne



Project Coordination & Review

Referral process

Referrals to MOSAIC were made through local General Practitioners or Maternal Child Health Nurses. Referring agents were asked to discuss the project with women who fitted the criteria for the project (new or pregnant mothers who were deemed at risk of depression or violence in their relationship). The women were offered a brochure broadly describing the project and asked if they wanted to be referred. If the woman consented to the referral, the health care provider completed a written referral form and either faxed or emailed it to the MOSAIC office.

As MOSAIC was also a research project, the referred woman was then contacted by the research staff who visited the referred woman either in her home (if it was safe to do so) or at an agreed meeting place to complete the information and consent process. On completion, the referred woman's details were passed on to the MOSAIC coordinator with her consent.

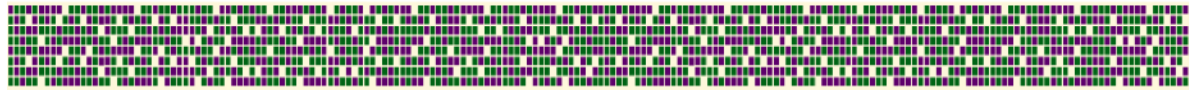
When setting up a mentor mother program within the broader community, a wider referral base would be likely to be appropriate, e.g. in addition to MCH nurses and GPs, referrals could be accepted from pre-schools and primary schools, hospitals (either through antenatal or postnatal services), domestic violence crisis services (ongoing post crisis support), housing support services and the like.

Pre-match interview

The Coordinator contacted the referred woman by phone and introduced herself. In order to check whether it was safe to talk (i.e. her partner or someone else was not present) , she asked if it was a good time to talk or alternatively when best suited her to complete the pre-match interview. This interview was conducted via phone and specific questions were asked that would assist with matching her to the right mentor mother. The coordinator informed the woman that the information received would be kept confidential and utilised to ensure matching with a suitable mentor.

The questions included basic information gathering such as age and country of birth, languages spoken in the home, if from overseas, length of residence in Australia, marital status and number and ages of children. The questionnaire also asked about others also living in the house, and about employment and education

The woman was asked about her relationship with her ex/partner and safety levels, extended family relationships and support through friends, other welfare or support services and community interests. This information was vital to the matching process as it assisted in deciding on the appropriate mentor, possible meeting places and the type of mentoring activities that might be helpful. . It was quite common in this process to discover that the women were very isolated within the community and had very limited support from either friends or extended family.



Women were asked to identify their strengths and any challenges they were currently facing in their lives and things they would like to do if they had the option or resources. Once again, it was common that women were not be able to identify anything at this point that they found positive about themselves or their lives or their personal strengths. It is important that the Coordinator be able to identify something positive about the woman and feed it back to her. It can be something simple like her parenting or house keeping skills, computer knowledge etc. This can boost the woman's self esteem and assist in keeping her engaged. The Coordinator then thanked the woman for participating in the interview process and the program, and assured her that she would be contacted on a regular basis to check on how she was going until a match meeting could be arranged with a potential mentor.

CALD considerations: It was very important once again to ensure that a gift of food was taken to share at this meeting and that generalised social issues and family were discussed prior to talking about the referred woman's personal situation. It is important to ensure that a trust relationship is developed before entering into more sensitive personal topics.

Child abuse, limits to confidentiality and referral to child protection services

Each newly referred woman was given information about MOSAIC, including the following:

"If for any reason mentor mothers form a belief that a woman is in grave danger, or if she is a danger to herself or her children, the mentor mother will discuss her concern and suggested actions first with the woman herself (unless this puts her at greater risk). The mentor should share this concern with the MOSAIC coordinator and they will jointly decide what, if any, further action should be taken."

Similar information should be provided in any domestic/family violence mentoring program. This could be given following referral in a pamphlet or discussed with the woman. It is very important that any serious concern about the welfare or safety of children is dealt with firmly, clearly and appropriately. MOSAIC worked from the underlying belief and principle that a child's safety and wellbeing is enhanced when their abused mother is assisted to strengthen her own safety and wellbeing. Therefore our first option was always to discuss the problem with the mother if possible and give her every opportunity to be part of any action taken.

However, if the concern remained, the coordinator would discuss her remaining concern and actions where possible with another worker before taking the final decision to report to intervention programs such as Child First, Child protection, the CAT (crisis assessment treatment service) team) or police.



Interim processes, prior to matching

While a woman waited to be matched, a mentor mother contacted her weekly via phone to provide interim support and check on her well being. She also kept the woman abreast of the likely time lines for matching.

It is very important ethically to match women with a mentor as soon as possible after they have been referred and express interest in having a mentor. The longer it takes to match the woman, the more likely she will become disillusioned, and decide not to continue.

Matching meeting

In MOSAIC the Coordinator arranged the match between the mentor and referred woman and attended the match meeting to introduce them and facilitate initial conversation between them. The match meeting was usually conducted in the referred woman's home but could be at a coffee shop or other venue if safety or privacy was an issue (e.g. the woman still lived with her partner and a disclosure of violence had been made, or the woman shared accommodation with extended family etc).

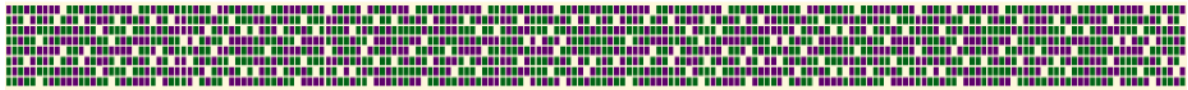
The Coordinator clarified the mentor's role and any responsibilities, boundaries, and goals (if appropriate) and agreed contact arrangements were decided collectively between the mentor and referred woman.

As the Coordinator had already established a relationship with the referred woman through the phone interview, it was important that she facilitated conversation between the referred woman and the mentor mother. This assisted in the development of the relationship between the referred woman and the mentor mother. The referred woman and the mentor were reminded of their right to refuse a match after the initial match meeting if there was any level of discomfort in continuing with the match.

The Coordinator rang both women on the next working day to ascertain that both were keen to continue with the match. If both wished to continue, the coordinator gave the mentor mother the contact number and address of the referred woman and she was asked to contact her within the next two days to arrange the first visit. The referred woman was informed that the mentor mother would soon ring her to organise a date and time for their first visit.

If either party indicated that they did not wish to proceed, the referred woman was informed that a further match introduction would be arranged as soon as possible. The mentor was also reassured that she was a valued mentor mother team member and would be matched with another woman in the near future.

Follow-up phone calls to the referred woman and to the mentor are recommended three weeks after matching to ensure that phone and meeting arrangements are occurring as agreed at the match meeting. This also enables the Co-ordinator to check on any contact or travel sheets not received from the mentor.



Mentor Support

Mobile phones:

As Mentor Mothers in MOSAIC visited the referred woman predominantly in their own homes, safety measures were required to protect the identities of Mentor Mothers' To this end, a pre-paid mobile phone was purchased for each mentor to use.

The Mentor Mother was discouraged from giving out her surname or personal contact details but could freely contact the referred woman through the MM phone to make calls, send messages, and arrange/confirm meetings etc. In this way, if a mentor/referred woman relationship ended or an abusive partner obtained the mentor mother's phone number, a new phone number could be issued and the old number could not be traced to the Mentor Mother personally.

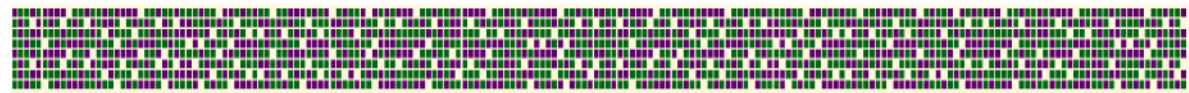
Mentor Contact Forms:

Mentors mothers were asked to submit descriptive standardised one page contact sheets about their contact with women after each weekly/fortnightly visit (see opposite). These contact sheets were vital to inform the coordinator of what was happening at each contact (phone/personal visit/outing); issues that arose during the visit; and any referrals that had been made. The mentors were asked to record positive experiences as well as anything that may alert the coordinator to any issues that needed to be addressed.

Blank MOSAIC mentor mother contact sheets were distributed to the mentor mother when the match began, and then replenished when required. When the Coordinator had received and read the mentor contact sheets, and taken any actions that may have been required, the forms were stored in the mentor mother file in the referred woman's sub-folder. These files were kept in a locked filing cabinet.

From the contact sheets, the Coordinator was able to monitor and review each mentor's progress with the referred woman. Mentor Mothers' notes on the contact sheets alerted the Coordinator to any concerns the mentor or the referred woman may have had and the type of information or referral points offered (where appropriate). If an issue was deemed important or requiring further action or follow-up by the Coordinator, phone contact was made with the mentor for further discussion and clarification. Safety concerns were acted upon immediately.

Some mentors choose to email their contact notes into the office rather than post them. In these instances a blank contact sheet was emailed to the Mentor Mother for her to store for use on her home computer. (Note: the Mentor Mother was instructed not save a copy of the completed form on her home computer after it has been forwarded to the Coordinator). The sheet was printed out and filed in the same way as sheets received via the post. Contact notes were not faxed to the Coordinator at any time due to the confidential nature of the information contained in them. The sheets were submitted twice a month coinciding with travel and pay claims. The coordinator



contacted the mentor if there had not been satisfactory feedback or contact sheets were not submitted on a regular basis.

CALD considerations: Vietnamese mentors often submitted their contact sheets in Vietnamese as this enabled them to express the situation with ease in their first language. These were then translated by the Vietnamese coordinator.

This underscores the value of having coordination staff who are bilingual if the program is reaching out to women of diverse backgrounds.



WEEKLY CONTACT NOTES

MOSAIC Supportive Friends Involvement with Family

(Please include notes on attempted contact as well)

Name of Mentor: N a m e o f M o t h e r : _

Week Beginning Date: ____/____/____ Week Ending Date: ____/____/____

Type of contact? (Please list number of times the following contact was undertaken and length of time spent in total on each)

<i>Type of contact</i>	<i>Number of times contact was made</i>	<i>Total time spent on contact</i>
Phone calls		
Visits		
Other (please list)		
eg. Transport		

Venue (Please tick relevant box)

☐ Families Home ☐ Community Centre ☐ M&CH Centre ☐ Doctor Office (GP)

☐ Café ☐ Library ☐ School ☐ Shopping Centre ☐ Park

☐ Other (Please list)

Are you aware of any change to the woman's and/or her children's safety since your last contact? (Please tick box) YES ☐ NO ☐

If yes please comment:

Focus of discussion while visiting or having phone contact? (Please tick)

☐ Relationship with partner ☐ Relationship with family ☐ Health ☐ Parenting

☐ Other (Please list)

Please give a short description of focus of visit

.....
.....

Please list any agency links that may have been suggested while having contact (Please tick):

☐ Doctor ☐ M&CH Nurse ☐ Legal ☐ Community Health Centre

☐ Housing ☐ Social groups ☐ Parenting ☐ Financial assistance

☐ Education (please list)..... ☐ Other (Please list)

Please list any difficulties that may have arisen while having contact

.....
.....
.....



Coordinator' contact with mentors

Mentors were encouraged to telephone the Coordinator to discuss any issue that might arise for them during contact with the referred woman. The mentor mother might send a text message or ring from her pre-paid mobile phone to instigate this contact. The Coordinator then called the Mentor Mother back to ensure credits on the pre-paid were not lost.

The Coordinator would listen and offer advice or information as required, to assist the mentor in carrying out her role. Mentor Mothers were encouraged to call the Coordinator at the completion of a visit if they found it particularly challenging or during the visit if there was a safety issue for the mentor, the referred woman or her children . The Coordinator in this instance directed the actions required to secure the safety and well being of all involved.

In the event of a critical incident likely to have a major impact on the emotional well being of the mentor, a face to face meeting is recommended as soon as practical between the mentor and the Coordinator to allow discussion and support.. If ongoing stress is experienced by the mentor mother in relation to the event, professional counselling or support should be organised.

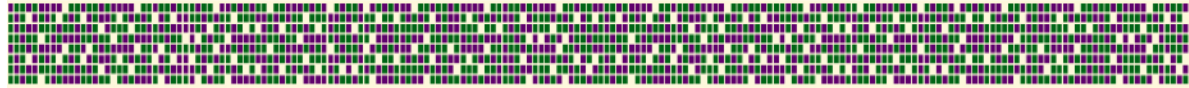
The Mentor Mother should be encouraged to contact the Coordinator at any time she feels she requires additional support. If a mentor mother is not feeling confident in her role, this may impact on her desire to continue with the project.

The coordinator indicated that a greater level of support was required in the early stage of the match to assist with questions as they arose and also at times throughout the match when difficult situations arose.

Some mentors found it very difficult to maintain some boundaries or say no to the referred woman which meant they did more work than they were paid for and gave more of their time then they could emotionally afford to give. The coordinator was able to give support and guidance to assist the mentor to withdraw a little from the referred woman and still remain supportive.

N.B The value of protecting and supporting mentors is immeasurable, the cost of retraining others to replace them great.

CALD considerations: Support to mentors held equal importance across the program, however due to language barriers, it was important for the Vietnamese mentors to be able to communicate with a Vietnamese-speaking worker when clarification and direction was sought.



On-going Review Processes

Three monthly reviews

The Coordinator should ring the referred women at three monthly intervals at a minimum (or at a month to six weeks ideally) to see how the match is going from the woman's point of view and whether she is still happy with its progress. Positive and/or negative feedback should be recorded on the referred woman's file (or on the data base) to become part of the on-going service evaluation process. Referred women are also encouraged to contact the coordinator at any other time if they feel the need to talk about a match and do not feel able to talk to the mentor about this.

N.B MOSAIC provided four monthly reviews; however feedback indicated that many women would have preferred this more regularly.



Ongoing Management, Training and Support

Maintaining Mentor Momentum

Peer group supervision

The MOSAIC Coordinator organised six to eight weekly meetings for both matched and unmatched mentors to meet together to share with each other their experiences of any difficulties and successes.

These meetings were important to mentors' involvement in the program and strengthened the support base. Therefore, we expected mentors to attend at least three meetings per year. If mentors were not able to attend, they were asked to contact the Coordinator about this. The structure of the meetings involved a mixture of peer support and supervision as well as on-going training, often utilising guest speakers.

Mutual support proved to be a good way to share common problems and experiences associated with being a MOSAIC Mentor Mother. These meetings helped mentors to overcome challenges and not feel so alone, as someone else may have faced the same, or similar challenges already and be able to offer practical advice. Mentors can also share successful strategies and other information, and keep one another up to date on relevant news. Mutual support offers a different type of support than that offered by professionals. Mentors act as role models for each other. These sessions need to provide a safe place for mentors to talk about experiences, struggles, and thoughts and help them feel more confident in their mentoring role

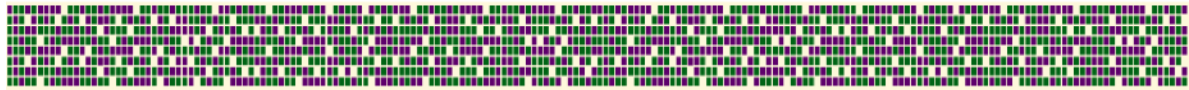
On-going training/up-skilling

Additional training requirements were identified by the Coordinator through group peer support meetings, individual supervision, or discussions with women referred to the project.

If an issue or training gap had been raised and identified, the Coordinator took measures to ensure it would be addressed adequately through insertion in the training calendar. She then set about finding the right facilitator (if required) to present the session.

While the initial purpose of training was to provide mentors with information and resources to provide the best service possible to the women they were supporting, it became clear that it also had benefits outside of the mentor/mentee relationship.

One on-going training session involved the introduction of a new MOSAIC child abuse disclosure protocol. An information session around the subject of child abuse and child sexual abuse was organised by the Coordinator to introduce the topic, and a guest speaker from the Gatehouse Centre was invited to present. The Gatehouse Centre is a service operated through The Royal Children's



Hospital in Melbourne and provides a range of services to children and young people who have been, or are suspected to have been sexually, physically or emotionally abused or neglected.

Gatehouse is a 24 hour crisis service and provides specialised assessments of all forms of abuse, short and long term counselling, paediatric forensic medical examinations, crisis telephone counselling and group and family therapies. The Director of the centre informed the MOSAIC team of their referral points, the prevalence of abuse, and signs to look for if you suspect abuse may be occurring.

Approximately two weeks after the session, the coordinator received a call from one of the mentors who had attended the training session. She said she was very grateful because as a result she had picked up on some of the indicators of abuse with a family she was working with outside of MOSAIC. She was able to clearly discuss her concerns with the mother and as a result, a disclosure of abuse was made by the child to relevant authorities.

Since then, other mentors have told us how information gained through MOSAIC is being used in their personal and professional life. This is regarded by the team as a positive flow-on benefit for mentors of their training experience.

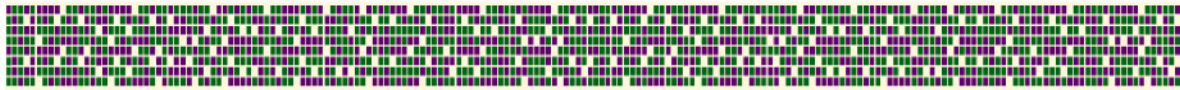
N.B The skills and information acquired by mentors during training and support sessions are invaluable. It is important however to ensure that information and resources are mailed out to mentors who are not able to attend to ensure they have some knowledge about issues relevant to the mentoring experience that may assist the women they are supporting.

Women's Right to Self-determination/Mentor Mothers' Realistic Expectations

No one likes being told what to do. When a woman has experienced abuse within her relationship, it can be very difficult for her to make decisions in relation to herself or her family. Some women **have never** been able to make decisions for themselves or their families while living in an abusive relationship.

It is very important that Mentor Mothers have realistic expectations about the mentoring role and the women they will be supporting. We must not expect Mentor Mothers to don capes and save the world. Their role is simply to listen, support and provide options to the women they support, not to tell them what to do.

MOSAIC actively encouraged women to take control of their decision making and their lives. It was therefore important for the mentor mother to provide options or ideas to the woman but not to make any decisions for her. Nor should the mentor mother get angry, upset or frustrated if the woman chooses not to follow advice that has been offered.



Women who are empowered to make their own decisions are more likely to be confident with these decisions and it is less likely they will feel resentful or frustrated at being forced to make choices they would not normally make for themselves.

Empowerment is more likely to occur if the woman is provided with information and options without the pressure to act on any of these until she is ready to do so.

I know I am so different to what I was 12 months ago. I was a blubbering mess when I first started but now I feel normal. At the start it was a lot of tears and a lot of crisis. My old self has come back out now, this is the old me, independent, self righteous and free - Magda.

I would love this project to keep going because from my own experience it has been powerful. It has given me a voice and confidence. I would love to mentor now, to give back to other women. I have shared the information that Leah gave me with others, neighbours and women in my hairdressing class. I no longer argue with my ex on the phone when he abuses me... I just hang up - Rayleen


Talking about difficult situations

It is important to recognise that as women, we have spent a life time “living” and as such have ‘lived’ experiences. Some of these are pleasant, and many not so pleasant. In order for us to lead happy lives, we often suppress or “block out” traumatic or uncomfortable experiences. These experiences may remain locked within us forever, or they can re-emerge through the shared experiences of others. Some women have never experienced extreme trauma in their lives and can become quite distressed after hearing the stories of other women.

Working with women who may have experienced extreme abuses in their lives (child sexual assault, abuse or neglect, domestic violence, rape, torture etc) may impact on the mentor’s health and well being. Vicarious trauma is a very real condition associated with hearing and sharing in the distress of others, particularly in the social sector. The Project Coordinator should be aware of “vicarious trauma” and ensure systems are in place to support the mentor and allow discussion and support where required.

It is important that systems for support include:

Opportunities for discussion and support being available for the mentor mothers should the need arise; and that such opportunities are provided in a timely manner (immediately after the Coordinator has been made aware of the issue) whether via telephone or face to face – depending on the



needs of Mentor and the impact on her well being. Follow up counselling should be considered where required

Program Flexibility

One of the great benefits of MOSAIC was its flexibility. A women's circumstances changed, MOSAIC adapted to suit the new situation. For example a woman may have been experiencing violence within her relationship when she was first referred. With support she may have either taken measures to protect herself and the children or left the relationship entirely. The woman received support through this transition as other issues arose. This could include finding new accommodation, utilizing police, legal or court systems to gain protection, parenting issues as a single mother, finding work etc. Unlike existing domestic violence services, women were not exited from the MOSAIC as soon the violence had ceased.

Safety Planning

As outlined above, all MOSAIC mentors were given pre-paid mobile phones for their safety and ease of contact with their mentee. Mentors were encouraged not to put themselves at risk by attending the referred woman's home while the woman's partner was present. She was asked to ring or text prior to the scheduled meeting (using her MOSAIC phone) to check that the referred woman still wished to meet and that it was safe to do so.

While most referred women had informed their partner of their involvement with MOSAIC, some women chose not to share this information for whatever reason. It was important to the trust relationship that involvement was not disclosed, if that was the woman's choice. MOSAIC was not a family support service and as such was not intended as a support network for the whole family.

Mentors were asked to contact the coordinator at any time they felt that their safety or the safety of the woman being supported might be at risk, so a planned action could be considered. This did not necessarily mean that the match would be terminated, but other venues and practices for meeting might be needed to ensure the safety of all involved; for example meeting at a coffee shop, park, playground, or library.

Mentors received training in the development of basic safety plans, so that they could discuss these with women as appropriate. Mentors could then go through a set of questions with women: Is the woman currently safe, who can she contact for immediate assistance, what might be the longer term planning for ending the relationship (where can she go, who does she need to talk to; to enable this to happen safely, information on legal options and rights for herself and the children), emergency escape plan (opening a separate bank account if possible, have money and a change of clothes, important phone contact numbers, documents and photographs etc stored at a trusted friends house

for example), how to keep safe if an argument erupts that may escalate to violence (e.g. try to avoid arguing in a kitchen or enclosed space, position yourself near a door or other escape route etc).

If a situation arises where the safety of the mentor, the referred woman, her children or the program is compromised, the match can be terminated if safety options cannot be resourced. In this extreme situation, the Coordinator should document the incident and review and report to the relevant authority if deemed necessary.

Steps for handling difficult issues

On occasion during MOSAIC, difficult situations arose that had not been considered at the outset. Other situations were considered during the preparation of this manual that could have arisen during the project, but thankfully did not.

It is important that policies and procedures in dealing with these real or imagined events are developed - as far as possible - prior to commencing a mentoring program. If mentoring is being set up in an existing service, some of these policies may already exist and can be incorporated.

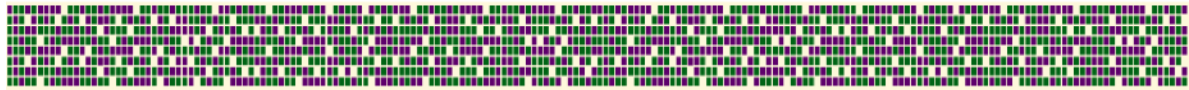
We have listed below possible scenarios to be considered when developing a mentoring program for women experiencing abuse..

MOSAIC protocols attached in the Protocol section (pp 52 onwards) cover some of these events; however additional protocols may need to be developed by the service introducing mentoring, if none exist to cover these scenarios.

Possible scenarios

Mentor fails to report disclosed abuse of referred woman or child to coordinator – It is important to the safety of children that any disclosures are acted on at the earliest possible moment. Training about child abuse and processes for dealing with disclosures need to be a vital part of initial training. Sound protocols, (ref MOSAIC child abuse protocol) and procedures need to be developed and presented during training to enable mentors to deal with this issue in the most appropriate and supportive manner.

Mentor acts outside set boundaries – Clear boundaries must be developed around what a mentor can and cannot do while supporting women. For example, because it was not expected that mentors would babysit for women they were supporting, no policy around this was developed until the coordinator became aware that this was occurring through information recorded on a weekly contact sheet. This situation was very quickly and efficiently resolved at that point. However with hindsight, this should have been dealt with through the development of a policy and included in the initial training. Other scenarios' such as consumption of alcohol etc should be defined in a code of



behaviour signed by the mentor prior to their engagement in mentoring activities [This is an example and MOSAIC was lucky enough not to have this situation arise]

Mentor at risk – Mentors are asked not to put themselves at risk at any time during the match period. A risk assessment education process should be included in the initial training program to ensure mentors are aware of safety strategies.

Mental health of referred woman or mentor deteriorates and termination of support is imminent – It has been clearly documented that domestic violence has a profound influence on women's mental and physical health. There are times when this, or a pre-existing condition may result in a woman experiencing an episode of being mentally unwell. If this is a minor break down, mentoring can re-commence when the woman is well enough to proceed. However, a severe episode may result in the woman discontinuing with mentoring or jeopardise a mentor's safety. If this occurs the coordinator should support the woman and the mentor through the exit procedure.

A mentor mental health issue. If this happens and the mentor is clearly not well enough to proceed in her role, then the match should be terminated and a rematch made at the earliest possible opportunity with a new mentor. MOSAIC had a mentor who had experienced clinical depression during the mentor period. She recognised that she was not able to continue in her role due to the on-going depression combined with the side effects of the medication and so resigned from her role.

Some of the situations listed above may only require a simple procedure but appropriate handling , while a disciplinary process may be required for others, depending on the severity of the situation and its overall impact on the woman utilizing the service, or the service itself. For example if a mentor acts outside the agreed guidelines, but this does not have ongoing impact, a discussion on why the rule exist may be sufficient. However if the mentor's actions are highly inappropriate and likely to have ongoing impacts, a more formal procedure for dealing with the situation may need to be implemented.

N.B Serious criminal behaviour should be addressed under the services' duty of care process and reported to the relevant authority.

Sourcing mentor resources

Mentors in MOSAIC were provided with local information and flyers for services and programs likely to be useful to the women being supported. This is likely to be helpful in any mentoring program. . If additional information or needs arise for a particular woman, the Coordinator may resource information specific to the issue that has arisen. The internet has become a great resource option, however caution must be taken to ensure that these services/programs/projects are genuine and appropriate.

Where women are given web addresses to access their own information, it is important to ensure they are aware of safety strategies to ensure their partner will not track their movements on the internet. The DVRCV (Domestic Violence Resource Centre Victoria) <http://www.dvrcv.org.au/> and



Women's Health West <http://www.whwest.org.au/famviolence.php> both have excellent tips on safely accessing information through the internet.

Referral Points – Community Contacts and what they offer

During training, the mentors can be introduced to a variety of services that exist in the community.

These include:

- domestic/family violence services
- legal services
- housing services
- Centrelink services specifically for children's safety or wellbeing
- drug and alcohol services
- counselling services
- grief and loss programs
- active groups i.e. breaking free, parenting after violence
- women's health and well being services
- Neighbourhood Houses
- Immigrant Women's Domestic Violence Outreach Services, etc.

Some services can be invited to provide a basic outline of what they do and who their target consumer may be, plus expected waiting times and referral processes.

N.B Training feedback has indicated that Mentors recall workers and services better if they have learnt about them through a presentation rather than just a handout or flyer. The face to face contact allows mentors to learn about, and have questions answered in relation to that service and what they provide. This information is then more likely to be passed on to the women they are supporting.

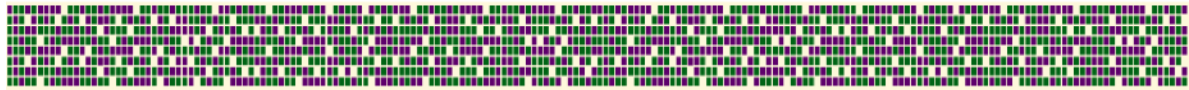
The mentor mothers were encouraged to refer women into services that could provide professional assistance when required. Their role was simply to provide available options, information about how these could be accessed and to support women should they decide to pursue these.

Ending the support period and closure issues

Closure policy and the Exit interview

The Coordinator needs to be responsible for facilitating closure with both the referred woman and the mentor. Preparation for the exit should begin from the match meeting and be outlined at that meeting, and any preparation discussed at review meetings. When the mentoring period is complete, the coordinator should facilitate the Exit interview so that all parties experience a satisfactory closure. This should include the woman being linked in with ongoing services and supports where required.

It is important for the coordinator to increase contact and supervision with the mentor during the last three months of the project to assist her to prepare for discontinuing the formal program relationship.



Without clear information about the length, of support to be provided in the program and preparation for program completion, this can sometimes be a confusing and difficult time for both parties.

Strategies such as regularly reminding the mentor that the exit date is approaching and discussions around community supports are important. This allows both parties to plan the end of contact and the service to ensure ongoing support for the referred woman through other avenues where required or requested. Mentors also need to be encouraged to gradually decrease contacts over this final period, such as switching to fortnightly visits with a phone call on the non-contact week.

While MOSAIC's intent was to finalise contact between the mentor mother and the referred woman at the exit interview, we found that on occasion the referred woman and the mentor wished to continue the friendship outside of the program . Some mentor mothers have expressed a concern that they will be letting the women down by ending the visits or that they have developed genuine friendships that they wish to maintain.

If this occurs, both parties are made aware that the friendship is being continued outside of the guidelines of the program and on women's own responsibility.

NB. Check in calls with the mentor mothers who have decided to remain in contact with the referred woman usually show that the mentor mother has continued to reduce contact with the referred woman over the longer term to occasional text message and phone contacts as both of their lives head in different directions.



Terminating a match for safety or ethical concerns

Safety

On occasion a match may need to be terminated for reasons other than the match period ending. If an issue arises where the safety of the woman or her mentor is at stake, ways of continuing the match in a safe manner will be discussed. There are times however when the safety issue cannot be resolved and the match will need to be terminated.

If a match must be terminated on this basis, it is very important that the mentor and the woman are supported very well through this process and the woman is made aware of safety options she may wish to utilise when, and if she chooses at a later time.

The woman or the mentor may wish to continue the match but if this cannot be done safely, then a duty of care to all parties to ensure a safe service must be upheld and the match terminated on this basis.

Ethical Concerns

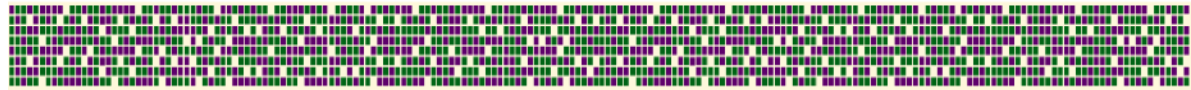
There may be occasions when a match must be terminated because concerns arise that the woman or her mentor are acting outside ethical guidelines. This includes any misconduct that puts the woman, her children or the service in danger or disrepute, such as using legal substances like alcohol in excess, or acting in contravention of any policy that may be in effect - for example using illegal substances, or having a relationship that could be deemed inappropriate with the woman or an extended family member.

Once again, if the misconduct implies criminal behaviour, the police should be contacted.

Mentors leaving the project

There are times when a match is terminated as the mentor is no longer in a position to continue mentoring. Generally this is because the mentor has found paid employment or wishes to undertake part time or full time study. Other mentors may not be able to continue due to changed family circumstances, and some because mentoring was not what they were wanting or expecting.

It is normal in all areas of paid and unpaid employment that workers/volunteers leave their current position to pursue new and more challenging roles. Whatever the reason for a mentor leaving the program, it is important that an exit interview is offered so that feedback can be gained about how the mentor viewed her role and the level of satisfaction (or dissatisfaction) she experienced as a mentor. .



Evaluation Processes

When conducting any program of support for women experiencing violence, it is important to have a clear evaluation process that will allow the Service and the Coordinator to assess progress from referral right through to completion of mentoring.

MOSAIC utilised a multi level on-going review process.

Process evaluation

This included review of the weekly contact sheets submitted by the mentors, written reviews as conducted by the coordinator at regular interviews during the match period and written notes from the final exit interview.

During this process, the referred woman was asked a series of questions in relation to the match and its progress, and asked the woman if she wished to continue in the project on each occasion. This allowed the woman an opportunity to discuss any issues she may have been experiencing with the mentoring process and also an out if she wished to exit earlier than the agreed exit period.

At the exit interview, women were asked questions relating to their overall experience of mentoring, including perceived benefits, difficulties or other issues. All information collected was hyperlinked to the data base in the woman's file. A similar process was conducted with the mentors.

Impact and Outcome evaluation

MOSAIC was part of a research study which surveyed mentored women and compared their health outcomes with women who were not mentored. At the time of writing this manual, the final results are not available. However, we also interviewed women in depth. It would be costly for an ongoing program to do this for all women mentored, but other options are available. Anonymous postal surveys (with return postage provided) could be used to assess program impacts for women at regular intervals or telephone interviews undertaken by an external consultant would also be possible. Websites can also allow women to provide feedback at any time if they so choose.

MOSAIC Coordinator's final note

Overall, the feedback from the exit interviews showed MOSAIC in a very positive light. All of the women who finished the 12 month support period felt that mentoring had been beneficial to them and kept them focused, as can be gleaned from the positive quotes throughout this document. The majority of the women who participated in the study felt supported to make decisions in relation to themselves and their children, gained personal strength and courage from their mentors when they needed it, and stated that they felt better equipped after the intervention to face life's challenges.

CALD considerations

The feedback from the Vietnamese women reflected closely that from non-Vietnamese women in MOSAIC: Vietnamese women stated that participating in MOSAIC had been a positive experience for them, as the following quote illustrates:

She had compassion...! could tell her anything, she is very trustworthy... (she gave me) happiness helped me to have more energy... she would always compliment me... encouraging me...we are very compatible - Hua

A person who had never known me... she would keep my secret... !n that role ! felt safe to tell her what had been ...in my heart'... she lifts my spirit...! was unravelling the knots in my mind - Lien

Regardless of the circumstances we all face each day in our lives, it is good to know that someone is there for us to talk to, to support us and let us know that we are doing OK.

This project has been very beneficial for me. !t has been nice to know that someone is there for you if you need it. Just to give you some encouragement as a single mum. You have some doubts, so having another mum say you are doing the right thing makes it feel better. ! have been lucky because there has been no more violence since ! took out the intervention order and ! only have to see him when we change over with the kids. ! still get the abusive phone calls occasionally when he gets trashed, but ! don't let him get to me anymore and ! just hang up and leave the phone off the hook. ! have really enjoyed the program and hope it can be funded so it can help other mums like me who have had a violent relationship and would benefit from extra encouragement and support - Gail.

What has been gained by the mentoring experience? !t has been nice sharing my experiences with someone without being judged. ! now know that ! am not 'loony' and the violence was not my fault. ! feel like ! am more in control of my life now. Abigail was fantastic; she listened to me and offered options to help me through the bad bits. She was reliable and we met regularly and she also texted me during school holidays to make sure ! was ok. !f ! sent her a message saying ! was not doing so well she always rang me to let me talk the problem through. ! would recommend this experience to anyone who is experiencing violence and needs someone to talk to. – Leanna



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APPENDICES:

Appendix 1: Payment schedules

Mentor definition for payment purposes

MOSAIC Mentor Mothers were trusted community women who offered supportive friendship, or mentoring, for two hours per week for twelve months. Mentor Mothers are given the option to support more than one mother if they are able. Any one Mentor can have a mix of volunteer and paid status if supporting more than one woman. The first match would be voluntary (unpaid) and all subsequent matches are offered as a paid match, as a reflection of the additional time this would involve (see table 1). MOSAIC acknowledges that while not all volunteers will wish to claim out-of-pocket expenses, some people are precluded from volunteering if reimbursement is not offered.

Return of hours worked – Casual employees

All matches other than the first Match is paid at a maximum of 2 hours a week at university general staff HEO4 hourly rate . The two hours does not include travel time. Travel costs (but not travel time) are reimbursed for all matches if a *La Trobe University Private Car Travel Claim* form is lodged (see 2.2.b & c).

It is acknowledged that some weeks may require additional support beyond the two hours but other weeks may have fewer contact hours or no contact hours. This should be monitored by the mentor mother and supervised by the mentor mother coordinator, to average out to two hours per week. Accurate records of time contact should be recorded on a La Trobe University *Return Of Hours Worked – Casual Employees* claim form (see 2.2.c). The original signed form (not a copy) must be lodged fortnightly, coinciding with the La Trobe University's pay week- (see attachment for dates).

Mentor Mothers are required to undertake five days of training (one day a week over 5 weeks) before they commence their role. This training is paid at a HEO1 hourly rate (see table 2).

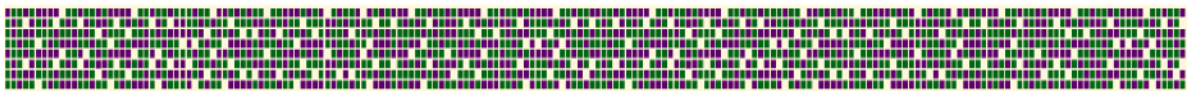
Table 1 General Staff- Casual Classification

Classification	1 July 04	9 July 05	7 Jan 06	8 July 06	7 July 07	5 July 08
Casual HEO1	\$17.66	\$18.19	\$18.92	\$19.68	\$20.27	\$21.08
Casual HEO4	\$23.08	\$23.78	\$24.73	\$25.72	\$26.49	\$27.55

Private car travel reimbursement

Volunteers

Mentor Mothers who are supporting women within the MOSAIC project in a voluntary (unpaid) capacity will be reimbursed for the total travel to and from their visits and any travel while visiting. If



unexpected travel is known in advance please discuss this with the MOSAIC Mentor Mother coordinator for approval. Volunteers are asked to take reasonable care to minimise travel if possible.

Paid Mentor Mothers

Mentor Mothers who are supporting more than one mother and are paid for their matches are only reimbursed for travel within the project zone to a maximum of 35km for a round trip. See a mentor mother coordinator for further explanation if required.

Discretionary Funds

In addition to other remuneration the MOSAIC team have access to a very limited discretionary provision of funds for exceptional circumstances. These are allocated on a case by case basis and are to be taken to the team meeting for approval by the MOSAIC coordinator when there is an exceptional situation. For example: this may include additional hours claimed due to a critical incident or provision of increased claimable kilometres due to unavoidable distance of match. This needs to be approved by coordinator in advance. The discretionary provision of funds does not include financial support for family.

Approved:-

Name:

Signature

Date ____/____/____

Date for Review:- ____/____/____



Appendix 2: MOSAIC Mentor Mother Safety Protocol

This protocol has been developed as a guide for mentor mothers. Underpinning is a preventative model in an attempt to avoid any critical incidents.

IDENTITY.

Please **do not** give your last name to the mother or any member of the family – particularly when visits first commence. At a later stage, in consultation with the Coordinator, it may be possible to do this.

Do not give your home phone number. Please use only the mobile **phone** provided by the **MOSAIC Project** or telephone from the Project office.

If you need to make a phone call from another phone, please use the **Line Block 1831 (Telstra or Optus)** by dialing this number before the number that you require to call. It is important to be aware of the Caller I.D. features that are now available on most phones, features that could be used to identify you and **possibly** put you in danger in the future. (It is better to take the safe option of prevention.)

If a mother's situation is known to be potentially dangerous and a male person answers the phone, it is important not to identify yourself or the project – and please don't just hang up as this could have negative results for the mother.

INSTEAD:

ask for someone by name who you know does not live at the house, and when the person says they do not live there, then say sorry, you must have the wrong number and hang up. (Be careful not to use this again.)

say that you are doing a survey for RACV, an Insurance Company or a known organization and that you want to speak to a female householder who is between 20 and 40 years of age

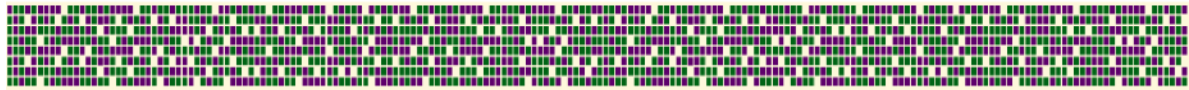
HOME VISITS/CONTACT VISITS

Times for home visits can be mutually agreed upon. It is hoped that they will be during the day.

Safety issues can be discussed prior to the first visit – at the match meeting or the phone call after that. It should be known whether a partner is aware of the visits and/or the project and his attitude towards same.

If a situation at any time feels uncomfortable/unsafe, for example. yelling, drunken or drug induced behavior, **EXIT IMMEDIATELY** and contact the Coordinator.

If contact is outside the home due to the mothers request or for safety, choose a public place such as a café, restaurant, shopping centre or an open/well located public park. Remember good public places to meet have more than one entrance/exit and are visited by many people (not isolated). (If there is any evidence of drug dealing by others in the house it is important to visit outside the home.)



If there is reason to think that the home may become unsafe, leave all personal items such as your bag in the car and just take in your keys. (If for example you have to leave in a hurry you won't leave identifying items behind if you haven't taken them in. etc.)

Park your car somewhere other than the driveway to ensure your car is not blocked in by someone else if there is a need for you to leave quickly.

If a mother contacts you and identifies that she is a danger to herself (ie: perhaps has overdosed) reassure her, tell her that you are calling an ambulance and do so immediately. (this is most unlikely, but could happen and specialist services are required)

CAR SAFETY:

Young children are required to be appropriately seated in car seats if/when transporting your family. The project has some to lend out if required.

MONEY:

It is important that MOSAIC Home Visitors do not lend or give money to the mothers that they are supporting. Please discuss with the coordinator if there are financial difficulties and assistance will be sought.

LOSING CONTACT:

If for some reason contact is lost with the mother

low key greeting messages can be left on her mobile phone provided she is the only one who uses the phone

a greeting card can be sent in the mail

If safe to do so, call by the home.

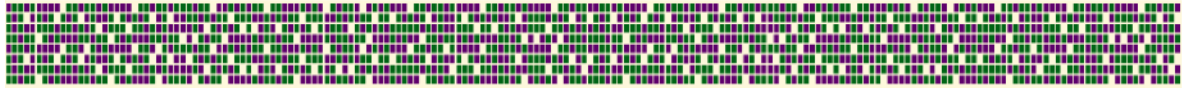
Please inform the Coordinator if this occurs. Remember that women referred to the project have the right to withdraw from the project at any time, and these decisions and their privacy must be respected.

Approved:- Name

Signature

Date: _____ Date for

Review:



Appendix 3: Confidentiality & Privacy Agreement

To be read and signed by each volunteer or staff member.

During your time with ***The MOSAIC Project***, you will come into contact with information that must be kept confidential at all times.

Confidentiality is the preservation of personal information concerning a person and their family, which is disclosed in the course of providing a service for ***The MOSAIC Project***.

It is each person’s responsibility who has access to specific information regarding families/volunteers/staff involved with ***The MOSAIC Project*** to ensure they do not discuss such information away from the premises, **except** where it is considered necessary for the protection of a member of that family, when information will be shared with the appropriate authority.

Any breach of confidentiality may result in termination of service/placement

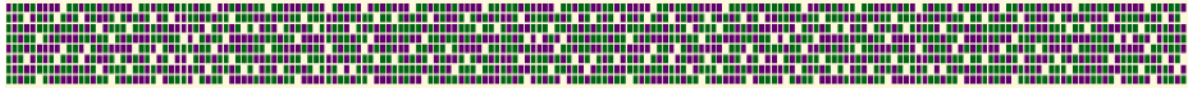
I have read
 (full name)

the above and agree to maintain the ***MOSAIC Project*** policy on privacy and confidentiality.

Signature Date

Witness Date

Position



Appendix 4: MOBILE PHONE USE AGREEMENT

To be read and signed by each volunteer or staff member.

One of the important components of the project is the provision of a mobile phone for MENTORS to have safe contact with the referred mother they are matched with. This is to ensure that the volunteer has some anonymity for her own family in case there are any concerns along the journey of contact but also ensures that phone usage and reimbursement can be easily monitored. While mentoring within **The MOSAIC Project**, you will be issued with a mobile phone to use strictly for the MOSAIC project. This phone will be in your possession for the length of time you are mentoring within the MOSAIC Project.

It is each persons responsibility to take reasonable care for the mobile phone they are issued. This includes restricting use to a reasonable level. There are very limited funds for this purpose.

Misuse of the mobile phone may result in the loss of this item or jeopardise your involvement in the MOSAIC Project

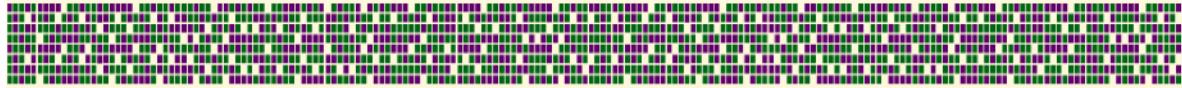
The details of the phone I have received are:

I have read

(full name)

the above and agree to maintain the **MOSAIC Project** policy on mobile phone usage.

Signature Date



Appendix 5: Transporting Children in Mentor's Vehicles

This protocol is to advise staff and MOSAIC Mentor mothers about the process required in the event they choose to transport MOSAIC referred women and their children during the course of Mentor support activities.

Mentor mothers are **not required** to transport referred women or their children as part of their support. However if they choose to do so, MOSAIC does have car seats that can be loaned to the Mentor for this purpose.

MOSAIC coordinators strongly encourage Mentor Mothers to facilitate outings with the referred woman where required to decrease the isolation sometimes associated with parenting young children. We suggest that where practical, Mentor Mothers take public transport with the referred woman to pre-organised outings. MOSAIC will reimburse the costs associated with this when the receipt is lodged with your travel claim form.

To ensure that referred women and children are transported in relative safety, it is important that the vehicle is covered by third party insurance and that any child safety seats that may be required are fitted according to manufacturer's instructions. **Please note: it is against the law to transport babies and young children in a vehicle that is not fitted with age appropriate restraints.**

MOSAIC does not ask or expect Mentor Mothers to transport children in their own vehicles, however if they choose to, please ensure you have age appropriate and properly fitted restraints installed in the vehicle.

MOSAIC has two car seats that can be borrowed for the purpose of transporting infants and toddlers; however this must be fitted in the correct manner and returned to MOSAIC in good condition and within a clearly stated time frame.

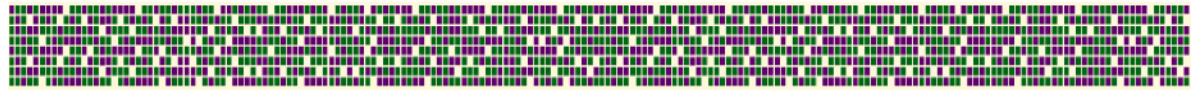
MOSAIC Coordinator will record any car seat loans against the name of the borrower in the library/resource book along with the due date for return. The coordinator entering the loan information is responsible for checking that the borrowed item is returned.

MOSAIC cannot accept any liability for improper fitting or misuse of child seats/restraints provided by us.

MOSAIC will provide advice on the procedure for correctly fitting the restraints where requested. The Australian standards in relation to seat/child weight ratio should be followed I have listed them below as a guideline.

Baby capsules are suitable for baby's newborn to approx 9kg.

Convertible Car Seats can be used for newborn to 8kg when fitted in the reverse position (e.g. baby faces the rear seat of the vehicle when seat is installed in this position).



Babies over 8kg can be placed in the Convertible seat facing forward (Please ensure the restraint straps in the appropriate position for the infants weight and height). This will suit the baby or toddler until they reach approximately 18kg.

Booster seats can only be used by young children over 18kg. MOSAIC does not have a supply of child booster seats.

Appendix 6: PDF of other protocols



3.1 MOSAIC Worker Safety

It is acknowledged that working in the area of family violence poses many challenges for staff. Working with women who are experiencing violence means that staff may also experience or witness behaviours and situations that have a negative impact on their wellbeing, both physical and emotional. Promoting staff safety means implementing strategies that promote both physical and emotional safety.

Key concepts relevant to worker safety include Unacceptable Behaviour and Occupational Violence:

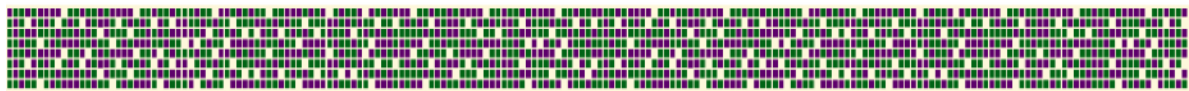
Unacceptable behaviour is defined as any behaviour which, whether over the phone or in person, distresses staff or clients or places anyone at risk of emotional or physical harm. Unacceptable behaviour includes: verbal or physical threats; intimidating behaviour such as invasion of personal space; brandishing an implement or weapon of any kind; verbal abuse; and yelling or aggressive swearing (Berry St. Victoria definition).

and

Occupational Violence includes a wide range of behaviour and motivations that lead to either physical attack or injury to persons. Threats of violence can include statements or behaviour that causes a person to believe they are in danger of being physically attacked or of being injured as a result of a violent act.

However, no single definition can adequately cover all situations and in determining whether violence or a threat of violence has occurred, the nature and context of the behaviour and motivations needs to be considered (LaTrobe University, Prevention of Occupational Violence Procedure)

- *The intent of this protocol is to outline procedures to manage risks to worker safety from unacceptable behaviour and occupational violence while undertaking MOSAIC business involving study participants.*
- *This protocol also outlines procedures to promote staff health and manage the risks to worker health of undertaking MOSAIC's challenging work with women experiencing family violence*



MOSAIC PROTOCOLS

1.5 CRITICAL EVENT MANAGEMENT

The intent of this protocol is to outline procedures relating to managing "CRITICAL EVENTS" occurring in the study.

To be read in conjunction with the following protocols:

2.3 Mentor Mother Safety

3.2 Worker Safety

Attached advice from LaTrobe University Human Research Ethics Committee (HREC)

The agreed MOSAIC definition of a critical event is "anything that causes a participant, mentor, staff member or referrer (if we hear about it) to feel unduly anxious, distressed or fearful, or to experience any physical injury or threat, and it is due to their involvement in MOSAIC that this has happened to them".

- All events that fit the above definition should be regarded as "critical events".
- All critical events should be discussed with the Principal Investigator and entered in the participant form of the MOSAIC ACCESS database. This ensures that the project retains this information whether or not it results in project response.
- When critical events involve *staff or mentor mothers* they risk compromising staff and mentor mothers' occupational health and safety. Such events are considered "Critical Incidents" under LaTrobe University's Occupational Health and Safety Policy Manual and procedures as outlined in this manual should be adhered to (refer to MOSAIC Protocol 2.3 Mentor Mother Safety and MOSAIC Protocol 3.2 Worker Safety).
- When critical events involve *participants*, the relevant staff member should discuss the issue with the MOSAIC Principal Investigator and a plan developed to ensure that the impact on the participant is minimised, that the likelihood of the event recurring for that participant is minimised and that MOSAIC takes any action needed to minimise the risk of a similar event occurring for other participants. The ethics committees approving the MOSAIC research project should also be made aware of the issue to keep them informed.



Suicidal ideation

This protocol is to advise staff and mentor mothers about what they are required to do in the case of a woman expressing thoughts of suicide. La Trobe has a duty of care to its mentors/staff and must insure that incidents are reported clearly and as soon as possible after the event. Coordinators will have had additional suicide prevention training (e.g. WIRE Team Leader training).

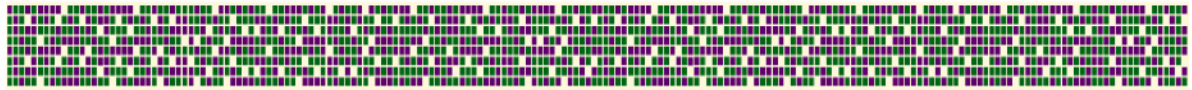
Some people consider that Suicide is a taboo subject in our society. Like depression, it is associated with the experience of partner violence and therefore it is possible that a woman might speak to her mentor or potentially to a research staff member. Suicidal thoughts may not represent a crisis or urgent situation, but it is always serious as it indicates that the woman is very distressed.

It is important to establish the level of risk and safety at the time, but following this, to report back immediately to the Coordinator for support and follow up. The coordinator will report the incident and any actions taken to Angela Taft or another chief investigator, as a disclosure of suicide or self harm would be classified as a critical event and must be recorded on the database as a critical event.

If a woman talks about 'it all being too much' and she 'wants to put an end to it' or gives a mentor or staff member the strong impression she is suicidal or speaks about feeling suicidal, the following should be put in place.

Mentors/staff

1. If the mentor/staff member is either on the phone or with the mother at the time she speaks about suicidal thoughts, the mentor/staff member should ask specifically about what the woman means and whether the woman plans to suicide and has the means to do so. If the woman says yes, the staff member/mentor should express her serious concern about the woman's well-being and that she will ring the MOSAIC Coordinator immediately. If the woman intends to follow through with her plan immediately, 000 should be contacted prior to contacting the coordinator.
2. If the mother says she has not made specific plans and/or does not have the means, the mentor/staff member should reiterate her concern for the mother and ask to make a time when the coordinator can call her and speak about this issue further, as the coordinator has had specific training to respond to her needs. The coordinator will contact the ambulance service or police if deemed appropriate.



MOSAIC Staff Response to Child Abuse Protocol

This protocol outlines what MOSAIC staff (Researchers and Coordinators) are expected to do in a situation where there is any concern about possible sexual, physical or emotional abuse of a child. MOSAIC, as a La Trobe University study, has a duty of care to ensure that any concerns or actual incidents of child abuse are adequately responded to as soon as possible after the event. This protocol is underpinned by the principle that all children have the right to be physically and emotionally safe at all times.

Action Steps for MOSAIC Staff

Within 24 hours of a reported concern or disclosure about possible child abuse from a mentor or researcher, MOSAIC Coordination staff will:

1. Determine what is known about the incident or context contributing to concerns about potential child abuse;
2. Assess what assistance is immediately required;
3. Identify the view point of the mother (if she is not the abuser) in relation to the incident and her potential preparedness to take necessary actions;
4. Inform a MOSAIC Chief Investigator (CI) about the incident and intended actions;
5. Determine and implement the best course of action with agreed timelines with the CI, mentor and preferably mother (if appropriate);
6. Provide appropriate reassurance & de-briefing to Mentors and Mothers and researchers if involved;
7. Document all actions taken in the database and especially critical incident section.

Within 48 hours of a reported concern or disclosure about possible child abuse MOSAIC Coordination staff will:

8. Follow up with the mother and mentor to establish their safety and progress on the agreed action plan;
9. Up date the CI on the progress of the matter and contact made with the mother about her child;
10. Ensure that the Critical Event Report is completed and filed on the MOSAIC data base;
11. Check regularly with the mentor about the progress of the mother and the safety of the child.

Expectations of MOSAIC Staff

- A disclosure of child abuse would be classified as a critical event and must be responded to, and recorded on, the database as a 'critical event'.
- Staff are required to implement the outlined actions steps within the specified time frames in response to possible child abuse concerns.
- Researchers should relay any concerns about a child in the MOSAIC study to Coordinators.