Family Life
Support4Change Program Agreement

This document is an agreement between the Support4Change Program (S4C) provider and the participant named below.

The purpose of this agreement is to outline the expectations and commitments required for participation in the S4C program, aimed at promoting healthy and respectful non-violent behaviour and enhancing family safety. This agreement needs to be completed with participants entering the S4C program.

I, _____ (client name), hereby acknowledge and agree to the following terms and conditions of my participation in the S4C program at Family Life:

Program Requirements and Expectations

- I agree to complete: one (1) assessment, four (4) x two-hour group sessions and two (2) individual sessions (one prior and after 4x group sessions) of the S4C program **OR** (delete which is not relevant), Four (4) individual sessions (as determined by the Family Life assessment team).

- I agree to participate actively and constructively in the S4C program, discussing the lead up to my participation in the program while reflecting on and learning from my behaviour. I commit to being open and honest, focusing on personal growth and taking responsibility for my actions.

- I commit to exploring and sharing my thoughts, feelings, and beliefs, and understanding the impact of my actions on others, guided by the principles of equality and mutual respect.

- I understand that the S4C program practitioner will work with me to focus on my choices and behaviour and the impact this has had on others. I understand that this will also involve discussing how I can stay safe and respectful and help me develop respectful and non-violent relationships.

Non-Attendance

- If I am unable to attend the assessment, a group or individual session or if I experience any problems or concerns related to my participation in the program, I agree to inform my S4C practitioner as soon as possible. I understand that I will be asked for my reason for non-attendance and documentation to support my absence.

- I acknowledge that consistent attendance is important for the success of the program. I understand that after two non-attendances from the S4C program, no matter the reason, I will be exited from the program and the matter returned to court. Based on the reasons for the non-attendances, the matter may also be referred to Victoria Police as a breach of a counselling order, which is a criminal offence under section 130(4) of the Family Violence Protection Act 2008.

- I understand that if I fail to attend a group session, I will be placed into a make-up session. I understand that this session is unable to be moved or altered and failure to attend this make up session or any individual sessions after missing a group session will result in non-completion of the program.

- I understand that if I fail to attend the assessment or an individual session, I will be offered a final opportunity for a further session, however if I fail to attend any further group or individual sessions this will result in non-completion of the program. I am aware that I cannot miss both a group and individual session as this would be considered two non-attendances and would result in my removal from the program.

- I agree to attend each session on time, and I understand that entry to either group or individual sessions will **not** be permitted if I arrive more than 15 minutes late, resulting in being marked as an

absence. I also agree to stay until the end of the session. If I need to leave early, without prior written agreement, I understand I will be marked as absent from the session.

Client Responsibilities

- I agree to commit to working on developing relationships based on respect and equality by treating everyone fairly, listening, and finding non-violent, safe, and respectful ways to overcome any conflicts or challenges.
- I will aim to create a nurturing, safe environment for my family, including my current or former partners and all children in my care.
- I agree to be respectful to all Family Life staff, observers and to other program participants, and to refrain from using disrespectful, abusive or threatening language or behaviour. If I use disrespectful, abusive or threatening language or behaviour I will be issued with a warning and if this behaviour continues, I may be removed from the group session, which will result in an absence from the session.
- I accept that abuse and/or threatening behaviour may result in an immediate and permanent removal from the group and program without any prior warnings, and a return of the matter to court.
- I agree to attend the program without being under the influence of alcohol or other drugs. I understand that if I am under the influence of alcohol or other drugs I will be asked to leave, which will result in an absence from the session.
- I understand that the success of the program will depend on my willingness to actively participate and to make changes in my behaviour. Additionally, my participation in this program is not a guarantee of any particular outcome, and that I am responsible for my own actions and decisions. I am aware that I can contact Family Life for referrals or extra resources to support my participation in the program at any time.

Program Commencement

- I understand that after my assessment, I will be provided with a group start date. Once a start date has been confirmed, I understand that I am unable to change my group date and will need to be available for the four (4) group sessions. While Family Life offer a range of times and dates, I understand that I will be placed into a group based on group availability within a certain timeframe and this is not able to be changed.
- There may be times that Family Life is required to change locations or details of groups. This can be unavoidable, and Family Life will make contact as soon as possible with any changes.

OR

- I understand that after my assessment, I will be provided with a date and time of the first individual session. I understand that if I fail to attend an individual session, I will be offered a final opportunity for a further session.
- There may be times that Family Life is required to change locations or details of a session. This can be unavoidable, and Family Life will make contact as soon as possible with any changes.

Confidentiality, Documentation, and Records

- I understand case notes will be written about my participation in individual and group sessions and this information will be kept confidential, except in cases where disclosure is required by law or where there is a risk of harm to myself or others.
- I understand that upon request I will be provided with a letter of attendance and engagement after assessment and at the completion of S4C program.
- I understand I can request a copy of this agreement and my safety plan for my records.

Family Safety Contact

I am aware of and consent / agree to:

Family Safety Contact is a process designed to prioritise the safety and well-being of your family members, particularly those who may have been affected by your actions or behaviours. This process involves:

- Family Life contacting the person affected by your use of violence to ensure their safety and well-being, noting that resource and referral pathways may be offered.
- Information sharing in relation to your attendance, participation, and any risk issues with the family safety contact person.

I acknowledge and understand the family safety contact process and agree to report any change in family safety contact numbers during my participation in the S4C program.

Name:

Address:

Phone No/s:

If the contact details of the Affected Family Member have not been provided document the reason:

_____

At Family Life we prioritise your privacy and confidentiality. However, there are specific circumstances where we may need to disclose information such as the following circumstances:

- Where you threaten the safety of yourself or others.
- Where child abuse or neglect is disclosed to staff.
- Where staff are subpoenaed to present evidence to a court of law.
- Where information sharing with entities prescribed under law is permitted in accordance with the Victorian Family Violence Information Sharing Scheme, for the purposes of protection or risk assessment, or the Child Information Sharing Scheme, for the purpose of promoting the wellbeing or safety of a child or group of children.

By signing below, I acknowledge that I have read and understand the above terms and conditions, and that I agree to abide by them during my participation in S4C program at Family Life.

Client Signature: _____

☐ Tick if verbal consent is provided & (practitioner) to sign below confirming verbal consent

Practitioner Signature: ----------

Date: _____

A copy of the agreement must be provided to the client, please tick the box below once this has occurred.

Yes ☐