Summary of Findings and Recommendations

Keeping Safe Together

Independent pilot program evaluation 2019

Keeping Safe Together pilot program was developed collaboratively by Women's Health West, LifeWorks, Bouverie Centre, Good Shepherd, MacKillop Family Services and CatholiCare. The program is delivered by Women's Health West, and LifeWorks

Acknowledgements

The Keeping Safe Together program evaluation summary of recommendations has been prepared by members of the research team at the University of Melbourne.

A special thank you to the program facilitators and program participants who have given their time to be involved in this evaluation.

In particular it was a privilege to meet with the courageous children and young people participating in the KST program and a credit to the work that has been provided to them by the program team.

Project Team

Ms Anneliese Spiteri-Staines
Dr Kristin Diemer
Dr Deb Absler
Professor Cathy Humphreys

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For further information

The University of Melbourne
Department of Social Work

Ms Anneliese Spiteri-Staines
T +61 3 9035 8589
E spiteri@unimelb.edu.au

Dr Kristin Diemer
T +61 3 8344-9425
E kdiemer@unimelb.edu.au

Contents

Definitions

Domestic and family violence:

Domestic and family violence or **DFV** is used throughout this report as it is defined in the *Family* Violence Protection Act 2008 (Vic), encompassing the range of violence, coercive and controlling behaviours – physical, psychological, sexual, financial, technology-facilitated and neglectful – that are predominantly perpetrated by men against women and their children in current or past intimate and/or familial or kinship relationships.

Program participants

The Keeping Safe Together (KST) program has been developed for families experiencing DFV who would like to keep the family together, safely, in some way. The program is intended to be accessible to all family types, including those from gender and sexually diverse communities. None of the participants in this evaluation identified as non-binary heterosexual and therefore, the male participants are perpetrators and females are victim survivors. Children are included as participants in their own rights, but not all women and men are parents. At the time of involvement in the evaluation there is a mix of families where couples are actively pursuing their relationship together and others who have separated since entering the KST program. This definition may be expanded in later reiterations of the KST program.

Ex/partner

This term is used to refer to former and current partners collectively.

Overview of the client group participating in KST

Since the program started and our data collection finished at the end of May 2019, 77 families had participated in the KST program.

Key Findings

The Victorian family violence service system is a siloed system designed to separate victim-survivors from abusers in order to provide support in a safe environment, especially when protecting children and young people. Mothers are seen as protective of their children when they are willing to leave the relationship. It is in this context that women and children are eligible for programs and support. However, there are few services available for children and insufficient programs for men.

Alongside the lack of service availability for all family members, there is a large service gap addressing the needs of families who stay together or who remain in regular contact and may be ineligible for most other family violence support. The Keeping Safe Together (KST) program fills this need.

The KST program is unique in its application within the current Victorian family violence system. The main objective of the program is to work with families experiencing family violence where members want to stay together or be in regular contact. The underpinning of the program ensures safety for all where mothers, children and fathers all have separate workers. These workers place priority on the needs of their client group within a feminist framework of holding men accountable for the violence they perpetrate.

The program design brings together specialists from family violence, men's behaviour change, children's therapy and family therapy to work with the same family, *collaboratively*. While *collaborative practice* is not a new concept, implementation of truly collaborative models is rare. Because it is rare, there are few examples, guidelines and practice principles available.

While the family violence sector has advocated for collaborative practice, to work with all members of the family, it has not been well-funded historically. In Men's programs, the partner contact work receives minimal funding. Within the women's sector there are few funded positions for children's workers or funded case-management time to truly and deeply collaborate with a men's worker related to the family.

The KST program has been an opportunity for the Victorian Government to trial a truly collaborative way of working with *all of family*. Collaborative working is not simple to implement. When workers from the different sectors come together with entrenched philosophical frameworks it takes time, strong management skills and a clear purpose to negotiate the murky waters between support, collaboration and collusion.

Investment in a program such as KST is an opportunity to develop a collaborative practice framework, inclusive of women's workers, children's workers, men's workers and family therapists from the ground up. In this case, to reduce harmful impacts of family violence on victim survivors who would otherwise be ineligible for a service.

This evaluation found that without fail, everyone who came into contact with the program stressed how important it was in filling a service gap for this large group of clients. It is the only known family violence framed, feminist informed, program for 'all of family' in the north western region of Melbourne. Without it, referrers said they had nothing else to offer families.

Children and young people

The most powerful findings came from the group of eight children and young people (aged 7-15) interviewed about their experience with the KST program. They generously and openly described the importance of being involved in KST and valued what it offered: a safe, empowering space with skilled and compassionate staff where they were able to undertake a powerful and effective process of healing and recovery as they and their families moved on with their lives to a new strengthened space.

They described clearly the impact of living with violence as: being scary, feeling depressed, stressed, overwhelmed and fearful about the future.

All of the young people identified a range of positive changes that had occurred for them and that they attributed to KST. These generally revolved around feeling safer and more confident but also naming the changes they saw in their dad and their family. Children and young people were much more confident to report change as compared with the mothers and fathers.

"[Dad]…speaks softer – there is way less yelling and doesn't hit us anymore." ID C3, 8 years old

A recurring theme amongst staff was the need to pay further attention to children's voices. Of primary concern was effective ways of communicating children's experiences to both parents. While mothers were attentive and ready to take on board feedback, some staff were worried about doing this safely with fathers. There were concerns that the father may retaliate in some way, or that if children were afraid of having their feedback passed on to a parent, then they would not be willing to disclose. It was clear that significant general psycho-education about domestic violence and fathering was needed, prior to any direct feedback or sessions between fathers and children.

As there is currently only one children's practitioner (due to challenges in recruitment), there can be a long wait for children to be seen.[1] When a child does see a practitioner, they benefit from being able to lead the sessions themselves and experience a sense of control that they might otherwise lack in their lives. Much of the work with children in KST has focussed on safety. Healing and recovery would not be appropriate until there were safe boundaries with their abusive father.

It was suggested that fathers have a meeting directly with the child practitioner, without the child present. The session could be conducted in a safe manner by more generally focussing on psychoeducation about the impact of violence/abuse in the family on children. While psychoeducation on parenting is already conducted by the men's practitioner with the father, it may have added impact when the father hears from someone working directly with his child(ren).

Women

Overall, women were very positive about the program and hoped they could continue to attend. Some women had not realised that they were living with DFV prior to entering the program. Those who suspected it, felt validated by the KST staff and were learning to trust their feelings. The validation and the language around DFV provided them with the tools to seek help. This further enabled them either to arrange to leave their ex/partners or be supported while working towards a safe environment. Women felt supported by knowing that their ex/partners were being monitored. Even if their ex/partner had stopped attending KST, the woman's remaining involvement let the man know someone was monitoring her situation and any dangers to her safety.

Women attended the KST program primarily to reduce their ex/partner's use of violence and support them to repair their relationship. The potential improvement in their children's lives and in particular, improved parenting practices was viewed as a secondary objective of the program. More might be done in sessions to raise their focus to parenting practices and improving the lives of their children.

When women were asked about possible improvement of the program their suggestions centred mostly around the structure of, or access to, the program. One woman commented that she no longer had access to KST when she moved out of the catchment region. Some women were uncertain about the future of the program and identified the trauma that might be experienced if the program is not re-funded.

[1] KST had been recruiting a second children's practitioner but recruitment was put on hold due to uncertainties about future funding of the program. Challenges with recruitment and retention of staff is a problem commonly experienced by pilot programs.

The women's stories emphasised their sense of increased domestic violence awareness and literacy as well as validation of their experiences. Together, this helped them to become empowered, to find their voice and to stand-up to the men who has been abusive toward them. In addition, most of the women participating in the program identified a change in their ex/partner. They spoke of him being less demanding and abusive while the women's fear decreased.

"He knows I'm not scared. Knows that I have the strength to leave him…this has helped him to start to think about what he has done…" ID W1

This group of women represents a particularly important group who otherwise would not receive a service. KST offers a DFV program to women who stay in the relationship with their abusive partner, women who are usually excluded from most DFV services. This program therefore addresses a service gap by reducing harm among people who continue to live in families with violence.

Overall, both women and staff reported that women engaged particularly well with the program. Staff articulated having seen women make the transition from victim blaming, to empowerment and understanding. Staff generally felt that the support offered to women enabled them to make their own choices whether to leave the relationship or stay and try to work things out. Women can also obtain feedback from practitioners about their ex/partner's progress. He is aware that there are eyes on him. Should the woman decide to leave, she will be safer to do so. Working with KST gives victim survivors time to make plans, and KST staff were able to link them with additional services to help them move on.

This is an area that is working well and should be retained. There are no recommendations for change.

Men

Men had mixed views on the impact of the program. However, all were engaged and intending to continue. This suggests that they saw value in the program even if they could not articulate it.

The fact that men were slower to embrace change demonstrates the need for flexibility in the program with an unlimited time-frame for attendance. During the KST program most men had not consciously focussed attention on their parenting, despite most of them being fathers and staff making this a point of their work program. This illustrates the importance of work needing to be done with men on hearing the voices of their children and understanding the impacts their behaviours has on everyone in the family, not just their ex/partner. This work take time and requires flexibility to work with men individually.

The most valuable outcome at this stage is that most of the men interviewed identified that through the KST program they had developed some insight into their behaviour and had found a way to discuss it with their family, ex/partners and children, and/or to manage their responses when their abusive behaviour was questioned by their ex/partners or children.

"[Worker] had showed me the stages of escalation and disagreement, and taught me to stop before conflict escalates, and to be aware of the consequences." ID M5

Men were at varying stages of 'readiness to change', and this reinforced the need for flexible, extended programs with attention to rapport building and engagement in order to get them to a point of accepting responsibility for their behaviour. The combination of individual sessions as well as the prospect of couple and/or family sessions did keep men engaged in the KST program. All of the men interviewed illustrated a non-aggressive engagement with the KST program, identified they were genuinely gaining something from it, and intended to stay engaged, at least for the short-term.

Diversity in readiness to change also illustrates the need for multiple pathways to access support. Men's access to programs in general is not limited in the same way that women's access is, that is, men's programs don't usually discriminate as to whether or not he is in a relationship, although some are specialised for men who are fathers (e.g. Caring Dads). However, men usually find themselves in DFV programs at the point when their relationships have failed or reached a point of no return. The KST program provides men with an option to engage earlier while they still have hope that their relationship may be retained and improved.

"Men also get another chance. For programs that intervene at a later point, it is often when things have escalated too far. Men who end up in court have often said they'd wish for another chance. KST gives this to them." [KST staff member]

Theoretical underpinnings of the program

The KST program is at the cutting edge of new developments in practitioner learning and service delivery for DFV clients. The challenge is about moving away from single focussed program stereotypes of a feminist framework, family therapy or couple counselling toward a tailored response to families with overlays from all of these theoretical and practice approaches.

The women's sector has been advocating for funding of 'all of family' programs and KST has been an opportunity for ground-up development of multi-practitioner informed guidelines for a new approach to working with families which could involve mother-child strengthening work, restorative justice; shuttle mediation; couple counselling where safe to do so, along with continued individual sessions for extended periods. With a great deal of individual preparation, mother-child strengthening, and intensive work with men, there are opportunities for sessions which involve men, women and children.

Organisation collaboration

The collaboration between organisations and ways to do this program both strategically and operationally has been an important learning. Learnings are about establishing a shared understanding of the intention of the model from the beginning, and a fundamental need for champions/leadership within each participating organisation.

Access to clinical supervision and cross-sector skill development needs to be further developed in order to realise the model as it was intended and to support practitioners to do the work as intended.

KST involves staff from different services and with different theoretical backgrounds and practice approaches. The co-location of staff from Lifeworks and Women's Health West, and the mix of practitioners has had a positive impact. Staff have been supportive of checking-in with one another and discussing different ways of working. Staff were especially appreciative of the training offered by Women's Health West to both their own staff and Lifeworks staff.

Notwithstanding, there have been some significant challenges in the transition for sharing knowledge and skills to combine therapeutic and trauma-informed approaches with the feminist domestic violence approach. Staff who have been involved in the program for a longer period spoke of a substantial change in staff composition compared with the original team. Fewer staff with therapeutic backgrounds have remained involved in KST. All staff spoke of a foregrounding KST with a feminist DV framework which is strongly resistant to therapeutic work with men who use violence within the same frame as family violence work.

While most staff voiced a need to work with perpetrators to deal with their emotions and any previous experiences of trauma, using both a DFV focus with a therapeutic lens, the reality of doing that work challenged their belief systems and practice approaches.

Co-production workshops were a practice element within the model designed to facilitate collaboration between the divergent approaches. Facilitated by The Bouverie Centre, and from a DFV informed family therapy framework, the co-production workshops were meant to both support evolution of the program model and support skill development across the team. It was clear from all staff that there was mixed understanding and appreciation of the value of these sessions. While some staff valued the usefulness of a therapeutic lens to assist their direct client work, others felt that the workshops lacked a domestic violence lens.

Despite the tensions between philosophies, staff all supported each other in a commitment to purpose, and agreed that they worked well together with a focus on outcomes (the agreed upon goals for the KST program, as outlined in the KST Model section). It was a strength of this program to incorporate practitioners from a diverse variety of backgrounds, therapeutic and DFV focussed, and experienced in working with victim survivors, perpetrators and children.

Traditionally DFV programs have not supported a therapeutic approach with violent perpetrators, and therapeutic approaches have not prioritised models of accountability. However, it is highly unlikely a program can support a man to change his behaviour to his children unless it also supports him to examine his own experiences of being fathered – a therapeutic and trauma-informed approach. Similarly, how does a woman continue living with a man who has brutalised or sexually assaulted her without prioritising a need for him to be accountable for his actions – a feminist DFV informed approach. Applying therapeutic, trauma-informed approaches, without losing focus of men's accountability is challenging and requires new ways of working for most practitioners. There might also be value in incorporating additional approaches, such as restorative justice from the sexual assault sector to further develop the KST program.

While being a strength, the combined working poses a significant challenge for staff, management and clinical supervision. This is new ground and very few practitioners have the skills and experience with this work. In effect, the KST staff have been developing the practice from the ground up.

One way to move forward might be to hold a workshop with all staff and a highly skilled, independent facilitator (non-KST practitioner) to develop best practice guidelines inclusive of the different approaches. Robust conversation around points of difference should be encouraged during this workshop and on a daily basis among the KST team. If this could be done with strict trust protocols, it could allow productive engagement with the very difficult tensions tugging at different areas of expertise.

Referring organisations

The most disappointing aspect of the evaluation has been the lack of engagement by referrers at a point of early intervention, or lower risk violence. The KST team have undertaken significant work in promoting the program through their diverse referral networks, often with an enthusiastic response, but without a flow-through of clients being referred. Child Protection and family services have been primary referral points. The KST program was not designed with Child Protection referrals in mind as they are usually at the higher end of the risk scale. Subsequently this has led to unanticipated complexities in delivery of the program to families with higher risk of violence.

Referrers who did send clients spoke very strongly about the need for the KST program. They reported that it filled a service gap and was the only place they could refer a victim/survivor who did not leave her partner. However, referrers who sent clients were frequently not able to stay involved with case management and therefore could not easily comment on the program impact for their clients.

Child protection and family services referrals usually resulted in cases being closed prematurely once the referral was picked-up. Referring practitioners frequently did not provide complete information about the KST program at the time of referral in order to encourage agreement with the referral. Therefore, KST staff spent significant time informing new clients about the program and working intensively to engage them when they felt the program did not meet their expectations. Child Protection referrals more often include high-risk clients, thereby requiring heightened safety awareness among staff and for women and children. The system needs to overcome the practice of referral 'hand-off' if we wish to enable appropriate accountability.

Referrals and risk

Staff reported that one of the original aims of the KST program was to intervene before problems within the family escalated, i.e. a low level of risk, and a point of early intervention. Referrals coming from sources such as Child Protection and the courts were unlikely to be early intervention or low risk. Thus, the program was restructured to allow medium to high risk participants.

Staff expressed a desire to obtain lower risk client referrals, perhaps at the point where the clients do not even identify with family violence because their situation had not escalated. This is a difficult tension to resolve and requires a recruitment strategy where low risk clients will accept a referral into a family violence program when they don't recognise family violence in their lives. Part of the limiting factor is that potential referring agencies who come across these families are also unlikely to recognise family violence in these early stages. Many potential referrers will be blind to family violence and fall into the common community practice of acceptance, minimisation and normalisation of a certain level of abusive and controlling behaviour openly ignored until it hits a higher level of safety risk.

The other limiting factor is that practitioners are generally untrained in talking with and working with abusive men and fathers. Most service practice training focusses on problem solving for victims and children thereby leaving practitioners floundering when they need to confront and engage an abusive man to facilitate a program referral.

It is often usually only at the crisis point of medium to high risk that people are forced to examine their behaviour through a family violence lens. For long-term benefit, it will be important for referring organisations like Child Protection to evolve their practice to support continued contact with men referred into programs like KST to ensure that further monitoring of higher risk families is maintained.

"Does take a crisis for families to engage."

Disengagement of families

A challenge staff point to is disengagement from KST over time. Some staff said that families start out enthusiastic and then drop out. Men are more likely to disengage at an earlier stage than the women. This is particularly the case for families referred by Child Protection. In these cases, the first few sessions are mostly around information gathering. They are appealing sessions because individuals have their voice heard. The sessions then move onto psycho-education and domestic violence literacy. This stage asks men and women to reflect of their actual behaviour, usually alleviating victim blaming among women and asking men start to take responsibility for their actions. It is at this stage that women begin to feel empowered and some of the men disengage.

Some staff have further reported that after a period of disengagement, some men do return. They seem to need a few weeks to absorb the material and prepare themselves for moving forward. They often have a lot of shame to deal with. Having the opportunity to establish a strong rapport with their worker is beneficial to re-establishing contact.

Receiving lower level risk referrals may in part address this issue as clients would be less likely to be referred from mandated service organisations. If clients were entering on a more "voluntary" basis

than they currently are, there may be fewer barriers to doing the work and greater motivation to remain involved.

What is working well is the strength of rapport between men and their practitioners. This means that even if men disengage for a period of time, they are more likely to return later. Construction of guidelines around follow-up of disengaged perpetrators may help staff to be confident in approaching clients who are no longer attending sessions. Greater awareness of after-hours options may also help, as it is appears not all clients are aware that after-hours sessions are available.

Working with diverse communities

The flexible nature of the KST program means that it is particularly well suited to delivering services to diverse communities. Individual sessions work well with some forms of cognitive impairment, whereas group-based programs may be inappropriate.

The majority of clients being seen at KST are of diverse background and staff feel that KST is positioned particularly well to service this sector. Often, members of CALD communities are not as confident in seeking out services, and KST helps them to access all types of services as needed. Some CALD clients have additional needs for assistance, for example with immigration.

The KST program also works well within the cultural norms expected by the South Asian clients. Staff are keenly aware of the balance between accountability and cultural sensitivity.

"They sense that the service is collaborative, voluntary, we are not pointing the finger." [KST staff member]

Staff articulated that they would like more attention to be given to including LGBTIQ clients, as a client group facing a dearth of family violence services. Work is currently underway on broadening the program to service the LGBTIQ community, for example in changing terminology such as "men's" or "women's" practitioners to a more gender-neutral framework. In addition, following on from the above discussion of clashes in philosophies of therapeutic approach, applying a gender-neutral framework to the program may result in a de-gendering of the work and thereby risk colluding with abusive men. Staff had the view that without further training and input, the current model would do a disservice to the LGBTIQ community.

KST currently has three families of Aboriginal origin and staff do additional work with the Victorian Aboriginal Child Care Agency (VACCA) to support them. However, some staff feel that to better service this community, the KST model would need to be adapted or they would need to hire Aboriginal staff. So far, the consensus has been that the model has accommodated the needs of this client group.

KST is not currently adapted to work with serious mental health and substance abuse problems in families. If such problems are revealed at assessment, these clients are not accepted into the program.

Joint/family sessions

Following on from the challenge of working across different practice approaches is the practical challenge of running couple or family sessions safely and constructively. While the purpose of a joint session is intended to be therapeutic and constructive, the specific way of making this session useful has been unclear to both the staff and clients.

Attention needs to be given to managing expectations and preparing individuals before embarking on combined sessions. There could be a more systematic decision process leading to joint sessions. For example, a checklist of factors that clients are required to meet before proceeding to a joint session could be developed. The checklist could cover issues of client safety, progress and intentions. In order to determine what would be most effective "criteria" for determining a joint session, staff could

workshop their experience of ways of working to facilitate more successful joint sessions and create a set of guidelines based on this discussion.

There is a need for clarity about the role and theoretical basis for these joint sessions. A restorative justice approach, shuttle mediation or couple counselling may all have a role depending on the family and their issues. Because most practitioners are from a family violence background, and international best practice has been to discourage joint sessions in cases of family violence, KST will need to find a way to proactively cross-populate skills and understanding across the team.

There is a need to better educate and moderate expectations with clients about the joint sessions. To do this, staff themselves require clear guidelines for joint sessions in the context of family violence.

Staff would benefit from training and support both to prepare couples for joint sessions, and to facilitate joint sessions. Strong individual clinical supervision by highly experienced practitioners would be beneficial, although it is rare to find these practitioners.

The experience in safely managing family violence, power and control during a family or couple session is an exceptional skillset in both the family violence sector and the family therapy sector. In order to combat this gap, further training for KST staff could focus on supporting them to navigate both a DFV feminist informed approach and a therapeutic approach. This could be achieved by one-to-one external supervision by someone with a different set of skills (e.g., supervision by someone with a therapeutic lens for KST staff from a DFV background). The one-to-one set up could facilitate two-way communication and allow the supervisor to tailor their supervision to the unique circumstances and experiences of the KST staff member. Best practice guidelines could be developed (as recommended in previous section on “Tensions between the therapeutic and domestic violence lens”) to assist staff in managing the transition from individual sessions to joint sessions.

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