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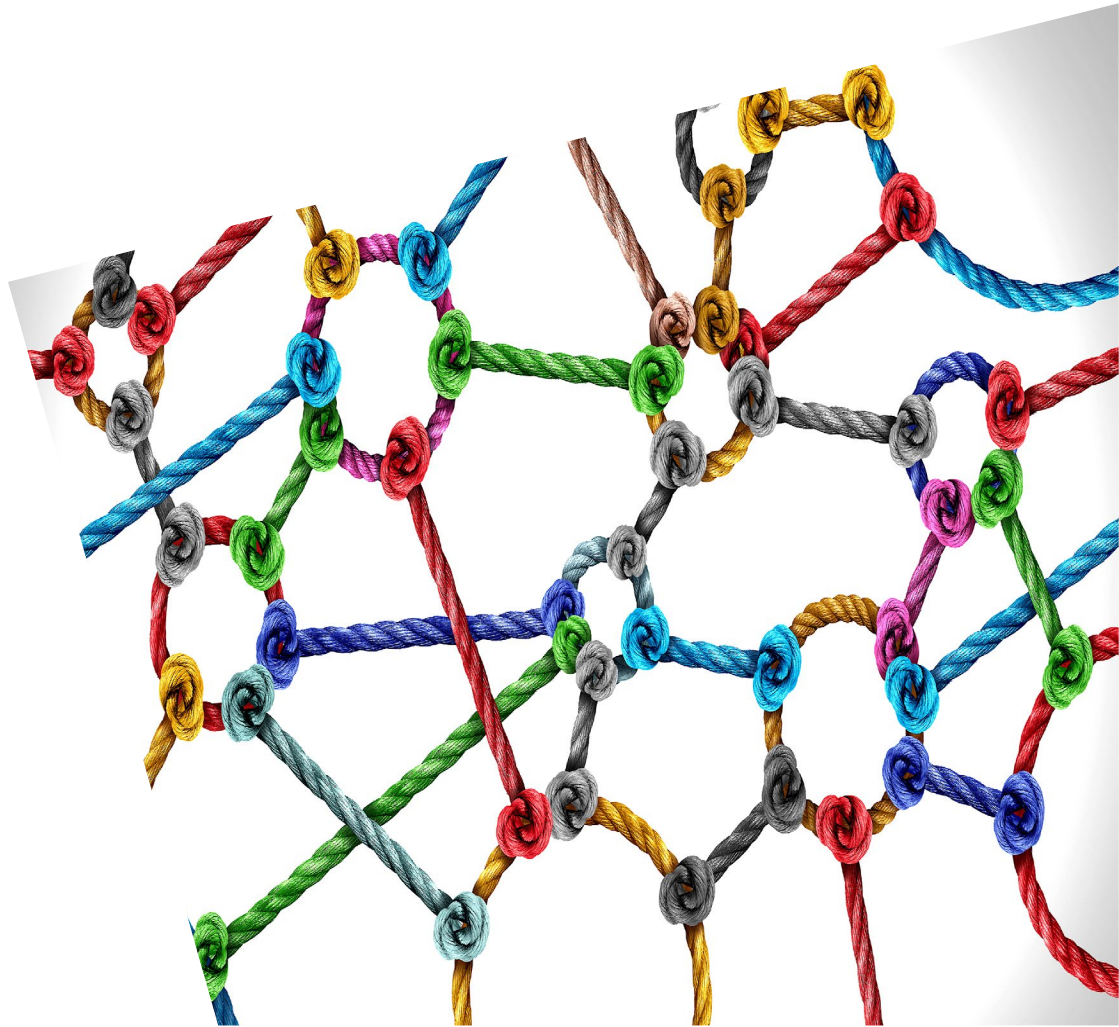
ODYSSEY HOUSE
VICTORIA

The KODY Project: Report on the development of an all-of-family intervention at the intersections of DFV and AOD

Kids First (Caring Dads) and Odyssey House Victoria (Kids in Focus)

Learning Systems Grant Report for the Centre for Excellence in Child and Family Welfare

November 2021



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1. Background

The co-occurrence of domestic and family violence (DFV) with misuse of alcohol and other drugs (AOD) is shown to significantly increase the severity of abuse and violence experienced by family members (Canfield, Radcliffe, D'Oliveira, & Gilchrist, 2019). Substance use also increases the likelihood of repeated occurrences of DFV (Foran & O'Leary, 2008). Men are predominantly the users of violence and abuse; their victims are usually women and children. Programs for men who use violence generally focus on addressing the violence and abuse directed at women (their partners or ex-partners) while children, who are half those affected, are rarely in focus.

The *Caring Dads* program, developed by Scott and Crooks (2007) in Canada, is one of a small group of programs for men who use violence, which focus on fathering, and men's attitudes and behaviour towards their children. *Caring Dads* is an evidence-based program which engages with fathers who use violence to help them develop skills in child-centred fathering, take responsibility for the impacts of their violence upon their children and their children's mother, and potentially to begin to repair their relationships with their children.

Recently adapted for Australia and trialled by Kids First, the recent evaluation of *Caring Dads* in Australia identified a range of issues, including: a) the problems associated with the co-occurrence of DFV with AOD issues; b) the lack of attention to children's needs; c) the requirement to develop safe 'all-of-family' responses, particularly for families who are not separating; and d) the need for evaluation measures for programs to address fathering, DFV and AOD (Diemer et al, 2020).

Following Kids First's three site Victorian trial of *Caring Dads*, the organisation has partnered with Odyssey House Victoria (OHV) to build on the practice learnings highlighted in the trial evaluation (Diemer et al., 2020). In addition to Kids First's longstanding focus on children's safety and well-being, OHV has a history of child-focussed work with families affected by AOD. This includes Kids in Focus, a child-focused, family-centred program providing support to children and assertive outreach to families in their own homes.

Learning Systems Grant

The Learning Systems Grant was awarded to Kids First, in partnership with Odyssey House Victoria and the University of Melbourne, to fund a pilot an innovative intervention, the KODY program (Kids First (Caring Dads) and Odyssey House), which integrates the work of the two organisations. Kids First provides a program for fathers who use violence and Odyssey House provides a drug and alcohol treatment program. KODY aims to address a number of issues:

- harmful substance use by many men who also perpetrate DFV, through Kids First *Caring Dads* as well as ongoing AOD case management;
- the needs of children in their own right, as well as in relationship to their mothers through the Odyssey House Kids in Focus program; and
- development of an 'all-of-family' service response.

2. Aims of the KODY project

For the purposes of this report ‘the KODY program’ refers to the intervention being piloted by Kids First and OHV. The research component is referred to as ‘the KODY project’.

The project, as originally envisaged, aimed to develop a suite of process and outcome measures for the evaluation, and to test these for feasibility through a pilot of the KODY program.

Preliminary Research Questions were:

1. What measures can be used to evaluate the effectiveness of the proposed program in relation to children’s safety and well-being, mothers’ safety and well-being, and fathers’ behaviour change?
2. How does the AOD lens in Caring Dads group work affect men’s engagement with change processes, including parenting choices?
3. How does the addition of case management by OHV and other inter-agency collaboration between Kids First and OHV contribute to the effectiveness of the Caring Dads program?
4. How does the child support component of the program affect men’s engagement with change processes, including their parenting choices?

A further aim for the Learning Systems Grant funded collaborative work was to lay the foundations for a future larger evaluation and associated research to further develop the evidence for this inter-sectoral work.

3. The KODY practice-research partnership

The KODY team met regularly throughout the research period to pursue the twin aims of conceptualising and implementing the KODY program, and developing a larger scale research plan. In addition to KODY program representatives, the Working Party consisted of academic researchers from the University of Melbourne and Griffith University, and a number of Master of Social Work students from the University of Melbourne.

The Master of Social Work students mostly undertook placements that spanned both direct practice work and research components, and contributed greatly to the project. In addition, two PhD students have begun research associated with KODY, to investigate the following issues.

- Investigation of children’s experiences of the father-child relationship in the context of family violence and parental substance misuse (Larissa Fogden).
- Cross sectoral collaboration and the policy context of KODY (Van Nguyen).

Professor Katreena Scott (Western University, Canada), has acted as a consultant for the adaptation of the Caring Dads curriculum.

The Working Party consisted of the following people:

Organisation	Team member
Kids First	Monique Yeoman Fiona Edwards (to June 2021) Rae Lesniowska (from July 2021) Christine Denton
Odyssey House Victoria	Anne Tidyman Violeta Solarte (to April 2021) Patrick Birtles (from May 2021) Ian Bloomfield (Aboriginal consultant)
University of Melbourne	Professor Cathy Humphreys Dr Margaret Kertesz Larissa Fogden
Griffith University	Dr Menka Tsantefski (Expert consultant to OHV)
PhD Students	Larissa Fogden Van Nguyen
Social Work students on placement	Peta Daly (OHV & Unimelb) Olivia Hucker (OHV & Unimelb) Becca Gratch (Kids First & Unimelb) Anmol Anmol (OHV)

4. Achievements of the KODY project

Learning Systems Grant funding has enabled the KODY project to accomplish the following:

1. Conceptualisation of KODY program components and procedures
2. Development of a KODY Theory of Change
3. Preliminary establishment of strategies to incorporate children's perspectives, in order to build in a child-specific support component. This includes employment of child-specialist staff.
4. Initial recruitment for piloting the KODY program
5. Development of a suite of measures to evaluate program outcomes
6. Development of an outcomes evaluation methodology, with research ethics approval
7. Funding for a larger program of evaluation and research, including two PhD projects
8. Field education for four Master of Social Work students, who have contributed to the work.

4.1. Conceptualisation of the KODY program

The KODY program is an adaptation and expansion of the Victorian Caring Dads Service Model, providing a joined-up service response for fathers who use, or are at risk of using, family violence, and are also using alcohol or other drugs. The program also supports their children and mothers impacted by family violence. The model is responsive to the needs of the whole family and wraps around the group work program to support the structural, psychosocial and safety needs and goals of all family members.

The KODY program consists of the following components:

- a. **An empirically based, 17-session, manualised group parenting intervention for fathers, incorporating a substance use lens.**
The group aims to enhance fathers' motivation to change their behaviours, promote child-centred fathering, and address fathers' ability to engage in respectful, non-abusive parenting with the mothers of their children.
- b. **Follow up booster sessions** for fathers in the Caring Dads group program.
- c. **All-of-family work through the OHV Kids in Focus support program.** This program works separately and together with children, mothers and fathers, as is appropriate for each individual family. The program has a focus on partnering with mothers and engaging with children.
- d. **The Case Coordination** team for each family includes Caring Dads facilitators, a Child and Family Wellbeing Practitioner, the Kids in Focus practitioner and referring AOD clinicians who continue to provide counselling or case management as appropriate throughout the KODY intervention. The Case Coordination team develops, implements and reviews a single case plan for each family as a whole, through the following activities:
 - Weekly contact between professionals to update on progress and any changes to risks or needs;
 - Three assessment and progress meetings involving the Caring Dads participant, the facilitators and the referring case manager - at engagement, group mid-point and end of program;
 - Clinical review meetings at five points during the program, to discuss risks, progress and to individualise participants' goals through the program content, as informed by the child and family wellbeing work and weekly contact with the case coordination team;
 - Production of a final report for each participant.
- e. **Contact with mothers** is undertaken by the Child and Family Wellbeing Practitioner, in consultation with the Kids in Focus program. Contact with mothers focuses on program engagement and content, and risk assessment and safety planning.
- f. **Children's involvement** in the program is through Kids in Focus for children aged 0-12. In addition to the family support activities of Kids in Focus, children's perspectives of their experience will be sought, to inform, enhance and monitor the impact and outcomes of the Caring Dads curriculum on family functioning.

KODY Theory of Change

A workshop was held on 5 March 2021 to develop a Theory of Change for the program. This was a useful exercise in establishing the underlying common assumptions for the program, and in identifying differences between the organisations that required reconciliation. The Theory of Change can be found in Appendix 1.

The KODY team believes that development of the Theory of Change into a Program Logic should not take place until one cycle of the program has been trialled. Accordingly, a further workshop to develop the Theory of Change into a program Logic is planned for the first half of 2022.

The Theory of Change (Appendix 1) focuses on 5 areas:

- **Fathers who use violence:** reduce use of violence and harmful substance use
- **Mothers:** improve sense of safety and wellbeing
- **Children:** improve sense of safety and wellbeing
- **Families:** improve family functioning
- **Systems:** improve inter-sectoral (AOD and DFV) collaboration

Cultural Sensitivity

The Working Party has considered cultural issues in its development of the KODY program. As nearly a quarter of the *Kids in Focus* clients at Odyssey House are Aboriginal (23%) and 16% come from culturally and linguistically diverse (CALD) backgrounds, it is expected that the KODY client group will be similarly diverse.

Odyssey House Aboriginal Consultant Ian Bloomfield was invited to join the Working Party in July 2021, to advise on appropriate support for Aboriginal participants in KODY. KODY staff have also been invited to Cultural Sensitivity training.

In addition, Ian Bloomfield has been consulted about the KODY evaluation methodology and tools, and will be available to support participants in focus groups, interviews and other research activities as appropriate.

Program staff are coached to customise support to each individual, as many Aboriginal participants may not wish to identify as such, or prefer non-Aboriginal support services due to confidentiality concerns within their own communities.

Revision of Caring Dads manual to incorporate AOD content

KODY staff involved in facilitating the KODY Caring Dads group have met on two occasions with Professor Katreena Scott, to incorporate AOD content and focus into the Caring Dads Program manual. A number of preliminary revisions have been made, and further work will continue once a cycle of the program has been implemented and contributed further insights.

4.2. Children's Perspectives

An important objective of this LSG-funded project was to identify feasible strategies for safely incorporating children's perspectives into the KODY program and into evaluation processes. Work on this component has commenced, and will continue throughout the trial.

- The Kids in Focus component of the KODY program (run by Odyssey House Victoria) works with children aged 0-16. The child-specific support component of KODY will be developed once the program commences. Both evaluation researchers and PhD student Larissa Fogden will work in close collaboration with Kids in Focus staff, to share experience and expertise.
- A 3-year Westpac grant awarded in October 2021, will allow Kids in Focus to employ a worker who will focus on responding to child sexual assault issues.
- A doctoral study undertaken by Larissa Fogden has commenced, which will investigate children's experiences of the father-child relationship in the context of family violence and parental substance misuse.

- Children's interviews for the evaluation will utilise a range of arts-based participatory techniques, including drawings, prompting pictures and ranking exercises (Fargas-Malet, McSherry, Larkin & Robinson, 2010) to elicit children's views on the KODY program. Children aged 7 and over will be invited to participate, in line with previous research studies that have sought the views of child victim/survivors of family violence (Mudaly, Graham & Lewis, 2014; Pernebo & Almqvist, 2016; Thiara & Humphreys, 2017). This lower age limit will be a guide only; researchers will also seek Kids in Focus practitioner views regarding their assessment of the child or young person's developmental stage, vulnerabilities and capacity to assent to participation in research.

4.3. Program Pilot

Impact of COVID-19 and delays to program commencement

It is anticipated that the first KODY program will commence before the end of 2021, with a recent influx of referrals, following a period of preparation and clarification. The evaluation of Caring Dads pointed to the need for a 6-month preparation period before the implementation of the program (Diemer et al, 2020). The KODY experience has confirmed this, but in addition, the successive waves of COVID-19 and associated government restrictions through 2020-21 have had a major impact on the development of the program. Restrictions on travel and attendance at offices has delayed the process for Caring Dads and Odyssey House staff to get to know each other, and familiarise themselves with the culture and approach of the respective services.

COVID-19 has also delayed recruitment and the convening of programming in person. At the time of this report, the program has not yet been implemented, although a Caring Dads (KODY) group is planned to start before the end of 2021.

Recruitment

KODY staff have publicised the program in a number of inter-agency meetings and forums, including advertising in the OPEN newsletter. Promising referral pathways include: OHV clinical services and therapeutic communities, UnitingCare ReGen, the Family Drug Treatment Courts and the County Court Integrated Support Program, Child Protection, No to Violence and the Men's Referral service.

A range of marketing materials have been developed, largely through the work of the students on placement, in association with Kids First marketing staff. These include a logo, information cards for potential clients, and information for professionals. Draft versions can be seen in Appendix 2.

A number of challenges to recruitment have arisen and been resolved, as is normal for any new program. These included:

- Long waiting lists for *Kids in Focus*. Eligibility was widened to include fathers without initial family involvement with *Kids in Focus*.
- The KODY catchment area was widened to include Northeast and Northwest catchments.
- Complex referral process, involving consultations with multiple workers and several assessment meetings with potential client. These complexities are being refined with experience.
- Poor understanding of the program target group has led to a predominance of families facing complex challenges referred, as referrers are reluctant to refer clients to a DFV program unless the violence is severe. KODY staff continue to discuss the program's approach of working with any level of controlling behaviour that impacts on family relationships and functioning.

4.4. Development of outcomes evaluation and measures

Outcome Measures

A suite of measures was developed to evaluate outcomes of the KODY program. The table below sets out primary and secondary outcomes for evaluation. Following a literature review to identify possible measures, two workshops were held (27 October and 17 December 2020) to review possible measures. The suite of measures was finalised through consultations with Professor Katreena Scott, to ascertain AOD misuse, experience or use of violence or coercive control, family functioning and parenting styles. The measures for fathers and for mothers, are a combination of widely used measures, and customisation of other measures to suit this particular population. Measures are set out in the table below, and are described more fully in Appendix 3.

Outcomes measured	Measures for Fathers	Measures for Mothers
Primary Outcomes		
Improved safety and well-being of women		Composite Abuse Scale (CAS)
Improved safety and well-being of children	Emotional Dysregulation Scale	Emotional Dysregulation Scale
	Interpersonal Mindfulness in Parenting Scale	Brief Infant-Toddler Social and Emotional Assessment (BITSEA)
		* Strengths and Difficulties Questionnaire – ages 3+
Secondary Outcomes		
Fathers' use of DFV	Mirabal measures (adapted)	Mirabal measures (adapted)
	Anger Management Scale (measuring mood)	Composite Abuse Scale (CAS)
	Brief Irritability Scale (measuring mood)	
Fathers' substance use	Alcohol Use Disorders Identification Test (AUDIT)	
	Drug Use Disorders Identification Test (DUDIT)	

* Adolescents involved with KODY will also be invited to fill in the appropriate version of the Strengths and Difficulties Questionnaire.

Outcomes evaluation methodology

Over the research period, an evaluation methodology was developed, taking a mixed methods approach in order to gather information from as many different perspectives as possible. In line with published mixed methods evaluations of the Caring Dads program (Diemer et al., 2020; McConnell et al., 2016), the two forms of data will be analysed separately and then synthesised.

For the piloting of the program, pre-and post-program measures will be administered to fathers and mothers participating in KODY, and focus groups or interviews will be conducted to ask participants about the useability and meaningfulness of the questions. In addition, a KODY staff focus group will be conducted to gather process data about the feasibility of the program.

Ongoing evaluation will involve the following methodology, which has been approved by the University of Melbourne Human Research Ethics Committee (STEMM 3, Ref ID 2021-21142-21907-3).

Fathers involved in the Caring Dads (KODY) group, and **mothers** of their children who consent to participate, will be asked to complete a pre- and a post- program questionnaire, consisting of the outcomes measures discussed above.

Fathers and Mothers will also be invited to take part in an interview at the end of their involvement with KODY, to share their experience of being part of the KODY program. These interviews will provide an opportunity for researchers to understand in more depth the impact of KODY on the safety and well-being of women and children, and fathers' use of DFV and of drugs or alcohol.

Children and young people aged seven years and over will be invited to take part in an interview (with parental permission and their own consent), at the end of the program.

4.5. A larger program of evaluation and research

In addition to the work outlined above, the Learning Systems Grant funding has also laid the foundations for a larger program of evaluation and research. An Australian Research Council Linkage Project Grant (LP200200847) has been awarded. This larger research project will be undertaken from 2021 to 2024, and consists of five components. Components A, B and C build on work undertaken in the LSG-funded project.

- A. Study effectiveness - through an outcomes evaluation;
- B. Processes of change - through a process evaluation;
- C. Safe integration of children's perspectives into practice, to improve outcomes for children, women and men (including doctoral study by Larissa Fogden);
- D. The role of an integrated all-of-family approach in multisectoral AOD and DFV responses;
- E. Cross-sectoral collaboration and the policy context (including doctoral study by Van Nguyen).

References

- Berman, A. H., Bergman, H., Palmstierna, T., & Schlyter, F. (2003). *The Drug Use Disorders Identification Test Manual*. Stockholm, Sweden: Karolinska Institutet, Department of Clinical Neuroscience.
- Bliton, C. F., Wolford-Clevenger, C., Zapor, H., Elmquist, J., Brem, M. J., Shorey, R. C., & Stuart, G. L. (2016). Emotion dysregulation, gender and intimate partner violence perpetration: An exploratory study in college students. *Journal of Family Violence*, 31, 371-377. doi: <https://doi.org/10.1007/s10896-015-9772-0>
- Briggs-Gowan, M. J., Carter, A. S., Irwin, J. R., Wachtel, K., & Cicchetti, D. V. (2002). *Brief Infant-Toddler Social and Emotional Assessment (BITSEA) manual*, version 2.0.
- Canfield, M., Radcliffe, P., D'Oliveira, A. F. P. L., & Gilchrist, G. (2019). Factors associated with the severity of IPV perpetrated by substance using men towards current partner. *Advances in Dual Diagnosis*, 13(1), 32-45. doi:10.1108/add-04-2019-0003
- Diemer, K., Humphreys, C., Fogden, L., Gallant, D., Spiteri-Staines, A., Bornemisza, A., & Vercoe, E. (2020). *Caring Dads program: Helping fathers value their children – three site independent evaluation 2017-2020*. Melbourne, VIC: University of Melbourne.
- Duncan L. G. (2007). *Assessment of mindful parenting among parents of early adolescents: Development and validation of the Interpersonal Mindfulness in Parenting Scale*. Pennsylvania, MA: Pennsylvania State University.
- Fargas-Malet, M., McSherry, D., Larkin, E., & Robinson, C. (2010). Research with children: methodological issues and innovative techniques. *Early Childhood Research*, 8(2), 175-192.
- Foran, H. M., & O'Leary, K. D. (2008). Alcohol and intimate partner violence: A meta-analytic review. *Clinical psychology review*, 28(7), 1222-1234.
- Goodman, R. (1997). The strengths and difficulties questionnaire: a research note. *J. Child Psychol. Psychiatry* 38, 581–586. <https://doi.org/10.1111/j.1469-7610.1997.tb01545.x>
- Grigorian, H. L., Brem, M. J., Garner, A., Florimbio, A. R., Wolford-Clevenger, C., & Stuart, G. L. (2019). Alcohol use and problems as a mediator of the relationship between emotion dysregulation and IPV perpetration. *Psychological Violence*, 10(1), 91-99. <https://doi.org/10.1037/vio0000237>
- Hegarty, K. & Valpied, J. (2013). *Composite Abuse Scale Manual*. Melbourne, VIC: Department of General Practice, The University of Melbourne.
- Holtzman, S., O'Connor, B. P., Barata, P. C., & Stewart, D. E. (2014). The Brief Irritability Test (BITe): A measure of irritability for use among men and women. *Assessment*, 22(1), 101-115. <https://doi.org/10.1177/1073191114533814>
- Kelly, L. & Westmarland, N. (2015). *Domestic violence perpetrator programmes: Steps towards change – Project Mirabal Final Report*. London and Durham: London Metropolitan University and Durham University.
- McConnell, N., Barnard, M., Holdsworth, T. & Taylor, J. (2016). *Caring Dads: Safer Children Evaluation report*. National Society for the Prevention of Cruelty to Children [NSPCC]: London, UK.
- Mudaly, N., Graham, A. & Lewis, N. (2014). "It takes me a little longer to get angry now": Homeless children traumatised by family violence reflect on an animal therapy group. *Children Australia*, 39(1), 42-48.
- Pernebo, K., & Almqvist, K. (2017). Young children exposed to intimate partner violence describe their abused parent: A qualitative study. *Journal of Family Violence*, 32, 169-178.

- Powers, A., Stevens, J., Fani, N., & Bradley, B. (2015). Construct validity of a short, self report instrument for assessing emotional dysregulation. *Psychiatry Research*, 225(1-2), 85-92.
<https://doi.org/10.1016/j.psychres.2014.10.020>
- Scott, K. L. & Crooks, C. V. (2007). Preliminary evaluation of an intervention program for maltreating fathers. *Brief Treatment and Crisis Intervention*, 7, 224-238.
- Straus, M. A., Hamby, S., Boney-McCoy, S., & Sugarman, D. B. (1999). *The Personal and Relationships Profile (PRP)*. Durham, NH: University of New Hampshire.
- Thiara, R. & Humphreys, C. (2017). Absent presence: the ongoing impact of men's violence on the mother-child relationship. *Child & Family Social Work*, 22(1), 137-145.

Appendix 1 - KODY Theory of Change

What is our focus of change?

- Fathers who use violence: reduce use of violence and harmful substance use
- Mothers: improve sense of safety and wellbeing
- Children: improve sense of safety and wellbeing
- Families: improve family functioning
- Systems: improve inter-sectoral (AOD and DFV) collaboration



What are we doing?

Working at the intersection of DFV and AOD by bringing two organisations/programs together: Odyssey House (AOD-focused) and Kids First (family services-focused) to:

- Simultaneously address men's use of substances and violent/coercive behaviours by facilitating Caring Dads group through an AOD lens
- Provide support to mothers and children affected by AOD and DFV through Kids in Focus program
- Strengthen interventions and collaboration between AOD and DFV sectors by allowing input and integrated case coordination and planning from clinicians from both AOD and DFV/FS sectors
- Target interventions to individual family needs by working with fathers, mothers and their children, increasing the all-of-family visibility
- Elevate children's voices by keeping their needs at the centre of practice



To achieve what?

(during the intervention)

- Fathers are engaged in a process of change, developing their understanding of the impact of DFV on child and family outcomes, improving parenting abilities and increasing men's sense of responsibility for their actions
- Mothers and their children have an improved sense of safety and wellbeing. E.g. safety planning has occurred with each mother and child.
- Improved family functioning and wellbeing through the building of skills, networks and supports for all family members.
- Improved experiences for families when accessing other services across the system e.g. KODY practitioners using language when communicating with other services involved with families that promotes accountability for perpetrators, partnering with non-offending caregivers/mothers.
- A shared practice approach for each individual family member, with a focus on both AOD and DFV
- Upskilling of practitioners across programs to respond to AOD and DFV

(longer term)

- Contribute to the evidence base regarding DFV and AOD in the context of fathering e.g. coercive control
- Fathers repair and build safe and positive relationships with their children and mothers of their children (where appropriate/possible)
- Reduction in fathers' use of violent and coercive behaviours
- Reduction in men's harmful substance use
- Development of cross-sector partnerships between AOD and DFV sectors
- Professional development of both sectors
- Sustainability of KODY program (assuming successful/effective)
- Reduction in gender bias in systems interventions
- Reduction in intergenerational trauma




WHAT GUIDES OUR APPROACH?


Our Values Base	The Evidence Base	The Broader Context	Assumptions
<ul style="list-style-type: none"> • Influenced by Safe and Together framework e.g. social justice values base • Children and young people have the right to safety, to be nurtured, to be consulted and heard. • Gender equity – men need to be held accountable for their use of violence • Valuing and respecting the well-being of every member in a family. • Women have the right to feel safe in their relationships, to have opportunities for healing. • Respecting collaboration: between research team, Kids First, Odyssey House. • Men should be provided with integrated services that address their need for AOD and DFV treatment in the context of fathering • Belief that CHANGE IS POSSIBLE 	<ul style="list-style-type: none"> • Substance misuse does not cause FV but it does increase the severity (Moore et al., 2011; Shorey et al., 2015) • Women who are unable to leave a FV relationship are more likely to relapse • The perpetrator's use of AOD in the context of DFV can then become a tactic of coercive control • Impact on Aboriginal and Torres Strait Islander communities is enormous e.g. large number of Aboriginal women partnered with non-Aboriginal males (VACCHO, Djirra etc) • AOD and DFV negatively impact child outcomes and contribute to children's placement in out of home care • Fathers who use violence continue to have a fathering role – even post-separation e.g. contact, care • Being a parent can be a motivator for change – underpins KIF and Caring Dads practice • Victorian Caring Dads trial showed some evidence of positive outcomes related to fathering and DFV • Evidence base underpinning Odyssey House and Kids First practice 	<ul style="list-style-type: none"> • Silos: organisational (particularly between adult and child services), funding • 'Failure to protect' and how it undermines partnering with women, renders perpetrators invisible • Safe and Together model • Developments since RCFV – e.g. MARAM development and FVISS as now facilitating greater collaboration • AOD peak bodies and sector as a whole are increasingly aware of intersection between AOD/DFV/MH. AOD sector well-positioned to engage with men. Increasingly meeting needs of women. • Changing legal contexts – e.g. fathers being mandated to complete Caring Dads and the impact of this on men's motivation/mentality – 'ticking the box' • Aboriginal and Torres Strait Islander communities and services are disproportionately affected – Taskforce 1000 • COVID-19 and its impact on DFV/AOD • KODY has authorising environment from senior management – otherwise this project would not be happening. 	<ul style="list-style-type: none"> • Assumptions of what the program will achieve may be different between program providers/magistrates/fathers/mothers • Triangulated data is needed to understand the change process. Our understanding of increased safety by including reports from victim/survivors (adults and children), not just looking at perpetrator self-reports. • Men who use violence can change their behaviour. • Supporting the whole family will bring about sustainable change and increase accountability for men who use violence • Bringing Odyssey House and Kids First together will improve service provision, increase sustainability of outcomes. Issues can be simultaneously approached using AOD and DFV lens • Combination of group and individually focused work is more effective than group OR individual work alone • Children hold their own experiences of violence and growing up with AOD in the house, separate to their caregivers perspectives and experiences • We don't know how KODY mothers and children feel or what they think – we will only know this when we have spoken to them • Children value safe and positive caregivers.

Appendix 2 - KODY Marketing Materials



KODY A4 Flyer - Professionals



Building caring & connected families





Caring Dads

 Fathers  Metro Melbourne

A program to help fathers improve their relationships with their children and end controlling, abusive and neglectful behaviour to enhance the safety and wellbeing of children. Caring Dads seeks to develop fathers' ability to engage in respectful, non-abusive parenting with the mothers of their children. During this program, fathers will be participating in AOD counselling as a part of the KODY project.

Kids in Focus


 Caregivers, Children  Metro Melbourne


Kids in Focus is a specialist child and family support program that provides a range of intensive services to families affected by parental alcohol and other drug problems. The program aims to identify and address both the needs of the parents and their children.



The KODY project recognises the combined impact of harmful behaviours, drugs and alcohol, and on family relationships. During the KODY program, fathers will be participating in both the Caring Dads program and AOD counselling, while mothers and their children will have the opportunity to work with Kids in Focus.

For more information on KODY, visit the Kids First Australia website www.kidsfirstaustralia.org.au



The KODY project is a proud partnership between Kids First Australia and Odyssey House Victoria

**KIDS FIRST**

**ODYSSEY HOUSE
VICTORIA**



The KODY Project would like to acknowledge the Traditional Custodians of the land on which we are gathered and recognise their continuing connection to land, waters and culture. We pay our respects to their Elders past, present and future.



We celebrate and value diversity. The KODY Project has the HFART for providing support to the community in the most inclusive manner.



Building caring &
connected families



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For more information on KODY - Caring Dads, visit the Kids First website www.kidsfirstaustralia.org.au

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Caring Dads

 Fathers  Metro Melbourne

A program to help fathers improve their relationships with their children and end controlling, abusive and neglectful behaviour to enhance the safety and wellbeing of children. Caring Dads seeks to develop fathers' ability to engage in respectful, non-abusive parenting with the mothers of their children. During this program, fathers will be participating in AOD counselling as a part of the KODY project.

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Appendix 3 - Evaluations Outcomes Measures

Measures completed by fathers and mothers

Adapted Mirabal measure

For the KODY evaluation, our research team has created an 18-item measure, adapted from an existing measure used in Project Mirabal, a multi-site longitudinal study of domestic violence perpetrator programs, conducted between 2009-2015 in the UK (Kelly & Westmarland, 2015). Women completed the original measure to assess men's behaviour change over time. The KODY evaluation adaptation of this measure for mothers uses items from four of the six indicators of change outlined in Project Mirabal, including items that ask mothers to assess their (ex)partner's respectful communication (e.g. "My (ex)partner listens to what I have to say"), fathering (e.g. "My (ex)partner asks the children to report on what I am doing and where I have been"), awareness of self and others (e.g. "I think my (ex)partner understands the impact his behaviour has on the children"), as well as their own perceptions of their children's experiences (e.g. "My children worry about my safety"). Mothers respond to these items by selecting 'Yes' or 'No'. The KODY research team also created a version of this measure for use with fathers who have used violence, which provides men with a similar range of statements relating to his respectful communication (e.g. "I listen carefully to what my (ex)partner has to say"), his fathering (e.g. "I ask our children to report on what my (ex)partner is doing and where she has been"), his awareness of self and others (e.g. "I understand the impact my behaviour has on our children") and his understanding of his children's experiences (e.g. "My children worry about the safety of my mother"). Fathers also respond to these items by selecting 'Yes' or 'No'. Both mothers and fathers complete the relevant adapted Mirabal measure as part of their pre- and post-program questionnaires to assess and compare mother's and father's perceptions of fathers' behaviour change over time.

Emotional Dysregulation Scale

The Emotional Dysregulation Scale (EDS; Powers, Stevens, Fani & Bradley, 2015) is a 12-item measure used to determine overall individual emotional dysregulation. This scale was selected in light of research that has examined associations between domestic violence perpetration and emotional dysregulation (Bliton et al., 2016), particularly in the context of substance misuse (Grigorian et al., 2019), as well as in recognition of Caring Dads' focus on explicitly teaching skills related to emotion regulation. When used in the KODY evaluation, fathers answer questions about their own emotion regulation abilities, while mothers are asked to report on their (ex)partner's emotion regulation abilities. Items are scored on a 7-point Likert scale ranging from 1 ("Not true") to 7 ("Very true"). Items assess domains of emotional experiencing (e.g. "Emotions overwhelm me"/"Emotions overwhelm my child's father"), cognition (e.g. "When I'm upset, everything feels like a disaster or crisis"/"When my child's father is upset, everything feels like a disaster or crisis") and behaviour (e.g. "When my emotions are strong, I often make bad decisions"/"When my child's father's emotions are strong, he often make bad decisions"). Higher scores reflect fathers' higher levels of difficulty in managing their emotions.

Measures completed by fathers only

Anger Management Scale

The Anger Management (AM) scale is a 12-item subscale of the Personal Relationships Profile, developed by Straus and colleagues (1999). In the KODY evaluation, this scale asks fathers to assess their ability to

recognise and control their anger towards the mother of their children. Items are scored on a 4-point scale ranging from 1 (“Strongly disagree”) to 4 (“Strongly agree”). The AM scale includes items from three subscales: behavioural self-soothing (e.g. “I can calm myself down when I am upset with my (ex)partner”), recognising signs of anger (e.g. “I recognise when I’m beginning to get angry at my (ex)partner”) and self-talk (e.g. “When I feel myself getting angry at my (ex)partner, I try to tell myself to calm down”). The AM scale was used with fathers in the Victorian Caring Dads trial (Diemer et al., 2019), and found an overall increase in men’s scores from pre- to post-program timepoints, indicating an improvement in men’s ability to recognise and control their anger after completing the Caring Dads program.

Alcohol Use Disorders Identification Test & Drug Use Disorders Identification Test

The Alcohol Use Disorders Identification Test (AUDIT) is a 10-item self-report screening tool developed by the World Health Organization to assess alcohol consumption, drinking behaviours and alcohol-related problems. The Drug Use Disorders Identification Test (DUDIT; Berman et al., 2005) is an 11-item self-report screening tool, developed as a parallel instrument to the AUDIT, to assess use of drugs other than alcohol and drug-related problems. Both the AUDIT and the DUDIT have been validated across genders and in a wide range of culturally and linguistically diverse groups. These tools were selected to provide insight into fathers’ alcohol and other drug use.

Brief Irritability Test

The Brief Irritability Test (BITe; Holtzman et al., 2014) is a 5-item scale that measures the degree to which respondents experience frustration and irritability. Items are scored on a 6-point scale (1 = never, 6 = always) to indicate how frequently respondents identify with each statement, considering their feelings over the past two weeks. This scale was selected for use with fathers in the KODY evaluation to complement the Anger Management scale. Irritability is similar to anger, but often persists for longer and is outwardly expressed in the form of aggressive behaviour (Holtzman et al., 2014). High levels of irritability are also associated with higher levels of stress; as such, this measure was selected to provide some insight into fathers’ well-being.

Interpersonal Mindfulness in Parenting Scale

The Interpersonal Mindfulness in Parenting (IM-P) Scale (Duncan, 2007) is a 27-item self-report scale that measures mindfulness in the parenting context. Items are scored on a 5-point Likert scale ranging from 1 (“Never true”) to 5 (“Always true”). Items assess mindful parenting across five dimensions: listening with full attention (e.g. “I rush through activities with my child without being really attentive to him/her”), non-judgmental acceptance of self and child (e.g. “When my child is going through a difficult time, I try to give him/her the nurturing and caring he/she needs”), compassion for self and child (e.g. “When I do something as a parent that I regret, I try to give myself a break”), emotional awareness of self and child (e.g. “I’m aware of how my moods affect the way I treat my child”) and self-regulation in parenting (e.g. “I often react negatively when my child fusses or cries”). Higher scores on this scale indicate more mindful parenting. This scale was selected as the KODY evaluation team believe that its items align with “child-centred fathering” (e.g. “I pay close attention to my child when we are spending time together”; “It’s easy for me to tell when my child is uncomfortable or needs something”), a concept central to the Caring Dads program. Caring Dads teaches fathers skills for listening, praising, nurturing and communicating with their children, and seeks to increase men’s awareness of their abusive and neglectful behaviour towards their children. The items of this scale are suitable for assessing fathers’ skill improvement in these areas, as well as assessing improvement in their ability to regulate their emotions when parenting, complementing findings from the Emotional Dysregulation Scale.

Measures completed by mothers only

Brief Infant-Toddler Social and Emotional Assessment

The Brief Infant-Toddler Social and Emotional Assessment (BITSEA; Briggs-Gowan & Carter, 2002) is a 42-item parent-report measure used to screen for social-emotional and behavioural problems and developmental delay in 1-3 year olds. In the KODY evaluation, mothers use a 3-point scale (1 = Not true/rarely, 2 = Somewhat true/sometimes, 3 = Very true/often) to indicate how well a range of statements describe their child's behaviour. These statements describe child behaviours across two subscales: the problem scale, measuring behaviours that, if present, represent a problem (e.g. "Is restless and can't sit still", "Breaks or ruins things on purpose") and the competence scale, measuring behaviours that, if absent, represent a problem (e.g. "Is affectionate with loved ones", "Follows rules"). This scale was selected for the KODY evaluation to complement the Strengths and Difficulties Questionnaire by assessing child well-being across a younger age group.

Composite Abuse Scale

The Composite Abuse Scale (CAS) Standard Form (Hegarty & Valpied, 2013) is a 30-item self-report measure completed by the mothers involved in the KODY evaluation to identify the nature and severity of their (ex)partner's abusive behaviour. Statements describing partner behaviours are scored on a 6-point scale ("never", "only once", "several times", "monthly", "weekly" or daily) to assess the frequency of these behaviours across a time period. For the KODY evaluation, women are asked to recall the number of times they have experienced these behaviours from their (ex)partners in the previous twelve months for the pre-program questionnaire, and the previous four months for the post-program questionnaire. Statements reflect four categories of abuse: severe combined abuse (e.g. "Used a knife or gun or other weapon"), emotional abuse (e.g. "Told me that I wasn't good enough"), physical abuse (e.g. "Pushed, grabbed or shoved me") and harassment (e.g. "Hung around outside my house"). A reduction in scores represents a decrease in women's experiences of these (ex)partner behaviours.

Strengths and Difficulties Questionnaire

The Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) is a 25-item measure that assesses child mental health in children aged 3-16 years. In the KODY evaluation, this questionnaire is completed by mothers to measure improvements in children's mental health and well-being over time. Mothers use a 3-point scale (0 = Not true, 1 = Somewhat true and 2 = Certainly true) to indicate how well a range of statements describe their child. These statements describe child behaviours across five domains: emotional problems (e.g. "Often loses temper"), conduct problems (e.g. "Often lies or cheats"), hyperactivity (e.g. "Constantly fidgeting or squirming"), peer relationship problems (e.g. "Picked on or bullied by other children") and prosocial behaviour (e.g. Kind to younger children"). This scale was selected for the KODY evaluation to complement the BITSEA by assessing child well-being across an older age group.

