



KODY Practitioner Workshop: *Practitioner-led Knowledge Building*

Report of Workshop
16 March 2023

Suggested citation:

Guillou, M., Nguyen, H. T. D., Kertesz, M., & Humphreys, C. (2023). *KODY Practitioner Workshop: Practitioner-led Knowledge Building*. Report of Practitioner Workshop, 16 March 2023. University of Melbourne.

Introduction

On March 16th, 2023, the KODY Program’s first Practitioner Workshop was held in Richmond, Melbourne. Practitioners and program managers from Kids First and Odyssey House Victoria (OHV), along with researchers from the University of Melbourne and Southern Cross University, attended the three-hour workshop. The first half of the workshop consisted of a case study presented by KODY Caring Dads (CD) facilitators to illustrate the work, and an overview of program referral data, client numbers and profile, presented by the research team. Interested professionals from outside the program attended this half of the workshop. The second part involved a conversation mapping exercise.

There was considerable discussion about the development of various aspects of the KODY program since it started in 2021. A wider conception of KODY than a groupwork program for men emerged - towards a program not only working with all members of the family, but also actively engaging with the services surrounding the family and working collaboratively and holistically with them. This paper presents the Case Study, and a summary of participants’ thoughts, fears, and hopes about the KODY program.

Case Study

The family consists of Dad, Mum, and Bub, aged 6 months, and this case study focuses on the work of KODY CD with Dad and the family. Dad was referred into KODY CD by Child Protection due to a history of problematic alcohol use and violence towards his family. Mum also had a history of AOD use. Multiple government and community services were already involved with the family. Upon his presentation to KODY CD facilitators, Dad appeared heavily reliant on Mum for his recovery from Ice as well as daily living activities. At the same time, he believed that he was further along on his AOD recovery journey than Mum and shared frustration that their journeys did not align. At intake, facilitators assessed Dad in the ‘action stage’ for AOD recovery and in the ‘contemplative stage’ for eliminating his use of violence.

Throughout the 17-week program, facilitators supported Dad in achieving the program goals using a range of interventions and strategies (Table 1). By the end of the 17 weeks, Dad showed more trust in KODY facilitators and in the services surrounding him. He reflected on KODY Caring Dads as having been beneficial for his fathering and AOD goals.

Table 1. KODY Caring Dads Case Study – Goals, Interventions, and Key Outcomes.

Program Goals	Interventions	Key outcomes for Dad
1. Developing sufficient trust and motivation (Week 1-3)	- Establishing the group - Normalise AOD recovery work	Dad shared he was struggling with AOD recovery. Care team set up additional AOD support.
2. Increasing awareness and application of child-centred fathering (4-8)	- Exploring the Parenting Continuum	Dad realised he would not be able to practice child-centred parenting whilst using drugs and recognised gaps in his parenting/co-parenting.

3. Increasing awareness of & responsibility for fathering and its impact on children (9-14)	<ul style="list-style-type: none"> - Parent Problem-Solving Model - Examining the use of smoke screens 	Dad began to challenge his core beliefs about gender roles within the parenting context. Dad showed more curiosity towards Mum and set up boundaries with extended family.
4. Rebuilding trust with children and planning for the future (15-17)	<ul style="list-style-type: none"> - Inviting Mum to hear about what he had shared with the group - Reflecting on the program 	Dad acknowledged Mum's perspectives of previous experiences of abuse, showed trust in services, and reflected on how the program has beneficial for his parenting & AOD goals.

Throughout the program, KODY CD facilitators worked closely with the care team and the service context surrounding the family (Figure 1). Facilitators regularly discussed Dad's progress (and the gaps in this progress) with the care team. In turn, the care team worked collaboratively to support the family and enhance Bub's wellbeing. Furthermore, facilitators were continuously transparent with Dad about their involvement in the care team, presenting this as a way to advocate for him and support his change process.

The case study highlights the KODY program's wrap-around approach and demonstrates how safer practice can be achieved by moving beyond a groupwork program to working collaboratively with services surrounding the family to ultimately ensure the safety of children.

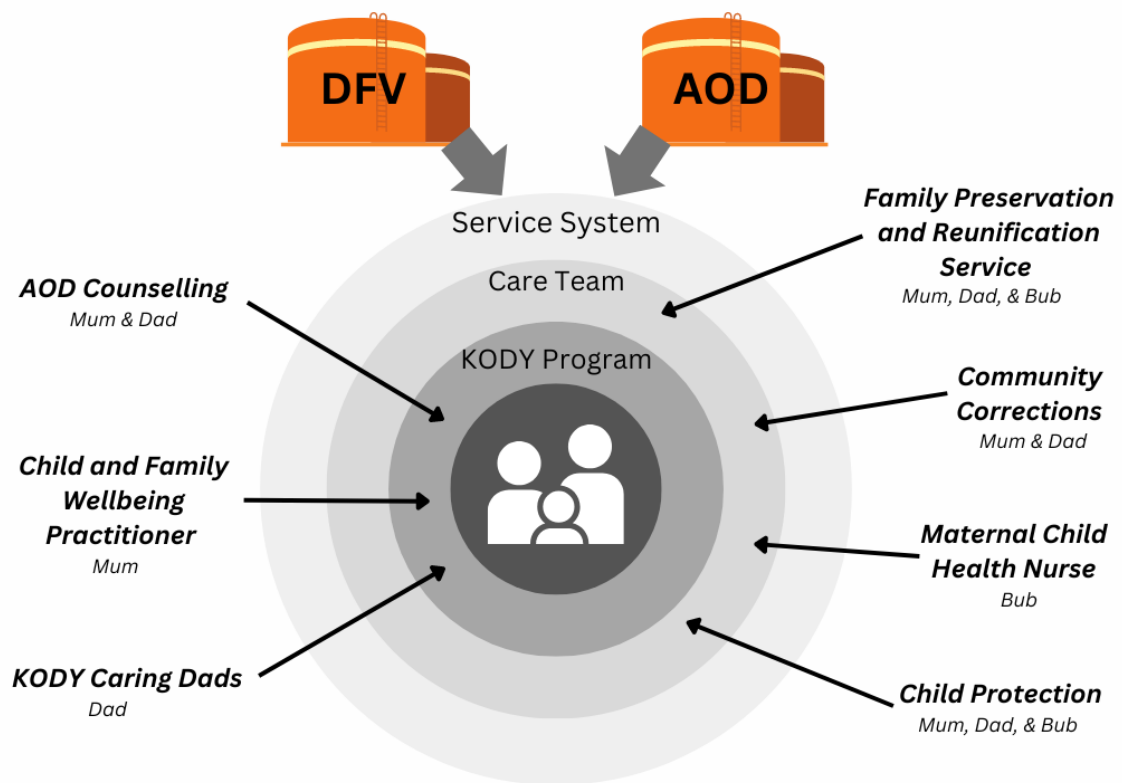


Figure 1. The service system and care team surrounding the family.

SWOT Analysis

In the second half of the workshop, practitioners, program managers, and researchers participated in a Conversation Mapping exercise which prompted them to reflect on the KODY Program in relation to Strengths, Weaknesses, Opportunities, and Threats. They were asked to write their thoughts on a large piece of paper, one allocated to each of the themes, and to add to the reflections noted down by others. Approximately 50 notes for each of the four categories were recorded by all participants. Below is a summary of the main themes and key points that emerged from the classification of these 200 entries.

Theme #1: The Service System

(The Service System was seen primarily as a problem for KODY, with the majority of the 19 entries comprising this theme listed under Threats.)

Participants recognised that siloes within the service system create barriers at the intersections of MH, AOD, and DFV; and prevent the development of cross-sector policies and funding as well as a shared language around DFV, AOD, and substance use coercion. Fostering change in fathers requires greater involvement and collaboration of services and statutory authorities beyond their completion of groupwork programs like KODY Caring Dads (e.g., Child Protection, Courts). Furthermore, the prevailing social expectations that hold mothers to higher standards of parenting than fathers need to be challenged if fathers are to be held accountable.

Theme #2: Intersectoral Collaboration

Collaboration & Capacity Building

(Enthusiasm and hope for collaboration and capacity building was indicated by all 28 entries under this heading being listed under either Strengths or Opportunities.)

The relationship between Kids First and OHV is built upon passion for the work, a respect for different perspectives, a shared vision, and shared values that align with MARAM and the Safe & Together Model. Participants noted the significant benefits of the collaboration between Kids First and OHV, namely capacity building across AOD and FV sectors (e.g., shared practice forums, the KODY Policy Stakeholder Group). Enthusiasm for collaboration was highlighted by participants suggesting further opportunities for collaboration including mental health services, disability services, homelessness services, sexual assault services, and Aboriginal services (e.g., VACCA).

Communication & Language

(Participants saw the program being at the beginning of a journey towards a shared language between different sectors, with effective communication being seen as a challenge. All 16 entries under this heading were listed under either Weaknesses or Threats.)

Efficient information sharing and open communication channels are crucial when working across sectors. Participants identified that inefficiency in exchanging information (e.g., MARAM, FVIS, AOD comprehensive assessment) leads to time delays that add to the already increased time commitment involved in collaborating across sectors. Furthermore, the ongoing development of a shared language is critical for successful cross-sector collaboration (for example, developing a shared language of DFV/AOD tactics such as substance-use coercion).

Theme #3: Networking & Referrals

(Reflections on this theme were mixed, with a third (11 entries) noting this as an area of weakness, but two-thirds (20 entries) seeing opportunities and provided examples of how networking could build referral pathways for KODY.)

Participants recognised that, with KODY being a new service, increased exposure of the program is necessary to build familiarity with the program within the service system. Participants saw that further exposure of the program is required before KODY becomes a go-to program for fathers on CCOs and a preferred program in Child Protection's case plans. This can be achieved by taking opportunities to present at network meetings, conferences, workshops, etc. Raising the awareness of the KODY program can also be achieved through networking with partner organisations (e.g., Workforce Australia, GP clinics, ACSO, corrections providers, Berry Street, etc.). Furthermore, a continuous and regular advertisement of KODY throughout the service system will lead directly to an increase in referrals. Currently, for example, the number of referrals for KODY Caring Dads from the Orange Door and Corrections is particularly low, and marketing efforts could be directed in those directions.

Theme #4: Resources

(Reflections on this theme were fairly evenly divided between Strengths/Opportunities and Weaknesses/Threats and illustrate the difficulties of developing a new program without dedicated external funding.)

KODY was seen to provide an invaluable opportunity for staff to build the knowledge and skills required when working at the intersection of AOD and FV (9 entries under Strengths and Opportunities). However, practitioners expressed concerns about facing high workloads whilst under-resourced and expressed the need for further training, both of which potentially leading to burnout (18 entries under Weaknesses or Threats). Siloed funding opportunities subject to inflexible funding models were identified as a threat to the sustainability of cross-sector programs like KODY (8 of the 9 entries about funding were listed under either Weaknesses or Threats.).

Although under-resourced, however, practitioners are feeling supported and valued at all levels within their respective organisation (5 entries under Strengths).

Theme #5: Working with the Whole Family

Participants saw the KODY collaboration as providing a platform to work with all family members holistically with the case coordination component providing a key opportunity for this (10 entries under Strengths and Opportunities). It was noted that KODY advocates strongly for the safety of children (4 entries under Strengths). Several comments also suggested that challenges still lie in maximising fathers' engagement through the intake process and into groupwork, and in finding ways to accurately measure child safety (5 entries under Weaknesses and Threats).

Theme #6: KODY Caring Dads

(Reflections on KODY Caring Dads were divided between statements about the strengths of the groupwork program, and thoughts about areas for improvement.)

Areas for improvement included the importance of improving retention rates throughout the intake phase, noting that a large group of men, and especially their many children, may currently be missing out on a valuable opportunity (6 entries under Weaknesses and Threats). Participants also highlighted the need for an adapted CD manual to incorporate language and concepts for working with fathers with

a history of AOD use as well as DFV (6 entries under Opportunities). Work on a revised manual has commenced and is ongoing. Furthermore, participants reflected on other challenges for the program (10 entries under Weaknesses and Threats), including the following:

- the use of one venue only for groups may be a geographical barrier to men’s participation and add workload pressure for facilitators travelling from other workplaces; and
- the challenge for program staff to support participants from Aboriginal or CALD backgrounds, or participants with limited English.

On a positive note, participants reflected those robust clinical reviews, a comprehensive final report about men’s progress, and a focus on parenting and respectful relationships differentiates KODY Caring Dads from Men’s Behaviour Change Programs (9 entries under Strengths).

Figures 2 and 3 represent the barriers to, and enablers of collaboration between Kids First and OHV within the KODY Program.

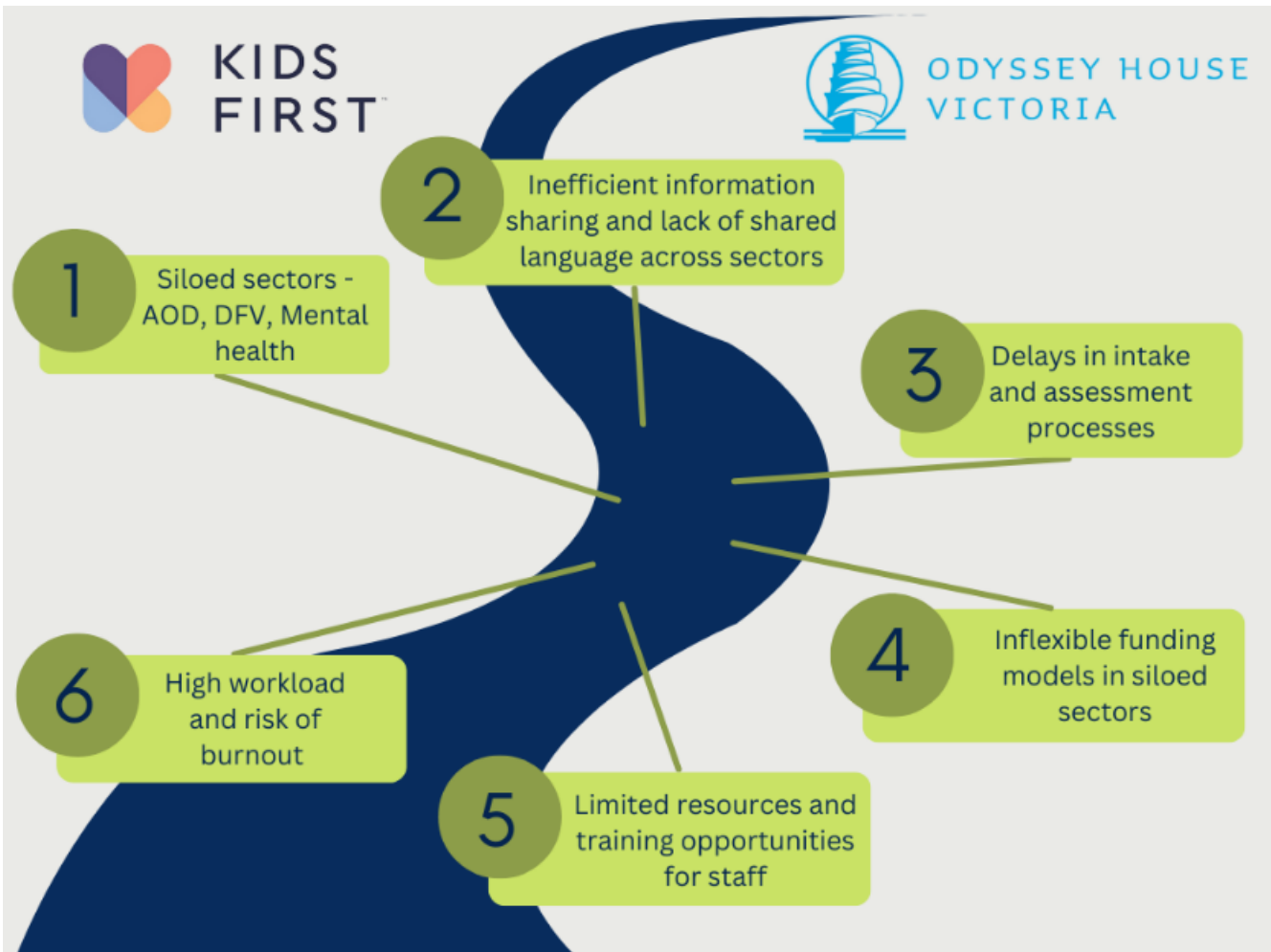


Figure 2. Barriers to collaboration within the KODY Program.

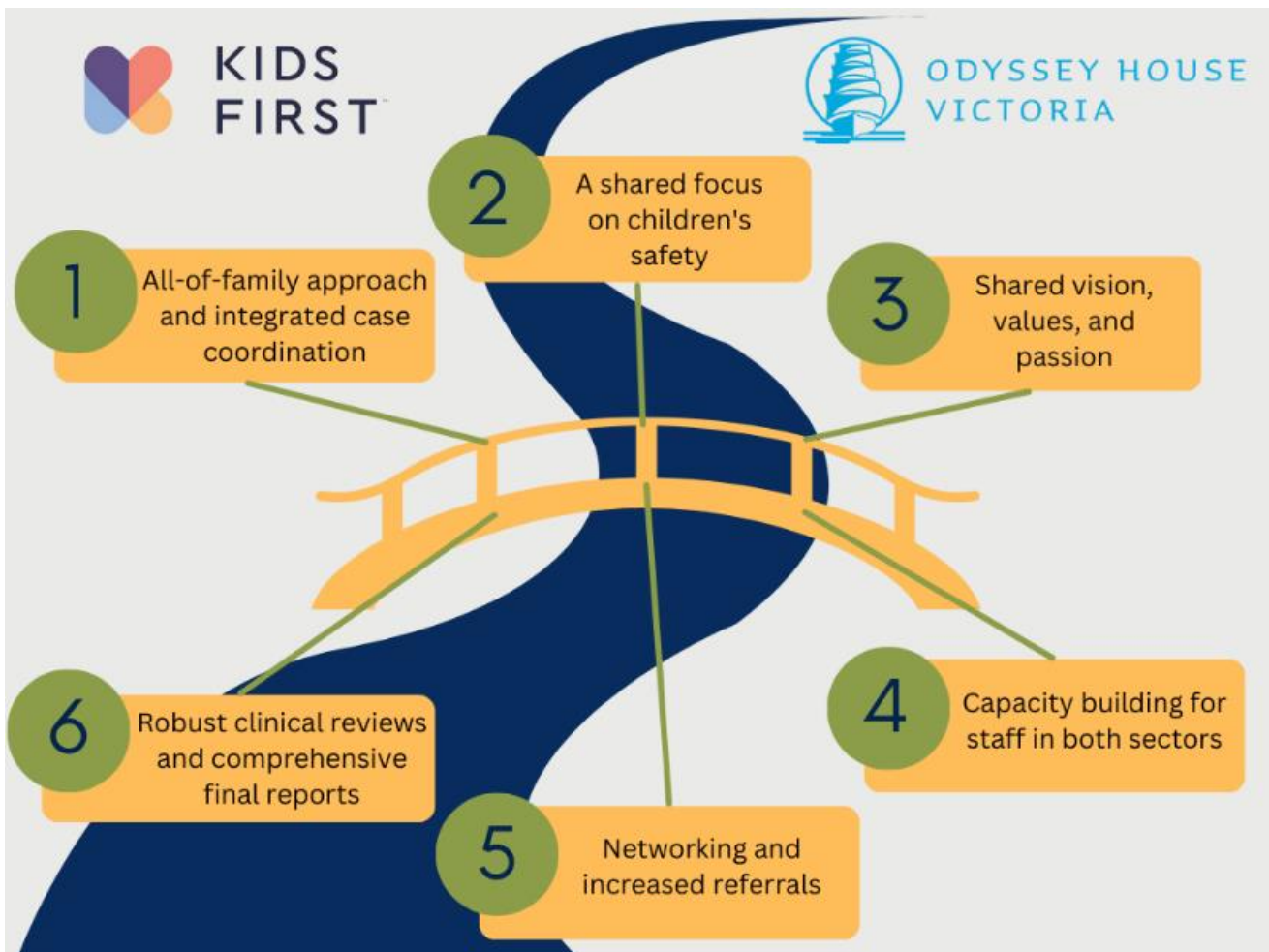


Figure 3. Enablers for collaboration within the KODY Program.

Conclusion

The first KODY Practitioner Workshop was an invaluable opportunity for practitioners, program managers, and researchers to reflect on the development of the KODY Program thus far. Key takeaways from the workshop include:

- the benefits of capacity building for staff across both organisations;
- cross-organisation cultural change for increased collaboration and shared language; and
- the importance of a supportive authorising environment to adequately resource program staff to effectively assist all family members.

KODY is more than a group work program. It is a coordinated all-of-family approach encompassing groupwork, family support, and counselling within the program and coordinating with a range of other services outside the program to address all contextual factors affecting the children and the family.

With shared values and goals for the family—eliminating family violence, addressing substance use concerns, and ultimately, enhancing the safety and wellbeing of children—collaboration between Kids First and OHV has and continues to strengthen.