KODY

2024 Practitioner Workshop Report

The KODY Model For Change

KODY Program: A collaboration between Kids First & Odyssey House Victoria

KIDS FIRST™

ODYSSEY HOUSE VICTORIA

THE UNIVERSITY OF MELBOURNE

Southern Cross University

About the KODY Program

The KODY program is a collaboration between Kids First and Odyssey House Victoria. The program recognises the combined impact of harmful behaviours and drugs and/or alcohol on family relationships. During the KODY program, fathers participate in both the KODY Caring Dads groupwork program and alcohol and other drugs (AOD) counselling, while mothers, fathers and their children have the opportunity to work with Kids in Focus.

Caring Dads (Kids First) is a program to help fathers who have used violence, to improve and repair their relationships with their children. Caring Dads supports child-centred parenting practices and a reduction in controlling, abusive and neglectful parenting to enhance the safety and wellbeing of children. KODY Caring Dads incorporates discussions about how AOD use intersects with their use of violence.

Kids in Focus (Odyssey House Victoria) 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 the needs of parents and children.

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Introduction

On March 25th 2025, the second KODY Practitioner Workshop was held in Brunswick, 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 five-hour workshop. In the KODY project's third and final year, the workshop provided an opportunity for practitioners, program managers, and researchers to reflect on the novel and ambitious KODY program. Where did the program succeed? Where and how did it fall short on delivering an all-of-family service? Where, and more importantly, how, can it be improved? The interdisciplinary professionals gathered at the workshop, whose collective insights encompassed acquired experience, current practice, and research evidence, attempted to answer these reflective and important questions.

The workshop ran in three parts. In the first part, 'Stories from Research and Evaluation', researchers presented an overview of KODY evaluation data gathered over the 3-year period, with practitioners providing feedback and reflections on the implications for research and practice. In the second part, 'Stories from Practice', practitioners were invited to write a story about a client or family they had worked with on the KODY program (or a client or family who would have benefited from the KODY program). In the third part, 'Creating the KODY Model for Change', practitioners examined the existing elements and goals of the KODY program, shared ideas about how to improve the KODY model, and reflected on the implications for future service delivery.

Stories from Research and Evaluation

In the first part of the workshop, researchers presented an overview of KODY evaluation data collected since program inception in 2021. The data compared KODY Caring Dads to Caring Dads Business as Usual (BAU) participants on several dimensions including referral sources, demographic characteristics (e.g., family composition, substance use, criminality), evaluation data collection, and program completion rates. Two key themes are presented below.

The Characteristics of KODY Caring Dads Participants

Evaluation data shows that KODY Caring Dads participants differ from Caring Dads BAU participants in several important ways. Few KODY Caring Dads or Caring Dads BAU participants reported experiencing any alcohol-related problems; however, **KODY Caring Dads participants reported significantly more drug-related problems and drug dependence.**

Furthermore, records from Victoria Police show that KODY Caring Dads participants have a **more extensive history with violence**, with higher numbers of family violence incidents, violent-related offenses, intervention orders, and breaches of intervention orders. KODY Caring Dads participants also have **more children and stepchildren** than the Caring Dads BAU group. Together, these findings highlight the importance of services to engage with this group of high-risk men to ensure the safety and wellbeing of women and children.

Practitioners were not surprised by the presentation of the above-mentioned data and provided valuable insights on findings relating to the groups' AOD use. They advised it is likely that both groups under-report their alcohol use, resulting in data showing that, on average, neither group exhibits alcohol-related problems (as measured on the AUDIT). Practitioners also advised it is likely that Caring Dads BAU participants under-report their drug use, explaining the large difference in drug-related problems between the two groups (as measured on the DUDIT). Irrespective of under-reporting, the data clearly supports published literature indicating that substance use is associated with greater levels of violence[1], demonstrating the importance of programs that address the intersection of domestic and family violence (DFV) and AOD issues.

Engaging with Women and Children to Understand Program Outcomes

Engaging with women and children is crucial to understanding the outcomes and impacts of the KODY Program. Hearing their voices aligns with the program's key goals of improving women and children's safety and wellbeing, and increasing their visibility in DFV and AOD services. Importantly, it also allows an assessment of men's behavioural changes with respect to the use of violence and, therefore, an understanding of the program's outcomes, without relying entirely on men's self-reports, which have been shown to be less reliable than mother's accounts[4,5].

The consensus among participants at the Practitioner Workshop was that it is more difficult to engage with women and children, than to engage with the men who use violence—both to assess the men's behavioural changes as part of service provision, and to collect outcome data as part of research and evaluation. This difficulty is not unique to the KODY Program. For example, in the Victorian evaluation of Caring Dads, 77% of men who began the program consented to participate in the research whereas only 20% of their (ex)partners did[2]. A mixed-method study of Caring Dads conducted in Queensland over three study phases reported similarly low participation rates by mothers compared with fathers. A total of 26 fathers and 7 mothers participated in phase one, 17 fathers and 5 mothers in phase two, and 7 fathers and three mothers in phase three[3].

Practitioners and researchers reflected on the **barriers to engaging with women and children**—in both service provision and in research and evaluation—to understand program outcomes, and discussed strategies to address these barriers.

Barrier	Proposed solutions
There is often great pressure on women to engage in support services, resulting in significant service fatigue. Participating in evaluation can be an additional burden—"one more thing" to worry about.	Utilise innovative and creative methods for collecting outcome data (e.g., Talking to My Mum book), as conventional evaluation methods may not be suitable for this group of women and children. Collect, examine, and compare pre- and post-program Family Violence Information Sharing Scheme (FVISS) documents and police reports (L17s) as indicators of change over time.
Many women do not want to be involved with their (ex-)partner and his services.	Promote and resource roles such as that of the Caring Dads Child and Family Wellbeing Practitioner, to seek women's feedback about and assessment of their (ex-)partners' behavioural changes.
Practitioners avoid referring women and children into KODY and Kids in Focus just for research and evaluation since many women and children are already involved in other integrated family services.	Create referral pathways that bring families to KODY Caring Dads through a range of family services, recognising and collaborating with the variety of programs that support women and children.

Barrier (cont.)	Proposed solutions (cont.)
It is difficult to engage very young children in research and evaluation; many children in Kids in Focus are newborns and young babies due to a significant number of referrals coming in from Women's Alcohol and Drug Service (WADS) at the Royal Children's Hospital.	Promote engagement with mothers in the prenatal period; and utilise innovative and creative methods for collecting outcome data (e.g., infant observation, Safe & Together concepts of the Pathways to Harm).
In some situations, the risks for women and children may be too high to ask them to engage in research and evaluation.	Promote and resource the role of the Caring Dads Child and Family Wellbeing Practitioner, or similar roles in other services, in assessing and addressing risks and in seeking women's feedback about men's behavioural change.

Stories from Practice

In the second part of the workshop, practitioners and program managers were invited to write a Story from Practice. Practitioners who worked with clients involved in the KODY program were asked to provide an example of a family involved with KODY, to reflect on where the program worked (or did not work) for this family, and to offer suggestions for improvements to the service. Practitioners who had not worked with clients involved in the KODY program were asked to provide an example of a family that may have engaged successfully with the program, or one that may have faced barriers to service engagement. A total of five Stories from Practice were received from practitioners.

The Stories from Practice provided insight into the **characteristics of the families that the KODY Program works with**. The families' situations include:

- experiences of DFV, including physical, emotional, and verbal violence, and substance use coercion;
- parental experiences of alcohol and/or other drug use;
- parental experiences of complex mental health issues;
- parental statutory involvement, with the presence of child protection orders and community corrections orders;

- the family's involvement with several services, including but not limited to, Child Protection, parenting support programs, National Disability Insurance Scheme (NDIS) support co-ordination, family services, DFV services, AOD support services, enhanced maternal and child health services, housing services; and
- child(ren) currently (or previously) living in kinship care.

Practitioners identified a number of **barriers to involvement in the KODY Program by families:**

- the lack of KODY Caring Dads groups running at the time of engagement;
- Child Protection referrals not including information on the father's presenting issues and role within the family;
- fathers who use violence displaying a lack of accountability and insight into their harmful behaviours and, therefore, a lack of motivation and willingness to attend KODY Caring Dads in the absence of mandated authority for attendance; and
- fathers who use violence not having a drivers' licence or access to a vehicle to travel to Caring Dads sessions, which were held in person.

The Stories from Practice indicate that the KODY Program works with diverse families experiencing complex and intersecting DFV, AOD, mental health, health, disability, and housing issues and that the barriers to their involvement in the KODY program occur at both the individual level (i.e., personal circumstances, attitudes, and motivation) and the service system level (i.e., program timing, and referral and case management practices). Barriers need to be further examined and addressed to promote families' engagement with services, in conjunction with fathers' engagement with groupwork programs at the intersection of DFV and AOD.

KODY Model for Change

In the final part of the workshop, the group examined and reflected on the KODY Model for Change. A draft Model for Change was prepared by researchers, reflecting how the program was originally conceptualised. In groups, practitioners reflected on each of the elements in the model (e.g., resources, activities, goals) and identified key lessons for future practice and program delivery. A summary of key lessons is provided below.

Lesson 1: Improving the KODY Caring Dads model

The role of case management

- A case management component is required for Caring Dads participants.
- Case managers could take the lead in co-ordinating and chairing care team meetings, rather than relying on Child Protection workers.

The benefits of a rolling group model (e.g., OHV Therapeutic Community Caring Dads)

- A closed group scheduled in specific timeframes (e.g., KODY Caring Dads) means men have to 'fit' into the program rather than the program responding and adapting to the men's emerging needs.
- A rolling group model allows flexibility for individual work that addresses a participant's needs and builds their readiness for the group, while keeping the groups going.
- In a rolling group model, there are beneficial elements of peer work and peer support; i.e., previous participants recruit new participants, encourage and motivate participants to engage with the group work, and act as mentors and witnesses to change.

Supporting men beyond 17 weeks

- For men's behavioural change programs and group work programs, 17 weeks is too short; a minimum of 12-18 months is necessary.
- Ongoing support is needed to prevent 'relapse' into DFV.
- Service system review and advocacy to funding bodies is essential for building an intervention model incorporating ongoing support.
- Potentially, the group work program could link to the program of work being piloted with high-risk men.

Accessibility of Caring Dads content

- Facilitators have a role in "translating" the Caring Dads content for clients, "breaking it down" to be more accessible.
- OHV Therapeutic Community Caring Dads practitioners have revised the Caring Dads workbook to make it more accessible for participants.
- Caring Dads content needs to include practical behavioural alternatives and tools that men can use for emotional regulation.

Lesson 2: Enhancing accountability and monitoring of fathers who use violence

Assessing multiple indicators of change

- MARAM collaborative practices play an important role in ensuring accountability and monitoring of fathers who use violence. Post-program FVISS and L17s may be collected as indicators of change.
- There are small indicators of improved family functioning that may be collected, such as children's attendance at school, engagement in family activities, etc.

Addressing the gaps in care team meetings

- Practitioners and services often have different agendas, leading to lack of consistency in the messages given to Caring Dads participants and their family members.
- Care team meetings have usually focused on information sharing rather than collaborative problem-solving.
- Greater flexibility in the timing of care team meetings to ensure high levels of participation.

Promoting the role of informal support

- Informal networks are crucial to supporting men in their community and increasing monitoring and accountability for men.
- Exploration and promotion of informal networks need to be built into the program from the start, at Assessment and Intake. The 'witness to change and accountability' model would ensure that the participant has at least one person in their network who 'walks alongside' them through their engagement with KODY and beyond.
- There is currently a gap in services that help men to increase social connectedness and social capital.

Lesson 3: Expanding referral pathways beyond Child Protection

Child Protection referrals make up the majority of the referrals to KODY Caring Dads

Approximately 50 percent of referrals into KODY Caring Dads come from Child Protection. Practitioners raised a number of potential issues with Child Protection referrals:

- Kids in Focus workers have observed a lack of "father inclusiveness" in CP referrals of families into Kids in Focus, with the referral solely focusing on the woman/mother.
- Some Child Protection workers do not work from a DFV-informed perspective. On-going training in the Safe & Together Model would ensure that they have the same language and understanding as their colleagues at Kids First and OHV.
- Child Protection closes cases quickly after referral, impacting men's motivation and accountability to attend the group work program and underestimating the importance of the leverage of their involvement to support the change process.

Promoting referrals from family services, including Kids in Focus

- Approximately only 12 percent of referrals into KODY Caring Dads come from Kids in Focus. Barriers to referrals from Kids in Focus have included the KiF client group increasingly being made up of single mother families and families whose fathers have a history of sex offenses and are therefore not eligible for KODY Caring Dads.
- Referrals from a range of family services, beyond Kids in Focus, have the potential to actively build in support for children and their mothers, and coordination with these services through care teams can create an all-of-family approach.

Other potential referral pathways

- Statutory referral pathway - Department of Justice/Corrections clients (already engaging with Caring Dads); Family Drug Court
- OHV 'Kickstart' program – creating safety, understanding, generating "readiness" for the next "level" of intervention in Caring Dads
- Orange Door

Lesson 4: Implementing an all-of-family approach

The importance of the Child and Family Wellbeing Practitioner role within KODY Caring Dads

- The Child and Family Wellbeing Practitioner (based in KODY Caring Dads), who provides direct support to women and children, is a crucial element for change within an all-of-family-approach.

The need for services that provide direct services to children, like Kids in Focus

- There are further opportunities for services that focus on children, including social, recreational, and therapeutic services. For example, Kids in Focus used to offer school holiday programs, camps, etc.
- The 'Talking to My Mum' book is an important tool for engaging with children and mothers in a therapeutic context.

The importance of preparatory work across organisations

- Designing a service with an all-of-family approach such as KODY, particularly when it involves the coordination of separately funded programs, requires significant preparatory work across organisations before commencement of the program, to develop unified aims, build a cohesive team, identify skill/knowledge gaps, and capacity build.

Conclusion

In the final year of the three-year KODY project, the 2024 KODY Practitioner Workshop provided a collaborative and reflective space for practitioners, program managers, and researchers to celebrate the successes of the KODY program; to consider the areas for improvement; and to create a shared vision for future service delivery. Key take-aways from the workshop include:

- the unique, complex, and long-term needs and risks experienced by families at the intersection of DFV, AOD, and mental health;
- the need for individualised support and case management components in men's groupwork programs;
- the promotion of formal and informal networks that keep men accountable for their violent behaviours;
- the importance of services that directly work with children, centering their voices, needs, and experiences; and
- the complexity of designing and delivering an all-of-family approach which involves collaboration across sectors, funding streams, organisations and services.

The KODY Program was made possible by a close collaboration and strong partnership between Kids First and OH and by committed practitioners who centre the safety and wellbeing of women and children in every aspect of their work. The 2022-2024 pilot has highlighted the need for **a supportive authorising environment from senior management**, as well as **increased, dedicated, and sustainable funding** for an integrated all-of-family approach. **Advocacy is needed at the governance and policy level** to ensure that the valuable lessons learnt from KODY contribute to a better, more effective, and more comprehensive service system for families living at the intersection of DFV and AOD.

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