ATTACHMENT MB-2

This is the attachment marked "**MB-2**" referred to in the witness statement of Michael Gerard Brandenburg dated 21st July 2015.

Program Review

Funded Program: Step Up Victoria - Preventing Adolescent Violence in the Home

(Reference: 20130687)

Funding Overview:

In November 2012 the Ian Potter Foundation allocated funding of $697,500 to Child & Family Services Ballarat (CAFS). Funding was provided over a three (3) year period from January 2013 – December 2015 to:

- Tailor the adolescent and family violence *Step Up Program* being run in the United States to the Australian context
- Pilot that program with sixty (60) adolescents and their families in the Ballarat Region and
- Share learnings from that experience with other agencies.

Provision of the above funding was contingent on the Victorian Department of Human Services (DHS) also providing funding to support the pilot of the program at another site over a similar time period, which DHS did. (It funded Peninsula Health to deliver the program in the Mornington Peninsula / Frankston Region.)

The intention in funding the CAFS Step Up Program was to demonstrate the value of running adolescent and family violence programs of that type with a view to supporting the broader based adoption of such programs.

In late 2013 DHS issued a tender to extend the delivery of a Step Up-based adolescent family violence program in three (3) locations across the State. CAFS was successful in being appointed to deliver the program in Ballarat and will receive $800,000 over four (4) years from July 2014 – July 2018 to do that.[1]

This Report:

The Ian Potter Foundation has engaged Effective Philanthropy to undertake a review of the CAFS Step Up Program. DHS has also commissioned the Australian Institute of Criminology (AIC) to undertake an independent evaluation of the pilot program in Ballarat and the Mornington Peninsula / Frankston Regions and a like Program being run in Geelong. That evaluation is scheduled to commence in the second half of 2014.

Given the proximity of the AIC evaluation, care has had to be taken in designing and undertaking the Effective Philanthropy review not to compromise the detailed DHS funded evaluation by undertaking participant survey work that might then need to be repeated by the AIC evaluation team. For that reason, the Effective Philanthropy review has been based on data collected by CAFS during the course of the pilot and feedback from CAFS staff. It has not included additional participant survey-based analysis.[2]

This report summarises the findings of the Effective Philanthropy review. It covers the period from 21 May 2013 – 31 May 2014 (the Review Period). The report is broken into three sections. Section One provides an overview of the CAFS Step Up Program model. Section Two looks at the number and profile of the participants that CAFS has worked with during the Review Period, the nature of their participation in the CAFS Step Up Program and the outcomes realised through that Program. Section Three highlights key observations and learnings from the pilot that can be used to inform ongoing program design and delivery.

1. Program Model Overview:

The CAFS Step Up Program[3] works with adolescents aged 12 – 18 years living in the Ballarat Region who are engaging in physical, verbal, emotional, psychological and / or financial intimidation or violence that threatens the wellbeing or safety of their parent(s), carer(s) and / or sibling(s).

It is designed as an early intervention program that works with adolescents and their families with the aims of reducing and preventing adolescent family violence and increasing the safety of all family members.

[1] Peninsula Health will continue to deliver a program in the Mornington Peninsula / Frankston Regions and Zena will deliver a program in Geelong.
[2] Data in this report is based on CAFS client data, client surveys and assessments and staff interviews.
[3] For the balance of this report, unless otherwise specified, references to the Step Up Program refer to the CAFS Program.

The Program seeks to do that by focusing on the five (5) key areas outlined in Figure 1 below. Specifically, it is structured to build family, adolescent and parent / carer wellbeing and safety, strengthen family relationships and promote community and cultural connections.

Figure 1 – Program objectives and target outcomes

Focus	Objective	Target outcome
1. Family wellbeing and safety	Increase the safety of all family members by preventing the incidence and / or escalation of adolescent family violence	Reduced number of family violence incidents Reduced severity of family violence incidents Increased perception of family wellbeing and safety
2. Adolescent wellbeing and safety	Strengthen adolescents' emotional wellbeing, communication and problem solving skills	Improved adolescent mental health and wellbeing
	Promote the stability of adolescents who are at risk of negative consequences as a result of their use of violence and other co-occurring issues	Increased adolescent engagement with education, training or employment Reduced adolescent homelessness / unstable accommodation Reduced problematic adolescent alcohol / drug usage Reduced risk taking behaviour
3. Parent wellbeing and safety	Strengthen parenting capacity and ability to protect personal safety and maintain wellbeing	Improved parent / carer mental health and wellbeing Improved parental capacity to manage adolescent's behaviour Improved parenting skills Increased parental involvement by father / male carer
4. Family relationships	Promote positive parent-adolescent relationships and attachment	Improved family relationships
5. Community and cultural connections	Increase adolescents' and their families' connection to their culture and community	Increased participation by Aboriginal adolescents and their families in activities that connect them to their culture Increased participation by CALD adolescents and their families in activities that connect them to their culture

The US Step Up Program (on which the CAFS Program is broadly based) is targeted at adolescents who have been charged with family violence, have been held in juvenile detention for at least 24 hours and are mandated to attend the Step Up Program as an alternative to being sentenced to ongoing detention or being placed on a community based order.[4] A key difference between the US and CAFS Programs is that the CAFS Program is not a court mandated program.

The CAFS Program is targeted at adolescents who:

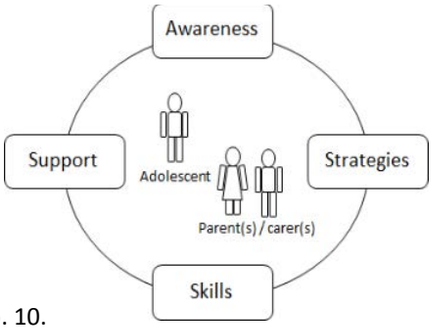
- Are living in the Ballarat area
- Are living in their family home at the point of referral or are intending to return home
- Are using violence against their parent(s) / carer(s) and / or sibling(s) that is frequent and ongoing
- Are at risk of experiencing family breakdown and / or homelessness
- Have not been charged with a family violence related criminal offence and
- Are not currently subject to violence perpetrated by their parent(s) / carer(s).

Participation in the program is voluntary and both the adolescent and their parent(s) /carer(s) must agree to participate. [5]

The CAFS Program works with adolescents and their families to:

- Build adolescent and family **AWARENESS** that the use of intimidation and violence is inappropriate, help them to understand the adverse effect that such behaviour has on themselves and other family members and help them to understand the consequences of that behaviour
- Identify key support needs and help participants to develop and implement **STATEGIES** to prevent intimidation and

Figure 2 – Program methodology



[4] King County Department of Judicial Administration 2013; Howard 2011., p. 10.

[5] The requirement that both the adolescent and their parent(s) / carer(s) participate in the program is common to both the US and the CAFS Programs.

violence, address behavioural issues and strengthen family relationships
- Build personal and social **SKILLS** that help them to do that, including strengthened personal / cultural identity, self-awareness, self-management / control, inter-personal, general life, parenting and help seeking skills / skills to stay safe and
- Link participants into external **SUPPORT** services where that is required, including mental and physical health, drug and alcohol support, housing support, emergency relief and education, training and employment support services and cultural networks and recreational activities.

The CAFS Program works with adolescents and their parents / carers using a therapeutic skills development approach. It includes:
- **Outreach based engagement** where staff contact families referred to the Program, help them to understand the focus, approach and potential benefits of the Program for them and encourage them to engage in the Program
- **Intensive family case management** where staff work with adolescents and their families individually and in combined sessions to identify key support needs, help them to develop and implement strategies to prevent intimidation and violence, address behavioural issues and provide referrals to external support services and
- **Group work** focused on behavioural change and skills development. Adolescent and parent / carer group sessions are run concurrently so that some activities can be completed together (with both adolescents and parent(s) / carer(s) from a range of families) and others can be completed separately (with just adolescents or parents).[6]

Staff work with families as part of the initial assessment process to determine what activities are likely to be of most value to the adolescent and their family. In some cases families will take part in both the case management and group work components of the Program, in others they may access only one of those. If a family is already receiving case management from another program or agency then they will usually only participate in the group work component of the Program. Staff will take into consideration the needs, behaviour and risk profiles of both the referred family and the families that are already engaged in group program activity when determining whether or not it makes sense to include the adolescent and / or parent(s) / carer(s) in that activity. Staff may choose to provide families with more intensive one on one support rather than have them participate in group activity when the adolescent or their family members present with risk factors / co-occurring issues that are likely to make it difficult for them to participate constructively in a group environment[7] or when staff do not think that the dynamic in the group will be a good fit for the participant based on the age and / or needs and behaviours of the participant compared to other group members.

Staff continue to monitor families' support needs overtime and adjust the nature and level of support provided in line with those needs. When staff believe that participants have taken as much benefit as they can out of the Program they work with the family to help them to transition out of the Program. Staff will often link families into other programs or supports as part of the process.

2. Evaluation:

2.1. Program set up

Having received funding for the Step Up Program from The Ian Potter Foundation CAFS undertook a period of program (re)design and planning activity between January – May 2013. It appointed a Project Officer in January 2013 to review the US Step Up Program, design a program suitable to the Australian context based on that review and recruit program staff. In April 2013 a Team Leader / Senior Worker (Tracey Savage, 0.8 FTE) was appointed who undertook further program development work, established relationships with police and other agencies that could act as referral partners, developed operational systems to support program delivery, set up data collection processes and recruited additional case work staff. The CAFS Program began working with participants in May 2013. As at the end of the review period the Program employed three (3) case workers (1.8 FTE) with the capacity to support between seven (7) –ten (10) families at any one time. [8]

[6] Although the number of participants attending a given group session will vary the Program aims to have a staff ratio of no less than 1 staff member : 7 adolescents and 1 staff member : 10 parents / carers.
[7] For example if they have an intellectual disability or present with behavioural issues that are likely to inhibit their ability to engage with others or participate in group work and discussion.
[8] In addition to the Program staff listed above staff from other CAFS programs occasionally facilitated group work sessions and a second year university student provided some general program support.

Table 1 – Staff employment and caseload profile

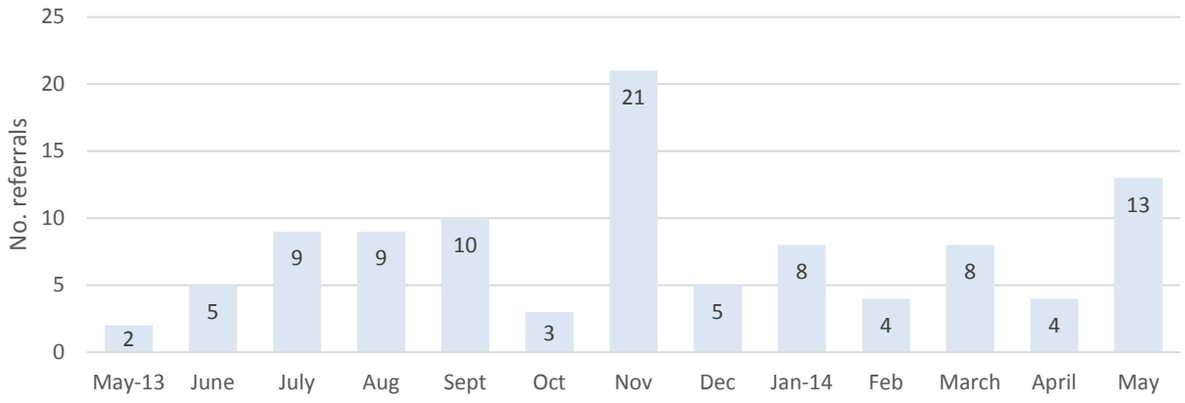
Staff	When commenced	FTE	Case load	→	Total case capacity
1	April 2013	0.8	3 – 4 families	→	3 – 4 families
2	June 2013	0.6	3 – 4 families		6 – 8 families
3	October 2013[9]	0.4	1 – 2 families		7 – 10 families
4	June 2014[10]	0.4	2 – 3 families		8 – 11 families

2.2. Participant profile

In the period from May 2013 – May 2014 one hundred and one (101) adolescents were referred to the Program. Nine (9) of those adolescents were referred on more than one occasion during that period. While some of those families (4, 44%) repeatedly declined to participate, others took up the opportunity to participate at a later time (2, 2%) or engaged in the Program on one or more occasion (3, 33%).[11]

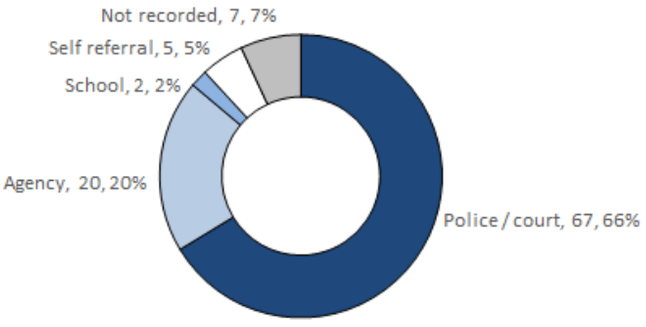
The number of referrals received each month increased over the first few months of the Program and by July 2013 had built up to a base load of between nine (9) – ten (10) referrals per month, a rate that was sustained until September. There was greater variation in the number of referrals received in the October – November 2013 period. Anecdotally that may have been driven by referring agencies (particularly the police) being unable to process referrals efficiently given their workload rather than a fluctuation in the base number of adolescents identified for referral each month.[12] Since December 2014 the number of referrals has varied from month to month, fluctuating from between four (4) – thirteen (13) referrals per month.

Figure 3 – Referrals received by month May 2013 – May 2014 (pop. = 101)[13]



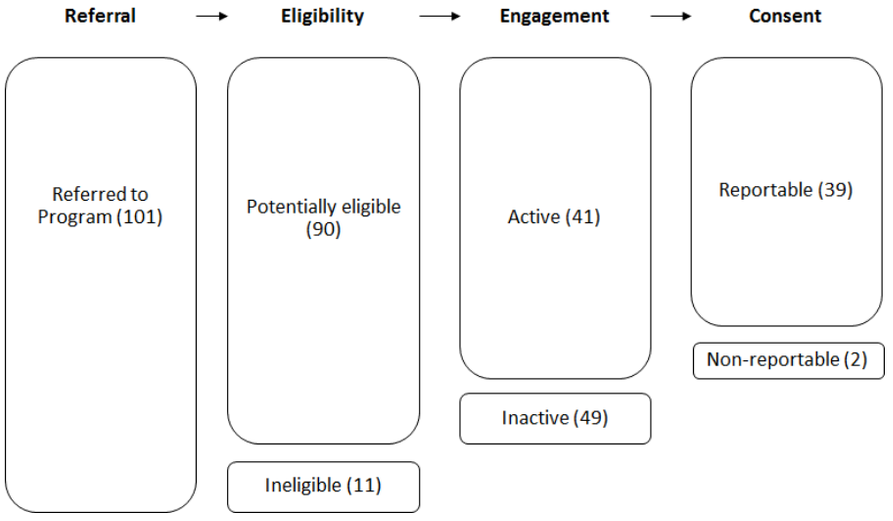
Of the one hundred and one (101) adolescents referred to the Program two thirds were referred by the police or the courts (67, 66%). Most of the other adolescents were referred by local support agencies, including Child First, residential care, family violence, family support, youth support and mental health services (20, 20%). In a limited number of cases school staff referred adolescents to the Program (2, 2%) or families contacted CAFS directly (5, 5%).

Figure 4– Referral source (pop. = 101)



[9] Seconded staff member who finished role in June 2014.
[10] Replacement staff member employed.
[11] When analysing the participation and outcome profile of participants with repeat referrals to the Program this report uses data from the adolescents primary or most significant engagement with the Program based on the duration of their participation in the Program, the level of support provided and the nature of the activities participated in (i.e. movement beyond the assessment stage and participation in case management and / or group work).
[12] Staff interviews.
[13] Unless otherwise specified data presented in figures and tables throughout the balance of this report is sourced from CAFS client data.

Figure 5 – Adolescent referral, initial eligibility, engagement and consent summary



Program staff assessed referred adolescents against the eligibility requirements for the Program based on the information provided to them on referral.

In some cases the adolescent was identified as being ineligible to participate in the Program (11, 10%) (*Ineligible Participants*). In most of those cases that was because the adolescent was not living at home (or intending to return home) (4, 36%) or because they did not meet Program age eligibility criteria (3, 27%).

In most of the cases where the adolescent was identified as being ineligible CAFS staff attempted to contact the family to let them know that although the referral had been made they were not able to take them into the Program(10, 91%).[14] Staff were successful in making contact in just over half of those cases and were able to confirm that they already had other supports in place (6, 55%) and / or were able link them into other (additional) support services (3, 50%).

On initial assessment ninety (90) adolescents appeared to be eligible to participate in the Program based on the information passed on by the referring party (*Potentially Eligible Participants*).

The majority of those potentially eligible adolescents were male (57, 63%).[15] Potentially eligible participants ranged between 12 – 17 years of age.

Figure 6 – Adolescent gender profile (pop. = 90)

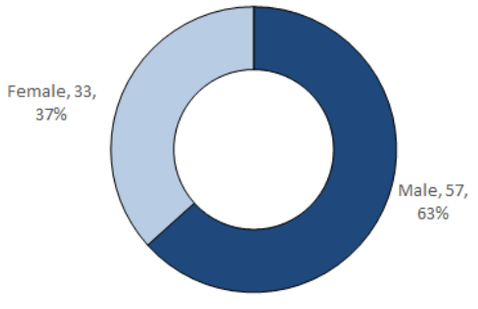
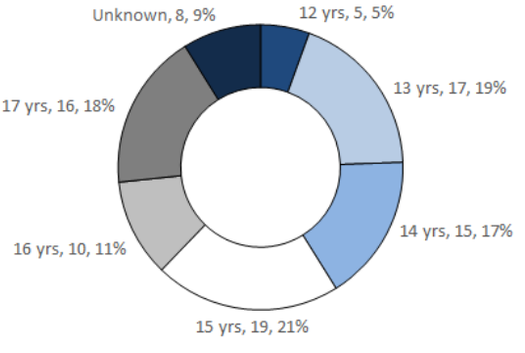


Figure 7 – Adolescent age profile (pop. = 90)



[14] Workload constraints have meant that the follow up process for ineligible participants has recently changed (June 2014). Staff now contact the referring party to let them know that a family is ineligible for the Step Up Program but do not contact the family.

[15] That gender split is consistent with international and Australian research into adolescent family violence gender trends indicting that around two thirds of perpetrators are male. Howard 2011., p. 3.

Three (3, 3%) of the potentially eligible adolescents referred to the Program identified as being of Aboriginal or Torres Strait Islander descent. None of the potentially eligible participants came from a Culturally and Linguistically Diverse (CALD) background.

Program staff attempted to contact the families of each of the ninety (90) potentially eligible adolescents. Despite staff efforts seventeen (17) of those families were unable to be contacted (19% of eligible participants).

Of the seventy-three (73) families that staff were able to contact and have a discussion with about the Program just over half (41) chose to participate in the Program (*Active Participants*) (46% of eligible participants, 56% of contacted participants,). The remaining thirty-two (32) families chose not to participate in the Program (36% of eligible participants, 44% of contacted participants). The take up rate of those families able to be contacted (56%) appears reasonable given the voluntary nature of the Program and the profile of the families referred to the Program.[16]

Families' propensity to participate in the Program does not appear to have varied by the age or sex of the adolescent; however, it does appear to have varied by referral source.

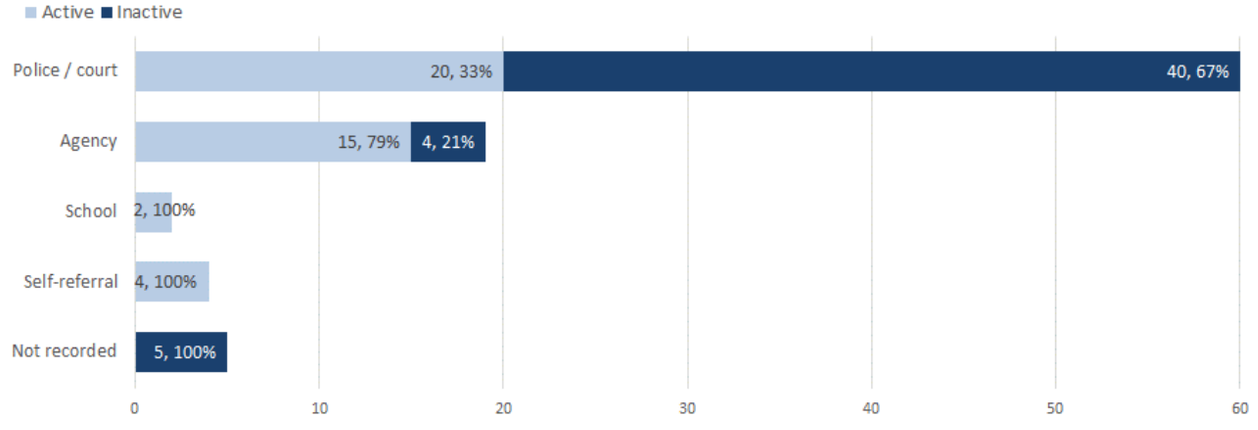
Potentially eligible participants were less likely to engage in the Program if they were identified by police through an incident report or referred by the courts than if they were referred by another agency. It is possible that may be influenced by differences in the referral process used by police and that used by other agencies.

The police would identify adolescents that might benefit from the Program following adolescent family violence incident call outs by sending through a copy of their incident reports to CAFS. The police did not always let the families know that they would be contacting CAFS or that CAFS would be making contact with them to discuss the Step Up Program. That meant that when Step Up staff contacted those families their calls were often unanticipated. Anecdotally, families were often initially hesitant to engage with CAFS staff. In contrast other support agencies had often talked to families about the Program and were sometimes able to help them to link into the Step Up Program. Anecdotally, when staff contacted those families the call was often anticipated and the families seemed to be more open to having a conversation about the Program.[17]

Table 2 – Contact and take up profile of eligible participants by referral source (pop. = 90)

Referral source	Total	Unable to be contacted		Contacted and declined		Contacted and engaged	
		#	%	#	%	#	%
Police / court	60	13	22.0%	27	45.0%	20	33%
Agency	19	2	10.5%	2	10.5%	15	79%
School	2	-	-	-	-	2	100%
Self-referral	4	-	-	-	-	4	100%
Not recorded	5	2	40.0%	3	60.0%	-	-

Figure 8 – Comparative take up rate by referral source (pop. = 90)



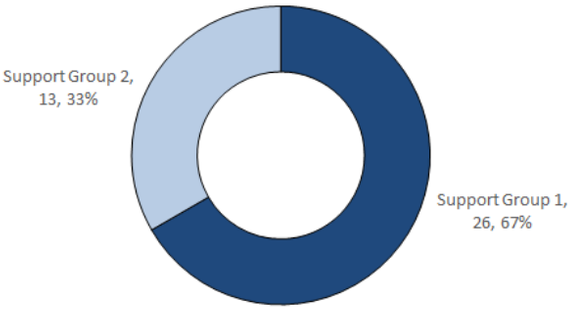
Staff have noted; however that there were a range of factors that influenced whether families engaged in the Program, including the fact that they often had multiple and complex needs and / or were already involved with, often multiple, service providers.

[16] Based on evaluator experience in assessing other voluntary programs engaging with high risk groups and anecdotal indications of the take up rate for voluntary men's violence run by CAFS and women's support programs run by another Ballarat agency (which have an estimated take up rate of approximately 15-20%).
[17] Staff interviews.

Once enrolled in the Program there does not appear to have been significant variation in the way that participants engaged in it based on their referral source.

Once families agreed to participate in the Program staff worked with them to complete a more detailed (intake) assessment. Of the forty one (41) families that agreed to participate in the program (*Active Participants*) thirty nine (39) consented to have their personal information recorded (*Active and Reportable Participants*). (Unless otherwise noted data in the balance of this report refers to those active and reportable participants.)

Figure 9 – Support group profile (staff assessments) (pop. = 39)

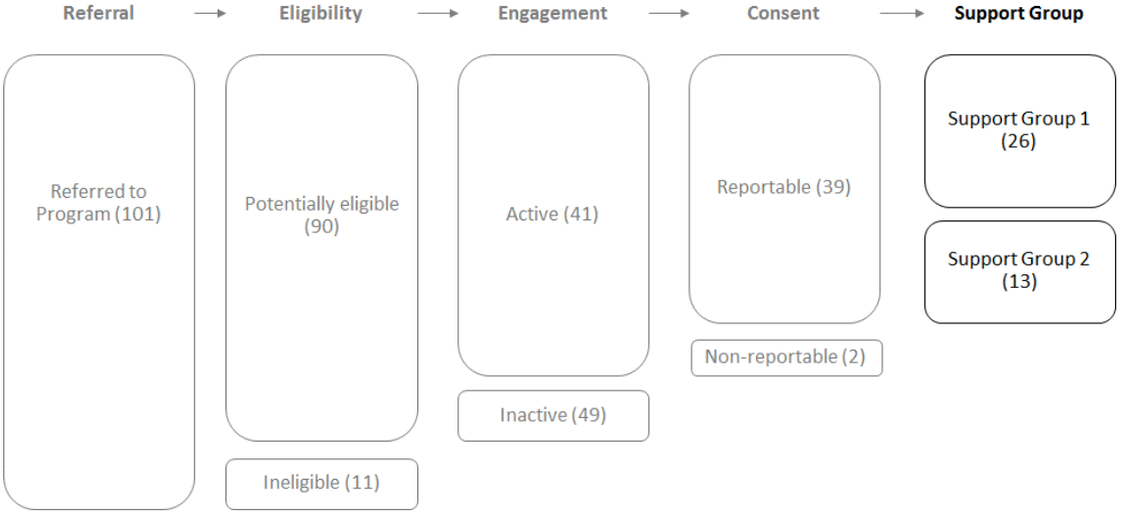


In a third of cases when they completed the more detailed intake assessment (or as they worked with families over time) staff realised that the family did not actually meet the eligibility criteria for the Program (13, 33%). In many of those cases that was because the adolescent was not living in their family home or intending to do so or was subject to violence perpetrated by their parents(s) /carer(s).

Having commenced working with the family; however, it was often difficult for staff to take the decision to discontinue working with the family, either because the family was well engaged in the Program and clearly benefiting from it and / or because there was no alternative locally available program that the family could be referred to for support.

The result of that has been that program staff have in effect ended up working with two support groups during the Review Period, one made up of families that were technically eligible for the Program (*Support Group 1*) and one where families were not technically eligible (*Support Group 2*). (Other than factors going to the eligibility of the two groups there does not appear to be any significant variation in the demographic profile of the two groups or in the way that they engaged in the Program.)

Figure 10 – Adolescent referral, initial eligibility, engagement, consent and <u>support group</u> summary



Three quarters of the active and reportable adolescents that participated in the Program (29, 74%) came from single parent or blended families. One (1) adolescent was being cared for out of home in a kinship care environment.

Just under three quarters of adolescents came from families where there were younger siblings living at home (27, 69%). A significant number of those siblings were aged 5 or under (11, 41%).

Figure 11 – Family composition (pop. = 39)

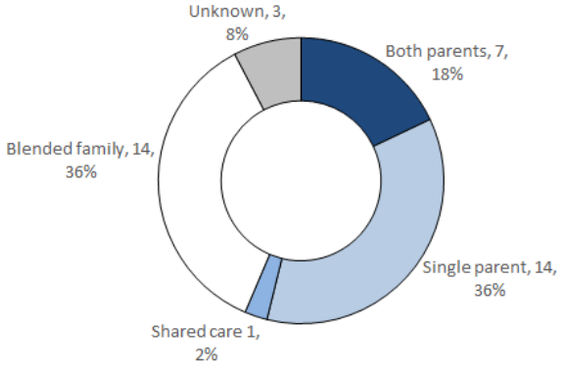
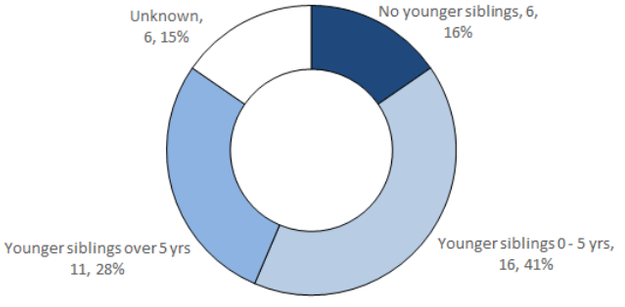


Figure 12 – Sibling profile (pop. = 39)



Research indicates that adolescents engaging in family violence often have a mix of co-occurring issues, including:

- A background history of having experienced family violence
- Significant life event(s) including childhood trauma, family conflict / separation and / or incarceration of family member(s)
- An unstable home life and / or financial disadvantage, stress or housing issues
- Health, development and / or behavioural difficulties
- Risk taking behaviours and / or issues with engagement in school or work and / or
- Self-harm or suicidal ideation or attempts.[18]

All of the active and reportable adolescents participating in the Program presented with risk factors in at least one of the above areas. Over two thirds of those adolescents presented with three or more co-occurring issues (27, 69%).

Table 3 – Number and proportion of adolescents presenting with co-occurring risk factors (pop. =39)

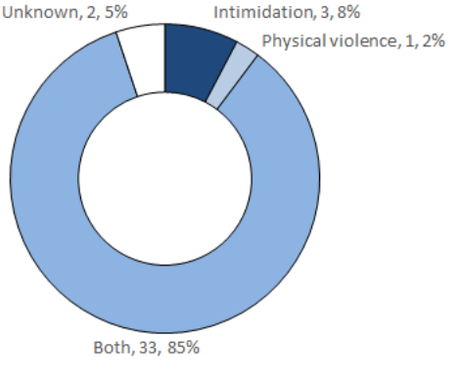
Risk factor	#	%
Issues with engagement and learning / disengagement from school or work	27	69%
Background history of having experienced family violence	23	59%
Behavioural or learning difficulties	19	49%
Childhood trauma	18	46%
Financial disadvantage / stress / housing issues	14	36%
Period spent out of home	11	28%
Mental health challenges	11	28%
Alcohol or other substance misuse	11	28%
Self-harm or suicidal ideation / attempt	9	23%
IVO / limited order	8	21%
Disability (including acquired brain injury)	8	21%
Negative peer influence	8	21%
Unstable home life	7	18%
Family conflict / separation	5	13%
Incarcerated family member	4	10%
Physical health difficulties	1	3%

Referral and intake assessment data indicates that most of the active and reportable adolescents had used both verbal, emotional or psychological violence (Intimidation) and physical violence towards other family members (33, 85%) when they first engaged in the Program.

Intimidation (verbal, emotional or psychological violence) includes screaming, yelling, threats (against self and other family members), insults, intimidation, coercion, humiliation, blaming and manipulation and financial abuse.

Physical violence includes hitting, punching, kicking, use of weapons, threatening physical gestures towards a person and breaking or damaging property.

Figure 13 – Type of violence used by adolescents against family members (referral and intake assessment data) (pop. = 39)



At the beginning of their involvement with the Program individuals from twenty-five (25) families (20 adolescents and 28 parents / carers) assessed the frequency with which the adolescent was using particular sorts of intimidation and / or physically violent behaviour towards family members. In completing those assessments adolescents tended to indicate that they were using intimidation and / or physical violence less frequently than their parents / carers indicated. [19]

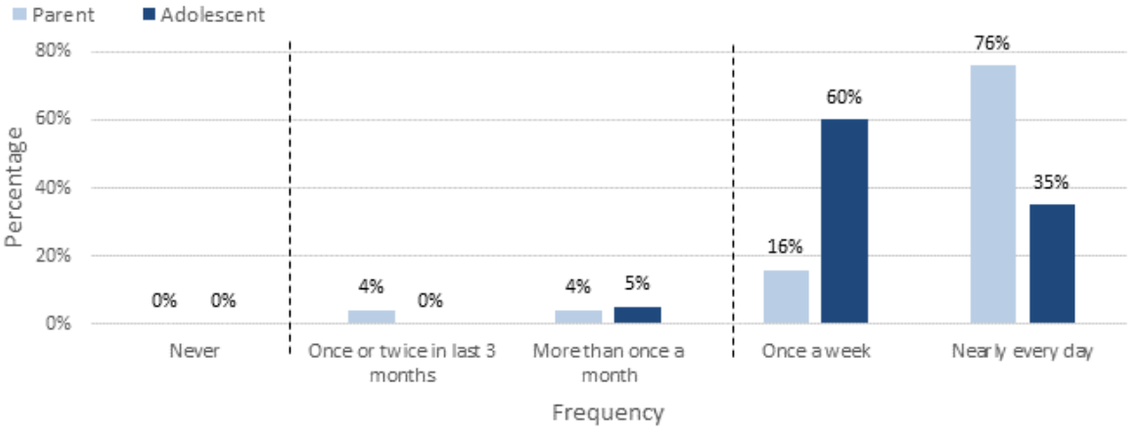
In relation to intimidation, most parents / carers indicated that their adolescent was engaging in that behaviour at least once a week (23, 92%). Three quarters of parents / carers said that the adolescent was using intimidation

[18] Howard 2011., pp. 5-6; Routt & Anderson 2011., pp. 9-11.

[19] Based on Adolescent Behaviour Checklist responses. Calculated by grouping assessments of intimidation and physical violence behaviours by type and then assessing the overall frequency of the type of behaviour based on the item in that group that was identified as having occurred most frequently.

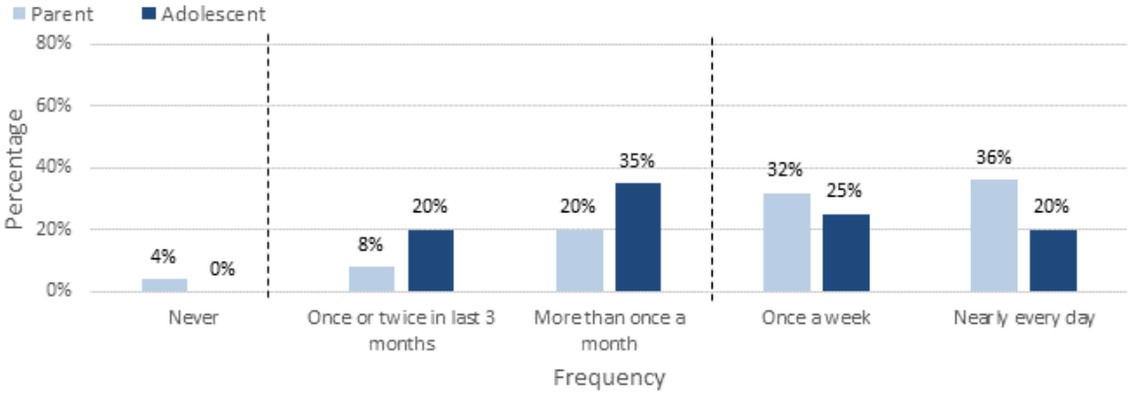
nearly every day (19, 76%). Most adolescents indicated that they were using intimidation at least once a week (19, 95%).

Figure 14 – Frequency of adolescent intimidation based on analysis of baseline behaviour assessments completed by parents and adolescents (client assessment data - adolescent behaviour checklist) (pop**.** = 28 parents and 20 adolescents) [20]



In relation to physical violence, more than two thirds of parents / carers indicated that their adolescent was using physical violence at least once a week (17, 68%). Less than half of the adolescents indicated that they were engaging in physical violence that frequently (9, 45%).

Figure 15 – Frequency of adolescent physical violence based on analysis of baseline behaviour assessments completed by parents and adolescents (client assessment data - adolescent behaviour checklist) (pop**.** = 28 parents and 20 adolescents) [21]



Parents / carers in those 25 families were also asked to rate how fearful or worried they were about their adolescent's abusive behaviour on a scale from 1 – 10 with 1 being not at all worried and 10 being extremely worried / fearful. Most parents / carers completing that assessment gave a rating of 6 or higher (20, 71%) indicating that they were concerned about their child's behaviour, with half of those giving a rating of 9 or 10 (10, 40%) indicating that they were extremely concerned.

Most parents / carers also indicated that they had a relatively low level of confidence in dealing with their adolescent's abusive behaviour (24, 86%).[22]

Seventeen (17) parents /carers were also asked to indicate the extent to which their adolescent's abusive behaviour was interfering in their own (the parent's) life. Most of those parents / carers gave a rating of 6 or higher indicating

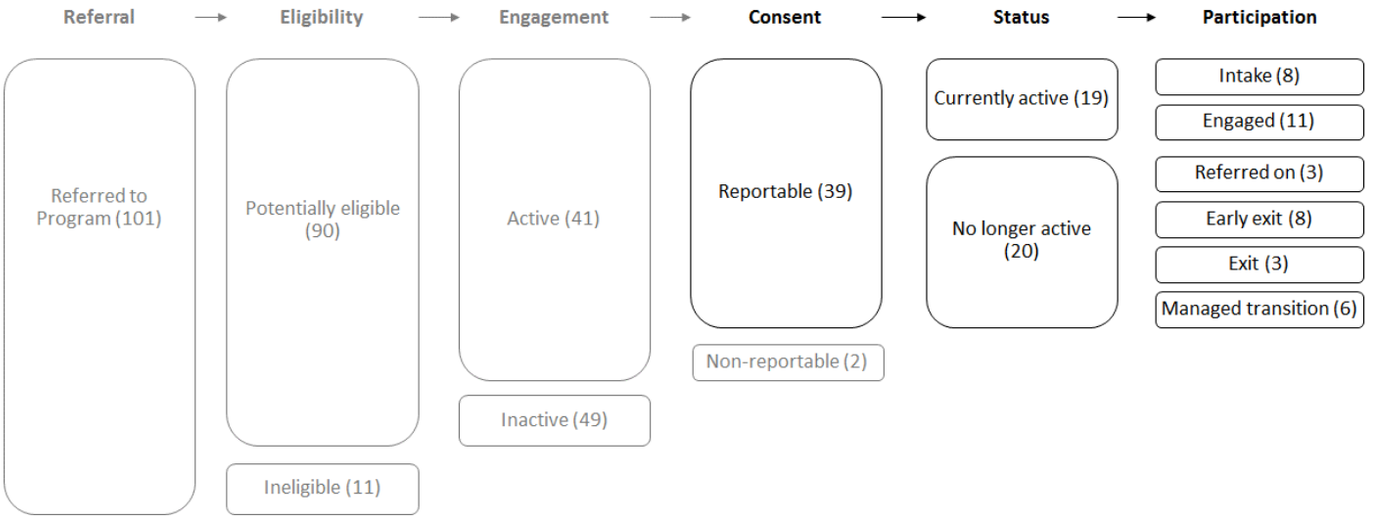
[20] Ibid.
[21] Ibid.
[22] Parents / carers were also asked to rate how confident they felt in dealing with their adolescent's abusive behaviour on a scale from 1 – 10 with 1 being not at all confident and 10 being extremely confident. Most parents / carers completing that assessment gave a rating of 5 or lower (24, 86%) indicating that they were not confident in dealing with their adolescent's abusive behaviour.

that it was interfering to a large extent (13, 72%) and just under half indicated that the violence was dominating their life (rating of 9 or 10) (8, 47%).[23]

2.3. Participation profile

As at the end of May 2014 just under half of the thirty-nine (39) active and reportable families were still actively participating in the Program (19, 49%) (*Currently Active Participants*).

Figure 16 – Adolescent referral, engagement and participation summary



Eight (8) of those families are still in the intake assessment phase (*Intake*). The other eleven (11) families have been engaged for a longer period of time (*Engaged*).

The remaining twenty (20, 51%) families are no longer actively participating in the Program (*No Longer Active Participants*):

- Three (3, 8%) of those families completed an initial assessment and were referred on to another agency that could provide more appropriate support (*Referred On*). Three (3, 8%) of those families completed an initial assessment and were referred on to another agency (*Referred On*). Two (2) of those families were referred on because it was thought that another agency could provide more appropriate support. One family (which was a Support Group 1 family) was referred on because the Program did not have the caseload capacity to take on an additional family at that time[24]
- Eight (8, 20%) families exited the Program early (*Early Exits*). Six (6) of the families that exited early did not progress beyond the intake assessment stage. Two (2) completed the assessment stage but exited within three (3) months or after having had less than five (5) hours of support. One (1) of those families left the Program because the adolescent was involved in an accident and was no longer able to participate in the Program
- Three (3, 8%) other participants remained in the Program for a longer period of time but then exited (*Exited*). Those participants left the Program for a range of reasons. One adolescent moved to a different town, another moved out of home and choose not to continue with the Program and the other left because more appropriate support was being provided from a psychologist and
- Six (6, 15%) families were assessed by program staff as having taken as much benefit as they could out of the Program and were supported by staff to transition out of the Program (*Managed Transition*).

The length of time that families have been involved in the program and the level and type of support that they have received has varied.

[23] The lower sample size is due to the fact that there was a change in the survey form that was used with parents / carers part way through the pilot program.

[24] Caseload capacity constraints also mean that one (1) of the two (2) non-reportable cases was also referred on.

Seventeen families (17) of the active and reportable families did not progress beyond the initial intake assessment stage (17, 44%).

Most of the twenty-two (22) families that progressed beyond the assessment stage accessed only case management support (13, 59%).

Just over a third of those participated in both case management and group work (8, 36%). One (1) family was receiving case management support through another agency and so only participated in the group work component (1, 5%).

The duration over which families who progressed beyond the assessment stage stayed engaged with the Program and the hours of support they received varied significantly.

Figure 17 – Program components families participated in and break down of families participating only in intake assessment (pop. = 39)

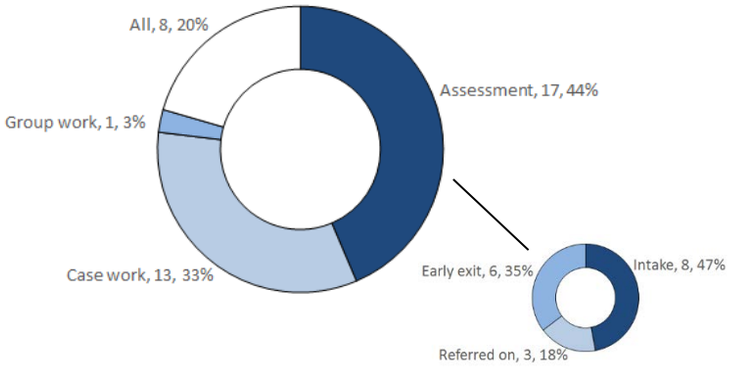


Table 4 – Duration of involvement and hours of support accessed by families that progressed beyond the assessment phase in the period to 31 May 2014 by nature of involvement (pop. = 21 incl. both currently active (10) and no longer active participants (11))[25]

By nature of involvement		Case management	Both	Overall
Pop.		13	8	21
Duration (elapsed weeks)	Minimum	8	9	8
	Maximum.	33	51	51
	Average	19	30	23
Support (contact) hours	Minimum	4	19	4
	Maximum	39	210	210
	Average	21	81	44

Table 5 – Duration of involvement in Program and hours of support accessed for families that progressed beyond the assessment phase in the period to 31 May 2014 by participation status (pop. = 21)[26]

By participation		Overall	No longer active	Early exit / exited	Managed transition
Pop.		21	11	4	6
Duration (elapsed weeks)	Minimum	8	9	9	14
	Maximum	51	51	27	51
	Average	23	27	18	34
Support (contact) hours	Minimum	4	4	4	28
	Maximum	210	210	21	210
	Average	44	60	14	98

On average managed transition families tended to participate in the Program longer and receive more support (contact) hours than those who exited early or without being identified as being ready for transition.

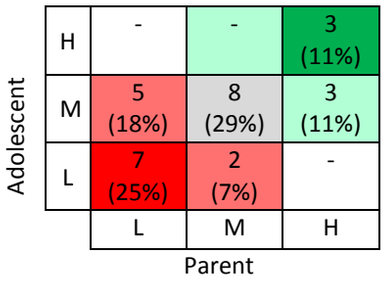
If you exclude those families that exited early and look only at the families that exited after being involved in the program for a more extended period but before staff assessed them as being ready for transition (exited participants) and compare data for those families to the ones that went through a managed transition, then while there was not a significant difference in the length of time that they spent in the Program compared to some of the families that transitioned, two thirds of the transitioned families (4, 67%) were involved in the Program for a longer period of time and had three times as much support in terms of contact hours than the exited families.

[25] Data for one family has been excluded to avoid identification.
[26] Ibid.

The level of commitment that families demonstrated also varied.

For the purposes of this review, staff assessed adolescents and parent carer engagement for all active and reportable families except those that were still in intake or had been referred on (pop = 28). Just under two-thirds of the time staff assessed the adolescent and their parent(s)/ carer(s) as interacting with the Program in a similar way (i.e. both were given the same engagement rating) (18, 64%).

Figure 18 – Staff assessment of adolescent and parent engagement (staff assessments) (pop. = 28)



Half of the families were assessed as being moderately to highly engaged in the Program, with both the adolescent and their parent / carer being assessed as demonstrating a moderate to high level of engagement in the program (14, 50%). The other half were assessed as being less engaged, with a quarter of the families being assessed as having a low level of engagement with neither the adolescent or the parent / carer being engaged (7, 25%).

The six (6) managed transition families were all assessed as having a moderate to high level of engagement in the Program.

2.4. Outcomes

The way that staff have used pre- and post-program assessment tools during the pilot has meant that they have only assessed behaviour changes in terms of reductions in the nature and frequency of adolescent's use of intimidation and violent behaviour and collected data to assess perceptions of safety and ability to manage behaviour for Support Group 1 families. To date only six (6) families have come within that category. It is therefore difficult to assess the outcomes being delivered through the program in more than an indicative way.

Anecdotal feedback provided by participants to Step Up staff during the course of the Program indicates that both adolescents and parents / carers have appreciated participating in the Program, developed a greater understanding of the adverse effect that violent behaviour has on themselves and other family members, learned skills that have helped them address behavioural issues and identified improvements in family relationships.

Feedback from end of program surveys done by the six (6) managed transition families is consistent with the above anecdotal feedback.

Figure 19 – Participant feedback (client survey data - final questionnaire) (pop. = 6)

Extracts from parent / carer and adolescent feedback
…This program has helped me deal with [adolescent] more and talk more.
As a parent, I've been able to (to a certain extent) not get involved in yelling / screaming or physical with my son. Beforehand things quickly got to this level. I think we have all learnt to try and be more measured and restrained in our reaction. The program has been able to give support by simply talking things out and identifying responsibilities for both parent and teenager.
We've all learned to give each other space. Not get stuck into [adolescent]. Take a step back – consequences.
We discuss more regularly, use consequences.
[I'm] getting on better with Mum, not fighting as much, not as angry. [The Program] helped me see where my Mum was coming from.
Maintaining respect.
… [Adolescent's] abuse has got a lot better and there is a big improvement from the first visit.
We are happier.

Five (5) of the six (6) managed transition families did both pre- and end-of-program surveys that can be used to assess changes in status between the start and end of the Program. Both adolescents and parents completing those surveys indicated that there had been a reduction in the frequency with which adolescents were using intimidation and physical violence against other family members.

Table 6 – Reduction in frequency of adolescent violence based on analysis of pre- and post-Program behaviour assessments completed by parents and adolescents (pop. = 6)

Family	Type of violence & whether identified as having reduced in frequency		Behaviours identified as having reduced in frequency		
			Both parent & adolescent	**Parent only**	**Adolescent only**
1	Intimidation	✓	Called parent names Tried to get own way by intimidating or threatening parent Gave parent threatening looks or stares Screamed or yelled at parent	Said things to scare parent	Put down parent or other family members
	Physical	✓	Pushed, shoved or grabbed parent Threatened or physically hurt siblings Threw, hit, kicked or smashed something during an argument	Slapped, hit, kicked or punched parent	-
2	Intimidation	✓	Called parent names Tried to get own way by intimidating or threatening parent Gave parent threatening looks or stares Screamed or yelled at parent Put down parent or other family members Told parent they were a bad parent	-	Said things to scare parent
	Physical	✓	Pushed, shoved or grabbed parent Slapped, hit, kicked or punched parent Threw, hit, kicked or smashed something during an argument	Threatened or physically hurt siblings	-
3	Intimidation	✓	Gave parent threatening looks or stares Said things to scare parent	Called parent names Tried to get own way by intimidating or threatening parent Screamed or yelled at parent Put down parent or other family members	Told parent they were a bad parent
	Physical	✓	-	-	Pushed, shoved or grabbed parent
4	Intimidation	✓	Screamed or yelled at parent	Put down parent or other family members	Said things to scare parent Told parent they were a bad parent
	Physical	✓	Pushed, shoved or grabbed parent	Slapped, hit, kicked or punched parent Threw, hit, kicked or smashed something during an argument	-
5	Intimidation	✓	Not available	Called parent names Tried to get own way by intimidating or threatening parent Gave parent threatening looks or stares Screamed or yelled at parent Put down parent or other family members Said things to scare parent	Not available
	Physical	✓	Not available	Pushed, shoved or grabbed parent Threatened or physically hurt siblings Slapped, hit, kicked or punched parent Threw, hit, kicked or smashed something during an argument	Not available

Parents from each of the five (5) managed transition families who had completed pre- and end-of-program assessments indicated that their adolescent's violent behaviour was not inferring with their life to the extent it had at the beginning of the Program (5, 100%). Parents from four (4) of those five (5) families indicated they were less fearful / worried about their adolescent's abusive behaviour than they had been at the beginning of the Program (80%). Most parents also indicated that they had more confidence managing their adolescent's behaviour at the end of the Program (4, 80%).[27]

3. Key Observations, Comments and Learnings

3.1. Program outcomes

The CAFS Step Up Program appears to be on track to meet the objectives set out in its funding agreement with the Ian Potter Foundation.

CAFS has tailored the US Step Up Program to the Australian context and successfully piloted the revised program. Over the twelve month review period covered by this report the CAFS Step Up Program has received ninety (90) potentially eligible referrals and has worked with forty-one (41) families. The Program therefore appears to be well on track to meet the target of providing support to at least sixty (60) families in the Ballarat Region by December 2015 set out in its funding agreement with the Foundation.

Although this review has been limited in its ability to assess individual participant outcomes because of the decision to rely on data collected through the course of the pilot program and not conduct independent participant interviews in light of the upcoming AIC evaluation, the available data indicates that the Program is delivering on its key objectives. Specifically (to the extent possible based on the available data) the Program does appear to be helping to:

- Reduce frequency of family violence incidents
- Increase perception of family wellbeing and safety
- Improve parental capacity to manage adolescent's behaviour
- Improve parenting skills and
- Improve family relationships.

The objective of using the CAFS Step Up Program to demonstrate the value of running adolescent and family violence programs of that type with a view to supporting the broader based adoption of such programs also appears to have been met. Based on the apparent demand for the CAFS and Peninsula Health pilot programs and feedback on them, DHS has taken the decision to extend the delivery of the Step Up-based adolescent family violence program model in three (3) locations across the State. CAFS has been successful in being appointed to deliver the program in Ballarat and will receive $800,000 over four (4) years from July 2014 – July 2018 to do that.

CAFS has worked to share the learnings that it has taken out of the pilot with DHS and other agencies. It has worked with DHS to document the tailored Step Up model and has engaged with staff from Peninsula Health throughout the pilot to share their experience and learnings from the pilot program.

3.2. Program insights and learnings

CAFS have intentionally taken an action learning approach in implementing the pilot. Regular staff review meetings have been used to reflect on the structure and progress of the Program and identify opportunities for improvement throughout the course of the pilot. Changes have been made to the Program across a number of areas through the course of the pilot as a result, including changes in how CAFS manages the participant referral process, how it engages with families immediately following referral to try to engage them in the Program and how it structures and runs group sessions. Work is also currently being undertaken to continue to tailor the Program to meet the needs of people from Aboriginal and CALD backgrounds. Small adjustments are also being made to some of the assessment, case management and participant feedback tools being used in the Program to improve the coverage and consistency of data collection practices across the Program.

Referral process

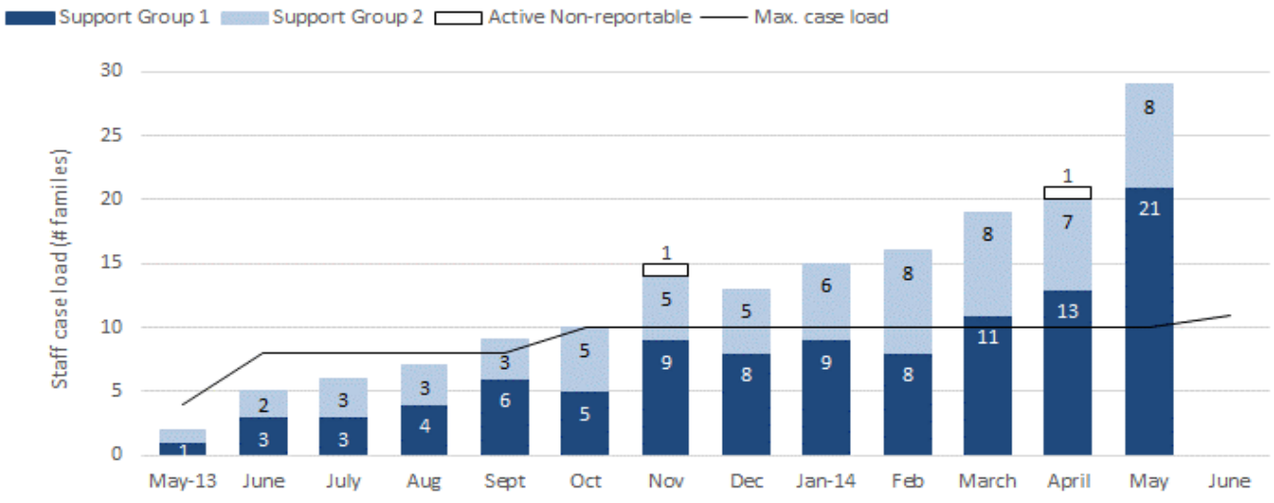
Through the course of the pilot staff have found that a number of the referrals that they have received have been for adolescents that are not technically eligible for the Program. In some cases staff have been able to identify the lack of fit with eligibility criteria at the time of referral and have been able to manage that by notifying the referring

[27] Client survey data (final questionnaire)

agency (and in some cases helping them to link the participant into an alternative, more appropriate, program). In other cases the lack of fit with eligibility criteria has only been identified later in the assessment and support process. Having commenced working with the family; however, it was often difficult to take the decision to discontinue working with them either because the family was well engaged in the Program and clearly benefiting from it and / or because there was no alternative program that the family could be referred to.

The result of that has been that staff have in effect ended up working with two groups of participants, one made up of families technically eligible for the Program (Support Group 1) and one made up of families not technically eligible for the program (Support Group 2). During the early stages of the program this was less of an issue as staff had the capacity to support those families. As the pilot has progressed it has become more of an issue as staff caseloads have increased.

Figure 20 – Staff caseload May 2013 – May 2014 (pop. = 41)



Since November 2013 the total number of families engaged in the program each month has exceeded the targeted staff caseload capacity, although until March 2014 the number of Support Group 1 families have come within that limit. Since March 2014 the number of Support Group 1 cases alone has exceed that limit. That has meant that staff have had to stretch to meet caseload requirements. In a limited number of cases they have been unable to provide support to Support Group 1 families and have had to refer them to alternative programs because they were already committed to supporting technically ineligible Support Group 2 families.

Staff have tried to deal with the above issue in a number of ways. They have:

- Worked with referring agencies, particularly the police, to make sure that they understand program eligibility criteria and only refer adolescents who meet those criteria
- Requested that referring agencies provide further information in their referrals so that program staff are better placed to assess the eligibility of families early in the referral process and
- Strengthen relationships with other local agencies running related support programs so that staff are better positioned to refer families that do not meet CAFS Program eligibility requirements on to those programs.

While the above moves have made some difference, it is likely that the CAFS Program will continue to receive referrals for both Support Group 1 and Support Group 2 families because of the difficulty in determining family's eligibility early in the engagement process (both because of the complexity of many of the families that are referred to the program and because of the need for staff to build trust and rapport with families before they are comfortable sharing their situation with them).

There is clearly a need for CAFS to deal with its caseload capacity issue. While it can continue to work to develop relationships with other agencies that it can refer Support Group 2 families to, from a practical perspective that is not likely to solve the problem as there is a limited number of organisations running relevant programs in the Ballarat Region and, anecdotally, their available capacity is also very limited. From a program design and funding perspective it may make more sense to try to:

- Increase the staffing level of the existing Program
- Broaden the scope of the Program to include a second stream of activity into which Support Group 2 families that are inadvertently referred to the Program can be guided, providing relevant case management and tailored support for those families. Staff would need to be funded and resourced to provide that support, or

- Set up and / or fund a separate but complementary program (run through CAFS or an alternative agency) that can provide tailored support for those families to which the CAFS Step Up Program can refer Support Group 2 families.

Post-referral engagement (outreach) process

Program staff have noted that the proportion of potentially eligible families choosing to engage in the CAFS Program, while reasonable given the voluntary nature of the program, was lower than they would have liked. Staff have reviewed how they engage with families when they are referred to the Program to improve that take up rate. Staff have traditionally tried to contact families by telephone and have sent them a letter confirming that a referral has been made to the Program, providing a description of the Program and inviting the family to participate.

Since January 2014 staff have adjusted the above process by changing how they describe the Program to try to position it in a way that makes it seem less confronting and avoid the interpretation that it is a critical or punitive response to the adolescent's and / or their family's behaviour. Staff have consciously softened the language they use to describe the Program in their initial conversations with families and in the follow up letter that they send out to families. They have also put more emphasis on the focus that the program has on helping to strengthen family relationships and support parents and adolescents to develop skills to engage effectively with one another and manage their behaviour, rather than focusing on the family violence incident leading to the referral.

Staff now also make a further follow up telephone call to the family after the letter has been sent to confirm that the family has received the letter, provide the family with an opportunity to ask questions about the Program and encourage them to participate in it.

As noted in Section 2.2, participants appeared to be less likely to engage in the Program if they were identified by police through an incident report or referred to the Program by the courts than if they were referred by another agency. That may be influenced by differences in the referral process being used and / or the initial perception that families have of the Program because of its perceived link with a police intervention. More effort is often required to contact and engage with families in that position.

Given that it is likely that the police will continue to be a primary source of referrals for the Program, there is potential value from a program design and resourcing perspective in acknowledging the additional time required to connect with those families during the outreach stage and in taking that into account when assessing staff resourcing requirements and caseload allocations.

Group work

Staff have also reviewed and adjusted the structure of the group work component of the Program.

Group work was initially run on a rolling, open intake basis with families joining in group work activities at different stages throughout the course of the Program. The way that the group work is structured means that it requires staff and participants to build a level of trust and rapport with one another to work most effectively. As the pilot progressed staff observed that having families enter and exit group work activities at different times often made it difficult for new families to build rapport with the group and / or had a negative effect on that dynamic of the existing group. Staff also observed that adolescents' age, needs and behaviour also tended to have an influence on how participants engaged in group work activities. Where there was significant variation in the profile of adolescents within a group that often appeared to adversely affect the dynamic within the group and / or compromise the experience of the group work activity for some participants.

In February 2014 staff adjusted the group work program so that:

- Groups were run on a set schedule with families only being able to join the group at the start of a particular group program
- Separate groups were run to cater for different age groups so that younger adolescents (generally aged 12 – 14) and older adolescents (aged 15 – 18) participate in separate group sessions and
- Particular care was taken to consider the likely dynamics of a group when setting it up and to avoid putting adolescents in a group that might not work for them given their needs and risk / protective factor profile.

Staff feedback indicates that the above changes appear to have helped to encourage (more) constructive group dynamics and has meant that staff can more easily tailor group work content so that it is appropriate to adolescents at different developmental stages and with different needs.

Staff have noted the importance of being able to encourage and support participants (both adolescents and parents / carers) to attend group activities, for example by providing meals as part of those group sessions and offering transport to and from those sessions. They have also noted that it is valuable to be able to provide participating

families with support to do activities together to help them to build on the work that they are doing in the Program and consolidate their relationships, for example by providing families with vouchers to go indoor bowling or to the movies together. (Senior program staff have specifically noted their appreciation for the flexible nature of the Foundation's funding that has allowed them to cover the costs of those types of things).

Cross-cultural tailoring

When the CAFS Program was set up it was anticipated that a number of participants would be from Aboriginal or Torres Strait Islander descent or CALD backgrounds. As noted earlier, only a few families that have engaged in the Program have identified as being of Aboriginal or Torres Strait Islander descent and to date the Program has not worked with any CALD families. While Aboriginal participants have been encouraged to link in to activities with the Ballarat and District Aboriginal Cooperative, substantial work has not been done to tailor the Program to meet the particular need of those families or those of families from CALD backgrounds. Work is currently being undertaken to tailor the Program to better meet the needs of those families as it is anticipated that the number of those families will increase as the Program grows.

Other observations and learnings

Significant consideration has obviously gone into the structure and staffing of the Program during the pilot.

Senior program staff have highlighted the importance of having staff with the right mix of skills to support the delivery of the Program. Specifically they have noted that it is important for program staff to:

- Be able to develop relationships and work constructively with both adolescents and their parents / carers
- Have strong therapeutic assessment and case management skills
- Be able to work effectively with participants with multiple and complex needs and
- Be able to manage challenging behaviour safely and constructively.

A number of tailored assessment and case management tools have been developed to assist program staff in their delivery of the Program. Changes in some of those tools over the course of the pilot and variations in their application (particularly between Support Group 1 and Support Group 2 participants) has made it difficult to assess the outcomes that participants have achieved through the Program to date. There is potential value in adjusting the content of some of those tools so that they can be used with both Support Group 1 and Support Group 2 participants to allow for more consistent and comprehensive data collection going forward.[28]

The work that has been done through the pilot, and the reflective manner in which program staff have engaged in it, provides a strong platform from which to continue to develop and implement the Program.

[28] Effective Philanthropy will be working with CAFS as part of the funding provided for this review to help CAFS do that.

Bibliography:

King County Department of Judicial Administration 2013	King County Department of Judicial Administration., Step Up Curriculum., 2013., Accessed online: http://www.kingcounty.gov/courts/step-up/Curriculum.aspx
Howard 2011	J Howard., Adolescent Violence in the Home: The Missing Link in Family Violence Prevention and Response., Australian Domestic & Family Violence Clearinghouse., The University of New South Wales., Sydney., 2011.
Routt & Anderson 2011	G Routt & L Anderson., 2011., Adolescent Aggression: Adolescent Violence towards Parents., Journal of Aggression, Maltreatment & Trauma., No. 20., pp. 1-19. Accessed online: https://www.justice.gov.uk/downloads/youth-justice/effective-practice-library/step-up-evaluation-commissioned-by-king-county.pdf