RAND AUSTRALIA

MEAGAN CAHILL, RYAN ANDREW BROWN, GARRETT BAKER, DIONNE BARNES-PROBY, HANNAH SANDRINI

Australia's Third Action Plan of the National Plan to Reduce Violence Against Women and Their Children, Priority Area 2

Aboriginal and Torres Strait Islander Women and Their Children—Final Report

The research described in this RAND Australia report was prepared for Commonwealth of Australia, Department of the Prime Minister and Cabinet and was conducted within the Justice Policy program of the RAND Social and Economic Well-Being division under Contract AIWA-RAJI004.

About RAND Australia

RAND Australia's mission is to help improve policy and decisionmaking through research and analysis.

RAND's publications do not necessarily reflect the opinions of its research clients and sponsors.

To learn more about RAND Australia, visit www.rand.org/australia

Published by the RAND Corporation, Santa Monica, Calif.
© 2021 RAND Australia
RAND® is a registered trademark.

For more information on this publication, visit www.rand.org/t/RRA389-1

Cover: davidf/iStock by Getty Images.

Preface

This RAND Australia research project was conducted under contract with Australia's Department of the Prime Minister and Cabinet (PM&C) and conducted within the Justice Policy Program of RAND Social and Economic Well-Being. Under this contract, RAND conducted an evaluation of PM&C's Third Action Plan (3AP) of the National Plan to Reduce Violence Against Women and Their Children, which was designed to address family violence in Aboriginal and Torres Strait Islander communities. This document is the final report stemming from that contract and presents a description of all activities undertaken and all analyses conducted, along with the research team's recommendations stemming from the evaluation findings. The report is intended to guide the Australian government's future work in providing family violence services in Aboriginal and Torres Strait Islander communities, and to provide lessons to other organisations outside the federal government that may want to undertake similar work.

RAND Social and Economic Well-Being is a division of the RAND Corporation that seeks to actively improve the health and social and economic well-being of populations and communities throughout the world. This research was conducted in the Justice Policy Program within RAND Social and Economic Well-Being. The program focuses on such topics as access to justice, policing, corrections, drug policy and court system reform, as well as other policy concerns pertaining to public safety and criminal and civil justice. For more information, email justicepolicy@rand.org.

Questions about RAND's work for Australia should be directed to the RAND Australia Director, Carl Rhodes, at crhodes@rand.org.

Contents

Preface iii
Figures vii
Tables ix
Summary xi
Acknowledgments xix

CHAPTER ONE
Project Background 1
The National Plan 1
Family Violence Issues in Aboriginal and Torres Strait Islander Communities 2
Development of Third Action Plan 5
RAND Evaluation Plan 9
Data Collection 11

CHAPTER TWO
Site Profiles 17
Site Summary Writing Process 17
Intensive Family-Focused Case Management Programs 17
Trauma-Informed Therapeutic Services for Indigenous Children 22
Men's Behaviour Change Programs 23
Victim Support Services (Through Family Violence Prevention Legal Services Providers) 26

CHAPTER THREE
Process Evaluation 35
Introduction 35
Site Interviews 35
Staff Surveys 58
Conclusion 66

CHAPTER FOUR
Outcome Evaluation 69
Introduction 69
Client-Level Quantitative Data 69
Client Case Vignettes 72
Conclusion and Future Directions 73

CHAPTER FIVE
Conclusion 75
Recommendations 76

APPENDIXES

A. Third Action Plan Program Logic Models 87
B. Initial Interview Guides 101
C. Process Evaluation Interview Guide 109
D. Site Information Requirements 111

References 113

Figures

1.1. Third Action Plan Funding Categories and Terminology 5
1.2. Site Locations and Program Types 6
1.3. Organisation of Agencies/Programs Involved in Third Action Plan and Their Main Roles 8
1.4. Timeline of Third Action Plan Effort and RAND Evaluation 12
3.1. Hierarchical Coding in Dedoose 36
3.2. Monthly Manager Survey 59
3.3. Staff Journal Survey 60
5.1. The Getting to Outcomes Model 76
A.1. Birrang Enterprise Development Co. Ltd/Maranguka Justice Reinvestment Project Logic Model 87
A.2. Kornar Winmil Yunti Aboriginal Corporation Logic Model 88
A.3. Mookai Rosie Logic Model 89
A.4. Wurli Logic Model 90
A.5. Victorian Aboriginal Child Care Agency Logic Model 91
A.6. Men's Outreach Services Logic Model 92
A.7. Rekindling to Spirit Logic Model 93
A.8. Yoowinna Wurnalung Healing Service Logic Model 94
A.9. Aboriginal Family Law Services South Queensland Logic Model 95
A.10. Far West Logic Model 96
A.11. Marninwarntikurra Women's Resource Centre Logic Model 97
A.12. North Australian Aboriginal Family Legal Service Logic Model 98
A.13. Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Logic Model 99
A.14. Aboriginal Family Law Services Western Australia Logic Model 100

Tables

1.1. Third Action Plan Intensive Family-Focused Case Management Program Characteristics 7
3.1. Positive Impacts of Third Action Plan Programs on Clients 53
3.2. Positive Impacts of Third Action Plan Programs on Community 55
3.3. Survey Responses by Program Type, Site and Type of Respondent 61
3.4. Surveys Received by Program Type, Site and Type of Respondent 61
3.5. Therapeutic Approaches Used in the Prior Two Weeks 63
3.6. Therapeutic Approaches Used in the Prior Two Weeks by Program Type 63
3.7. Common Challenges Encountered 64
3.8. Common Lessons Learned 65
4.1. Scale Means for Buss-Perry Aggression Questionnaire (with Subscales), Rosenberg Self-Esteem Scale and University of Rhode Island Change Assessment Scale (with Subscales) 70
4.2. Third Action Plan Male Client Differences: Completed versus Did Not Complete Intervention 71
4.3. Rekindling the Spirit Questionnaire Patterns 71

Summary

Violence against women and children continues to challenge well-being in Australia, especially for Aboriginal and Torres Strait Islanders. Acknowledging the lack of progress on the issues spurred the Commonwealth to create a National Council on the subject in May 2008, which produced the report *Time for Action: The National Council's Plan for Australia to Reduce Violence Against Women and Their Children, 2010–2022* in 2009. The report made a set of recommendations that led to the development of the National Plan to Reduce Violence against Women and their Children 2010–2022, which provided a framework for a 12-year effort with the vision that "Australian women and their children live free from violence in safe communities" (Council of Australian Governments, 2012). While the vision of the National Plan applies to all women and children in Australia, the plan also specifically recognises the unique challenges faced by Aboriginal and Torres Strait Islander women, their higher risk for family violence than non-Aboriginal women, and the need to support approaches that are culturally appropriate for Aboriginal women and children, which may differ from mainstream approaches to prevention and treatment. The National Plan has been divided into four three-year phases, or action plans, the first of which began in 2010. The First and Second Action plans have ended. The third plan, which began at the halfway point of the 12-year National Plan effort, identifies six National Priority Areas. The assessment in this document falls under Priority Area 2: "Aboriginal and Torres Strait Islander Women and Their Children". This evaluation focused on the Third Action Plan (3AP), announced on 28 October 2016 by the Commonwealth's Department of the Prime Minister and Cabinet (PM&C).

Funding Third Action Plan and an Evaluation

PM&C provided funding to 14 different service providers across Australia that work specifically on family issues in Aboriginal communities. These sites are mostly located in remote and sparsely populated areas, creating challenges for service delivery. The 3AP funding was intended to help service providers deliver initiatives to address one or more of four categories: (1) trauma-informed therapeutic services, (2) men's behaviour change programs, (3) intensive family case management and (4) victim services through legal service providers.

At the same time, 3AP provided funds for technical assistance for the sites conducted by Inside Policy, an Aboriginal-owned organisation, and an evaluation of the 14 sites to provide insight into how best to address the challenges of violence against Aboriginal women and children and, more broadly, family violence in Aboriginal communities. PM&C selected the RAND Corporation to conduct the evaluation, which began in June 2017.[1]

[1] In the second half of 2019, oversight of RAND's evaluation contract was moved from PM&C to the newly created National Indigenous Australians Agency (NIAA).

Because of challenges encountered throughout the evaluation, we were not able to make any conclusions regarding the efficacy or effectiveness of programs that were implemented under 3AP. Instead, we focused on answering two main research questions:

1. What processes relating to evaluation of both overall implementation of the 3AP program and site-level implementation work best?
2. What are the lessons to be learned for the evaluation of Aboriginal and Torres Strait Islander family violence programs for the future?

Challenges to the Evaluation

As the evaluation got underway and we learned more about each site, we determined that the evaluation timeline limited the period during which actual program implementation could be observed. As described earlier, the National Plan is a framework for 12 years of action, divided into four 3-year periods. Programs funded as part of 3AP had at maximum three years for implementation, but in reality the implementation happened for just over two years. Many of the sites spent a good portion of the implementation period developing and refining their program models, rendering the evaluated programs a constantly shifting target. Given this timeframe, we also believed that 3AP programs were likely to serve a small number of clients during the evaluation period. We also learned that most sites were not used to collecting systematic, regular data on their clients. Based on these multiple challenges to the evaluation design, we determined that all sites lacked readiness to support randomisation or other elements of a randomised controlled trial approach, or alternative rigorous outcome evaluation approaches such as quasi-experimental designs.

The second major challenge to our work was the time taken to receive approval from the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS), which provides review of human subject research in Aboriginal and Torres Strait Islander communities. Our first submission, made in March 2018, did not receive ethics approval, which resulted in a pause of all research activity—including collection of administrative and other information from sites that had previously been deemed to be "not human subjects research" by RAND's Institutional Review Board (i.e., ethics committee). This means that some data contributing to this report was collected before AIATSIS ethical approval. This decision resulted in more than a year delay in the project, during which time we did not communicate with or collect data from any 3AP sites. The process ultimately took 16 months[2] and required five separate submissions to AIATSIS, and we were not able to collect data about the implementation process at sites during that entire period.

When the evaluation started up again in earnest, three focal 3AP sites provided outcome data. One site was able to produce de-identified quantitative data, consisting of responses to structured survey scales and a new assessment scale tailored to the Aboriginal and Torres Strait Islander population, and two sites were able to provide de-identified "case vignettes" describing their clients' characteristics and progress throughout the intervention period.

Based on these challenges, we determined that conducting a process evaluation was the only feasible approach for the project. As part of the process evaluation, we did learn about program staff's opinions on whether programs were working and in what ways, but we were unable to evaluate these opinions. As a result, the report has significant limitations. We are not able to draw any conclusions as to the actual effectiveness of any of the

[2] This includes time spent preparing the first submission and time after "final" approval spent meeting additional contingencies and information requirements from AIATSIS. The time between our first submission and a "final" approval (with contingencies) was 12 months, as illustrated in Figure 1.4.

3AP programs, and we are not able to *systematically* evaluate the implementation process across the sites. Moreover, time and resource limitations restricted our data collection to mainly program staff. We acknowledge that not providing a strong community voice in our evaluation is a significant shortcoming, and future work on 3AP would be improved by incorporating those perspectives.

Despite these challenges, our work provides insights into implementation of family violence programs among Aboriginal and Torres Strait Islander communities, which we share here. Our findings and recommendations focus on ways to improve the implementation process and on strategies for building evaluations into implementation of similar programs in the future.

Evaluation of Third Action Plan

Data Collection

Inside Policy, the organisation providing technical assistance to the sites at the start of the 3AP grants, held three co-design workshops in 2017 with 3AP sites to help them develop their programs. RAND had not yet been engaged as the evaluator during the first workshop, but at the subsequent events we presented the evaluation to 3AP-funded sites, worked with sites to help them develop logic models for their programs, and facilitated breakout sessions with the sites to talk specifically about site data collection and measuring outcomes. In addition to reviewing sites' final logic models, we also reviewed all available program documents, including each site's proposal to PM&C for 3AP funding.

Throughout 2017 and early 2018, we conducted several rounds of phone conversations and interviews with service providers and staff at each site and visited six sites in order to establish baseline familiarity and knowledge about each site. In September–December 2019, we conducted the last round of formal evaluation interviews with each site, aiming to collect information on implementation processes that had been underway for more than a year.

Early in the implementation of 3AP programs, we collected survey data from program managers and staff about the progress of implementation and program details, with the idea of conducting regular, repeated data collection to assess implementation over time. Monthly manager surveys and fortnightly staff surveys were conducted online for a period of approximately three months during 3AP's early implementation. The early surveys provide rich data with insights into early site operations. Finally, the evaluation team collected any available quantitative client data from sites, which was scant but provided additional insights into evaluation approaches.

Findings

Process Evaluation

Through the interviews with staff in every site at the beginning and end of the evaluation period, and a number of surveys administered early in the implementation period, we identified 13 themes regarding 3AP implementation.

With respect to success factors and challenges to sites, we identified the following common themes:

1. Interviewees from sites frequently described how a holistic approach to treatment provided positive results. This holistic approach involved treating the family violence challenge as embedded in extended families and broader social networks

within communities. Such an approach yielded positive results in terms of program interest, engagement, retention and reductions in family violence.
2. Programs that were able to engage informal and formal institutions in communities, from law enforcement to local clubs, created extended systems of support for program clients that had positive impacts on program goals.
3. Clinicians noted that storytelling and narrative therapeutic approaches were often quite effective, in part because these approaches fit well with Aboriginal and Torres Strait Islander cultural practices.
4. Making sure to staff programs with Aboriginal and Torres Strait Islander staff was critical, which helped to establish trust in communities and allowed program clients to establish rapport with program personnel. This also helped to produce program content that was meaningful to clients and communities.
5. Family violence among Aboriginal and Torres Strait Islanders is a "wicked problem" that has been created by generations of trauma, social marginalisation and structural inequality. Addressing this issue can be difficult because so many conspiring factors work to continue the pattern of violence. However, breakthroughs with clients and families can still be made.
6. Many Aboriginal and Torres Strait Islander communities have seen programs come and go over the years (often due to inconsistent funding) and have experienced broken promises from government entities or other efforts to address local problems. This creates challenges to establishing trust in these communities.

With respect to challenges and suggestions for administration of the 3AP program, we noted the following common themes:

7. First, we observed that opinions on communication with PM&C—at both the national and regional levels—were inconsistent across sites. Stakeholders at some sites wanted more outreach from the funding agency, whereas others wanted less or were fine with the frequency of interaction they had. Common across sites, however, was a need for more clarity from PM&C. Sites sometimes felt that decisions made by PM&C were not transparent, that expectations were not clear, or that details of the grant and its requirements were not clarified from the outset. This was complicated when there was a disconnect in guidance and communication coming from the national and regional offices.
8. Interviewees also criticised PM&C for its lack of knowledge about local communities and the contexts of implementation. While it is likely unrealistic for the national PM&C office to have knowledge of local contexts for all 14 sites, it could have leaned on the regional offices more heavily for contextual insights. While on site, we observed that there was significant variation in the involvement of regional office staff in 3AP implementation of sites in their area. Some were engaged, informed and ready to assist, while others were more hands-off and waited for sites or PM&C to indicate a need for assistance.
9. At the outset, the national PM&C office could have made things smoother by clearly identifying the roles and responsibilities for the regional and national offices, and for the sites. Throughout implementation, the national office staff may have benefited from more engagement with the regional office staff. Regional offices could have been useful both in terms of providing advice or feedback to the national office and guidance to the sites themselves. Instead, there was guidance coming from both offices, with the national office retaining its decisionmaking role.

10. On the other hand, sites did appreciate and praise the feedback they received on program design and development, especially noting the help from staff at the regional offices and Inside Policy. Regional offices were seen as having better local knowledge, enabling them to help programs address any challenges in a more concrete way than staff from the national office. Sites also had praise for the general assistance of Inside Policy staff, their guidance on program design and, like the regional offices, their help in troubleshooting any challenges that may have occurred.
11. We also believe that PM&C may have had unrealistic expectations for site implementation. This was seen in sites' desire for longer-term program design and implementation support from Inside Policy. Many sites were expanding into a new service area or creating a new program from scratch to provide family violence services. This meant sites needed to be flexible with program design and adapt initial plans if necessary as they began developing their own understanding of client needs. PM&C may have planned for the short period of assistance from Inside Policy because they expected sites to have higher levels of readiness for implementing specific, manualised programs (programs with specific steps documented in a written manual). Here, knowledge of local contexts and better understanding of the difficulty in implementing family violence programs may have created more realistic expectations on the part of PM&C.
12. Data collection was extremely challenging for sites. Future technical support efforts should focus on helping sites to establish and maintain data collection infrastructure to help feed future evaluations.
13. Site staff expressed a desire for more meaningful contact with other sites, not just at the beginning of program design but throughout the implementation process.

Recommendations

Despite the challenges outlined above, this report provides insights into implementation of family violence programs among Aboriginal and Torres Strait Islander communities. Given that we had to alter our assessment approach, we sought out best practices for program development and evaluation to help organise our recommendations. Evaluation professionals have put forth a variety of such guidelines, and we used a well-known intervention developed by RAND researchers called "Getting to Outcomes" (Chinman, Imm and Wandersman, 2004). The recommendations drawn from our evaluation of the 3AP effort start at the very beginning of the process—when an agency decides to put funding towards a specific social need, in this case family violence in Aboriginal and Torres Strait Islander communities. We divided recommendations into three categories: lessons learned for program funders and administrators; lessons learned for program success; and lessons learned for future evaluations.

Lessons Learned for Program Funders and Administrators

1. **Select a technical assistance provider and evaluator before or at the same time as sites are selected for funding.** Based on site interviews and our own experience as evaluators, integration of partners—including partners for assessment—at an early stage is critical.
2. **Engage partners to be part of a supportive framework for sites from the outset.** This is a general finding that extends to connecting 3AP sites with each other on a regular basis throughout project planning, execution and evaluation, and to making

sure that all hands (including technical assistance) are on deck to assist programs consistently.

3. **Consider and plan around site readiness for implementation.** Sites displayed various states of existing infrastructure and local capacity. Program planning should consider and adapt to this variability in local readiness by setting program requirements at a high level but allowing specific details of implementation to be controlled at the regional and site level.
4. **Create a plan for coordinated and transparent communication with funded sites throughout the implementation period.** 3AP-funded sites indicated gaps in communication, resulting in perceptions of mixed messages or changing expectations across the course of program implementation and assessment.
5. **Allow for decentralised management coupled with centralised record-keeping.** Sites emphasised the locally specific nature of the family violence issue. They should be given leeway to adjust to local constraints and affordances. However, some centralised data collection is key for evaluation.
6. **Provide more technical assistance and support for data collection.** We were able to obtain very little participant-level data on program attendees. This indicates the need for future assessments to track clients in databases that include demographic information and can provide de-identified data with multiple points of collection, including structured scales.
7. **Support efforts to develop assessment tools that are appropriate for Aboriginal and Torres Strait Islander individuals.** Sites described unique historical and cultural dynamics contributing to family violence in their communities, as well as culturally adapted therapeutic frameworks. We need instruments that capture such subtleties.

Lessons Learned for Program Success

1. **Understand that the timeline for change is long and requires sustained investment.** Sites emphasised that family violence is an issue in Aboriginal and Torres Strait Islander communities that has been generations in the making and is strongly linked to structural conditions. Change will take time.
2. **Implement a holistic approach to intervention.** This involves treating the family violence challenge as embedded in extended families and broader social networks within communities. Such an approach can yield positive results in terms of program interest, engagement, retention and reductions in family violence.
3. **Implement a holistic approach to intervention, engaging local institutions to provide an extended network of service and support.** Programs that were able to engage informal and formal institutions in communities—from law enforcement to local clubs—created extended systems of support for program clients and noticed positive impacts on program goals.
4. **Make use of storytelling and narrative therapy.** This is part of the program because these approaches fit well with Aboriginal and Torres Strait Islander cultural practices. Staffing programs with Aboriginal and Torres Strait Islanders is critically important. This helps programs establish trust in communities and produce program content that is relevant to both clients and communities.
5. **Staff programs with Aboriginal and Torres Strait Islander individuals whenever possible.** This helps to establish trust in communities and allows program clients and program staff to establish rapport. In this way, program content becomes meaningful to both clients and communities.

Lessons Learned for Future Evaluations

6. **Grounding in local cultural context—including Aboriginal and Torres Strait Islander governance structures—is critical.** Evaluators should set up a Cultural Advisory Board before beginning any research; communicate with AIATSIS starting on the first day of the evaluation project; plan time and resources to set up local cultural advisory structures at sites; and involve Aboriginal and Torres Strait Islander staff in all phases of research. This would have provided more legitimacy to the overall effort (Evergreen and Cullen, 2010) and might have helped avoid the delay resulting from not receiving ethics approval.
7. **Continue to evaluate both quantitatively and qualitatively using a mixed-methods approach.** In the absence of quantitative data, we found that qualitative data about 3AP sites was immensely informative. Such data is especially helpful in newer programs and less well-studied contexts involving "unknown unknowns". Future work should integrate more quantitative measurement for evaluative rigor while continuing to collect rich qualitative data.
8. **Emphasise the use of locally developed, culturally grounded measurement approaches.** These include custom scales developed by and validated in the community context, as well as methods to quantify narrative or descriptive information.
9. **Focus on evaluating implementation processes first, then evaluate outcomes if and when appropriate.** Outcome evaluation requires a careful, structured evaluation plan and consistent data collection involving a significant number of clients. In newer programs, process evaluation is often more appropriate.

Many of the 3AP program experiences we observed throughout implementation are not unique. But the lessons learned *are* unique in their application to efforts to serve Aboriginal and Torres Strait Islanders and to address family violence. These recommendations can lay a strong foundation for increasing funders' return on investment and creating long-term change in communities across Australia.

Acknowledgments

We acknowledge and pay respect to the Aboriginal and Torres Strait Islander people, who are the Traditional Custodians of Country throughout Australia. We recognise the diversity of the Aboriginal and Torres Strait Islander communities involved, and we thank these communities for allowing us to work with them in conducting the research represented in this report. We also note and emphasise the importance of Aboriginal and Torres Strait Islander leadership and inclusion as critical to sustainably addressing family violence in these communities.

We would like to thank our project sponsors in the office of the Australian Prime Minister and Cabinet as well as the National Indigenous Australians Agency for their support throughout this project. We are also indebted to the numerous program managers and frontline practitioners of the 3AP programs who graciously welcomed us to their facilities and engaged us from afar; thank you for making time to work with us during your extremely busy lives working in communities. We would also like to thank our Cultural Advisory Board—Donisha Duff, Dan McAullay and Jesse John Fleay—for their thoughtful critique and advice throughout this research. And finally, thank you to our internal RAND reviewer, Coreen Farris.

Abbreviations

3AP	Third Action Plan
AFLSSQ	Aboriginal Family Legal Services Southern Queensland
AFLSWA	Aboriginal Family Law Services Western Australia
AIATSIS	Australian Institute of Aboriginal and Torres Strait Islander Studies
BPAQ	Buss-Perry Aggression Questionnaire
CBT	cognitive behavioural therapy
CEO	chief executive officer
CLASS	Community Legal Assistance Services System
FVPLS	Family Violence Prevention Legal Services
GEM	Growth Empowerment Measurement
GTO	Getting to Outcomes
KWY	Kornar Winmil Yunti Aboriginal Corporation
MOS	Men's Outreach Service
MWRC	Marninwarntikurra Women's Resource Centre
NAAFLS	North Australian Aboriginal Family Legal Service
NIAA	National Indigenous Australians Agency
NPYWC	Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council
NT	Northern Territory
PM&C	Department of the Prime Minister and Cabinet
PUTP	Picking Up the Pieces
RCT	randomised controlled trial
RSES	Rosenberg Self-Esteem Scale
RTC	readiness to change
RTS	Rekindling the Spirit

RTS-Q	Rekindling the Spirit Questionnaire
SD	standard deviations
URICA	University of Rhode Island Change Assessment Scale
VACCA	Victorian Aboriginal Child Care Agency

CHAPTER ONE

Project Background

Family violence has been a persistent challenge across Australia and documented efforts to address this issue date back more than 100 years (Piper and Stevenson, 2019). Research and national statistics on violence against women and children in the 2000s indicated that these issues continued to persist across Australia. Acknowledging the lack of progress on this issue spurred the Commonwealth to create a National Council on the subject in May 2008. The council's work resulted in the report *Time for Action: The National Council's Plan for Australia to Reduce Violence Against Women and Their Children, 2010–2022*, which recommended that state and territorial governments in Australia work together to address the problem and identified six facets of the issue that should be addressed. Most of the recommendations from the *Time for Action* report were subsequently funded by the federal government, including initial funds for urgent needs and longer-term funding for planning and implementing additional prevention and reduction approaches (Council of Australian Governments [COAG], 2012).

The National Plan

Using *Time for Action* as a guide, a National Plan was created to provide the framework for a 12-year effort, with the vision that "Australian women and their children live free from violence in safe communities" (COAG, 2012, p. 2). While the vision of the National Plan applies to all women and children in Australia, the plan also specifically recognises the unique challenges faced by Aboriginal and Torres Strait Islander populations, including their higher risk for family violence, and the need to support approaches that are culturally appropriate for Aboriginal women and children, which may differ from mainstream approaches to prevention and treatment.

The vision of the National Plan is intended to be achieved over a period of 12 years. The work has been divided into four three-year phases, or action plans, which began in 2010. The First Action Plan, in place from 2010 to 2013 and called "Building a Strong Foundation", was focused on building a foundation of evidence to support future action plans and developing the systems and structures needed to ensure that Australia's state and territorial governments could work together using the National Plan framework for more than a decade (COAG, 2012). The Second Action Plan, implemented from 2013 to 2016 and called "Moving Ahead", focused on using evidence gathered during the First Action Plan to identify and address gaps in the approach to violence against women and children. During the Second Action Plan, work addressed identified gaps by building on strategies already in place across Australia and identifying areas where new approaches were needed.

The Third Action Plan (3AP), called "Promising Results", was launched on 28 October 2016, the halfway point of the 12-year National Plan effort. 3AP identifies six national priorities areas, and the current project falls under Priority Area 2: "Aboriginal and Torres

Strait Islander Women and Their Children".[1] This effort was led by the Commonwealth's Department of the Prime Minister and Cabinet (PM&C).

The remainder of this chapter provides historical context for the high rates of family violence in Indigenous communities and then describes the evaluation design for the 3AP programming in Indigenous communities.

Family Violence Issues in Aboriginal and Torres Strait Islander Communities

Current challenges facing Aboriginal and Torres Strait Islander communities in Australia related to family violence stem from historical poor treatment and marginalisation of these communities during the colonisation of Australia. Continuing patterns of racism and marginalisation have created intergenerational trauma that contributes to conditions in many Aboriginal and Torres Strait Islander communities today (Braybrook, 2015). It is hard to understand current conditions without understanding the history of interaction between Aboriginal and Torres Strait Islanders and the predominantly British colonisers.

Historical Contexts Underlying Violence

The first nationwide White Australia policy began in 1901 under the Immigration Restriction Act of 1901 and was designed to prevent "undesirable" (i.e., people of non-European origin) from immigrating to the country (Buchanan, 2015; NMA, 2018). In 1937, an assimilation policy was enacted that called for the Aboriginal people to be forcibly assimilated into white culture (Australians Together, 2020b). Under these policies, thousands of Aboriginal children from all states and territories were forcibly removed from their homes and placed with white families or into group homes. These children are commonly known as the "Stolen Generations" (Commonwealth of Australia, 1997). While it is difficult to determine exactly how many children were removed from their families, a report by the Australian government estimated between 10 and 33 percent of Indigenous children were forcibly separated from their communities between 1910 and 1970. The White Australia policy was officially abolished in 1972, but one of the last schools that housed stolen children did not close until the early 1980s. An official public document acknowledging the Stolen Generations was released in 1997, with an official apology coming in 2008 (Australian Institute of Aboriginal and Torres Strait Islander Studies [AIATSIS], 2018).

Reconciliation in Australia stemmed from the understanding of the need to acknowledge prior and current failures of government policy and to recognise the rights of Indigenous Australians. One of the biggest wins for Indigenous Australians during this process was the Aboriginal Land Rights (Northern Territory) Act of 1976 that recognised Aboriginal people in legislation as the traditional owners of the land. In 1992, the Australian High Court ruled that the idea of "terra nullius"—that Australia did not have settled people when the British arrived—was inaccurate and that Indigenous peoples' land rights be acknowledged.

Northern Territory Policies

A significant contributor to the current situation in Aboriginal communities stems from modern efforts undertaken in the Northern Territory (NT). The NT government commissioned an inquiry into reports of widespread child sexual abuse of Aboriginal children.

---

[1] The other Priority Areas (1, 3, 4, 5, and 6) are "Prevention and Early Intervention", "Greater Support and Choice", "Sexual Violence", "Responding to Children Living with Violence" and "Keeping Perpetrators Accountable Across All Systems"; see Commonwealth of Australia (2016).

The NT government released a report in 2007 titled *Little Children Are Sacred* (Wild and Anderson, 2007) that highlighted the dangers that Aboriginal children face, including neglect and abuse. The report stressed the importance of a deliberate, but localised, response and made nearly 100 recommendations.

The Australian government attempted to address these identified dangers in 2007 with a set of policies called the Northern Territory National Emergency Response, also known as "The Intervention", which targeted Aboriginal communities. But the Intervention's policies did not follow the recommendations provided in the report. Instead, policies such as withholding welfare payments from Indigenous recipients, imposing mandatory health screenings for Aboriginal children, banning alcohol, and allowing the government to seize land and property from Indigenous families were implemented (Monash University, 2020).

Indigenous people overwhelmingly felt that the steps taken by the federal government were detrimental to their communities and went against the recommendation of localised response from the report (Australians Together, 2020a). One of the authors of *Little Children Are Sacred* spoke out against the Intervention, saying the government's actions were not responsive to the report's recommendations (Australians Together, 2020a). Although the Intervention officially ended in 2012, many of its policies remain in effect today in some form under the current Building Stronger Futures policies (Australians Together, 2020a).

Impacts on Child Well-Being

For at least a century, then, child removals have caused extreme levels of trauma in parents, children and whole communities—trauma that is still being borne by Aboriginal communities today because of both their historical treatment and modern governmental policies that continue their maltreatment (Walker and Shepherd, 2008). These experiences have all contributed to a breakdown of families, culture and traditional law in many Aboriginal communities. Moreover, more children have been taken from their families in recent years than during the era of the Stolen Generations (Young, 2014). Indigenous children are ten times more likely to be placed into out-of-home care than their non-Indigenous peers, and only about one-third are placed with Indigenous family members (Behrendt, 2016). Aboriginal Elders are referring to these children as a "new Stolen Generation" (Hopkins, 2018).

Current and historical experiences have starkly manifested themselves across numerous measures of well-being, where Indigenous individuals are on average worse off than non-Indigenous individuals. For example, in 2018 the rate of births to teen mothers was 46.4 per 1,000 for Indigenous women, nearly seven times higher than that for non-Indigenous women (7.1 per 1,000). Rates of developmental vulnerability were nearly twice as high for Indigenous children than non-Indigenous children (41 percent and 20 percent, respectively). Both infant and child deaths were twice as high among Indigenous children than non-Indigenous: infant deaths were 6.2 and 3.1 per 1,000, respectively, and child deaths 22 and 11 per 1,000, respectively.[2]

Family Violence Among Indigenous Australians

Current work in this area suggests that the term "family violence" is more appropriate and preferable among Aboriginal communities than terminology that makes women, as individuals, the focus (Lumby and Farrelly, 2009). An emphasis on *family* violence among Aboriginal communities allows a focus on violence across generations, including children and across different potential perpetrators (Murray and Powell, 2009).

---

[2] All statistics in this paragraph are from Australian Institute of Health and Welfare (AIHW), 2019.

High rates of family violence are another manifestation of the multiple risk factors that face many Indigenous communities (AIHW, 2019). The AIHW (2019, p. 16) summed up the issue thus: "Family violence must be understood as both a cause and effect of social disadvantage and intergenerational trauma".

Indigenous women and children are subjected to a disproportionately high rate of family violence, especially when compared with the non-Indigenous population in Australia (Braybrook, 2015). According to the AIHW (2018), just over one out of every five Indigenous Australians indicated they have been a victim of violence, whether physical or threatened, in the previous 12 months. Other research estimated that 70 percent of Aboriginal and Torres Strait Islander families had experienced family violence, and more recent work suggests that Aboriginal and Torres Strait Islander women are as much as 45 times more likely than non-Aboriginal women to be victims of family violence (Stanley, Tomison and Pocock, 2003).

Indigenous people also have higher rates of hospitalisation for family violence, and Indigenous children are more likely than others to receive child protection services (AIHW, 2019). Statistics on the characteristics of Indigenous perpetrators of family violence are hard to locate, but in all family violence cases (including non-Indigenous people), males are far more likely to be the perpetrators than females. Information from three states/territories in Australia indicates that for 40–50 percent of Indigenous female victims of family violence assaults, the perpetrator was her partner—most likely a male (AIHW, 2019). This indicates that one element of supporting women's safety is the need to address male pathways to violence and provide interventions for men.

At the same time, low trust in government and the legal system, family obligations and limited availability of family violence services all lead to low levels of reporting and help-seeking among victims of family violence in this population (Braybrook, 2015; Wilson et al., 2017). These low rates of help-seeking among Aboriginal and Torres Strait Islander women and children create additional challenges for programs attempting to address these issues.

Family Focus and Child Safety

In a circular relationship, violence challenges and weakens family functioning; in doing so it makes preventing further violence more difficult (Cheers et al., 2006). Understanding the roles of family and culture in Aboriginal and Torres Strait Islander communities can shed light on some of the challenges to addressing violence among Aboriginal and Torres Strait Islander families. And a family focus can highlight assets of the community by broadening the set of individuals who can be part of a solution: "Aboriginal families are pivotal to the well-being of Indigenous communities and their culture and survival" (Walker and Shepherd, 2008, p. 2).

In talking about how to address child safety, attention must be paid to the "fundamental links between culture and identity and the concomitant importance of family and community" (Lynch, 2001, pp. 508–509). Murray and Powell (2009) point to intervention models that prioritise healing the family and community as opposed to more individualised approaches, and Walker and Shepherd (2008) present two model interventions—addressing child literacy and child health and family well-being—that demonstrate the importance of cultural considerations in these efforts.

There is some evidence that attention to culturally relevant programming has been growing among services for Indigenous populations and is showing promising results. For example, a study of the federal government's Respectful Relationships initiative evaluated several programs serving young Indigenous people and found that program success was tied to the use of culturally appropriate practices, inclusion of elders in decision-making, and the use of cultural brokers between communities and program organisations (Le Brocque et al., 2014).

Other programs have been evaluated or assessed in the last decade and show promise for wider implementation, including the Alice Springs Domestic and Family Violence Outreach Service in NT; the Cross Borders Indigenous Family Violence Program in South Australia, Western Australia and NT; and Working with Aboriginal Families in East Gippsland (Commonwealth of Australia, 2016). These evaluations add to the small but growing efforts to address family violence while employing models that understand, adapt to, or draw on the strength of Aboriginal and Torres Strait Islander families and culture. However, we still lack a significant body of evidence about what works to reduce and prevent family violence in Aboriginal and Torres Strait Islander communities—programs that have been implemented have rarely been evaluated (Commonwealth of Australia, 2016).

Development of Third Action Plan

PM&C, and now the National Indigenous Australians Agency (NIAA), recognise the importance of, and need for, evidence about what works to address family violence in Aboriginal and Torres Strait Islander communities. Under 3AP, the Australian government provided significant funding to service providers across Australia to address these issues: $25 million for services specific to Aboriginal and Torres Strait Islanders, part of a total of $100 million for 3AP overall. This created an opportunity for rigorous and extensive evaluations in this area. To undertake the recommended actions under 3AP's Priority Area 2, PM&C provided funding to 14 different service providers across Australia that work on family issues specifically with Aboriginal communities (see Figure 1.1). The 3AP

Figure 1.1
Third Action Plan Funding Categories and Terminology

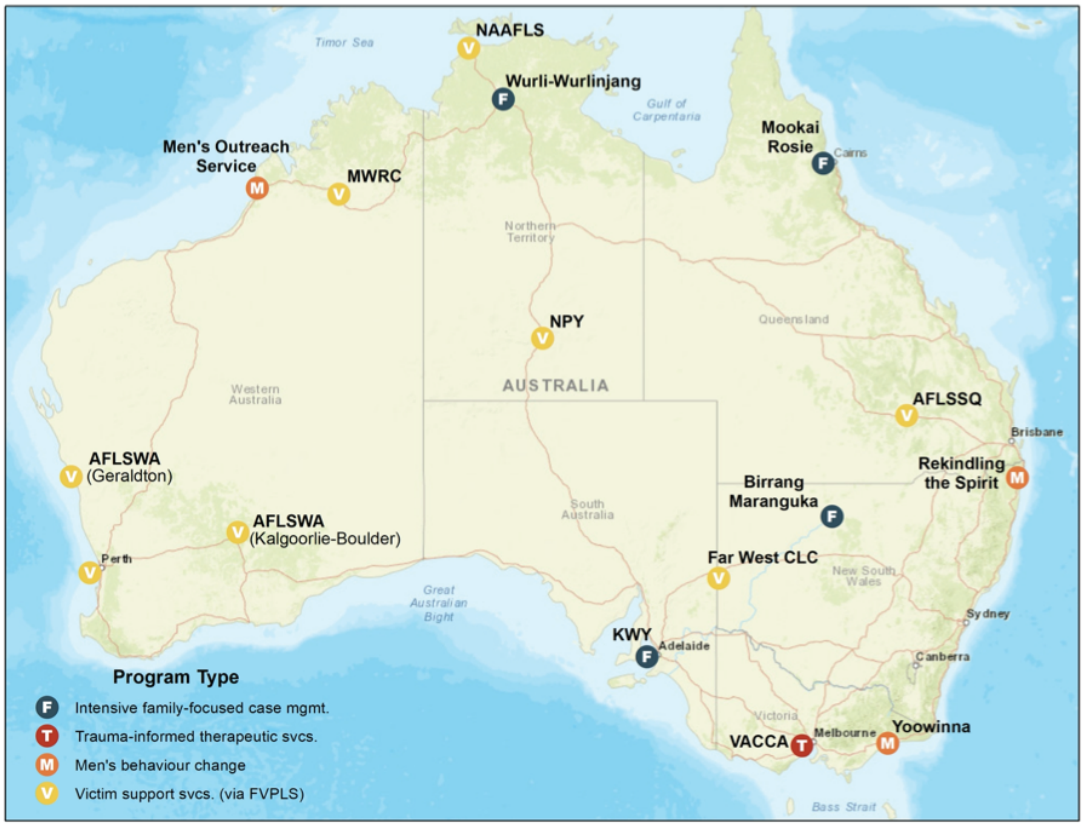
Terms Used for Each Section	Initiatives, Categories	Organisations, Service Providers, Providers	3AP Program, 3AP Activity
PM&C → 3AP funding	Trauma-informed therapeutic services	Victorian Aboriginal Child Care Agency (VACCA)	Each provider implements *a program* or *activities* that are funded under 3AP. Most providers implement the 3AP program **in addition** to their standard programming or services; 3AP programming is typically not the only thing the organisation does. Thus, we differentiate between providers and specific 3AP programs or activities
	Perpetrator services	Men's Outreach Service (MOS) Rekindling the Spirit (RTS) Yoowinna Wurnalung	
	Intensive family case management	Birrang Maranguka Kornar Winmil Yunti Aboriginal Corporation (KWY) Mookai Rosie Wurli-Wurlinjang	
	Victim services through Family Violence Prevention Legal Services (FVPLS)	Aboriginal Family Legal Services Southern Queensland (AFLSSQ) North Australian Aboriginal Family Legal Service (NAAFLS) Aboriginal Family Law Services Western Australia (AFLSWA) Far West Comm. Legal Centre Inc. Marninwarntikurra Womens' Resource Centre (MWRC) Ngaanyatjarra Pitjantjarjara Yankunytjatjara Women's Council (NPYWC)	

funding was intended to help providers deliver initiatives that offer (1) trauma-informed therapeutic services; (2) perpetrator services; (3) intensive family case management; and (4) victim services through legal service providers. The 14 funded service providers each address one or more of these four categories. While some of these activities are being delivered by FVPLS providers, only those FVPLS organisations selected for funding under 3AP were included in the evaluation.

Figure 1.2 provides a map of all sites' main locations (but not the extent of service areas) and Table 1.1 provides brief descriptions of all sites, grouped by program type. Chapter Two provides an overview of each site, grouped by type of program provided.

Funding was provided to *Inside Policy*, an Aboriginal-owned organisation, to provide technical assistance to sites at the start of the 3AP grants. Inside Policy conducted three co-design workshops called "Design Shops" in 2017 to help sites develop logic models describing their 3AP programs and identify expected outcomes. Inside Policy's participation in 3AP was originally scheduled to end shortly after the third workshop took place, in December 2017, suggesting that PM&C had expectations that the program design process would be short—less than one full year. However, it was clear at the end of 2017 that sites would need more assistance, and Inside Policy continued to provide implementation support as needed for most of the programs' implementation periods. Sites could also receive assistance as needed from PM&C's regional offices. There are 11 regional management offices and more than 20 smaller offices representing PM&C throughout the Commonwealth. Because of their locations, staff in these offices were theoretically able to provide assistance more tailored to the local context than the national PM&C office would have

Figure 1.2
Site Locations and Program Types



SOURCE: Esri, HERE, Garmin, USGS, Intermap, INCREMENT P, NRCan, Esri Japan, METI, Esri China (Hong Kong), Esri Korea, Esri (Thailand), NGCC, 2018; overlay by RAND.

Table 1.1
Third Action Plan Intensive Family-Focused Case Management Program Characteristics

Program (Short Name)	Area Served	Target Population
Birrang Enterprise Development Co. Ltd/ Maranguka Justice Reinvestment Project (Birrang)	Bourke, New South Wales	Aboriginal families that are experiencing, have experienced, or are at risk for experiencing family violence.
KWY	Adelaide and Riverland, South Australia	Aboriginal families living in the metropolitan Adelaide and Riverland regions who are experiencing family violence and are at risk of having children removed and/or having a family member enter the criminal justice system due to perpetrating family violence.
Mookai Rosie (Mookai)	Kowanyama and Pormpuraaw, Queensland	Aboriginal and Torres Strait Islander children, women, men and their families, who are in contact with or are at risk of encountering child protection for domestic and family violence reasons, and who are referred or self-referred family entities.
Wurli-Wurlinjang Aboriginal Health Service (Wurli)	Katherine, NT, and a 40-km radius surrounding	Families with children up to 16 years of age located in Katherine and the surrounding 40-km radius who are at risk of child removal due to family violence.
Trauma-Informed Therapeutic Services		
VACCA	Eastern Metropolitan Melbourne, Victoria	Aboriginal and Torres Strait Islander women, men and children who have experienced or are experiencing family or domestic violence and are current clients of the organisation.
Men's Behaviour Change Program Characteristics		
MOS	Broome and Kimberley, Western Australia, and remote communities	Aboriginal men who are perpetrators of family violence located in West Kimberley.
RTS	Lismore and surrounding communities, New South Wales	Aboriginal men 26 years of age or older who are from the Northern Rivers area of New South Wales who are perpetrators of domestic violence.
Yoowinna Wurnalung Healing Service (Yoowinna)	Gippsland, Victoria	Aboriginal men, or non-Aboriginal men in a relationship with an Aboriginal woman, who are at risk of perpetrating family violence located in Gippsland.
Victim Support Services (Through FVPLS Providers) Characteristics		
AFLSSQ	Southern Queensland	Aboriginal and Torres Strait Islander families affected by family violence in communities across more than 671,000 square km in Southern Queensland.
Far West Community Legal Centre (Warra Warra)	Broken Hill, Wilcannia, Menindee and Wentworth, all in New South Wales	Aboriginal and Torres Strait Islander people who are traumatised by family violence or sexual assault.
MWRC	Fitzroy Crossing and 22 surrounding remote communities	Participants will be women who have experienced family violence, specifically those with complex needs and a child at risk.
NAAFLS	11 remote communities in the Darwin and Katherine regions of NT	Aboriginal women who are victims of domestic violence, family violence, or sexual assault with complex needs.
NPYWC	Region in South Australia, Western Australia and NT	Anangu and Yarnangu women, especially young women, who have experienced family violence and have multiple, complex needs.
AFLSWA	Kalgoorlie and Geraldton, Western Australia	Aboriginal people who have experienced or are experiencing family or domestic violence, sexual assault and have multiple, complex needs.

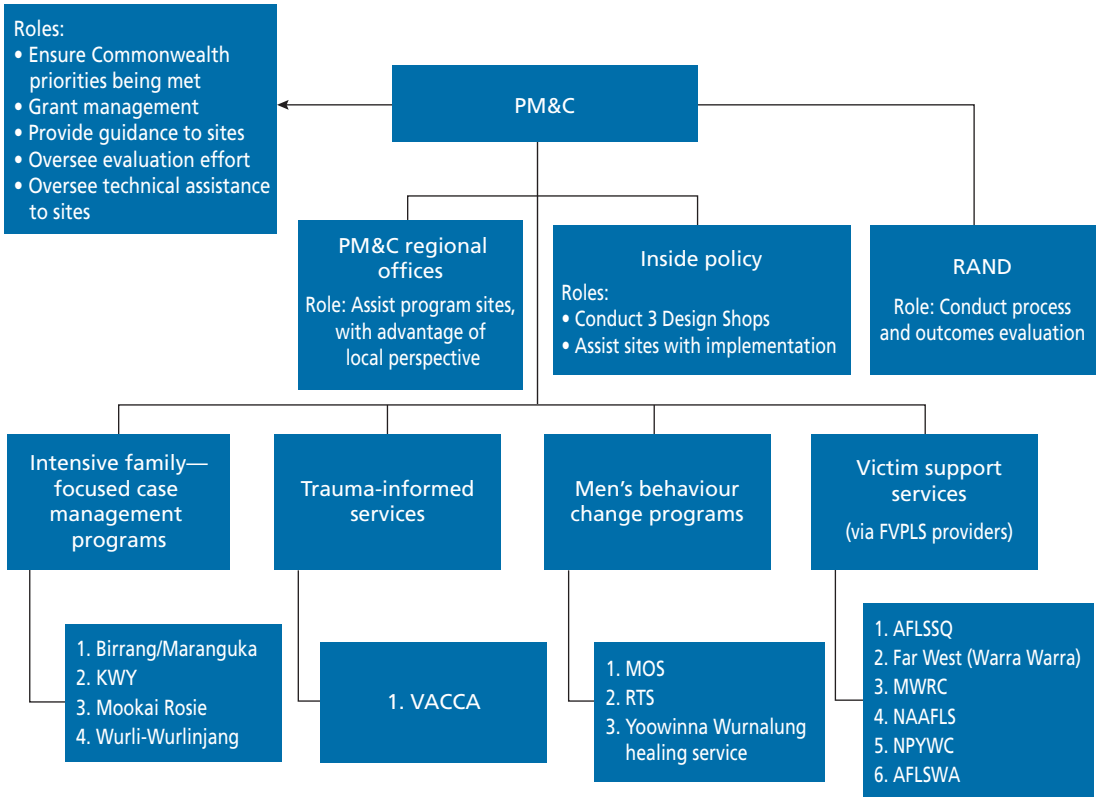
been able to. As will be described later, in practice, the involvement of regional offices in providing technical assistance to 3AP sites varied significantly by region.

At the same time, 3AP provided funds for an evaluation of the 14 programs to provide insight into how best to address the challenges of violence against Aboriginal and Torres Strait Islander women and children, and more broadly, family violence in Aboriginal and Torres Strait Islander communities. RAND was selected by PM&C to conduct the evaluation, which began in June 2017. As part of 3AP, funding was provided to sites on the condition that the programs to be developed and implemented with this funding would be evaluated. Figure 1.3 provides an organisational chart describing the relationship between the agencies and programs involved in 3AP implementation and identifies the roles of the non-program sites involved. In the second half of 2019, oversight of RAND's evaluation contract was moved from PM&C to the newly created NIAA.

The overarching objective of the evaluation was to assess the process and impact of 3AP programming and to offer guidance to program administrators, program staff and others who wish to address family violence in their communities. Because of challenges encountered throughout the evaluation (described below), we were not able to make any conclusions regarding the efficacy or effectiveness of programs that were implemented under 3AP. Instead, we focused on answering two main research questions:

1. What implementation processes worked best? (i.e., process evaluation for both overall implementation of the 3AP program and site-level implementation).
2. What are the lessons to be learned for the evaluation of Aboriginal and Torres Strait Islander family violence programs for the future? (i.e., lessons learned for evaluation).

Figure 1.3
Organisation of Agencies/Programs Involved in Third Action Plan and Their Main Roles



Between June 2017 and January 2020, we conducted a study comprised of a process evaluation and an assessment of methods for conducting future outcome evaluations of 3AP-funded programs and similar programs. The process evaluation focused on what had been implemented under 3AP. It assessed sites' implementation of and fidelity to their program design. It also focused on how 3AP service providers operated and helped to identify successful ways that Aboriginal and Torres Strait Islander community-based programs can track their program activities, collect systematic and culturally appropriate data on their clients, and assess their progress towards program goals. Chapter Five of this report is future focused and aims to help build evaluation capacity. All 14 organisations that received 3AP funding from PM&C participated in the process evaluation. Three sites contributed client-level data to aid in answering our second research question.

RAND Evaluation Plan

The overarching objective of the evaluation was to assess the process and impact of 3AP programming and to offer guidance to program administrators, program staff and others to address family violence in their communities. We originally proposed a three-phased evaluation with an emphasis on conducting a rigorous outcome evaluation, including a randomised controlled trial (RCT) in sites where such a design was feasible (e.g., sites had enough client numbers to support randomisation, and sites were supportive of randomising clients to treatment and control groups). However, two significant challenges required us to adjust the program design.

Challenges to the Evaluation Design

The first major challenge we encountered affected our ability to conduct a full outcome evaluation. As the evaluation got underway and we learned more about each site, it became clear that the 3AP programs were pilot programs and that many of the 14 service providers would continue to refine their program designs throughout implementation, rendering the evaluated programs a constantly shifting target. We also determined that the evaluation timeline limited the period during which actual program implementation could be observed. As described earlier, the National Plan is a framework for 12 years of action, divided into four three-year periods. The three-year periods are further shortened by the time it takes to identify priorities for the period and make funding decisions. Thus, programs funded as part of 3AP had at maximum three years for implementation, but in reality implementation had happened for just over two years.

Thus, we expected that 3AP programs were likely to serve a small number of clients during the evaluation period. We also determined that many sites were not used to collecting systematic, regular data on their clients. Based on this information, we determined that all sites lacked readiness to support randomisation or other elements of an RCT approach. We also determined that it was likely that no sites would be able to support alternative rigorous outcome evaluation approaches, such as quasi-experimental designs.

Throughout the evaluation period, we monitored sites to determine whether any were moving towards a large enough client base to support an outcome evaluation. No sites progressed far enough during the evaluation period, however, to conduct a rigorous, quantitative outcome evaluation. Ultimately, we determined that no sites were able to support pre-/post-assessments of client outcome measures due to lack of consistent and systematic data collection by sites and small client numbers. Instead, we determined that the best approach was to focus on conducting a strong process evaluation.

The second major challenge to our work was the process required to receive approval from the AIATSIS, which provides review of human subjects research in Aboriginal and Torres Strait Islander communities. We met with AIATSIS staff in person during its June 2017 site visit to Canberra and discussed the application plan. We also shared the planned approach with PM&C. Initially, the team received approval from RAND's (American-based) Institutional Review Board and then prepared its submission for AIATSIS. We believed that work considered to be not human subjects-related (e.g., collecting program documents, reviewing logic models, and talking to program leads about their program plans) could proceed while review of human subjects-related work took place, and spoke with sites during two site visits and in phone interviews. These interactions covered only administrative information related to program design and activities. This means that some data contributing to this report was collected before AIATSIS ethical approval.

Our first submission, in March of 2018, did not receive ethics approval, which resulted in a pause of all research activity—including collection of administrative and other information from sites that had previously been deemed to be "not human subjects research" by RAND's Institutional Review Board. Because we needed AIATSIS approval in order to move forward with an evaluation that included Aboriginal and Torres Strait Islander peoples, all project-related data collection efforts were paused until AIATSIS approval was received. Several rounds of submissions, revisions and resubmissions took place over a one-year period.

AIATSIS is part of the PM&C funding portfolio, and, early in this process, PM&C wanted to avoid the appearance of a conflict of interest that might result from their talking to AIATSIS during its ethics review. PM&C staff did ultimately talk to AIATSIS, however, to get additional information about what we needed to change in order to get the project approved. This additional information proved extremely helpful and final approval was received in June 2019.

The entire approval process took approximately 16 months and required five separate submissions to AIATSIS, during which time we could not have any interaction with sites. We were thus not able to keep tracking the implementation process at sites during that period. The impact of this pause in work is reflected in the project timeline in Figure 1.4. Given the time taken to secure ethics approval, and the fact that site implementation started prior to us beginning its evaluation, sites were more than two years into program implementation by the time we could begin our evaluation work in earnest. Some of the information used to inform the reported evaluation findings was collected prior to ethics approval being granted.

Ethical review delays significantly limited the relevant data that we were able to collect, and we determined that conducting a process evaluation was the only feasible approach for the project. As part of the process evaluation, we did learn about program staff opinions on whether programs were working and in which ways, but we were unable to evaluate these opinions for accuracy. As a result, the report has significant limitations. We addressed these challenges to the best of our ability and were able to draw valuable lessons from sites about implementing and evaluating the 3AP programs that can be applied in the future with similar programs. The following sections describe the evaluation design that produced findings in this report.

Process Evaluation

The process evaluation documented the experiences of community-based programs as they developed activities to meet the goals of 3AP and implemented those services in Aboriginal and Torres Strait Islander communities. All 14 providers were included in the process evaluation.

The 3AP effort is funding pilot programs—either new programs designed specifically for the 3AP effort or modifications of existing programs. Under these conditions, before any

outcomes can be attributed to the programs, the program design and implementation must be well understood. Understanding program design allows organisations to understand how their actions connect to any changes they observe in their clients.

The process evaluation identified the design for 3AP programs, including details such as defining the client population, outlining the intended services provided, the process by which such services would be provided, and expected outcomes. This information was used to develop logic models for each site, which were based on logic models the sites had developed themselves with technical assistance from 3AP.

With pilot programs, program design is likely to change or be adjusted in response to ongoing learning about what is working during implementation. The process evaluation tracked changes in program design and how closely organisations were able to implement their program as designed. This information will allow 3AP providers to identify where they are most successful and adjust their program design to support implementation if needed.

All sites encountered both successes and unforeseen challenges, and in response to challenges identified a range of solutions. Collecting data from all 14 service providers about 3AP programming provided the evaluation with a broad range of experiences from which we were able to draw lessons for future efforts.

Identifying Lessons Learned for Evaluation

As an alternative to conducting an outcome evaluation, in cooperation with NIAA, we decided to focus on identifying evaluation requirements for sites that would enable them to support an outcome evaluation, whether conducted by sites themselves or by independent researchers. The goal of the evaluation assessment was to provide NIAA, sites and other agencies or organisations implementing similar programs with guidance to build evaluation into their processes from the start, especially focused on collecting quality data that can be used in statistical analyses.

Four organisations that started with more established program designs were selected for a quantitative assessment. For the assessment, we reviewed key details about programs that could affect their ability to support outcome evaluations, and particularly focused on their client data collection systems. The information allowed us to develop recommendations that will help future sites perform more rigorous evaluations early in their development.

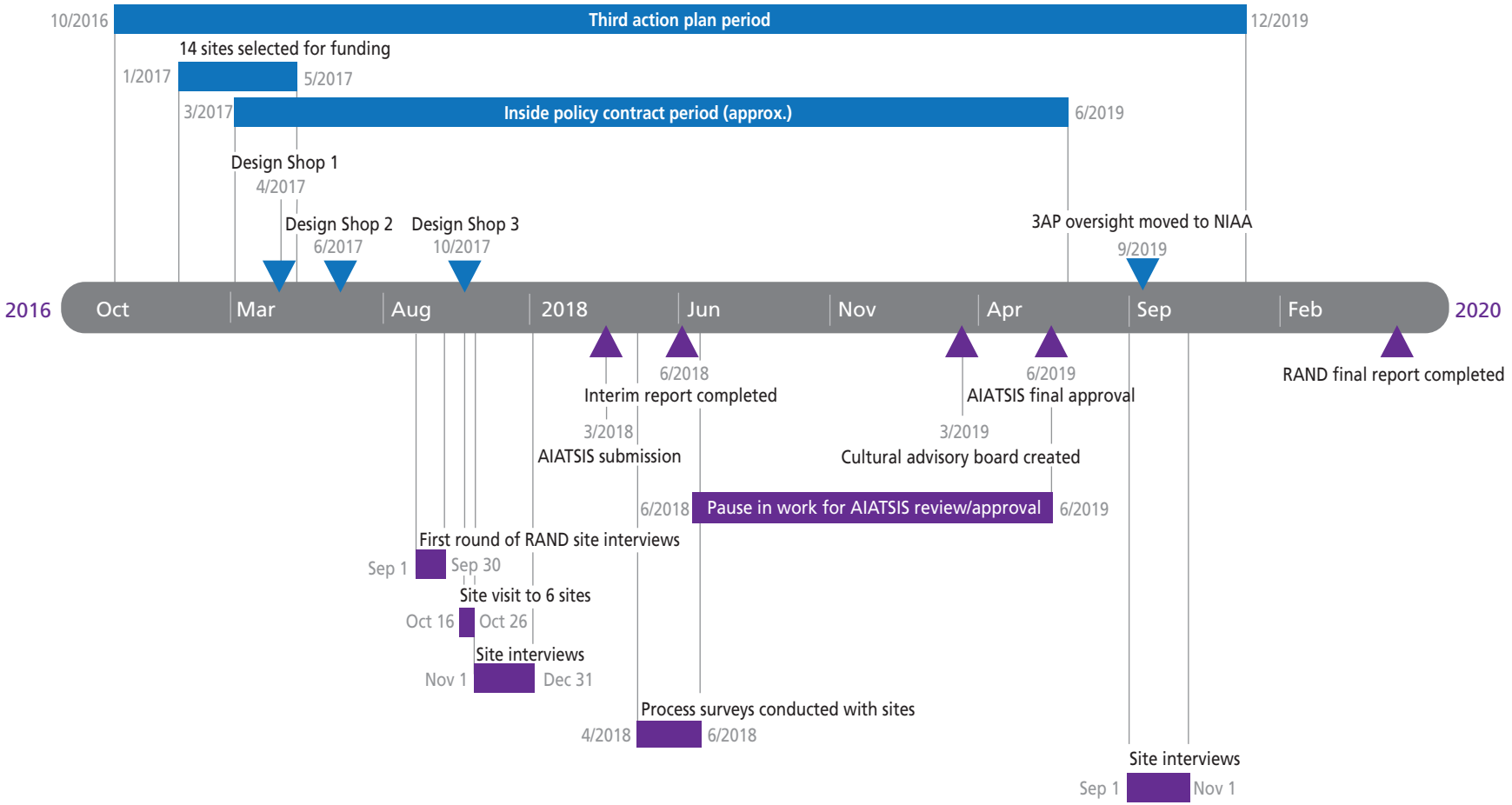
Data Collection

This section describes the data we collected for both the process evaluation and evaluation readiness assessment efforts. Figure 1.4 provides a timeline of significant phases and events throughout the evaluation period.

Participation in Inside Policy Design Shops

Inside Policy, the organisation providing technical assistance to the sites at the start of the 3AP grants, held three Design Shops. During the October 2017 workshop, we facilitated breakout sessions with the sites to talk specifically about how they could participate in the evaluation. These sessions enabled the sites to discuss the short- and long-term outcomes for both clients and staff they aspired to achieve through their 3AP-funded programs. We used the ideas generated during these sessions to further refine the sites' logic models and to frame analysis related to possible outcome evaluations in a culturally sensitive manner.

Figure 1.4
Timeline of Third Action Plan Effort and RAND Evaluation



Program Documentation

We gathered information about each of the programs in a variety of ways. First, the 3AP funding proposals written by the sites provided an initial overview of the anticipated programs and associated outcomes. Second, the Inside Policy team hosted an online portal that was accessible by all sites and by RAND researchers. We used this portal to retrieve information about organisations, including relevant existing literature, training materials and program logic models. However, most information about the sites was collected through direct communication with site leadership by email, phone or in person during the design shops and site visits (described below). Site leaders were generally open about sharing program documents and providing detailed information about their programs.

Program Proposal Documents

All organisations submitted a proposal that described their proposed program design to PM&C to be considered for funding. We accessed these documents as part of the initial information-gathering process. These proposals contained a wealth of information, such as descriptions of the organisations themselves, their community contexts, outlines for the types of services each program would provide, and staffing plans. The proposals allowed us to develop a solid foundation of knowledge about each organisation and its respective program before engaging with staff via phone and in-person site visits. We also utilised these documents as a resource for writing the program summaries for each site.

Logic Models

Most sites crafted logic models during a Design Shop facilitated by Inside Policy in June 2017. We were present at the June 2017 workshop and actively assisted sites in developing their logic models. We obtained the finalised versions from Inside Policy for analysis (see Appendix A). In preparation for the site visits and phone calls with sites starting in October 2017, we analysed the logic models for specific sites and refined the stated activities, outputs and outcomes to align with the types of measures that could be evaluated. We also facilitated small group discussions during the Design Shop in October 2017 using the sites' logic models to begin building shared visions of relevant and appropriate outcomes among sites with similar interventions (e.g., intensive family-focused case management, trauma-informed therapeutic services, men's behaviour change programs, and victim support services). Then, during site visits and phone calls conducted in October–December 2017, we walked through each site's refined logic model with the program manager for additional feedback, clarification and refinement. The logic model facilitated conversation about the program inputs and resources and how those elements generate and support activities that lead to outputs and short- to long-term outcomes.

Direct Information Gathering from Sites

We conducted several rounds of phone conversations and interviews with each site in early 2017 and visited six sites in October 2017. This direct communication with sites served three purposes: (1) building rapport between researchers and program staff, (2) gathering information about the programs and (3) gaining insight that would allow us to appropriately design process and outcome evaluations. Team members held one-on-one conversations with program managers for some sites or group conversations with staff members at other sites. We also conducted phone calls or video conference calls.

The conversations helped us document the programs' perspectives on family violence in the communities they serve, the historic and cultural context of the communities, the

story of the programs and origin of the 3AP-funded services, program structures and services, and the best way for us to respect communities and follow cultural protocols.

RAND staff spoke by phone with program managers and other representatives in 13 of the 14 sites. The remaining site did not respond to our repeated requests for interviews. In September 2017, we conducted introductory phone conversations with program CEOs and 3AP directors, clinicians, and other key staff. Information gathered during these calls informed the interview protocols developed for the October 2017 site visits and phone calls, and helped us determine which programs to visit in person in October. Interviews covered descriptions of the community context, cognitive models of causes for family violence, program narratives, program goals and evaluation plans (see Appendix B for full interview protocols from these early interviews).

In October 2017, team members visited six sites over a two-week period:

- KWY
- Mookai
- NAAFLS
- NPYWC
- Yoowinna
- VACCA

We selected these sites based on availability of program staff, travel logistics, and status of program implementation. During the site visits, we met with program managers and 3AP-funded staff members in one-on-one and group settings. At some sites, RAND staff also met with community members and program board members.

Another round of site conversations occurred in November and December 2017. We conducted these calls with the sites that we were not able to visit in person in October. The purpose matched that of the in-person October visits. In some cases, we conducted follow-up phone calls with sites that we visited in person when additional information or clarification on details was needed. We then conducted additional calls in December 2017–February 2018 to follow up on specific questions as they arose as we completed the evaluability assessments and wrote the program summaries.

At that time, RAND and PM&C still believed that some outcome evaluation may be feasible in several 3AP sites. To better identify those sites where an outcome evaluation may have been feasible, we conducted evaluability assessments for each site. Dunn (2008, as cited in Davies, 2013, p. 17), suggests using the following questions to drive an evaluability assessment:

1. Is it *plausible* to expect impacts? Do stakeholders share a clear understanding of how the program operates and are there logical links from program activities to intended impacts?
2. Is it *feasible* to measure impacts? Is it possible to measure the intended impacts, given the resources available for the impact assessment and the program implementation strategy?
3. Would an impact assessment be *useful*? Are there specific needs that the impact assessment will satisfy, and can it be designed to meet those needs?

Using the data collected from September to December 2017, we conducted an evaluability assessment for each 3AP site (Barwick, 2011; Kaufman-Levy, Poulin and Orchowsky, 2003). We used a tool developed by RAND researchers called the Program Implementation and Evaluation Readiness (PIER). The PIER report is comprised of key constructs

that are critical to successful program implementation and evaluation. We modified this tool to meet the needs of the 3AP evaluation and capture the constructs unique to the evaluation context.

The overarching criteria used to evaluate the sites for which sites received scores included

- organisational culture
  - capacity
  - leadership and key staff
  - program staff
  - program design: logic model or driver diagram framework (develop or revise existing)
- program implementation
  - program processes and procedures
  - program staffing and training
  - retention techniques
- research design
  - quasi-experimental design
  - program enrolment
  - data collection.

At the time that the evaluability assessments were conducted, all sites were early in their implementation periods. The assessment helped us to determine which sites were advanced enough in organisational, program and evaluation readiness to best support an outcome evaluation, while understanding that any outcomes measured may be preliminary and short term.

Ultimately, we were unable to conduct an outcome evaluation with any of the sites, due to small client numbers and lack of data. The evaluability assessment, however, resulted in baseline summaries of each site. The full summaries were provided in a separate report in April 2018; shortened site summaries are provided in Chapter Two.

In September–December 2019, we conducted formal evaluation interviews with each site. The team created a new interview protocol for these interviews, aiming to collect information on each site's implementation process after implementation had been proceeding for more than a year. The interviews covered topics such as communication with PM&C, data collection, clients served, whether provided services changed significantly over time, and the providers' perspectives on sustainability of the 3AP programs they had received funding for (see Appendix D for full interview protocol).

For each meeting or interview—whether in-person or over the phone—two research team members typically participated, with one person leading the conversation and the other taking notes, with permission from the program staff. After the interviews, research team members cleaned the notes to ensure no personally identifiable information was included, and then uploaded the notes to a secure server. After the site visits, participating research team members also wrote summaries of the meetings that took place with individuals while on site.

Organisation of This Report

Chapter Two provides summary information on each 3AP site. Chapter Three then provides in-depth information and analysis of the process evaluation, presenting findings from the qualitative analysis used to pull out thematic findings from all interviews and an analysis of implementation survey data collected in 2018. Chapter Four provides a short

summary of the data provided to RAND from the four sites who were collecting some level of data. The types of data being collected and the methods used were reviewed in order to develop recommendations for future work of this nature. Finally, Chapter Five provides recommendations on improving data collection for, and implementation and evaluation of, family violence programs in the future.

CHAPTER TWO

Site Profiles

Site Summary Writing Process

The following summaries of each site's activities were drawn from all available data collected throughout the evaluation period, including baseline information gathered through early 2018 and from interviews with all sites in 2019–2020. The summaries put this information into the context of the logic model, which was established for each site initially through the assistance of Inside Policy and refined by the research team in consultation with the sites. For each site, we identify the *overall goals* and *expected outcomes* for clients and the community. We then discuss *program inputs* and *activities* conducted during the implementation period to achieve those goals.

Relating program information to the logic model provides a foundation for understanding and assessing each site's potential for future evaluation. The summaries also focus on the key aspects of implementation revealed during meetings with the sites, and include the community context, organisational background and data collection and tracking processes employed by each site. The summaries also draw from information gathered from sites in the last round of interviews in late 2019.

Intensive Family-Focused Case Management Programs

Birrang Enterprise Development Co. Ltd/Maranguka Justice Reinvestment Project

The Picking Up the Pieces (PUTP) program was implemented in Bourke, New South Wales, by Birrang in partnership with the Maranguka Justice Reinvestment Project. Birrang, a regional-based community service provider, was established in 2003 to provide case-based employment and related services (e.g., life skills, health and financial management, housing, driver licensing) to Aboriginal people across New South Wales. Under 3AP, Birrang augmented its programming to include intensive family-focused case management and clinical interventions.

Program Goals and Expected Outcomes

Bourke has some of the highest juvenile crime and domestic violence rates in New South Wales. In 2015, there were 125 reported domestic violence victims in the Bourke local government area. The local government has responded to concerns about crime and violence by investing funds in the community to support programs aimed at improving outcomes.

The overall goal of PUTP was to address behaviours that led to family violence. In the short term, PUTP aimed to improve client engagement in services and increase client, family and community awareness of family violence causes and consequences. Over time, the program aimed to improve family relationships and well-being, change client and family behaviour, reduce involvement with government systems (e.g., criminal justice, child protection) and increase income and housing stability. Longer-term

outcomes focus on decreasing community violence, increasing connectedness and inclusion of Aboriginal families, and improving organisational capacity to provide services to families in need.

Inputs

PUTP included four service components: case management, individual trauma-informed clinical interventions, family functioning therapy, and referrals for additional services (e.g., substance use, men's behaviour change, employment, housing). As an existing service provider, Birrang could leverage existing work it already provided to supplement the 3AP-funded programming. The 3AP program was located at the Maranguka Hub—a centralised, community-based centre and National Disability Services provider that housed a variety of providers serving Aboriginal and Torres Strait Islander people, including community development employment projects; life skills programs that focus on housing, health and financial management; and driver licensing programs.

Birrang applied for 3AP funding to expand its programming for Aboriginal families that are experiencing, have experienced, or are at risk of family violence. PUTP included hiring a mental health nurse to work with high-needs clients. As implementation progressed, Birrang added a part-time psychologist, an occupational therapist and a speech therapist, all to work specifically with children. They also added a male caseworker and provided additional community education on domestic family violence.

Activities

Birrang started receiving client referrals under PUTP in September 2017. Case workers conduct an in-person risk and needs assessment, partially based on the Domestic Violence Safety Assessment Tool, inquiring about trauma, mental health, safety, court involvement, housing, employment and substance use. Case workers used assessment results to develop an individualised care plan for the whole family unit, including men, and met regularly with families in their home or at the hub for up to 12 months to help them address a range of challenges. Case workers also referred clients to other providers for services not available through Birrang, but after hiring a mental health nurse it was able to deliver some of the services for which it had previously used external providers. The mental health nurse customises treatment to the individual's and family's needs. One staff member said, "The way the therapy is delivered will be completely different for each family".

Common themes raised by clients during therapy included trauma, grief and loss, and child maltreatment. After implementation had progressed, staff reported that they had built significant levels of trust with their clients, as demonstrated by the large number of referrals they received from existing clients. They also reported getting more of their clients—more victims—to court, leading to more perpetrators being held responsible for their behaviours related to family violence. Birrang worked with the court system to ensure that the courthouse was a safe space for victims and would prevent them from being exposed to the perpetrator or his family.

Observed Outcomes

In 2019, Birrang staff reported that the services they were able to give clients—and mothers in particular—as part of 3AP funding led to real change for clients and for the organisation itself. Staff reported that the 3AP program created change in the organisation as a whole, pushing staff to consider issues from a family perspective and design their program delivery differently to specifically address family violence, even outside of the 3AP program. At the same time, staff recognised the huge undertaking that building the 3AP program had been, and that it had been a tiring, but worthwhile, effort with a largely positive impact on Birrang. After two years of implementation, the staff also prided themselves on their

collaborative efforts with other existing services in the community; building a positive network of providers was seen as an avenue to ensure the sustainability of quality services for clients should any one organisation lose funding.

Birrang seemed poised to sustain and even expand their programming with the additional money under the 3AP program that was provided in 2019. In late 2019, the team reported working towards securing their program space for three days per week, incorporating intensive therapy for clients, and providing the No to Violence program, for which they had already become a registered provider. They had also looked at continuous updating and improvement of their program offerings and doing a better job following up on referrals that they make to other organisations.

Kornar Winmil Yunti Aboriginal Corporation

KWY was founded to serve Aboriginal and Torres Strait Islander men from around South Australia. The organisation offered full-family wrap-around services to the Adelaide metropolitan region and the South Australian Riverland region and aimed to work with Indigenous men and women in need of assistance with housing, health, engaging in community and social groups, and counselling to re-establish connections with their culture and build self-respect (KWY, n.d.). KWY also offered training and support for organisations on cultural competency in the workplace.

Program Goals and Expected Outcomes

KWY staff described three main types of violence that are prevalent in their communities: (1) instrumental violence—perpetrating violence towards someone who broke rules (retaliation); (2) emotional violence—learned behaviour where the perpetrator of violence is continuing a pattern of violence learned from a family context (untreated trauma); and (3) lateral violence—violence within the Aboriginal community against other Aboriginal people aimed at bringing each other down.

According to KWY's 3AP funding proposal, the ultimate goal of its program would be to "reduce family violence in the Aboriginal and Torres Strait Islander communities of Adelaide and the Riverland and as a result reduce the number of children entering the out of home care and juvenile justice systems by breaking the cycles of family violence". Short-term goals for the program included engaging clients and their families in KWY services, increasing cultural understanding among clients, and increasing clients' sense of purpose and employability. Long term, KWY hoped to increase child school attendance, reduce child protection notification and child removals, and decrease family violence incidents against women and children in the community. At the community level, they hoped to increase shared language and messaging in the community around family violence in order to increase awareness and knowledge about the problem and how to address it.

Inputs

3AP funding greatly expanded KWY's existing services, and they hired 11 personnel through direct recruitment, making it the largest of all the 3AP-funded programs. Initially, however, KWY was unsure whether large family sizes would restrict their capacity to serve more families.

The organisation and its staff strongly believed in the value of their program. The CEO and many of the counsellors are Aboriginal people. They all had experience working with Aboriginal populations and were exceedingly culturally competent. KWY was also committed to data-driven decisionmaking and evidence-informed practice. It aimed to collect extensive amounts of data on all their clients and, to the extent possible, select data tools that have been validated, preferably within Aboriginal populations.

Activities

KWY began implementation in July 2017, which was early relative to other grantees. KWY employed an intensive, case-managed approach focusing on the whole family, as identified by the victims of the violence. They designed their program as a family hub model—staff worked with each member of the family individually but also communicated with each other along the way and brought the whole family together as needed and appropriate. Counsellors worked with clients individually through one-on-one therapeutic counselling sessions, home visits, court and services support, support group sessions and family sessions, utilising numerous therapeutic methods that focus on trauma-informed practices and integrate contemporary therapy and traditional cultural healing. Staff were able to choose which type of therapy was most comfortable for them and what worked best for the clients, but all staff members received basic training on cognitive behavioural therapy (CBT).

Observed Outcomes

KWY faced numerous challenges at the beginning of implementation—many of which they have been able to overcome or address. The lack of a central database was identified early on by the CEO as one of their primary implementation challenges. KWY staff did not feel that keeping client data in Excel was efficient for the staff. KWY aimed to collect extensive data on each of their clients through dynamic risk assessments and behaviour mapping tools, including the SDQ, ASQ-Track, DP-3, the South Australian Police Domestic Violence assessment tool, the South Australian Women's Safety Services tools, and KWY's own tool for perpetrators. Every client in their services also completed and periodically reviewed a cultural mapping exercise such as a genogram, ecomap or Tree of Life. We found that, after more than two years of serving clients, the data collected by KWY were not sufficient for evaluation but also felt that KWY's efforts in this area were laudable—fully institutionalising that level of data collection is a significant undertaking. KWY's program provides an example of the level of client data collection that is needed to conduct a rigorous evaluation and should be aspired to by other providers.

Staff also reported that maintaining contact with clients who change phone numbers frequently was challenging. In addition, the children's counsellor struggled to identify an appropriate child risk assessment tool to use for months, which hindered being able to use it with clients when the program launched. Finally, KWY's program design is to provide holistic family services in a family hub model, but staffing challenges in more remote parts of their service area made adhering to that model difficult. The organisation adjusted their model in order to better serve their clients' needs.

Mookai Rosie

Mookai is a healthcare organisation that specialises in providing support to Aboriginal women and their children, especially new and expectant mothers. Under 3AP, Mookai incorporated a men's behaviour program into their service provision. This program aimed to enrol men between 18 and 30 with a single family violence incident on record and aimed to keep families together during the program.

A wide variety of activities and treatments were provided to men. In addition to medical attention/appointments and drug and alcohol counselling, Mookai also provided hands-on activities, such as gardening and craft making. However, because the existing Mookai organisation did not focus its services on men, it was unclear whether Mookai would be able to recruit significant numbers of male clients for its 3AP efforts. In addition, while the existing staff at the start of 3AP were dedicated and experienced, they faced some difficulty early in their hiring process for the 3AP programming.

Mookai uses Mimaso to collect individual-level data. Mimaso was originally a drug and alcohol–specific system, but Mookai received funding from PM&C to expand Mimaso and customise it specifically for their organisational needs. Mimaso is a fully online system that they have been using for some time now and are experienced with. One individual oversees all data in the system. In 2018, Mookai reported interest in tracking how their clients interact with Australia's legal, justice and education systems. They discussed wanting to see a reduction in recidivism, having no negative contact with law enforcement or with child protection services (in the first six months post-completion), and improving school attendance rates for children.

Mookai scored well for their readiness to be evaluated, with well-defined goals and intervention activities. However, the organisation spent a significant amount of time ironing out the program's day-to-day implementation logistics and lacked a concrete plan for the duration of time that participants would spend in the program. While the organisation was willing to collaborate and eager to measure client progress, these and other challenges prevented a full evaluation of the program.

Wurli-Wurlinjang

Wurli is a well-established program in NT that serves the town of Katherine as well as communities in a 40-km radius and "occasional clients" from a much wider radius of smaller Aboriginal communities. Wurli originally sought 3AP funding for its Strong Indigenous Women program. That program did not fit 3AP's goals well, so Wurli developed the Strong Indigenous Families program, which aligned more closely with 3AP's focus on family violence. The program provided intensive case management for up to 20 families in a year that showed evidence of risk for child (up to age 16) removal from a family due to family violence. Wurli provided services to 15–20 families per year, with each family undergoing a three- to nine-month case management and therapeutic process.

Strong Indigenous Families consisted of two major types of services: (1) family-focused case management, including a comprehensive needs assessment, counselling, referrals to other services and providers, and assistance navigating government agencies; and (2) trauma-informed therapy for children, including family therapy and one-on-one counselling as well as cultural programming. Wurli struggled with recruitment of staff due to its remote location early in its implementation. By late 2019, the site reported being fully staffed but noted that hiring and especially retaining quality staff remained a challenge.

With its long-term presence in the community, Wurli's 3AP efforts were built on a strong foundation of trust from the community. The organisation held a stakeholder meeting every fortnight to discuss cases and refer their clients to other providers if needed. This was one way in which Wurli maintained a strong network of community partners that could receive referrals.

Connections to the community also helped to ensure the cultural appropriateness of Wurli's staff. Its board of directors included 16 Aboriginal individuals, and it employed local Aboriginal staff. The organisation had a community liaison office to ensure client feedback was incorporated into service design and keep its finger on the pulse of changes in the community. Wurli also employed two community engagement support officers to conduct community cultural events focused on healthy family relationships.

As part of its own process evaluation, Wurli planned to collect data on client enrolment and attendance, including the number of families for whom they provided sustained case management. In late 2019, the organisation reported focusing on narrative data collection, collecting information on client treatment and progress in a less structured format than a formal database. They were able to point to a number of anecdotes providing evidence for successes their clients have experienced and, knowing that change takes

a long time, were able to identify them as early or preliminary evidence of the potential of their program model.

Over the long term, Wurli wanted to see Strong Indigenous Families contribute to greater community and cultural connectedness and an increased ability of the Aboriginal community to determine its own future. The organisation has secured funding for the program through 2022, which will allow staff to develop the program beyond its infancy stage, continue to build trust and acceptance in the community, and continue its efforts to break the cycle of family violence in Indigenous communities.

Trauma-Informed Therapeutic Services for Indigenous Children

Victorian Aboriginal Child Care Agency

VACCA is a large Aboriginal Community Controlled Organisation with more than 340 staff serving 4,000 clients from Aboriginal communities in and around Melbourne and Gippsland. VACCA's 3AP program (the Eastern Melbourne Family Violence Therapeutic program) is an extension of current services with a holistic focus on therapeutic counselling and whole-family engagement that incorporates individual, family and group-level therapeutic repair and healing interventions.

VACCA staff emphasise that their family violence therapeutic program is Aboriginal-led and places Aboriginal voices and perspectives at the forefront of its program design, implementation, and therapeutic processes. This involves employing Aboriginal staff whenever possible, having Aboriginal culture embedded in the program, ensuring that that Aboriginal culture such as symbols, art, language and other cultural elements are ubiquitous in the therapeutic settings.

VACCA's approach to the therapeutic process is based on an understanding of how culture can contribute to healing and how it can be a protective factor for families. Specifically, culture helps connect individuals and families to their communities, to their families, and to the land itself. VACCA staff reported their approach has allowed some families to connect to their extended families—their clans or "mob". This also allows family members to connect or reconnect to country, including visiting specific healing places. VACCA staff described their approach as "sitting with" and "walking with" Aboriginal families throughout their journey of protection and healing. In other words, VACCA staff allow families to guide the therapeutic process while providing the therapeutic scaffolding and expertise to guide, support and assist the healing process as it unfolds.

With this approach, both engagement and healing necessarily occur according to Aboriginal notions of time; engagement requires building trust, which may take a long time. The therapeutic process must occur at a frequency and pace suitable to individual Aboriginal families. Families might put attendance at group meetings or other activities on hold when cultural events or other occurrences take priority; the families can then re-engage with VACCA's services at their own pace.

In some cases, families that have gone back to their country (tribal territory) for connection or reconnection when a healing approach has produced photo journals that they wish to share with other family members. This helped augment the process of reconnecting with culture and family, as well as healing along the way.

VACCA also helps ensure cultural safety for Aboriginal families by maximising the availability of services accessible within the Aboriginal-centred spaces of VACCA itself. Furthermore, therapy need not occur in VACCA's facilities; staff will meet families where they feel safe and secure, which might be a place in their community that is acceptable to the family or individual. VACCA staff adopt with the wrap-around care team approach

to ensure that families feel safe and comfortable when seeking services both within and outside of VACCA. VACCA staff may join and support families during meetings with external organisations when other services are required and can provide transportation to VACCA facilities and elsewhere to support Aboriginal families' healing. This is part of an overall approach to engagement that makes services as culturally acceptable, appealing and seamless as possible.

Aboriginal families and individuals who seek a therapeutic service start with a range of different attachments to culture and community. Care is taken to include cultural sensitivity to the history of oppression faced by Aboriginal people in Australia, and to ensure this is not replicated in the family context. Accordingly, VACCA staff take a systemic approach to healing in which they acknowledge the history of cultural genocide and the intergenerational trauma that persists in relationships and institutions in Australia, seeking to treat family violence with this historical and structural context in mind.

VACCA has made several changes and developments in its therapeutic process over the years of 3AP funding. For example, they have started to build an internal culture of evaluation, assisted in part by evaluations conducted by external partners. As part of this, they have documented how their programs function, including how "engagement", "progress" and "success" are defined; the therapeutic processes involved in serving clients; and the ways that staff engage to help facilitate healing and growth. This process has been thoroughly participatory, with staff-to-staff interviews helping to document the "practice wisdom" of case managers and therapists. Early documentation included journaling, while more recent processes involve reflective practice sessions where staff can share their own insights and knowledge (and vulnerability) regarding their clients' healing processes and seek a collaborative approach with their peers. VACCA also augmented its staff so that two case workers can manage the everyday needs of families, while three therapists work to help families address the deeper social, emotional and cultural aspects of healing.

Men's Behaviour Change Programs

Men's Outreach Service

At the outset of 3AP, MOS had excellent relationships with local Department of Justice officials as well as a variety of other local service providers and Aboriginal Community Controlled Organisations. MOS took time to recruit qualified staff, establish a culturally safe office, and design a delivery model that aligns with proscribed standards. The contract with MOS restricted clients to Broome residents only.

Outside of its work for 3AP, MOS provided drop-in care for homeless men, prison reentry and health services for men and women, services for men focused on building healthy relationships, a suicide prevention program for Aboriginal youth, and individual counselling and referrals to other service providers.

As part of 3AP, MOS proposed and received funding for a culturally based men's behaviour change program called "Change 'Em Ways". Launched in April 2018, Change 'Em Ways has four stages: (1) referral to the service via the justice or correctional systems, clinical services or other programs managed by partners or by MOS; (2) a four-week intake and assessment process to determine the client's risk to themselves and others, readiness for change, and cultural connections to the Aboriginal community; (3) four weeks of intensive group therapy, focused on understanding and controlling violent behaviours (a complementary group program is held for men's partners); and (4) eight months of follow-up consisting of weekly one-on-one visits with men in their home communities. This fourth stage

was complemented by on-country activities, such as cultural camps, with plans to conduct a check-in with the client at 12 months.

Initially, MOS planned a five-person team (with four full-time employees) for Change 'Em Ways comprised of one senior clinical lead, one assessment and family support officer, a part-time operations officer, and two group facilitators who also fulfilled cultural activities. As the program developed and PM&C's board stipulations were adopted, the team structure had to be revised. By April 2018 the staff complement had been recruited and comprises one team leader, a family advisor (this position is filled by an Indigenous woman), a female facilitator (Indigenous woman), two male facilitators (one Indigenous) and a cultural advisor (Indigenous man). The operations role concluded in May 2018, and these functions were taken up by MOS administrators.

MOS established a client management system to record both quantitative and qualitative data as program outputs and outcomes. The overall goal is increased community social and emotional well-being through reduction in criminal offending and violence by program participants. To this end MOS engaged in conversations with the local Department of Justice to use aggregate community crime statistics as an outcome comparison indicator.

As a new program, there were delays in MOS's start-up, further impeded by an especially harsh wet season in 2018, when Broome was hit by two cyclones and an extreme tropical low. This is also the time when many Aboriginal people go home to their families or outlying communities to engage in cultural activities, and service providers reduce or cease activities. However, MOS finalised referral and intake forms and in 2018 prepared a workshop manual.

A women's program was held at Broome Circle Neighbourhood House, which has a crèche (Anglicare) that can accommodate children while the women's sessions are occurring. Anglicare has a family violence program, and Change 'Em Ways and Anglicare shared knowledge and resources, as well as referring clients to each other. MOS was also part of the Broome Partnerships Against Family Violence, a multi-agency case management response team and a family safety team.

Rekindling the Spirit

Under 3AP, RTS provided counselling, therapy and education for Aboriginal families in Lismore, New South Wales, and surrounding areas. For this funded program, they created the six-week Burubi men's behaviour change program for male perpetrators of family violence. Following the six-week intensive program, participants transitioned into a variety of wraparound support programs offered as part of RTS's existing behaviour change programming for the remainder of a one-year period.

RTS's mission is to relieve poverty, distress, sickness, destitution, transgenerational trauma and other misfortunes through counselling, education and other assistance. For Burubi, RTS was funded to run an early intervention program providing a wide range of supports for the perpetrator; the program was designed to be complementary to RTS's existing behaviour change program.

The six-week program consisted of 12 sessions (two a week), followed by men going into one-on-one counselling, group counselling, and other wrap-around support provided by RTS's existing behaviour change programs. Aboriginal men were qualified to enter Burubi if they were 26 years of age or older and from the Northern Rivers Area of New South Wales.

Burubi was designed to be one year long with a treatment emphasis on men sharing their own stories. The men also received reinforcement from a separate men's group. Services varied greatly based on the needs of the men, and therapists used a variety of

tools, such as narrative therapy and CBT. Clients were assessed psychometrically for key behaviour indicators, including anger and hostility, aggressiveness, self-esteem, readiness to change, and other tools. These tools were later employed to help measure change in the participants of the program, with a clinical psychologist performing follow up psychometric assessment at the end of the 12-month period.

RTS was funded to take on one full-time program coordinator, one full-time lead supervisor, four appropriately qualified Aboriginal counsellors/facilitators, and one clinical psychologist. In total, RTS had a psychologist available three days per week for clients, who gradually transitioned to full time. Approximately 40 men had been through the program by the time of our last contact with RTS. Not all these participants completed the 12-month program. Men were able to self-enrol voluntarily, and RTS took court referrals and mandates as well.

RTS faced two main challenges in their implementation process. The first pertained to client recruitment and retention. According to our interview with RTS in December 2017, when staff began working with their first group they had issues with retention. They began the group with five men but were down to two by the time of the interview. Retention continued to be a challenge throughout the implementation process, and RTS found that this challenge was especially evident for court-mandated clients who frequently withdrew from the program once their court process was finalised.

The second challenge was the measurement system employed by RTS. Early on the system was pen-and-paper tracking of client data. Despite the lack of a computerised system, RTS staff were committed to evidence-informed practice and evaluation, experienced in their work, knowledgeable about the issues of domestic violence, and willing to collaborate and share data. There was a dedicated staff member in charge of evaluation who set up a database to facilitate tracking of outcomes over time in 2019.

The Burubi program has been refunded for the next three-year funding cycle, and the team hoped to keep demonstrating the successes of their program to sustain funding into the future. RTS reinforced the necessity of consistency in funding to measure outcomes and maintain trust in communities. It strongly believed that inaction in the area was more costly than any funding. The program found sustainability in giving Aboriginal people autonomy, responsibility and the support to empower them to best utilise the funding.

Yoowinna Wurnalung Healing Service

Yoowinna is an organisation that provides far-ranging support for the Aboriginal community in East Gippsland Shire and surrounding areas. They have designed an extensive men's behaviour change program, where men receive a variety of culturally sensitive services while being joined by at least one family member who receives parallel support during the program. Yoowinna's leaders describe themselves as collaborative and demonstrated a willingness to engage with external researchers, which they have done in the past.

Yoowinna is a non-profit organisation that was part of the Gippsland Lakes Community Health Service. Yoowinna provides programs and services, such as counselling, therapy, research, advocacy and outreach that empower and aid Aboriginal communities in the surrounding region. It is not clear how different the 3AP-funded work is from Yoowinna's other services and normal day-to-day operations, which makes isolating the impacts of the 3AP effort a challenge.

One of Yoowinna's major challenges from the start was recruitment. Its rural location constrained the salaries it was able to provide, and it had to ensure that all staff hired met certain training and experience levels. The organisation struggled to attract and hire qualified staff to run the program and thus spent much of its first year formalising and documenting its program design in the form of a manual. The program also struggled to

recruit men. It reported significant contact with the national and regional PM&C offices while trying to get the program off the ground.

The 3AP-funded program was designed to be more than just a standard behaviour change program, as Yoowinna's leaders described a desire to focus holistically on inspiring change. The organisation's services work was planned to be used not just with the men but the men's partners and whole families—even extended families. Yoowinna was very focused on making sure everything they did with its program was done through a cultural lens.

Yoowinna's short- and long-term goals were far-ranging and deal with both individual-level improvement as well as community-wide change. At the individual and family levels, the organisation's logic model seeks a reduction in recidivism, increased employment and trained workers, and increased feelings of safety among women and children. At the community level, the organisation aims to inspire greater awareness of family violence and its impacts, establish "community champions" and develop healthy families who are connected to their community and culture.

Yoowinna is somewhat unique in that it treats non-Aboriginal men who are in relationships with Aboriginal women and are at risk for family violence. This is driven by data that Yoowinna has seen about the rates of violence towards Aboriginal women perpetrated by non-Aboriginal men.

Early in implementation, Yoowinna staff were very open to measuring and tracking client progress and eager to partner in conducting research. They had experience with a variety of external research collaborations in the past. Because of their staff recruitment and client engagement challenges, however, they had served only a fraction of the clients they had originally planned to serve. They also did not collect the systematic data they had originally planned to track. Instead, in 2019 the organisation reported tracking progress with clients through narrative reports.

Because of their slow start, Yoowinna was still spending down their 3AP funding in late 2019. They also received a commitment from the state (Victoria) to continue their program. The additional funds and longer time to practise in the community may help them reach the higher client caseloads that were originally planned.

Victim Support Services (Through Family Violence Prevention Legal Services Providers)

Aboriginal Family Legal Services Southern Queensland

AFLSSQ provided counselling services to accompany its other existing services for families affected by family violence. The program faced several challenges, including struggles with hiring, resistance from families to meeting with counsellors, ongoing transportation issues given the remoteness of the location and the large area served, and challenges defining measurable outcomes of the program.

AFLSSQ, based in Roma, provides legal services, education services, counselling services and advocacy services, and the organisation specialised in family violence, child protection, family law, victims compensation and assistance for witnesses. In the 2016–2017 year, the organisation had seven board members and four permanent staff, provided services to 12 communities and 2,300 people, had 50 working partners and ten community boards, and received 900 phone calls and 700 internet visits. The organisation has been able to provide counselling services through referral services.

AFLSSQ is aware that domestic violence is underreported, and the staff were concerned that not enough progress was being made in Indigenous communities. The organ-

isation had only a few staff, and two lawyers, to cover the large region that they serve. They sought to provide support that was broader than merely addressing clients' legal needs.

The services that AFLSSQ had previously worked with for counselling services were unable to provide counselling for its 3AP program. It was difficult to hire staff given the remoteness of the area and the extensive car travel involved in service delivery. The organisation indicated in October 2017 that as soon as someone could be hired, they would be ready to begin implementation. The program's staff also noted that there was resistance among families in the area to meet with counsellors.

Working across a large area was an ongoing challenge for transportation, service provision and staff coordination. The organisation serviced an area three times the size of the state of Victoria, containing diverse Indigenous communities. A staff member noted that the organisation's employees "routinely drive four or five hours for the work because our locales are so spread out; many of the courts are in Brisbane that we have to work with".

With 3AP funding, the organisation supported one counsellor and one case worker who serviced all regions and provided its other existing services, with the staff serving up to 15 clients at a time. Activities included conducting an intake and assessment of client needs, providing narrative therapy, providing referrals and accompanying a client to a referral, and conducting community education programs.

The case worker helped develop an after-hours victims' service and engaged with the police. Community engagement and key stakeholder relationships, including with the police and in schools, were facilitated under 3AP, leading to greater outreach and increased referrals. The counsellor was responsible for intake assessments and developing safety plans. Other services under 3AP included court assistance. Support was offered to communities under 3AP specific to their needs.

Outcomes of interest that staff had noticed in previous clients were in increased confidence, feeling like they had rights and control, and an increased sense of comfort and support. The staff described the importance of behavioural outcomes for assessing the success of counselling. They expressed interest in employment as an outcome but noted that there was little opportunity for employment in the area. The goal of the service was to provide education to the community about family violence, and this included training in early intervention programs.

Staff at AFLSSQ expressed uncertainty about defining measurable outcomes of the program for the evaluation. One staff member described this uncertainty, saying,

> I'm not sure how you would measure it. The fact that we have clients rotating through the counselling service is one indication. But people will meet others and say we're not comfortable, so that's not a good indication. However, the only person I've seen that we've assisted very well is a lady who went from being very intimidated in relation to dealing with her children to being more confident, a turnaround in personality, it took 12 months. And I was shocked, but the information she received that enabled her to feel like she has some rights and control and needs to exercise that—she had a lot of support and was much more comfortable and moved out of the area. Behavioural changes should be the only focus. How could you say counselling is a success—you've tried to change behaviour. The client showed more confidence in her behaviour, I thought she was a totally different person. (Interview notes, October 2017)

AFLSSQ had a data-focused staff member and used the Community Legal Assistance Services System (CLASS), a database used to manage cases and advisement, document community education and legal reform work, and report activities to the federal government.

AFLSSQ was not selected as a site that would receive an outcome evaluation as part of 3AP. Although they were committed to the program and to engaging with research, hiring challenges led to delays in their program implementation, and limited information was available regarding the details of their implementation from our communications. In late 2017, the evaluation team assessed AFLSSQ's evaluability in three main domains; those assessments are summarised here.

AFLSSQ showed openness to sharing an insider's view of what it is like to live and work in the area in which they work. The organisation had exhibited support for research through previous participation in a research partnerships roundtable. Additionally, the organisation has a community member from Mandandanji, the local Aboriginal peoples, on its board.

AFLSSQ had a clearly defined program in that it supported counselling services that were provided alongside legal services. The organisation had valuable insights on what behavioural changes of interest look like in clients. It was unclear whether staffing needs had been met. AFLSSQ had a projected enrolment of 30 clients, providing a larger sample size than some sites and increasing both the potential reliability of findings and the diversity of client experiences. The organisation had also identified a staff member for data collection. Materials for collaborating on the evaluation were not obtained from AFLSSQ.

In April 2019 AFLSSQ were informed that their funding would not continue past June 2020.

Far West Community Legal Centre Incorporated

Warra Warra is a subsidiary of Far West and operates as a family violence prevention legal service. It had hired two social workers to provide counselling and case management services to accompany existing legal services. These new services were provided as needed for people who were recently or previously victimised by family violence and/or sexual assault. As of December 2017, the program was monitoring and refining specific procedures for recruiting and referring clients, as well as the caseload for the two social workers. Challenges for the program in this setting included the transient nature of the target population and client trust in services (i.e., their willingness to engage with services).

Services were offered through Warra Warra Legal Service, a subsidiary of Warra Warra. Warra Warra served Aboriginal and Torres Strait Islander people who were recently or previously traumatised by family violence and/or sexual assault. Far West officially opened in 2000, and Warra Warra was later funded in 2007 by the federal Attorney-General's Department as a family violence prevention legal service; funding responsibility was later transferred to PM&C. Across four frontline service providers, one of which is Warra Warra, Far West provides legal services related to a range of issues, including personal finances, traffic violations, discrimination and domestic violence. Far West provides these services to, including but not limited to, Aboriginal and Torres Strait Islander vulnerable people, across a number of communities in the Far West region of New South Wales. Far West's role in 3AP implementation has been minimal, aside from its CEO's involvement.

Clients came to Warra Warra requiring legal assistance or victims' compensation. As part of the 3AP program, Warra Warra's solicitors decided which clients could benefit from meeting with a social worker, a new service for the organisation. The social work services were treated as fully separate from the legal services, with an information barrier between solicitors and social workers. Social workers provided one-on-one counselling sessions to clients and worked with the legal staff to identify client needs and refer clients to external services. For high-need clients, social workers also provided ongoing case management and accompanied clients to service appointments with external providers. The addition of the

social workers to the existing legal service allowed for a holistic approach to treatment and facilitated the building of trust between service provider and client.

For all clients, case management and counselling services continued as needed after legal services are complete. Each session lasted for approximately an hour, and the number of sessions for each client varied depending on the gravity of violence involved and the needs and preferences of the client. Warra Warra also conducted additional community development work, such as activities with children in the community and interagency meetings.

The 3AP funding provided support for legal providers by allowing them to focus on intensive victim support and improve client well-being and engagement by providing higher-quality and more comprehensive care. The staff used a well-being scale from 1 to 10 to rate how clients were doing in different areas, although it is unknown whether and how this measure may be repeated and tracked over time across sessions. Warra Warra staff were interested in outcomes such as well-being but noted that it was difficult to know the best way to measure such constructs, and early in the funding period expressed interest in receiving guidance to work through these decisions. They noted that two years—the 3AP funding period—was a short period of time over which to expect big changes in intergenerational trauma. In the medium and long term, the program aimed to improve community trust in Warra Warra and decrease family violence incidents, suicides, drug and alcohol incidents, crime, homelessness and school absences.

Warra Warra initially planned to hire one counsellor and one social worker, but ultimately hired two social workers after they identified two strong external candidates for the position. Each social worker could carry a caseload of up to 15 clients, and started work in October 2017. Already in place at Warra Warra were two solicitors, a community development broker, a senior administrator and a director. A community member provided cultural supervision of the social workers and met with them about any cultural issues that arose. The social workers were supported with additional trainings and conferences related to trauma. Uncertainty surrounding follow-on funding threatened job security for the social workers, and they consequently ceased employment with the service in January 2019. The program has since secured follow-on funding and, as of September 2019, is in the process of advertising for a social worker and a counsellor. Warra Warra expressed concern about how staffing and funding inconsistencies affect the trust that they work tirelessly to build with the community.

For the legal service, the site used CLASS. Across the services provided, Warra Warra kept a spreadsheet of which staff clients meet with in the organisation, what services they engage in when they enter 3AP programming, and staff hours. Referrals to other services were tracked through hard and electronic files.

The social workers took case notes by hand that they type up and that are stored for up to seven years. They aimed to take objective notes in which they seek not to make judgments or assumptions. The staff noted that some of the outcomes are better measured conversationally. The program was open to sharing the case notes for the evaluation but would need to implement a client consent procedure and measures to uphold client confidentiality and safeguard the data.

As of December 2017, Warra Warra had not reached their client capacity for the social workers. The staff noted that while there was no cap on the number of legal service clients, they wanted to cap the number of clients that the social workers can have and monitor their caseloads to make sure they did not feel overwhelmed or experience burnout.

Individuals were generally referred to the social work services after they have enrolled in legal services; however, there were some individuals the solicitors referred immediately

to social work services. As implementation progressed, referrals were also generated from outside services. Social workers completed an assessment and developed a profile of client needs. The main service delivery was case management, entailing one-on-one counselling and support. Narrative therapy was employed given the significance of storytelling in Indigenous communities.

To address client retention challenges, staff members at Warra Warra followed up with clients after the initial assessment and enrolment. If a client missed an appointment, they reached out within the next day to see what the barrier was and whether they can assist with transportation or rescheduling. They sent a reminder to clients about appointments and tried different methods of outreach and follow up if a client was not engaging, such as sending a letter or finding the client in person in their community. The staff also observed that client trust of the service was a big factor determining the program's success, and they shared concerns about the short length of the program for achieving its long-terms goals.

Warra Warra was not selected as a site that would receive an outcome evaluation as part of 3AP. The organisation's service provision was underway, and the staff showed deep commitment to participating in an evaluation. In late 2017, the evaluation team assessed Warra Warra's evaluability in three main domains; those assessments are summarised here.

Warra Warra's organisational leadership was supportive of data collection efforts within their programming and willing to think creatively about and collaborate on issues such as identifying a potential comparison group for clients participating in the new programming.

Warra Warra had a clearly defined program in that it had added social workers to legal services. It had new staff in place, staff oversight measures in place, and provided staff with ongoing training opportunities. Some challenges may arise from engaging a transient population and working across a large geographic area.

Warra Warra had a projected enrolment of 30 clients, thus providing a larger sample size than some sites and increasing both the potential reliability of findings and the diversity of client experiences. The staff already tracked staff–client interactions and referrals. There may be challenges in identifying an ideal comparison group for clients participating in the new programming.

Marninwarntikurra Women's Resource Centre

MWRC works with children and families affected by domestic and family violence and provides legal services to these groups through its Family Violence Prevention Legal Unit (FVPLU). MWRC expanded the role of FVPLU under 3AP by adding a counsellor and a social worker to its staff and by expanding therapeutic resources available to the high-need communities it serves.

The transition from working as a legal service to having a counsellor and a social worker, and the logistics around the sharing of information in this scenario, were two of the organisation's biggest challenges. MWRC was the only legal service organisation that received 3AP funding to take on both a counsellor and a social worker. Over the funding period, MWRC experienced extensive staff turnover in both positions.

In late 2019, MWRC was confident that its program had had positive impacts on the clients they had served, but with 3AP funding enabling them to add just two additional staff members, they did not believe that the program had driven any larger, community-wide changes. Staff also reported that they found it hard to assess the changes the program had made for their clients, but they reported anecdotally that clients were doing better overall.

North Australian Aboriginal Family Legal Service

NAAFLS is a family violence prevention legal service that, until receiving 3AP funding, focused on providing legal services and assistance to eligible clients—Aboriginal victim-

survivors of family violence—in its service area. The organisation had previously little ability to provide assistance beyond legal services. 3AP funding allowed NAAFLS to expand its offerings to include counselling and social services for clients with needs beyond legal services. NAAFLS aimed to provide services in remote communities that are difficult to reach half of the year and completely inaccessible during the other half (wet season).

NAAFLS received funding under 3AP to add counselling services to its offerings, further assisting clients with needs beyond legal services. The program design entailed having 2–3 counsellors covering a circuit of 11 Aboriginal communities. Difficulty of access to communities and the number served by the counsellors meant that stays in each community were short—typically one day every fortnight. NAAFLS management was highly supportive of its counsellors; however, providing many training opportunities for staff, and the organisation was eager to expand its capacities and to participate in an evaluation.

Reflecting on program implementation in 2019, the organisation described a difficult recruitment process that was exacerbated by the need for counsellors to travel long distances and be away from Darwin, the capital of NT, for a week at time (in outlying communities while serving clients). One of their communities was approximately 650 km from the main office in Darwin; the counselling team, always travelling in pairs for safety, would go out on a Monday and return at the end of the week "totally exhausted from the long travel". Also, because the communities being served were so remote, there were limited other services available to them. Thus, NAAFLS staff took on more of the service needs for clients than they might have in a less remote area.

NAAFLS received most of its clients through internal referrals from the legal services side of the organisation but also received many self-referrals after spending time in the communities. In addition to service provision and counselling, the staff talked to groups of people, especially women's groups, attended community meetings, held barbecues and did other social activities to get people comfortable with and willing to use the services.

The remoteness of the communities, the needs presented by clients and potential clients, and the lack of other services available in the communities with which to partner created significant barriers for NAAFLS in providing family violence services. 3AP funding ended on 30 June 2019, bringing about the end of the program at NAAFLS. However, NAAFLS management recognised the need for the services in the communities; they just did not think their organisation was the right one to meet the needs. Instead, NAAFLS recommended to PM&C that the counselling service should sit under a health centre or provider, which would be equipped with an in-house psychiatrist and clinical supervision for its counsellors. They hoped that their inroads in the communities would not be lost and that the services could continue. However, they were dismayed to learn that after their funding ended, PM&C decided not to fund the program through another organisation. The counselling team continued for a period after the 3AP funding ended because the organisation had so many clients who still needed services or referrals elsewhere, and NAAFLS was unclear what was happening with funding.

The NAAFLS program, although it folded at the end of funding, provided important information about piloting these types of programs in remote areas and on how best to expand legal services in Australia to include counselling and social service support for clients. One recommendation from the organisation was to better assess available programs in the region to determine where the gaps are and target funding to services for filling those gaps. In addition, training for providers to work in remote areas is a must—especially for police officers who are not equipped to respond to family violence issues and often lack experience working in Aboriginal communities. NAAFLS staff also echoed a sentiment identified by nearly all programs—there are not enough trained counsellors who are Aboriginal or Torres Strait Islander or have experience working in such communities.

Focus on developing the workforce in this area would be beneficial to programs across Australia.

Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara Women's Council

NPYWC's 3AP program served women and girls who had experienced domestic and family violence, covering a very large geographic region that crossed three states and presented unique difficulties to service provision. NPYWC was unique to the other 3AP programs because the grant-funded services were more integrated with the rest of the program than in any of the other organisations in this research.

NPYWC termed its operating framework the Strengthening Community Capacity to End Violence. Through its 3AP work, the organisation aimed to improve client well-being by providing more specialised care for complex cases and education. Over time, it hoped to build more ongoing engagement of the client with the service and establish joint case plans across the organisation. It also hoped that the services provided to clients would increase their capacity to find stable employment and foster family independence. In the long term, NPYWC had set a goal to improve its organisational capacity to address the needs of complex and difficult to engage clients.

NPYWC's program hired one narrative therapy specialist from within the organisation to work with young women who had complicated needs and to model narrative therapy with the other caseworkers in an effort to assist them with integrating it into their practice. NPYWC had a relatively smooth rollout with their 3AP program, largely due to internal hiring. The only challenge was transitioning clients away from the caseworker, as she started in her new role as a narrative therapy specialist. The wide support for the role from all levels of staff was an early success for NPYWC.

The organisation was steeped in experts and engaged community members. Its board of advisors was comprised of local Aboriginal people who were very involved in the work of the organisation and helped it move in the direction that was best for the wider community. The organisation was not only open to evaluation but actively strived to improve, as evidenced by its decision to conduct an independent evaluation two years ago.

In late 2019, the organisation reported seeing strong successes with the case worker specialist model they had implemented. The case workers met weekly to discuss cases and get peer assistance with challenging clients, and the specialist was able to not take on a full caseload but rather focus on helping other case managers with their clients. The organisation's reporting on client progress was done mainly in the form of case notes, and NPYWC described those notes as being done in a different format by every staff member. While the data collection provided excellent narrative histories of clients' progress, it would not be conducive to more formalised evaluation.

Because of the mode of data collection and because the 3AP program is closely integrated into NPYWC's larger organisation, it would be extremely difficult to accurately measure the specific grant-funded component of the service provision.

Aboriginal Family Law Services Western Australia

AFLSWA provides legal and community education services to Aboriginal families who have experienced family and domestic violence or sexual assault, including men, women and children. With one corporate office in Perth and six regional offices in Broome, Carnarvon, Geraldton, Kalgoorlie, Kununurra and Port Hedland, AFLSWA was the largest family violence prevention legal service organisation in the country in 2017. Their seven-person board comprised mostly Aboriginal people. In fiscal year 2017, a staff of 41 individuals (60-percent Aboriginal people) served 703 clients, 86 percent of whom were women (Aboriginal Family Law Services, 2017).

Through its existing work as a legal services provider, AFLSWA had recognised that its client population struggled with several social issues that hampered their ability to address the legal matters for which they initially engaged in services. Under 3AP, AFLSWA augmented existing services to include an intensive support program to help clients address issues such as children being removed to out of home care, securing housing, and meeting other social needs. The 3AP program was intended to offer AFLSWA's clients case management from social support workers in two of its six offices. However, the program experienced significant delays related to staffing of the program. They initially hired some case managers for the program but were not able to retain them, and as a result they had to rely on existing staff who lacked the specific training the program called for.

These challenges continued throughout the program, and at one point the organisation considered returning its funding to PM&C because of the difficulties. The needs of its clients kept it from closing completely, and the program was actually renewed for an additional three years of funding. In 2019, program staff reported that they felt the overall goals of the program had changed in a positive way. They reported feeling more confident in the direction of the program and its goals of building clients' confidence in their ability to navigate the system and advocate for themselves to avoid becoming further victimised by family violence.

AFLSWA's aim as they moved forward in 2019 was to focus on the cultural aspects of family violence, working with clients to determine what family violence means to them and what their culture suggests would be an appropriate way to handle the violence. In 2019, program staff were working to manualise the program they had developed, establish training for their legal staff on family violence, and embed the social service part of the organisation into the existing legal service activities.

CHAPTER THREE

Process Evaluation

Introduction

The process evaluation findings are drawn from interviews with representatives from each of the fourteen 3AP sites. This chapter contains two major sections. The first section, "Site Interviews", presents the methods and results from our process evaluation interviews. In the second section, "Staff Surveys", we present results and insights gained from biweekly and monthly surveys conducted during the first two years of our evaluation (2017–2018).

Site Interviews

During our full evaluation period (from 2017 to 2020), we conducted more than 100 interviews and conversations with 3AP site staff and also conducted multiple in-person site visits. The results and conclusions from the earlier interviews and site visits in 2017 were used to create the data collection and analytic strategy for the main evaluation. In the following subsection, we report the results of our process evaluation effort, drawing from interviews conducted with 3AP sites in the latter half of 2019 and early 2020. The interview protocols used for both the 2017–2018 interviews are provided in Appendix B and the 2019–2020 interviews are provided in Appendix C.

Data Collection

We conducted at least one interview for each of the fourteen 3AP intervention sites. In all cases, we spoke with the current director of the 3AP program at each site. In some cases, we also spoke with the CEO or director of the organisation itself, as well as clinicians and case managers. For some sites, we conducted group interviews (e.g., the director of the 3AP program and case managers were on the telephone line at the same time). In other cases, we conducted multiple separate interviews. All interviews were conducted via telephone.

We asked questions about interactions with PM&C and Inside Policy, coordination among various agencies, program implementation (including involvement of the local community) and data collection. Interviewers also asked questions about the impact of programs and plans for long-term sustainability.

Analysis

The unit of analysis for the process evaluation is the 3AP site level (rather than the interviewee level). All interviews were audio recorded, from which the team created verbatim transcripts of conversations with 3AP program staff. The team created one transcript for each program, regardless of how many interviewees we had for each site. Thus, some tran-

scripts included multiple interviewees from each site in a group interview context, and some transcripts included multiple interviews with different program staff that were conducted individually. We uploaded these 14 transcripts (one for each of the fourteen 3AP sites) to the cloud-based collaborative qualitative analysis software platform Dedoose (SocioCultural Research Consultants, 2016).

Coding Step 1: Create a Structural Codebook

First, we developed a set of "structural codes", or broad categories of content (MacQueen et al., 1998) based on our interview protocol (see Appendix C), which in turn was organised according to our priorities for eliciting feedback from sites. These structural codes organise our results under "Interview Themes" later in this chapter, and include both major headings (e.g., "Interactions with PM&C, Inside Policy or other 3AP Programs") and subheadings (e.g., "Type of Interaction"). These major headings and subheadings corresponded with hierarchically structured codes in Dedoose, sometimes referred to as "grandparent codes" for headings, and "parent codes" for subheadings (see Figure 3.1).

Coding Step 2: Use Team-Based Coding to Apply Structural Codebook

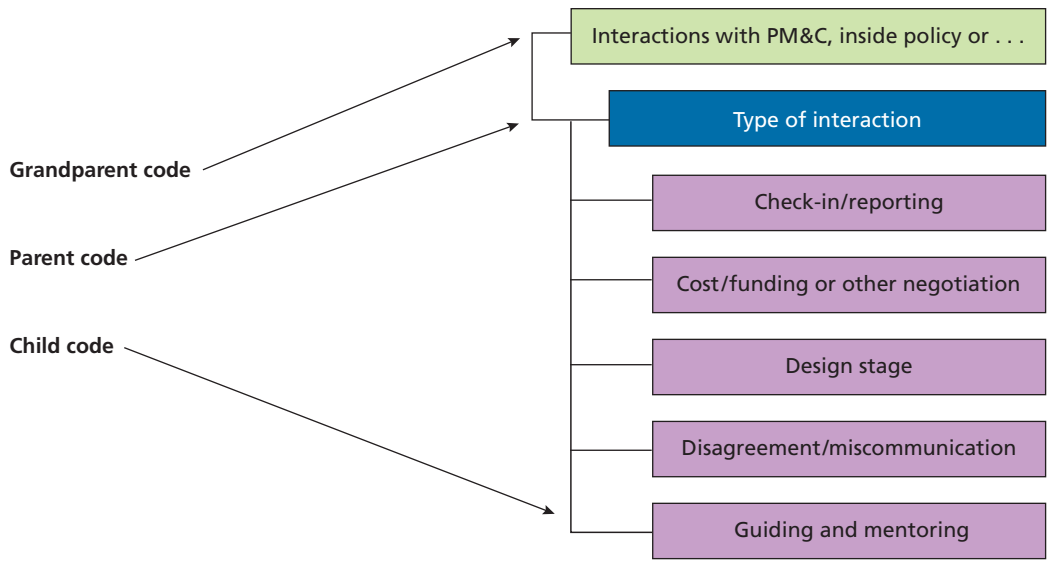
Second, we assigned each grandparent structural code to a collaborative team coder (the coding team was composed of Dionne Barnes, Hannah Sandrini, Garrett Baker and Ryan Brown). Collaborative team coders then tagged all content relevant for each of their assigned grandparent structural codes and all the parent codes within each of these grandparent codes.

Coding Step 3: Theme Extraction and Write-Up

Third, we engaged in theme extraction (Ryan and Bernard, 2003) and write-up of the findings. Within each grandparent structural code, we colour-coded parent codes according to the number of excerpts assigned each parent code. These colours corresponded with instructions for how to further analyse each parent code, as follows:

- Green parent codes each had 15 or more excerpts and required team coders to develop a system of multiple "child" codes (at a third hierarchical level, such as "Guiding and

Figure 3.1
Hierarchical Coding in Dedoose



Mentoring") and to write up results with supporting quotes and multiple paragraphs. In these cases, a results table (in some cases, with further subheadings) was strongly suggested.
- Yellow parent codes had between five and 14 excerpts and required team coders to develop a system of multiple child codes and to write up results with supporting quotes and one or more paragraphs.
- Orange parent codes had four or fewer excerpts and required team coders to read through the excerpts and describe the content in a short paragraph.

During this stage, we reassigned parent codes so that coders who were responsible for creating child codes and writing up content were often responsible for different parent and grandparent codes than they were assigned during Coding Step 2. This allowed team coders to check through each transcript as they created child codes and read through excerpts, ensuring that another coder had not overlooked or miscoded content during Step 2.[1] Finally, we ensured that all write-ups included exemplary quotes where appropriate.

Results

In the following subsections, we describe the results of our interview analysis. We start by describing findings pertinent to 3AP program interactions with other entities, including PM&C and Inside Policy. We then move on to our overall findings regarding 3AP program implementation, followed by findings on how programs were (or in some cases were not) able to collect data on clients. We then move on to how 3AP programs interfaced with the local Aboriginal and Torres Strait Islander community, followed by findings regarding how 3AP-funded programs affected the overall organisations that hosted and ran these programs.

The next section of the report focuses on how 3AP-funded programs had an impact on family violence at both the client and community level. Finally, we describe findings on the long-term sustainability of 3AP-funded efforts to address family violence in Aboriginal and Torres Strait Islander communities. Each of these sections is also broken down into further subcategories, usually by "Successes" versus "Challenges" or "Positive Impact" versus "Negative Impact". The full set of results headings and subheadings includes

- interactions with PM&C, Inside Policy or other 3AP programs
  - type and level of interaction
  - coordination successes
  - coordination challenges
- program implementation
  - program description
  - program changes
  - implementation challenges
    - challenges to within-site cooperation
    - program funding challenges
    - barriers to service delivery
    - challenges with client engagement

[1] Due to time and resource constraints, this coding quality review took the place of formal calculation of intercoder reliability.

    - concerns specific to men's programs
    - challenges with program staffing
  - implementation successes
  - immediate next steps for implementation
- data collection
  - data collected
  - challenges with data collection
- community involvement
  - type of community involvement
  - community response
  - future efforts to involve community
- impact of 3AP on organisation
  - positive impact on organisation
  - negative impact on organisation
- family violence effects on client
  - positive impact on client
  - barriers to impact on client
  - facilitators to impact on client
- family violence effects on community
  - positive impact on community
  - barriers to impact on community
- sustainability
  - future plans for sustainability
  - advice for PM&C on sustainability.

Interactions with Department of the Prime Minister and Cabinet, Inside Policy or Other Third Action Plan programs

Type and Level of Interaction

Interviewees from all 14 3AP sites provided comments on the content, type and degree of their interactions with other organisations (including PM&C, PM&C's regional offices, Inside Policy and the 3AP-funded organisations; see Figure 1.3 for organisational chart). In terms of the total amount of 3AP program interactions with the national PM&C, interviewees from four sites said their organisations had just adequate or sufficient interaction, while interviewees from another four sites said their sites had little or no interaction. Meanwhile, interviewees from seven sites reported that their sites had very limited interaction with their regional PM&C office, while respondents from two other sites said that their sites had significant interaction with the local PM&C office.

The most commonly reported interactions with PM&C and Inside Policy fell into two categories: (1) check-ins and reporting on progress and (2) receiving guidance and mentoring on their program development and implementation. Interviewees from nine sites each reported their sites having at least one of these types of interactions, and interviewees from six of those sites reported that their sites had both types of interactions with PM&C and/or Inside Policy.

Interviewees from six sites mentioned that most of their site's interactions with PM&C and/or Inside Policy were during the co-design stage early in the process. Interviewees from these sites indicated that interactions between their sites and PM&C and/or Inside Policy dwindled throughout the course of the 3AP program; a interviewee from one site specifically mentioned that post-design stage interactions between their site and PM&C did not occur at the level they expected: "It's been a bit different to what I thought it would initially

be. There was a lot of consultation at the start, but not very much since [the program's] been developed and implemented".

Meanwhile, an interviewee from one site indicated that their site was able to modulate interactions with PM&C at will:

> If I felt we needed more communication with PM&C I would have certainly been proactive about getting information or talking with them if I needed. . . . I don't think there should have been more communication, I think the performance reports that are required every six months are adequate, and if it raises any red flags for them that's their opportunity to get back to us, generally that would be it. We haven't had a lot of communication, but it hasn't been really necessary. It was adequate. They were always really pleasant when there had been communication.

Interviewees from four sites reported interactions with PM&C to negotiate details of their work—typically involving program funding or cost. Also, interviewees from four sites discussed some type of miscommunication or disagreement with PM&C that had to be settled. For example,

> My view is that Canberra were number crunching and saw from our program that we had no outcomes because we hadn't been able to demonstrate and run the . . . program in the way that our submission had been approved [for]. Where we had continued to work with [clients] in a therapeutic way and engage with them and continue to do group work with [them], that wasn't recognised. It was difficult to negotiate with central [PM&C] because they didn't understand the politics, and they didn't understand what it looked like [locally] around constraints [in the rules about] recruitment and employment.

On the topic of interactions with other 3AP sites, we learned that Inside Policy did facilitate some online sharing sessions. Interviewees from three sites mentioned that their site had some interaction—or at least the capability/opportunity for interaction—with other 3AP sites but did not think it was particularly beneficial. Interviewees from three sites wished they had been able to connect more with other 3AP sites throughout the process; one specified that it would have been useful to be able to come together with other 3AP sites once the programs got further along in implementation, so they could share and learn from each other.

Coordination Successes

Interviewees from 11 of the 3AP sites were able to identify aspects of interactions with PM&C and Inside Policy that worked particularly well. Interviewees from four sites reported that they found PM&C to be open and willing to listen and engage in conversation; and interviewees from three sites mentioned tangible ways in which PM&C was helpful and provided actionable feedback that benefited their program. One site's interviewee had the following praise:

> The interactions were very good, very strong very positive. Being a pilot program in that first instance PM&C were very supportive of [us] and essentially allowed us to move forward under our own steam and pace in relation to rolling out that particular pilot program.

Additionally, two sites' interviewees explained how they believed their local PM&C office had a good understanding of, and was invested in, their local community.

Six sites' interviewees specifically called out Inside Policy as being extremely helpful, particularly during the design and early implementation phases of their programs. An interviewee from one site put it this way,

> We found as a team that [Inside Policy] was very helpful and facilitated a lot of leadership and team meetings with our partners to discuss matters around program implementation. [Inside Policy] was a good bridge between us and PM&C on a federal level. I was quite impressed.

Another site's interviewee echoed those thoughts regarding Inside Policy's helpfulness:

> They were good—really good. Especially initially when we were putting framework papers together, they came here and actually spoke to us and we were able to write that document and send it back and forth as a draft, which was useful because at the time we were busy putting it on the ground and we didn't have time to write about it, so it was very useful. In the tough time with PM&C, they [Inside Policy staff] were very good at being negotiators and mediators. I felt they did a good job and felt supported by them and at times I didn't [feel supported] by PM&C.

Coordination Challenges

Interviewees from 12 sites mentioned some type of challenge, issue or other element that did not work well in their relationship with PM&C. We identified four issues that were mentioned by interviewees from three or more sites:

- PM&C did not fully understand the local context in each site.
  - PM&C did not understand geographic challenges, particularly of rural sites.
- Sites felt a disconnect with PM&C over general implementation issues and specifically about the expected timeline of implementation.
- Sites felt a general lack of support from PM&C regarding implementation.
- Sites received conflicting feedback from PM&C's national and regional offices.

The most commonly discussed issue was mentioned by interviewees from six sites who sensed that the national PM&C body did not adequately understand the local context and the problems that the programs were facing in their respective communities. As one interviewee put it,

> There was a lack of understanding by Canberra as to the idiosyncrasies of different communities. I think that they were operating from their [PM&C's] perspective alone and asking why things couldn't happen [at the site], but our model was dealing with opportune service delivery [providing services based on local needs and capacities]. . . . That was frustrating.

PM&C's lack of local contextual information included not understanding geographic challenges faced by more rural sites; an interviewee from one site specified that they felt PM&C's attention was geared more toward populated areas. Interviewees from four sites reported challenges specifically regarding a disconnect or interaction-related issue with PM&C about implementation of their program; interviewees from two of these sites specified that problems centred around the timeline of implementation.

Interviewees from three sites reported that their sites had difficult communications and/or felt a general lack of support from PM&C. However, when pressed about what PM&C could have done differently to help address the site's issues, the interviewees said

they didn't "know if [PM&C could do] anything because they're just the funding body". An interviewee from this same site also mentioned that while PM&C didn't support their site in their challenges, they conceded that it "might have been our fault because we didn't contact them much about it until we did the report . . . from the two years, and this is what we require moving forward".

Interviewees from four sites expressed frustration at an apparent disconnect between feedback or communications they were receiving from the regional and national PM&C offices. As one site's interviewee put it,

> In saying this there was maybe a disconnect between them [national and regional PM&C offices] talking to each other. It seems we had the regional office knowing how we operate and the community issues, but then Canberra comes out and says how come this, this, and this are occurring? And I thought that [the national and regional PM&C offices] had to talk to each other and [the regional office would give] a better perspective to Canberra. That was another frustration and I can't speak for the regional office, I do believe they were talking to [the national office], but I wasn't privy to those conversations, so I wonder what was to-ing and fro-ing there. So there was a bit of disjoint between us receiving that information.

Another site's interviewee made a similar observation:

> I think there might be a lack of coordination between national and regional; it's not seamless at all. We can have this fantastic, robust, deep dialogue locally [with the regional PM&C office], and get some really clear understanding, and then we have to write about it and then it has to get approved by national. When it goes up to that way it's not seamless, and then it comes back saying it's not approved.

There were also a range of more site-specific issues that only one or two sites' interviewees mentioned regarding national PM&C interactions, including communication delays, barriers around policies and procedures, conflicting or overcomplicated feedback, and a lack of continuity in PM&C staffing. Interviewees from two sites discussed a general sense of disorganisation and one specified wanting more consistent communication and expectations. One site's interviewee also referenced a perceived lack of trust at the onset of their program from their local PM&C office.

Site Recommendations for Improvement in Coordination

Overall, interviewees from seven sites offered recommendations to improve communications between PM&C, Inside Policy and other 3AP-funded programs. Interviewees from four of these seven sites expressed a desire for either longer-term or more intensive support from Inside Policy, and interviewees from three of these seven sites indicated that they wanted more (and more consistent) interactions with PM&C. Finally, three sites' interviewees also had suggestions for improving the initial workshop. For example, one site's respondent found that there was not enough opportunity to have effective sharing of models and best practices among sites:

> What I really think is that out of that meeting, the initial get together with all the partners who were funded by 3AP, I think that was a wasted opportunity, when you had those people in the room reinventing the wheel, with so much knowledge and experience, it would have been a good opportunity to say 'this is what we're doing' and develop a transferable model. . . . Develop a model and program that is able to be picked up and transported [to other organisations].

Program Implementation

Program Description

Respondents from all 14 sites shared detailed information about their individual programs, including services provided, populations served, staffing structure and case flow from referral to end of services. Much of this information is contained in the site profiles earlier in the report. However, one program feature was highlighted by the vast majority of interviewees as critically important to implementation: using a holistic, culturally sensitive approach to service delivery. The 3AP programs aimed to deal with more than just domestic and family violence and to use culturally appropriate methods that leveraged all available internal and external resources to help "sort out all the other issues as well", at all levels of the family.

Respondents from 11 sites underscored the value of working collaboratively with all essential community partners (e.g., schools, health clinics, substance use programs, law enforcement, shelters) to treat the whole family, inclusive of the nuclear family (mum, dad, children), extended family (grandparents, aunts, uncles) and the surrounding community, not just the individual client. For example, one site's respondent talked about how families need "general support with all aspects of life" and that services should include "a combination of everything—case management, counselling, and integrations with key stakeholders" that ultimately "helps to build support and trust which leads to greater engagement and success". Another site's respondent provided a more detailed description of the array of support families may need:

> [W]omen can come into our organisation, access the legal service, access the shelter for crisis, we can refer our clients out to our studio for therapeutic art sessions, we can refer them over to our unit for a positive parenting course, or lead them to a practitioner. We work with an organisation [located remotely] . . . and do video links with them so they [clients] can access specialist occupational therapists. If there are children with complex needs, we can refer them to the Mums and Bubs group. Families are not limited to those services offered by the organisation. Rather, they receive comprehensive support to address all needs as they arise.

The holistic approach to care was also described as evolving over time and starting with meeting families where they are. One site's interviewee discussed how they sought to meet the range of family needs from basic support to clinical care on an ongoing basis, such that services are provided as the needs are identified and as families feel most comfortable and ready to address them. This interviewee said,

> [T]hese people need a lot of work. We make sure they have enough of our support but then they come back if they need help with something else. It might be just one area, for example child protection, but then they feel that they can handle this so they go away, but then there might be an issue with housing, so they'll come back.

Given the wide range of support that families need, they may also find themselves lost in a web of services, so holistic support also includes helping clients navigate the various available services and systems. One site's interviewee said,

> Our clients are caught up in multiple services [so] they don't really understand everything that's going on, and different services want different things from them. So being able to provide that liaison and have that contact point with the other services so that we can confer with them and figure out what's going on, it builds trust because we can help them navigate all those systems.

Program Changes

While all programs generally adhered to their original program design, interviewees from 11 sites described making changes to their program to better position them to meet client families' needs, including adding new staff, modifying their case flow or the structure of service delivery, or expanding services.

In most cases, as the programs evolved, leadership identified unforeseen gaps in their service plan. For example, some sites had to adapt to provide more or different types of supports than originally anticipated. An interviewee from one site described this adaptation process as follows:

> We had a social and emotional wellbeing position on board with the program staffing, and we had an Aboriginal and Torres Strait Islander health worker on board with the program, so there was always the intention to assist with those sorts of things, but the scale of the things that [clients] came with meant that it was a larger proportion than we estimated. We are dealing with things like people not even having identification to get on a flight to even come down [to the organisation's location] and go home.

> Certainly, the drug and alcohol issues were something that took up a lot of time as far as us connecting them with more appropriate service [providers] with more qualifications then what we could actually provide. The other one was dealing with the kids, because originally we said that you could bring one child down, but in one of the cases the client had no other options for the care of an older child, so we informed [the client] that we had the facilities and vacancy at our women centre to do this.

To address these gaps as they were identified, programs brought on personnel with more clinical training and expertise (e.g., psychologists, social workers, substance abuse specialists); hired staff with direct experience working with the population, such as a member of the Aboriginal and Torres Strait Islander community or a male staff member who could better relate to male clients; or hired more workers to accommodate large or highly complex caseloads. One site's interviewee described the benefits of being able to be flexible with the program plan, allowing them to make staffing changes as needed:

> [W]e've added the male caseworker, we've used some of our brokerage fund for occupational therapy and speech [for children], and we've had some psychological assessments for 20 youths. But even those things on their own, like the speech, the OTs [occupational therapists], the additional assessments that were not written in the original plan have made the parents, or the mother in particular, feel that we're going somewhere, we are doing something, it's not just a band aid.

Interviewees from four sites highlighted changes to their case flow or service delivery to improve care for families. For one site, this included adding a woman co-facilitator to the men's group to "give the women a louder voice" and make "the victim more visible". Another site shifted their treatment plan to meet the families where they were in their journey:

> When we first started, . . . with the trauma that the families have experienced over the years and the PTSD, we found that we had to do a lot of one-on-one counselling first with the family members. We couldn't just get them together to do family therapy where there was family violence, because they were all working on their own demons. So, we needed to do the one-on-one counselling, and then we were able to start doing little family sessions.

Seven programs augmented their offerings with additional services or by establishing relationships with new service providers to better support families. For example, an interviewee from one site recognised that men were at high risk for suicide, so they added a risk assessment to their intake process to identify those at high risk, and established a memorandum of understanding with a local agency to provide a psychological intervention to men identified as high risk on the assessment. Another program determined that their men's behaviour change program did not adequately meet their needs, so they contracted with an outside organisation to provide one-on-one counselling support and doubled the number of group sessions being offered:

> The reason that we did that was because we found in the 4–5 weeks [that clients were with the program] there were a couple of issues. Firstly, it was too short of time to be able to deliver the content as thoroughly as it needed to be, and it wasn't really allowing time for the men to process the information or have the opportunity to see how their skills or tools were being practised at home.

Still another program redistributed their resources to allow them to implement the program in more locations.

Implementation Challenges

Interviewees from all 14 sites identified challenges to program implementation, including issues related to program identity, oversight and administration, funding, meeting the needs of the target populations and staffing.

Challenges to within-site cooperation. Interviewees from three sites described intra-organisational disagreements about the direction and leadership of the programs. For example, interviewees from two sites discussed tension between the organisations responsible for implementing the programs and their parent agencies. This tension was said to contribute to uncertainty about who was responsible for program oversight, staffing and program sustainability. Interviewees from four sites reported a lack of clarity about their program structure or about program identity. Some of these interviewees noted internal confusion about program goals and objectives, which contributed to delays in getting the program off the ground. Others mentioned that some community partners were wary of their program because it did not conform to traditional evidence-based standards or because they provided services to perpetrators. For example, an interviewee from one site described stakeholder reticence about the planned program:

> From the perspective of stakeholders, some of the challenges have been around looking at minimum standards through the No to Violence plan, which is the minimum standard for men's behaviour change programs funded under the indigenous advancement strategies, which is our program. Some of those standards just don't fit as neatly as what is realistic for working in spaces like [our location], and that I guess [is focused on] qualifications of the staff, formal qualifications versus lived experiences.

Program funding challenges. Uncertainty about program funding was a major challenge raised by interviewees at four sites. Absent a guarantee that funds would be available to support program operations and staffing beyond the 3AP contract period contributed to some programs losing staff and being forced to end their program prematurely. As one interviewee put it,

> We couldn't continue to operate the program after the social workers left in January. Prior to that it wasn't a funding issue, it was because there was no guarantee of employment after that date. If it was a 3-year contract at that time, [the social workers] would have stayed.

Barriers to service delivery. One of the biggest challenges to program implementation was the numerous barriers to delivering services to the target populations. Program staff serving all clients (not just men) expressed concerns about being financially underresourced and not having adequate connections to partner programs in order to meet the complex needs of their clients. Related to client needs, one site's interviewees talked about being unprepared to deal with undisclosed substance use issues or to respond to acute mental illness needs. Another program opted not to continue their program after the funding expired as they felt their staff did not have the requisite skills to meet client needs. Some sites also struggled to reach clients due to their geographic location, which resulted in long travel distances to some locations.

Challenges with client engagement. Interviewees from men's, family and women's programs reported challenges in initially engaging clients and maintaining engagement throughout the course of the program:

> We've got a fantastic women's program ready to roll out, but for a lot of good reasons it has been very difficult to engage the women into an actual program. A lot of that is because when you are working with extremely disempowered women who have experienced family violence for a number of years intergenerationally, for reasons of safety, a lot of these women are not in the space where they want to come in and do a program.

> So, what we are doing is developing and running and facilitating healing and social and emotional wellbeing programs. So, with the healing we come in sideways with the women and get them into a safe space where they can start to develop their sense of self-worth and confidence, and then when they are a bit more comfortable talking with other women and sharing experiences we can move on to a more structured program and talking about what is family violence, how you kick the cycle of violence, how do you keep yourself safe. So, it's all about safety all the way through but we are taking a different tack with that and going in a little bit sideways.

One site's interviewee captured challenges with engaging clients in a men's program, but for very different reasons than for women clients:

> Something we have to get better at is engaging the men right through for the 12-month period, because once they get through the initial stages of the group work and we follow up with a bit more counselling. . . . A majority of the men we had initially were court mandated [to receive services] and once their court processes were finished, they would drop off [leave services]. The guys that are voluntary [participants] are more inclined to stay involved and follow up with the 12 months of counselling. Its six weeks in groups, two days a week, and after that [we] follow up with 10–11 months of counselling. We only have a couple of guys that have maintained that all the way through, they have been consistent with their change, but the men coming through the justice system are really hard to keep coming back.

Concerns specific to men's programs. Interviewees from sites offering men's programming or perpetrator programs described additional challenges related to their efforts to serve men.[2] Specifically, interviewees from these sites reported difficulty engaging women in programming to work with men because many partners were no longer together. They also reported resistance from the larger community because of the perception that working with male perpetrators was too soft handed. Finally, men's programs seemed to report

[2] For expediency, this section uses "men" as synonymous with "male perpetrators" because men with a history of violent victimising of others were the sole focus of men's programs.

more difficulty than their peers serving women with client engagement and high levels of program attrition.

Challenges with program staffing. Another major implementation challenge related to program staffing. Ten sites expressed concerns about not having sufficient staff to manage their caseloads; lacking adequately trained or experienced staff—especially those experienced working in the target communities; difficulty recruiting appropriate staff—especially from the Aboriginal and Torres Strait Islander community; and issues with staff retention. One site's interviewee summarised staffing issues that were commonly felt across the sites' interviewees:

> Retention and recruitment of good quality staff [is a challenge]. [The target community] is a remote region and from the get-go we started up quite late so we have been chasing our talent in regards to getting the quota of staff we need for the program. . . . [Our] aim is to recruit local indigenous employees which is at the forefront of what we do. This is difficult with the number of programs around so there is a challenge with supply versus demand [too many programs and not enough qualified staff to go around].

Implementation Successes

Interviewees from 11 sites highlighted important program successes, including getting clients to engage in the programs using members of the Indigenous community to deliver services or support program implementation, and accomplishing small and large program goals.

Interviewees from two sites celebrated their ability to attract clients and get them to participate in program activities. One of these interviewees commented that the program was in such high demand and engagement was so high that they needed to establish a waiting list:

> The first thing I think of [as a sign of our success] is that we have a waiting list, and communities and agencies are wanting to send Aboriginal men to us, and some of these men have gone through other men's behaviour change programs and have still maintained being violent. So, for me, some of the fellas in our cohort at the moment, they have continued to come for the 20 weeks, weekly, with the exception of school holidays because they have other community pressures on them. So, for those 20 weeks, the cohort that we started with are still with us, and that tells us a lot.

Interviewees from nine sites highlighted the value of hiring staff from the Indigenous community and employing those who had direct, first-hand experience working with Aboriginal and Torres Strait Islanders, and experience using culturally appropriate strategies with clients (e.g., country cultural activities, narrative therapy, bush picnics). Key benefits of hiring staff with these skills and experience included helping to connect with the clients in their preferred language and style, increasing relatability between staff and client, building trusting relationships, and reducing client attrition. One site's interviewee described their site's efforts to establish a culturally responsive program:

> We have local Aboriginal staff employed that have knowledge of the community. We also have relationships with elders in the community. Also utilising the community engagement support officers, as well as the other Aboriginal staff. We also used to employ a cultural advisor who was a member of the board of directors. . . . In our community services program area, all our community support officers are indigenous as are the connectors to the community, the interpreters, educators. . . . The information

> feedback that comes into the program, and they break down the cultural barriers that could exist. We don't really have many cultural issues and if they do come up that we don't know how to handle, we go back to our cultural advisor. Upon recruitment all our staff attend a cultural awareness induction.

Program successes also included achievement of program goals. Interviewees from nine sites described program goals that ranged from small to large accomplishments. For example, one site's interviewee talked about the small changes that resulted from their program:

> We see the successes as the tiny little steps. When you see that the clients are able to talk calmly with someone, that's a success. When you go to their house and it's now tidy, then that's a success. When you see a client who's working with a [staff member] and was able to do a job application, that's a success. They're little tiny success and nothing really big, but they are successes. You won't see a massive success, to us little tiny steps are a success.

An interviewee from one site that provided men's behaviour change services gave similar examples, including that "they [men] might drink and all that but they don't drink as much, or their kids have said that. When they come back from school, Daddy isn't lying on the lounge and growling at me, but that they have come home, and Dad is sitting at the table having a cuppa with Mum". An interviewee from this site also talked about men improving their longer-term outcomes, such as gaining employment or not reoffending.

Several programs aimed to empower women to make healthy choices for themselves and their families. One site's interviewee described how their site had been able to accomplish this goal:

> So, we have built up this idea of strong stories, so once the women can identify where they have shown this act of resistance, they write their strong story and they become proud of them and now they want to show other women, here is my strong story, what's yours? Now we have them stuck up on our "Strong Stories" wall and the women are proud of having their stories up there.

Another site's interviewee provided an exemplar of attitude and behaviour change among their clients:

> One of the guys in particular that we work with, he hasn't even been to a group yet, but just in recent times he had been given the care of a three year old and six year old, and this dad has had past problems with chronic drug use, but to his credit, he has taken some responsibility, changed his behaviour around a bit, and he is functioning okay as a dad at this moment, and its only early days, but at the same time he has had quite a big turnaround in the last couple of months in his whole attitude towards life, I suppose his consistency with coming here and taking on some form of changed behaviour, is helping him to maintain the care of this children at the moment.

Immediate Next Steps for Implementation

Interviewees from eight sites discussed immediate plans for changes to their programs, including hiring new clinical staff to address clients' extensive needs for mental health treatment or augmenting existing programming to better meet their needs. Five sites' interviewees outlined plans to add new program services or to enhance the current services. An interviewee from one site that added services for men during program implementation

identified the need to enhance their efforts by getting staff trained in the No to Violence program:

> [W]e've applied to become a registered provider of the No [to] Violence program, and we are seriously going through that process as we speak, because I think we need to skill up on the men's side of things more.

Another site was "applying for funding and is piloting another . . . which is being developed as an awareness and family violence prevention approach to working with communities".

Interviewees from many sites recognised the need to develop programming for children. For example,

> We have also just finished piloting a children's program because we really want to develop a trauma informed program for the women and children. So, we have just finished running a bush play therapy program for the children, and the mums were involved as well. So, we are evaluating this to see how this works, but we think if we go in focusing on the children and bringing the mums together, that's a much safer way for the women to then be in that space with a strong healing component around being back on country.

As noted previously, interviewees acknowledged the importance of utilising culturally sensitive approaches to working with their clients. One site's interviewee described how their site sought to accomplish this goal by considering the Circles Model, a culturally appropriate family therapy model. Program staff said, "We are working with [local university] around developing our Circles Model and what the appropriate safety measurements would be about entering families into a family therapy type situation". Another program was looking into "healing workshops". The rationale offered by the interviewee from this site for adding this intervention was

> to build the clients' support base and their ability to deal with everything that they've been going through or that they've been exposed to previously. We've got a lot of grief and loss out here, so we've approached other organisations about delivering [the program]. It's called Seasons for Growth and Seasons for Healing, not only for our clients but also other community members as well. You know it's those types of things that really impact how a person is living, and their need for development, with the trauma and that type of thing. We're actually going to start addressing a lot more of this.

Other sustainability plans mentioned by 3AP program staff included

- developing a more flexible program that would allow clients access to services in times of need
- using more intensive case management with clients
- measuring outcomes by measuring the program's outputs to better understand how to develop it
- targeting more high needs communities
- providing a more holistic approach that addressed mental health, and drugs and alcohol, alongside family violence
- coordinating interagency education on trauma, specifically with other local service providers such as police and health staff.

Data Collection

Types of Data Collected

Interviewees from 13 sites discussed some form of data collection efforts that their organisation had undertaken. The most common type of data collected was termed "general intake data", which was mentioned by seven sites. These data include things like background information about the client, how the client was referred, and whether and how far they progressed through the program.

Five sites' interviewees reported that their sites used some type of data system, typically for case notes. The systems used by sites included CLASS (two sites), NFILES, Penelope, and IRIS (each used by one site), while one site did not specify the type of data system they used for their case notes. One additional site interviewee mentioned that their site was maintaining three different databases but did not provide specifics about the types of databases in use.

Interviewees from five sites mentioned that an important part of their data collection efforts revolved around qualitative data, including collecting narratives, success stories and case studies. One site's interviewee discussed how important this was to their site's process, explaining that "the stories are the best indicator of outcome and a women's understanding of violence, where that is in her life".

Interviewees from two sites reported tracking all the therapeutic techniques and counselling that their clients received, while another two sites tracked more outward-facing services such as education and employment support. One site's interviewee described how their site utilised some well-known interpersonal measures that tracked clients' readiness to change (RTC), aggressiveness, and other key psychosocial aspects of growth. Finally, two sites' interviewees reported that their sites employed a risk assessment tool or matrix.

Challenges with Data Collection

While interviewees from only four sites reported challenges around data collection, discussions with them were fairly comprehensive and covered an extensive array of challenges. These challenges included gaps and issues with their data management system(s), the lack of capacity to do a true impact evaluation, challenges with data reporting overall (such as coordinating across different databases), and the difficulty with collecting very sensitive information. Relatedly, interviewees from two sites emphasised the challenges in collecting these nuanced data in general, with one site's interviewee specifying

> [l]ittle tiny steps like being clean when going to meeting, tiny little steps that you can't record unless you do a case study. . . . Their whole attitude has changed in terms of not being aggressive and listening more. Tiny little steps where you notice the changes, but you can't record them anywhere.

Community Involvement

Type of Community Involvement

Interviewees from 13 out of the 14 3AP-funded sites described the ways in which the communities they served were involved in providing local social and cultural grounding for their programs. The programming features selected by the sites were the most commonly referenced means of community involvement; eight of the 14 sites involved the community in decisions about what programming was most needed, and what features the programming needed to have. Programming features included Aboriginal staffing, outreach methods, cultural reference groups of an advisory nature, participatory activities, and education tools as means of community involvement.

The next most commonly reported types of involvement revolved around communication with the community. Interviewees from seven sites highlighted the importance of meeting with elders to build community trust, and seven sites spoke more specifically about communicating with women and/or women's groups to involve, educate and mentor the community. Interviewees from seven sites talked more generally about meeting with the community to gauge members' needs. This involved cooperating with other Aboriginal and Torres Strait Islander organisations in the community and speaking with members of the community directly.

Following the key types of involvement listed above were community calls for assistance and community taking ownership; three sites described community actions, like calling their organisation for assistance or making referrals to the program, as the expression of the community's trust in the sites. Interviewees from three sites reported that community members took ownership of the program and led program initiatives proactively.

Interviewees also reported communication with men and/or men's groups as a way of getting the community involved and ensuring cultural oversight; two sites reached out to men's groups to engage this portion of the service population.

Community Response

Interviewees from eight of the 14 sites shared the responses their program had received from the community. The most common community response was positive feedback; interviewees from five sites mentioned that the community expressed gratitude for the program and welcomed it into the community. Positive responses allowed sites to build trust and reinforce their presence in the community. Interviewees from four sites indicated that this positive feedback manifested in referrals being made by the community—a way that the community helped its members become involved in the program.

Interviewees from four sites described the community as being hesitant at first but also willing to provide space for the program to prove themselves—a wait-and-see approach.[3] Communities consequently waited for a commitment from the 3AP programs, which allowed trust to grow and ultimately positive responses to flow. Interviewees from three sites indicated a loss of trust in the community. This occurred where funding was cut or programs could not deliver on their promises.

Interviewees from three sites indicated that community members responded by starting a conversation within the community at large, leading to self-education, clarification of the program, and accountability. For two of the programs, this conversation recognised the role of men in perpetuating violent behaviour, encouraging accountability, sharing stories and recognising change. One program interviewee mentioned that the community responded by asking questions, seeking clarification and offering suggestions for improvement so that the program could be more accessible.

Future Efforts to Involve Community

Interviewees from six of the 14 sites articulated plans to involve the community in the future. The most common way that sites planned to do this was through training and education; four sites cited efforts to provide culturally sensitive education and training for staff, police, other organisations and clients as a way to involve the community. One site interviewee specifically mentioned helping the community establish a business plan to help them address their needs. Three programs are looking towards improved community engagement in the future, including more outreach and more staff to reach greater and

[3] This sort of initial skepticism is common in underserved communities; see, for example, Goldberg-Freeman et al., 2007.

different sections of the community. Interviewees from two sites indicated that their site would look to establish relationships with women's groups as a means of engaging the community in the future, including establishing all-woman cultural advisory boards.

Impact of Third Action Plan on Organisation

Positive Impact on Organisation

Interviewees from ten of the 14 sites talked about the impact that the 3AP-funded program had on the wider organisation; of these ten sites, eight indicated positive impacts. Interviewees from most sites described unique impacts on their organisations, but a few outcomes were common across multiple sites. Increased credibility for the organisation at large was the most commonly reported positive effect. Interviewees from four out of the 14 sites noted that the 3AP-funded program enhanced the reputation of the organisation and the perceived integrity of the organisation's work. The 3AP programs also provided positive additions to the work already being done by the organisation. The increased recognition of 3AP organisations came from peer organisations and the community in general. One site's interviewee also noted that the 3AP program increased the credibility of the organisation specifically in working with Aboriginal and Torres Strait Islander people, while another remarked that it generally led to organisational growth.

Interviewees from four of the 14 sites noted that their successful 3AP framework was extended to the wider organisation. This was reflected in interviewees from two sites noting that their program encouraged better organisational management and resource efficiency due to increased demand for services. Other positive impacts attributable to 3AP funding included the ability for some sites to shift the organisational focus from the individual to the family. 3AP funding also provided for the upskilling of workers at one site.

One site's interviewee noted that 3AP funding provided "enthusiasm and drive" to consider different initiatives around the area in general. For one site, the magnitude of the 3AP program took up a significant portion of the workload, initially to the detriment of other programs the organisation provided. But over time the 3AP program opened up the opportunity for the organisation to "re-evaluate and allocate tasks" in a way that allowed them to incorporate 3AP work into the overall site work. This reorganisation allowed the site to "enhance [the] therapeutic work and also create relationships with Aboriginal men and their families".

Negative Impact on Organisation

Interviewees from four of the 14 sites described negative effects of 3AP on the organisation. Interviewees from three sites reported that challenges and inconsistencies in the 3AP program drained funds from other areas of the organisation. Interviewees from these sites also noted that often resources, including staff, were deferred from other parts of the organisation in order to sustain the 3AP program. For example, one site's interviewee shared that

> [t]hrough the 3AP we were funded for three counsellors and one support person. However, through the legal team, I ended up going into the counselling service and then we had to employ two more support people through the legal service, so there was a financial impact on our current funding. Also, because the service went past the June deadline date that the funding ceased.

An interviewee from another site echoed this sentiment, suggesting that 3AP increased the workload in other areas of the organisation to accommodate the increased demand on staff who were implementing the 3AP program. An interviewee from one site also felt that

the uncertainty around funding and sustainability of the 3AP programming decreased their credibility on the client and community level.

Family Violence Effects on Clients

Positive Impacts on Clients

Interviewees from 13 of the 3AP sites described positive effects on family violence and related outcomes at the client or family level. The most commonly reported effect was an improvement in engagement with the program; five sites reported increased client interest and utilisation over time, while interviewees from four sites mentioned that program attendees showed greater trust and disclosure during program activities.

The next most commonly reported type of effect was in awareness and empowerment; four sites indicated that families and individuals came to the realisation that violence was a problem in their lives. Interviewees from four sites described how victims of violence felt more empowered and were able to stand up for their own rights and life goals as a result of participating in the 3AP program:

> An example of this is a woman that has been a client of the service for about 20 years. . . . The assaults that she experienced were largely sexual, which is more challenging because a lot of the woman in our area aren't really sure about what their obligations are as wives. . . . After a lot of work with the specialist worker, last year she eventually pressed charges for rape and had her witness statement in court in front of him [the perpetrator], which is such a big move for her.

Another common impact mentioned was improved family dynamics and family safety. Interviewees from four sites described how interventions led to better emotion regulation in the family context, reduced substance abuse, and reduced use of aggression. Meanwhile, interviewees from four sites reported that they could see objective and subjective (client-reported) increases in family safety due to their programs. For example, an interviewee from one site described the following situation: "We evacuated one family out of the community because we found that they were not safe at all. Since then the family has relocated properly to [place name redacted], and now there is no perpetrators and the children are at school, mum has got her life together and is looking for employment". An interviewee from a different site explained,

> We were aware that after they [a couple] exited the relationship did break down, but we still saw that as a positive outcome because the domestic violence was no longer occurring, and the children were still with them. We assisted one of the children to boarding school in [place name redacted], and we did the enrolment for the younger child to go to school in [place name redacted]. The domestic violence ceased to occur towards the female partner.

The fourth most common effect was on the structural situation of families. Interviewees from four sites reported that families were able to successfully find independent housing. Meanwhile, interviewees from three sites described how some families who had their children removed were able to reunify with their children due to 3AP program interventions.

Interviewees from two sites reported improved employment prospects for their clients. One reported lower police involvement with families; the other more connections among Aboriginal and Torres Strait Islanders, together with an improved sense of positive Indigenous identity. For example,

> Another success has been for the families that have either gone back to country or gone on country. . . . And we have some more families that want to do some return to country, and just the joy, and we have documented them in picture books that each of the

> families got. Returning back to country is important for breaking the cycle of violence because they [clients] have a connection to something. All of us human beings need to belong to something, we need to believe in something, it's part of our human nature, and when they have a connection to their country, to their ancestors, the violence we see goes and they are more focused one getting into their culture and doing more in that. . . . For their generation, the next generation and so on, it means that they have the strongness [*sic*] and the connection to be able to work through and overcome in breaking that cycle of violence—because the violence comes with a lot of shame—it helps build healthy family rituals.

No site interviewees reported their sites having a negative impact on (i.e., exacerbating) family violence through their program efforts. Table 3.1 summarises the positive impacts that were reported by 3AP sites. Please note that the impacts reported here are anecdotal, based on reports from 3AP sites during interviews.

Barriers to Positive Impacts on Clients

Interviewees from eight sites mentioned barriers to success that disrupted their attempts to decrease family violence. The most commonly mentioned barrier—from three sites' interviewees—was that the primary perpetrator of violence (often the man) had a persistent role in the family's life. For example,

> We deal with women and their children everyday here and these are some of the things that they tell us they would like to address, and they articulate that they love their men, but they want the violence to stop. So, we want to assist them with this and do what we can . . . but ultimately if you don't stop the perpetrator, the issues just keep happening, and the women and children keep getting their lives disrupted.

Table 3.1
Positive Impacts of Third Action Plan Programs on Clients

Theme	Frequency
Improved Program Dynamics	
Community shows increased interest in and utilisation of programs	5
Clients show increases in trust and comfort with programs, as well as increased disclosure and honesty	4
Awareness and Empowerment	
Clients and families realise that violence is a problem	4
Victims of violence who stand up for themselves feel more empowered	4
Improved Family Dynamics and Safety	
Family or clinicians report improvements in family dynamics, including better emotion regulation, reductions in substance abuse, and reductions in aggressive behaviour	4
Family or others report overall improvements in physical safety of family members	4
Positive Changes in Family Structure	
Family members achieve independent housing (sometimes separated from primary perpetrator)	3
Children who were removed reunified with families	3
Other	
Improved employment prospects for family members	2
Lowered police involvement with families	1
More community connections and integration, as well as healthier indigenous identity	1

Also, interviewees from two sites mentioned that they felt they just could not provide enough services; one of these interviewees indicated they thought couples counselling was important, but they were not funded to provide it. Interviewees from two sites indicated that they felt families faced a confusing maze of sometimes-competing services and government agencies that they did not know how to navigate. And in many cases, the clients feared, for example, the possibility that engaging with services or being truthful could lead to their children being taken away.

An interviewee from one site indicated that program attendance was often disrupted due to family obligations and cultural rituals, while an interviewee from another site indicated that the community itself struggled with defining family violence as a problem worth addressing. Finally, one site's interviewee indicated that it wished it had more information on clients before they entered their intervention programs so that it could better triage services.

Facilitators of Positive Impacts on Clients

Interviewees from six out of the fourteen 3AP programs described features or organisational capabilities that helped their programs have a positive impact on family violence for clients and their family members; we term these "program facilitators". Three sites' interviewees described how their ability to create a safe space in their programs where clients trusted staff facilitated positive outcomes. Aboriginal counsellors were mentioned as an important element in establishing this sense of safety and trust.

Three sites' interviewees also described how having treatment models that were flexible, client or family tailored and continuous was helpful in creating positive outcomes. This included the ability to involve extended families in treatment and to provide "on country" services to help clients connect with their broader communities. Finally, two sites' interviewees mentioned that having multiple types of services—including legal and life skills training as well as collaborating with other service providers—helped their programs have a greater impact.

Family Violence Effects on Community

Positive Impacts on Community

Interviewees from nine of the 14 sites discussed the positive effects their program had on family violence at a community level. The most frequently reported effect was empowerment and awareness; four sites indicated that the program helped the community to understand family violence and recognise it as a problem, and three sites noted that the community felt empowered to make changes to address the issue. Four sites' interviewees noted that the awareness and empowerment had a ripple effect in the community.

The next most commonly reported positive effect on family violence was accountability. Interviewees from three sites indicated that an increased understanding of family violence in the community encouraged responsibility among community members for creating change; the program became sustained by the community. Meanwhile, interviewees from two sites noted that perpetrators were more inclined to be accountable for their behaviour, and victims were more inclined to report violence or reach out for support.

Education and awareness in the criminal justice system was the third most reported positive impact on family violence. Increased education of the criminal justice system encouraged understanding and trust between the system and the community that extended in both directions. A more transparent relationship between police and the community helped to account for subconscious bias and encouraged positive community interaction with the system. One site's interviewee suggested that the awareness and empowerment fostered by the program generally helped to raise the hope, trust and morale present in the community.

None of the 14 sites recorded any negative impacts of 3AP on family violence at a community level. Table 3.2 summarises the positive impacts of 3AP programming on the community as reported by 3AP staff members.

Barriers to Positive Impacts on Community

Interviewees from five sites noted barriers that affected their ability to address family violence within the community. The most commonly mentioned barrier was building trust in the community; four sites noted the importance of building relationships with the community based on trust. They described the difficulty in establishing this relationship in communities that have been continually let down by service providers. One site's interviewee articulated the following challenge:

> Trust is so important in any relationship, and we know that trust can take time to develop and can be broken quite quickly and easily. I think it's undeniable that there can be an element of mistrust, and this is understandable. Even if it's not outright mistrust between Aboriginal organisations and government funders or bodies, even if it's not outright, there can be a real weariness and cynicism. . . . One of the amazing things that I notice about the Aboriginal people that I work with is that they have incredible, long memories. This is an absolute asset, but to some extent any government organisation working with Aboriginal communities are going to be facing that as a real challenge. There are these memories of what's happened, and you can't just discount or overlook the impact of that. Trust is essential.

Interviewees from three sites indicated that the length of time required to build relationships with the community in order to address intergenerational issues was a significant barrier to community-based outcomes concerning family violence. The change required in this area was described by one site as being "generational", requiring significant time. One site's interviewee mentioned that the size and number of communities that required assistance was a significant barrier for their program. They noted that for "the community at large, there are only two staff members, so it's hard to have an impact".

Table 3.2
Positive Impacts of Third Action Plan Programs on Community

Theme	Frequency
Empowerment and Awareness	
Communities understand family violence and recognise it as a problem	4
Empowerment and awareness create a ripple effect in the community	4
Community members feel more empowered to make changes that address family violence	3
Accountability	
Community shows increased understanding of family violence and takes responsibility for creating a change and sustaining the program	3
Community members are encouraged to come forward and be accountable for their behaviour	3
Other	
Education and awareness for sectors of the criminal justice system fosters understanding and trust	2
3AP program raises the hope, trust and morale present in the community	1

Facilitators of Positive Impacts on Community

Interviewees from five sites mentioned program features that facilitated their program's positive outcomes on family violence in the community. Three sites' interviewees indicated that collaborating with other service providers and stakeholders in the community allowed the programs to address family violence more comprehensively in the community at large. One interviewee noted,

> [We] deal with all the other services available out there daily, and even the service providers need to feel like they're part of the team, because whether we go [stop providing services] in 12 months or three years or ten years, those other service providers are still there, so we're sharing what we do with them and we're all doing it together. We're fortunate we've got the contract, we're fortunate we've got the building, we're very lucky that we've got the respect of the clients coming in, but by showing that client that [the other service] is okay, that all these other organisations, they're okay too. You know, it's not like one organisation has to go in and own the show. . . . It's all about that collaborative approach.

Interviewees from two sites detailed that building a relationship with police in the community helped them to address the issue together as allies. One site's interviewee reported,

> Police are our main referrer because we are an Aboriginal organisation that won't stab them [the police] in the back. We stand beside them and work with them and that's a key relationship because obviously Aboriginal people and police have a history. But we stand out from other Aboriginal DV services in the region because we work with police, which is why they [the police] are coming to us to set up the vulnerable people's unit. . . . Police are first responders to domestic violence so if they can refer to us, we know it's a win.

An interviewee from one site mentioned that approaching the issue holistically facilitated positive outcomes in the community. Interviewees from this site suggested it was imperative to provide services not only the entire family and both genders but also different age groups, as it engages the whole community and deals with the generational nature to the issue. Interviewees from one site noted that while lack of trust can be a barrier to success, once a trusting relationship is formed, it can facilitate better engagement and exposure of the program. And interviewees from another site noted that where the community becomes engaged, they take ownership of the program and responsibility for tackling family violence in the community.

Sustainability

Future Plans for Sustainability

Sustainability was discussed by interviewees from 13 out of the 14 sites. Ten sites' interviewees mentioned future plans they had for the program. For the most part, these were unique to each site and its objectives. Aiming to secure further funding was a consistent plan across five of the sites. One program interviewee spoke generally about sustainability as being omnipresent in their objectives due to the generational nature of family violence. Interviewees from five sites indicated that their future plans were to ensure consistency in service provision through additional funding. This could entail securing further funding from PM&C and/or securing alternate sources of funding. An interviewee from one site explained:

> How do you maintain and sustain something without funds? . . . One of the things I've tried to push and lobby for in the past is a bi-partisan agreement by all governments regardless of who's in, that they continue to fund programs like this, because if we get

> funds for 3–10 years and then run out of funds, how do you maintain the consistency to measure outcomes if we haven't go the funds to continue? . . . The costs of inaction in this area are greater than any funding.

Interviewees from three sites described their future plans as working toward a mixed service delivery. The intention here was to provide consistent support to clients by collaborating with other service providers and stakeholders to ensure continuity in the community should one provider fold. One site's interviewee suggested that they "can only build the bridges to those organisations that they've usually avoided and hope if [the other programs] go, that those [client] relationships are still continued".

Interviewees from two sites noted that resources would be directed towards encouraging the community to take ownership of the program to ensure its sustainability. This redundancy plan involves employing and training local residents to the extent possible and encouraging empowerment and education among community residents. Eventually the community will no longer need the program if they have sustained it themselves. Interviewees from two sites mentioned community engagement and trust-building in their future plans. This involved using greater outreach and more resources to serve more of the community and continue to build trust with community members.

Advice for Department of the Prime Minister and Cabinet on Sustainability

Interviewees from nine sites offered advice to PM&C for funding future programs that deal with family violence in Aboriginal and Torres Strait Islander communities. Interviewees from four sites indicated to PM&C that programs of this nature needed a redundancy or backup plan in order to be implemented in an effective and culturally sensitive way. Sites' interviewees expressed that a redundancy plan would mitigate the requirement of ongoing funding and consistency in the community by eventually allowing for the community to take ownership of the programs and address the issues themselves. This accounts for the generational nature of the problem and allows the development of trust in community members, who will then eventually be the drivers of the program, instead of the organisations simply ceasing to have the funds to operate. An interviewee from one site noted,

> One of the biggest issues I see, particularly in remote communities, is that a lot of organisations don't have an exit plan, they go there and it's just about recurrent funding and keeping their service going, but if you can build that capacity in that community to take a larger role, or even take over the role of dealing with their community issues, that's where it needs to be. There needs to be a redundancy plan for the organisations.

Interviewees from four sites simply advised that change takes time. This also acknowledged the generational nature of the issue and encouraged realism in PM&C's outcome expectations. A number of interviewees noted that building trust with the communities is a time-consuming process and requires evidence of consistency of the program. An interviewee from one site articulated,

> It takes time and when we go into a community and we may only be funded for two years, the trust that you have to build within that community just takes so much time, and you know the behaviours are ingrained. Long-term program: the only way I believe that you can tackle domestic and family violence—and I'm not at all lessening it anywhere else—but in particular here because it's so remote, I think that short-term programs, the community builds trust and then all of a sudden, they are gone. It's very disruptive for the communities here. So, my advice would be if we want long-term outcomes then you need longer-term support.

Interviewees from four sites called for greater cultural understanding from PM&C in the future. This included more flexibility and openness to the community's input, listening and emphasising Aboriginal and Torres Strait Islander employment in the programs, and a greater awareness as to the idiosyncrasies of different communities. As one site's interviewee noted,

> [T]here is no word for counselling and if you're going to continue a counselling service maybe name it something else besides counselling, like a well-being or safety program or something along these lines, so that Aboriginal people can relate to it. A lot of women out there are natural healers and do healing through traditional mechanisms with native plants, so it could be more related to what these ladies are doing. So being mindful that Aboriginal people don't know what it is, but if you say "healing" everyone knows what healing is.

Interviewees from three sites called for greater transparency between themselves, the community and PM&C. This included advice to PM&C to be clearer with their requirements and also more inclined to consider the needs of the community. Interviewees from these three sites suggested more face-to-face conversations with PM&C, leaving no room for things to be lost in translation. Interviewees from three sites indicated that for family violence to be dealt with effectively, it must be addressed holistically. This involves dealing with both victims and perpetrators and ensuring the issue is addressed in all sections of the community.

Interviewees from two sites simply called for more funds to address the problem, allowing for a more holistic approach. One site's interviewees explained that funds for the program should be accompanied by funds for an evaluation, with one reporting that

> [i]f they're going to put funds into organisations like ours to be able to get an outcome that we are all hoping to see, they also need to put the money for an evaluation to go hand in hand with it because one without the other is defeating the purpose, and then you have to pull funds from the program to be able to evaluate, so then that lessens the funds for outcomes as well, and working with participants.

The interviewee from one site suggested the government needs to put aside funds for police training because addressing the issue without having police who are culturally aware is counterproductive. Meanwhile, the interviewee from another site suggested focusing on prevention as opposed to only looking at treatment in isolation. Another site's interviewee recommended to PM&C that they encourage service providers to collaborate to establish continuity. In addition, one site's interviewee suggested that this would help account for the gaps in services.

Staff Surveys

Methods

Early in the implementation of 3AP programs, we collected survey data from program staff and program managers regarding the progress of implementation and program details. The idea for these surveys came from one of the 3AP providers who described journals that their program staff were being asked to complete on a regular basis. We felt that a slightly modified version of this approach—regular, repeated data collection—would be appropriate for our 3AP evaluation as well, and we implemented the effort in early to mid-2018.

Manager and staff survey journals were conducted online, using a web-based platform. The manager survey was intended for individuals who oversaw 3AP activities and staff working directly with clients. The staff survey was intended for staff who worked

directly with clients. Managerial staff who had direct clinical contact with program participants received both the manager and staff surveys. Both surveys were primarily qualitative, and while the focus of each survey was slightly different, both were broadly designed to assess successes, challenges and lessons learnt.

The monthly manager survey (see Figure 3.2) asked open-ended questions about management activities and supports received from other organisations. It contained two structured questions that took less than 15 minutes to complete. One of these questions addressed implementation fidelity to the original proposed program model, with response options ranging from 1 (not close at all [to the original model]) to 7 (exactly as [originally] proposed). The other question asked the respondent to rate how confident they were that the program was on track to achieve its stated goals. Both questions had follow-up open text fields to help put responses into context. The same questions were asked every month, with the expectation that the respondent would provide insights from the preceding month of implementation, allowing us to consider implementation changes over time, were we able to conduct surveys for a sufficient time period.

The fortnightly staff survey (see Figure 3.3) was composed of four open-ended questions with text box response fields designed to take less than ten minutes to complete. The questions covered therapeutic techniques used during practice (but not information regarding for which clients those techniques were used); one major success the respondent had had, one major challenge, and one major lesson learned over the preceding fortnight. The same questions were asked for every survey to capture changes over time.

To protect the independence and confidentiality of the surveys, site staff and managers were not required to participate in the surveys, and all responses are kept confidential. Responses were not shared with site leadership, allowing staff to be more open and honest in their responses without fear of repercussion. Before beginning each survey, participants were provided information about the confidentiality and voluntary nature of the survey as well as contact details to direct questions about their rights as participants. The respon-

Figure 3.2
Monthly Manager Survey

1. What **major management tasks** did you work on this month for the 3AP-funded program?

2. What has been the program's **major challenge** this month?

3. What has been the program's **major success** this month?

4. What supports have you received to implement the model (from Inside Policy, PM&C, Regional Network staff, or external trainings, other), if any?

5. How **closely do you feel your organisation is implementing the program** according to the proposed model, with 1 being not close at all and 7 being exactly as proposed? *It is not the expectation of RAND that your organisation implements the program as closely as possible to the proposed model—please answer candidly.*

   Response options: 1 (not close at all) through 7 (exactly as proposed)

6. If your program goals have changed since your original proposed model, please describe how they have changed.

7. Overall how **confident** are you that your program is on **track to achieve its goals**?
   a. Confident on all goals
   b. Confident on most goals
   c. Confident on some goals
   d. Not confident on any goals
   e. I don't know

8. Please tell us about the **goal about which you feel least confident**.

Figure 3.3
Staff Journal Survey

1. Please list or describe the **main therapeutic technique(s)** you used with clients over the past fortnight.

   Do not reference client names or any details that may identify a client.

   For this question, you can list a few (1–3) techniques that you employed OR you can describe a specific technique that may have been new to you, or especially helpful or relevant to your work over the past fortnight.

2. Please describe one major **challenge** you faced over the past fortnight.

   The challenge you discuss can be related to your work with clients or it could be a specific example of a challenging situation with a client (just do not use client names in your response). The challenge could also be related to your organisation or management. This may be a general challenge that you face in the kind of work you are doing, a challenge with a supervisor or co-workers, or with organisational policies.

3. If you addressed the challenge you described above (or plan to), **how did you overcome it** or what is your **plan to address it**?

4. Please describe one major **success** you had over the past fortnight.

   The success you identify, like the challenge, can be related to your work with clients or it could be a specific example of a breakthrough or positive interaction you had with a client (just do not use client names in your response). The success could also be related to your organisation or management.

5. Please describe one lesson learnt over the past fortnight.

   The lesson learnt can be small, such as a minor adjustment in how you work with clients, or it could be more significant, such as learning more about a different technique. It can relate to clients, your work generally, or your organisation.

dents were able to decline participation before the survey launched, and at any time during the survey process they were able to cease answering. Additionally, staff were asked to refrain from including any personally identifiable information in their survey responses.

A month before beginning surveying program staff, the research team asked all sites to provide the names and email addresses of staff and managers who should be invited to take the survey. We helped sites determine which staff should participate in the different surveys based on their roles and our knowledge of the types of information that would be useful. We received contact information for 69 staff across all 14 sites: 50 client-facing staff and 19 managers. The research programmed the survey tool to automatically send out invitations and survey links via email to respondents on a regular schedule.

We began data collection with client-facing staff first, with plans to ask them to complete a new survey every fortnight on Monday mornings. Managers received their first survey about a month later and were scheduled to be surveyed on the first Monday of every month. We also sent out reminders to those who had not responded after a week's time. We found that the first few administrations of both surveys were spent getting site staff familiar with the survey process and ensuring that individuals were receiving the correct surveys.

Unfortunately, we were only able to collect surveys for a period of approximately three months during 3AP's early implementation. Data collection was halted during AIATSIS review, and by the time ethics approval was received it was too late to relaunch the survey effort. Many of the initial respondents had changed within the 3AP sites, and implementation was so far along that we did not feel additional surveys would shed light on the process in a relevant way.

The results of the surveys are reported here to reveal the activities of program staff and managers as the 3AP programs were being launched, including understanding the main challenges being experienced by sites. These results also demonstrate the potential for this approach to data collection, whether it is done within an organisation on its own (as was the case with some 3AP programs) or across a set of organisations implementing similar programs.

Survey Responses

Over the course of the three-month period during which 3AP program staff were being asked to respond to surveys fortnightly, six survey waves were conducted. Over that period, we received 124 surveys from 50 client-facing staff. Table 3.3 provides the response rates for staff and managers for each wave of the survey; managers took the survey monthly so response rates from only three surveys are reported for those respondents. Response rates were relatively low across the survey period, but the middle surveys—waves 2, 3 and 4—had the highest response rates, with nearly half of 3AP program staff participating. Table 3.4 provides the number of surveys received from each site, providing additional context to the responses that were given.

Table 3.3
Survey Responses by Program Type, Site and Type of Respondent

Survey Wave	1	2	3	4	5	6
Staff respondents	12	21	23	21	19	15
Staff response rate	24%	42%	46%	42%	38%	30%
Manager respondents		5		12		11
Manager response rate		26%		63%		58%

Table 3.4
Surveys Received by Program Type, Site and Type of Respondent

	Staff	Management
Intensive Family-Focused Case Mgmt	56	6
Birrang	10	
KWY	31	
Mookai	15	
Wurli	0	
Trauma-Informed Therapeutic	13	—
VACCA	13	
Men's Behaviour Change	22	4
MOS	12	
RTS	10	
Yoowinna	0	
Victim Support	33	8
Far West	7	
MWRC	8	
NAAFLS	9	
NPYWC	3	
AFLSSQ	0	
AFLSWA	6	
Total Respondents	124	18

Fifty-six of 124 staff survey responses and six out of 18 management surveys were from sites providing intensive family-focused case management services, and the second largest group of staff responders and the largest group of management responders provided victim support services. While these program types comprise the most sites (ten sites altogether), it is good to keep in mind that any patterns that may have emerged from the surveys are skewed to represent the approach of these types of services versus the approaches of trauma-informed and men's behaviour change services. Had we continued to conduct the survey over a longer period of time, we would have been able to perform analyses by program type while still maintaining staff confidentiality, and to report on any findings relative to the number of responses by program type.

We tracked repeated responses over time so that an individual's responses could be compared. While the small number of repeated surveys collected precludes any conclusive longitudinal analysis on these data, the numbers we present below do account for the fact that individuals may have repeated their answers from survey to survey, if nothing had changed over the prior fortnight, for example. Our analyses of how many times different techniques were identified counts each respondent's answer only once. That is, if one respondent reported that they used narrative therapy in all five surveys to which they responded, we counted only one mention of the technique.

Fortnightly staff surveys were administered six times in our study period, and the monthly management surveys administered three times during that period. Staff respondents replied to between zero and six surveys. Among staff who completed at least one survey, the average was three surveys completed per staff member. All management respondents replied only once out of the three survey waves, with five replying to the first survey, 14 to the second survey, and 13 to the third. The first month of surveys was dedicated to ensuring that all respondents were assigned to the correct group (staff or management) and making any adjustments as needed.

Below we discuss staff survey results. We do not discuss management survey results because there were too few to enable us to maintain respondent confidentiality.

Therapeutic Approaches

Respondents answered an open-ended question about which main therapeutic techniques or approaches they had used in the prior two weeks. The results were coded into 15 different common techniques. Table 3.5 provides the coded responses and the number of times each technique was named by a unique respondent; that is, if the same respondent mentioned the technique for two or more surveys in a row, only the first was counted. This table should be seen as a snapshot of the techniques being used by 3AP programs early in the implementation process. Also, most respondents named more than one therapeutic technique.

The range of services represented likely changed as implementation progressed and as programs narrowed their program design and focus. Because it was so early on in the implementation process, some programs had not even started seeing clients yet, and others were still working to identify the best therapeutic techniques for their clients as they learned more about their potential client base in the communities they served.

Table 3.6 provides the breakdown of techniques used by program type. While there were too few respondents to make weighting by respondent numbers in each program type, we should keep in mind when looking at the raw numbers that, of the program types included in Table 3.6, half of respondents represented intensive family-focused case management services; the other respondents were fairly evenly split between men's behaviour change and victim support services. Considering the distribution across types of approaches within program types is the most useful.

Table 3.5
Therapeutic Approaches Used in the Prior Two Weeks

Narrative therapy	15
CBT	13
Strength-based approaches	11
Active or deep listening	10
Client-led or centred approaches	9
Risk, needs assessments	7
Focus on Aboriginal traditions and cultures	7
Motivational interviews	6
Trauma-focused approaches	6
Communication	6
Mindfulness, relaxation	4
Relationship building w/clients	4
Group work with clients	2

Table 3.6
Therapeutic Approaches Used in the Prior Two Weeks by Program Type

	Program Type		
Therapeutic Approach	**Intensive Family-Focused Case Management**	**Men's Behaviour Change**	**Victim Support**
Narrative therapy	7	3	4
CBT	8	3	1
Strength-based approaches	2	3	4
Active or deep listening	6	2	—
Client-led or centred approaches	4	1	1
Risk, needs assessments	1	1	5
Focus on Aboriginal traditions and cultures	2	2	1
Motivational interviews	2	2	1
Trauma-focused approaches	—	3	3
Communication	3	—	1

NOTE: Trauma-informed services omitted from table to preserve confidentiality of respondents from the one service of that program type.

Respondents in the intensive family-focused group showed the strongest preference for a set of approaches—their responses were clustered in the three top approaches, while in the other two program types, responses were less clustered. Among respondents providing intensive family-focused services, narrative therapy, CBT and active or deep listening were the most mentioned approaches. Respondents from men's behaviour change programs were evenly split across therapeutic approaches, and respondents from victim support

programs mentioned conducting assessments with their clients and using narrative therapy and strength-based approaches most frequently.

Challenges Experienced

The next questions asked respondents to identify a challenge, success and lesson learned over the past two weeks. Because these surveys were intended to continue for a long period of time, we wanted staff to tell us more about their day-to-day work than about big picture experiences related to implementation. As with therapeutic techniques, we coded the open-text answers into several common categories. Table 3.7 provides the responses mentioned five or more times.

By far, the most challenging issue for staff related to client distress. This category included challenges such as dealing with verbal harassment from clients, working with clients who had especially extensive needs or significant mental health issues, working to support clients through challenging events, and clients misleading counsellors about their situation or needs. Engaging clients was also a noted challenge, which mainly involved difficulties in getting clients to initially come into services or stay in services through completion. Staff mentioned numerous calls to clients with no answer and many client no-shows to set appointments or therapy sessions.

The third and fourth most common challenges involved working with other agencies and working with colleagues in the respondent's own agency. These responses reflected what the research staff heard during the staff interviews. Here, respondents reported that they had trouble partnering with other agencies, including police or the courts, and that they had trouble identifying other services to which they could refer their clients, for example for substance abuse treatment or mental healthcare not offered at their organisation. Respondents also reported discord between staff within agencies, sometimes stemming from general dislike of other staff, but sometimes reporting more serious concerns. In agencies where the 3AP funding involved expanding services to reach a new client population—those with family violence issues—respondents may have questioned other staff members' capacity to appropriately and properly serve 3AP clients.

Other less frequently reported, but no less challenging, issues included organisational issues, such as disagreements with management decisions or the 3AP program design. Rural and community access challenges were reported by staff who had to travel long dis-

Table 3.7
Common Challenges Encountered

Client distress	22
Engaging clients	16
Working with other agencies	13
Colleagues' skills/abilities	12
Organisational issues	8
Rural/community access	8
Cultural appropriateness	6
Facilities	6
Overloaded/self-care	6
Limited resources	5

NOTE: Only challenges mentioned 5 or more times are listed here.

tances to connect with communities they served. These respondents lamented the limited amount of time they had to dedicate to clients because they spent so much time travelling. Cultural appropriateness challenges involved staff feeling that they or their colleagues were not able to serve their clients in a culturally appropriate manner, with some mentioning the need for more experienced Aboriginal staff members.

One less frequently mentioned challenge that still bears noting here is staff members' feelings of being overwhelmed, overloaded with clients, or unable to take care of their own well-being properly because of the job. A common issue among staff at service agencies in general, especially for those who worked with clients who had serious issues, this challenge is worth noting for funders, who may want to consider building in staff care approaches or requirements for these types of service providers.

Successes and Lessons Learned

Nearly all the successes reported were related to breakthroughs or wins related to serving clients—clients appearing for their sessions, opening up to counsellors, or better engaging in services. Some reported receiving praise from other providers about their progress with difficult clients or from other colleagues. For lessons reported (see Table 3.8), half of all responses were related to clients. A big part of those lessons revolved around understanding clients better—whether that was understanding their trauma or the effects that trauma can have; the communities and varied cultures they were aiming to serve; or, more specifically, being better informed about their individual clients. The other half of client-related lessons related to improving their practice in order to better serve clients. This included learning how to work with clients in sessions, receiving training on specific techniques, or even realising their need for specific types of training. This also included more informal lessons, such as learning to "trust but verify" client reports of their situation, and personal styles related to working directly with clients.

Interestingly, lessons learned on the importance of self-care were the third most common. Staff understood the importance of taking care of themselves in order to better serve their clients, even if they did not necessarily find it easy to take the time to do so. As these responses were from early in implementation, staff new to serving clients with family violence issues may have been less prepared for the types of client issues or needs they would see. Handling bias from non-3AP staff against those clients who were involved in family violence, either within or outside their organisation, was mentioned several times. It appeared especially problematic for those working with perpetrators, who found peers to lack an understanding of why working with the men was important. Finally, the need for cultural knowledge among staff was an important lesson that staff mentioned, which also came through in reported challenges.

Table 3.8
Common Lessons Learned

Understanding clients	26
How to work with clients	23
Self-care	11
Administrative	8
Reducing bias	7
Cultural knowledge	5

NOTE: Only challenges mentioned 5 or more times are listed here.

While we are not able to report specific frequency of responses for manager respondents, our review of those data indicates that managers were mainly focused on ensuring their programs were staffed up; that they were receiving referrals from other agencies; and that they were attracting, or would be able to attract, enough clients to make their program a success. Some managers also mentioned concern about staff burnout. Others talked about the need to secure additional funding, finalise the program design, manualise the program, or improve communication with PM&C and Inside Policy.

Conclusion

Through both interviews with staff at the beginning and end of the evaluation period, and a number of surveys administered early in the implementation period, we identified several themes relevant to 3AP implementation. These observations can be organised in two main categories: (1) success factors and challenges to 3AP sites and (2) challenges and suggestions for administration of the 3AP program.

With respect to success factors and challenges to sites, we identified the following common themes:

1. Interviewees from sites frequently described how a holistic approach to treatment provided positive results. This holistic approach involved treating the family violence challenge as embedded in extended families and broader social networks within communities. Such an approach yielded positive results in terms of program interest, engagement, retention and reductions in family violence.
2. Programs that were able to engage informal and formal institutions in communities—from law enforcement to local clubs—created extended systems of support for program clients and noticed positive impacts on program goals.
3. Clinicians noted that storytelling and narrative therapeutic approaches were often quite effective, in part because these approaches fit well with Aboriginal and Torres Strait Islander cultural practices.
4. Making sure to staff programs with Aboriginal and Torres Strait Islander staff was critical, helping to establish trust in communities and allowing program clients to establish rapport. This also helped to produce program content that was meaningful to clients and communities.
5. Family violence is a "wicked problem" that has been created by generations of trauma, social marginalisation, and structural inequality. Addressing this issue can be difficult, as so many conspiring factors will push back to continue the pattern of violence. However, breakthroughs with clients and families can still be made.
6. Establishing trust in communities is challenged by many Aboriginal and Torres Strait Islander communities having seen programs come and go over the years (often due to inconsistent funding) and by these communities experiencing broken promises from government entities or other efforts to address local problems.

With respect to challenges and suggestions for administration of the 3AP program, we noted the following common themes:

1. We observed that opinions on the communication with PM&C—at both the national and regional levels—were inconsistent across sites. Some wanted more outreach from the funding agency, some wanted less, and some were fine with the frequency of interaction they had. Common across sites, however, was a need for more clarity from PM&C. Sites sometimes felt that decisions made by PM&C were

not transparent, that expectations were not clear, or that details of the grant and its requirements were not made clear to them from the outset. This was complicated further when there was a disconnect between guidance and communication coming from the national and regional offices.

2. Interviewees also indicated that PM&C sometimes lacked knowledge about local communities and the contexts of implementation. While it is likely unrealistic for the national PM&C office to have knowledge of local contexts for all 14 sites, this is an area in which the national office could have leaned on the regional offices more heavily. While on site, we observed that there was significant variation in the involvement of regional office staff in 3AP implementation of sites in their area. Some were engaged, informed and ready to assist while others were more hands-off and waited for sites or the national PM&C to indicate a need for assistance.
3. At the outset, the national office could have made things smoother by clearly identifying the roles and responsibilities for the regional and national offices, and for the sites. Throughout implementation, the national office staff may have benefited from more engagement of the regional office staff. Regional offices may have been useful both in terms of providing advice or feedback to the national office and guidance to the sites themselves. Instead, there was some guidance coming from both types of office, with the national office retaining its decisionmaking role.
4. On the other hand, sites did appreciate and praise the feedback they received on program design and development, with sites especially noting the help from staff at the regional offices and Inside Policy. Regional offices were seen as having better local knowledge, enabling them to help programs address any challenges in a more concrete way than staff from the national office. Sites also had praise for the general assistance of Inside Policy staff, their guidance on program design and, as with the regional offices, troubleshooting any challenges that may have occurred.
5. We also observed that PM&C may have had unrealistic expectations for site implementation. This was seen in sites' desire for longer-term program design and implementation support from Inside Policy. Many sites were expanding into a new service area or creating a new program from scratch to provide family violence services. This meant sites needed to be flexible with program design and adapt initial plans if needed as they began developing their own understanding of client needs. PM&C may have planned for the short period of assistance from Inside Policy because they expected sites to have higher levels of readiness for implementing specific, manualised programs (programs with specific steps clarified in a written document). Here, knowledge of local contexts and better understanding of the difficulty in implementing family violence programs may have created more realistic expectations on the part of PM&C.
6. Data collection was extremely challenging for sites. Future technical support efforts should focus on helping sites to establish and maintain data collection infrastructure to help feed future evaluations.
7. Site staff expressed a desire for more meaningful contact with other sites, not just at the beginning of program design but throughout the implementation process.

CHAPTER FOUR

Outcome Evaluation

Introduction

Three out of four focal 3AP sites provided the research team with data at the client level.[1] One site was able to produce de-identified quantitative data, and two sites were able to provide de-identified case vignettes describing their clients' characteristics and progress throughout the intervention period. In this chapter, we provide insights that we were able to extract from each data set and suggest a way forward for future outcome evaluations.

Client-Level Quantitative Data

One of the 3AP intervention sites, RTS, collected client-level scales both before and after participation in a men's behaviour change program, including scales measuring aggression, self-esteem and RTC. This site also created its own scale, the Rekindling the Spirit Questionnaire (RTS-Q), specifically designed to measure dynamics that the team has found to be important in leading to violence (and desistance from violence) among Aboriginal and Torres Strait Islander men.

These data allowed us to (1) compare values from commonly used scales with other published values from analogous comparison populations; (2) illustrate how to examine whether the scales measuring aggression, self-esteem and readiness-to-change were related to whether men completed the intervention or not; and (3) explore overall patterns of response on the RTS-Q.

1. Summary Statistics and Comparison to Published Samples

The 3AP intervention site collected the Buss-Perry Aggression Questionnaire (BPAQ),[2] Rosenberg Self-Esteem Scale (RSES),[3] University of Rhode Island Change Assessment

[1] Focal sites were determined in consultation with PM&C and were chosen according to their data collection capacity and the range of program types offered.

[2] BPAQ assesses the degree to which four dimensions of aggression—physical aggression, verbal aggression, anger and hostility—are "characteristic" of each respondent. Participants score items such as "I have threatened people I know" along a series of options ranging from "extremely uncharacteristic" to "extremely characteristic". For more information, including scoring, see PsyToolkit, 2020. For more information on psychometric characteristics, see Cunha and Abrunhosa Gonçalves, 2013.

[3] RSES is a ten-item self-report scale that assesses global perceptions of self-worth. Respondents rate a series of statements such as "I am satisfied with myself" on a Likert scale ranging from "Strongly Agree" to "Strongly Disagree". For further reading on the construction of the scale, see Rosenberg, 2015. For information on psychometric characteristics, see Johnson et al., 2006.

Table 4.1
Scale Means for Buss-Perry Aggression Questionnaire (with Subscales), Rosenberg Self-Esteem Scale and University of Rhode Island Change Assessment Scale (with Subscales)

Scale	*N*	Mean (SD)
BPAQ	16	40.81 (8.15)
Physical	16	11.06 (2.52)
Verbal	16	8.94 (2.95)
Anger	16	10.00 (3.16)
Hostility	17	10.18 (3.52)
RSES	20	15.38 (7.09)
URICA (RTC)	20	10.53 (1.23)
Precontemplation	20	2.03 (0.56)
Contemplation	20	4.45 (0.39)
Action	20	4.26 (0.37)
Maintenance	20	3.84 (0.50)

Scale (URICA; Habits Lab at UBMC, n.d.)[4] and the RTS-Q. The research team calculated the overall scale and subscale means and standard deviations (SD; see Table 4.1).

2. Differences in Men Who Completed the Intervention

We reasoned that men who completed the intervention (versus those who dropped out before completion) at this 3AP site would have lower aggression, higher self-esteem and higher RTC. We explored this by comparing scores on the BPAQ, RSES and URICA for men who completed versus men who did not complete the intervention (see Table 4.2). All scale scores were obtained from baseline data as very few men completed follow-up interviews. Men who completed the intervention reported lower levels of aggression and showed higher RTC. However, they also reported lower self-esteem.

It is important to note that sample sizes are very small. Thus, these data are provided for illustration purposes only; we did not calculate inferential statistics due to sample size and other limitations of the data. A larger data set would of course allow for a formal statistical analysis.

3. Rekindling the Spirit Questionnaire: Overall Patterns

Using their own experiences and knowledge of the Aboriginal and Torres Strait Islander culture, as well as local factors contributing to men's violence, RTS developed a custom scale for assessment for its 3AP men's behavioural change program, as noted above. Much of RTS-Q involved a series of Yes/No questions to assess family history of violence, personal recognition of violence as a problem, attributions for the causes of violence, willingness to change and spirituality.

Overall response rates and distributions of responses (mostly skewed to either "Yes" or "No") make it not possible to compare responses on this scale with the other standardised

[4] URICA assesses the degree to which participants in intervention programs have recognised that they have a problem and are ready to take action to make personal changes in behaviour. Respondents score a series of statements such as "I am really working hard to change" on a Likert scale ranging from "Strongly Disagree" to "Strongly Agree". For more information, including scoring, see "Habits Lab at UBMC", n.d. For information on a version of this scale specifically for family violence, see Eckhardt and Utschig, 2007, and Levesque, Gelles and Velicer, 2000.

Table 4.2
Third Action Plan Male Client Differences: Completed versus Did Not Complete Intervention

Scale	*N* Completed Intervention	*N* Did Not Complete Intervention	Mean (SD) Completed	Mean (SD) Did Not Complete
BPAQ	4	3	35.75 (2.87)	46.67 (11.59)
RSES	5	4	14.5 (7.7)	19.0 (8.7)
URICA (RTC)	5	4	11.32 (1.61)	10.22 (1.88)

SOURCE: Data from RTS analysed by RAND.

Table 4.3
Rekindling the Spirit Questionnaire Patterns

Question	*N*	% Reporting "Yes"
Is there a history of violence in your family?	17	76
When you are violent or aggressive, do you see that as a problem?	16	81
When you are violent or aggressive, do you feel powerful?	17	24
When you are violent or aggressive, do you feel in control?	17	29
When you are violent or aggressive, do you feel respected?	15	33
Do you see that (feeling powerful/control/respect) as a problem?	6	57
When you are violent or aggressive, do you feel guilt?	15	100
When you are violent or aggressive, do you feel regret?	16	100
When you are violent or aggressive, do you feel shame?	16	81
Do you see feeling guilt/regret/shame as a problem?	14	71
Does alcohol or other drugs make your violence or aggressive behaviour worse?	16	75
When you are violent or aggressive is it usually because someone pushed you too far?	16	75
Is violence or aggression the best way to get your point across?	16	6
Do you think you can change your behaviour?	16	88
Do you want to change your violent aggressive behaviour?	16	94
Do you need other people to change their behaviour before you change yours?	16	6
Do you think your behaviour could be because you are scared of losing someone?	12	67
Do you think you are worthy of a healthy relationship?	17	76
Do you believe in a god or spiritual ancestors?	17	100
Do you ever ask your ancestors or God for guidance?	17	88

SOURCE: Data from RTS analysed by RAND.

scales at this point in time. However, perusing the pattern of responses is still informative; overall, men enrolled in the program showed a high recognition of violence as a problem, a high willingness to change, and high levels of spirituality (see Table 4.3).

The RTS-Q also collected some categorical and open-ended information. For example, men were asked why they might want to make changes in their aggressive or violent behaviour. Ten out of 16 men replied it would be for themselves, five out of ten said it

would be for both themselves and others, and one respondent said it would be for the benefit of others. Men were also asked what they valued most in life: 16 out of 17 respondents indicated that their children, partner and other family or community members were what they placed the highest value on in life. Overall, these patterns indicate a strong social identity and family/community rootedness in this sample.

Due to the need for more community-grounded instruments for measuring social, psychological and cultural dynamics connected with family violence in Aboriginal and Torres Strait Islander communities (Memmott, 2010), this is an important development in the field. We encourage both RTS and other 3AP sites as well as other researchers to continue collecting data using these or other customised, community-grounded scales. Additional data collection will also allow the scientific community to test the reliability and validity of such scales.[5]

Client Case Vignettes

Two additional sites provided de-identified client case vignettes with narrative data on clients and their families, including basic demographic data; which types of therapies were provided; and challenges, successes and ongoing risks for clients. This type of data can provide useful descriptive information about a program's client base.

For example, we coded successful program outcomes and ongoing risks for the six client vignettes provided by one site. That allowed us to show that the most frequently mentioned positive client outcome was increased rapport, disclosure and service engagement—mentioned in five out of six cases. Four out of six cases also mentioned decreased violence or increased family safety, and these same four vignettes described increases in school attendance for children in the family. Less frequently mentioned were improvements in the client's housing situation (two out of six cases) and reunification with family members (also two out of six cases). Finally, one case mentioned improvement in the client's employment situation, and another mentioned improvement in parenting quality.

The coding of ongoing client risks in this site's data revealed that the most frequently mentioned risks were disengagement with services; relapse or continuation of substance use; and relapse, continuation or increase in violent behaviour. Four out of six vignettes mentioned these risks. Meanwhile, three vignettes mentioned family disruption or separation as a possible future risk, and two vignettes also described ongoing mental health challenges or relapse as a possible risk. Finally, one vignette indicated that ongoing legal challenges posed a risk to client progress, and another indicated that the client might re-establish their abusive relationship in the future.

We tabulated demographic and other information from the other site's client vignettes, as this site provided us with 15 different vignettes. This allowed us to provide descriptive statistics on a sample of their client base. For example, the average age of clients treated was 27, and clients ranged from 18 to 43 years of age. Meanwhile, eight out of 15 clients treated were women, and the average client had three children (the number of children ranged from zero to 7). Also, clients who were in relationships (either at the time

[5] As part of the evaluation process, VACCA staff originally used the Growth Empowerment Measurement (GEM), a psychometrically validated tool that was developed by Aboriginal community in Cape York. While they noted that the GEM has many strengths and that they were able to adapt this tool to the VACCA context, staff also explained that the recent COVID-19–related lockdowns challenged them to think about new ways of assessing progress. In particular, the GEM is best suited for face-to-face assessment. Furthermore, staff explained how VACCA is developing more knowledge and confidence with respect to the uniqueness of its own approach, and that it is currently engaging in a process to develop a customised scale to measure progress along the healing pathway among Aboriginal families.

of reporting or in the past) had been in them for an average of six years (ranging from three to 14 years). At the time of assessment, four out of 15 clients were still in a relationship, while two clients had a partner who was incarcerated; the remainder had broken off their relationship.

Conclusion and Future Directions

We were able to make very limited conclusions from the data provided by sites. The most promising data came from RTS, the site that collected structured scales and piloted a new Aboriginal and Torres Strait Islander tailored assessment scale. We recommend that future assessments track clients in databases that include demographic information and can provide de-identified data with multiple points of collection, including structured scales. We also recommend that sites continue to develop and test their own items and scales to measure patterns and drivers of family violence tailored to the Aboriginal and Torres Strait Islander population as well as patterns and drivers of family violence in their regions.

CHAPTER FIVE

Conclusion

PM&C asked RAND to conduct an impartial, third-party observation for documentation of 3AP programs. The research team's physical and cultural distance from the local context of the sites functioned as both an advantage for objectivity and a challenge in terms of fully understanding local dynamics.

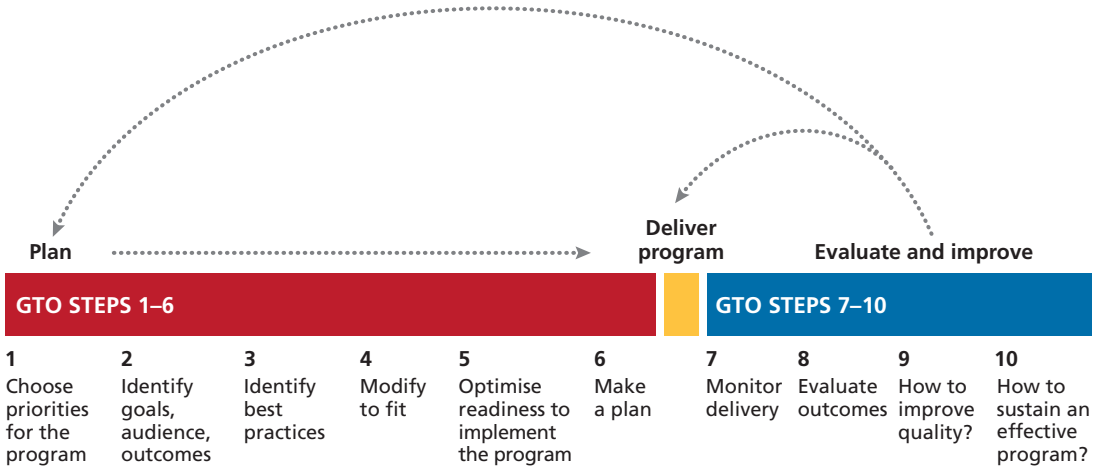
The research team took on the evaluation of the 3AP programs believing that a RCT was a possibility based on information provided by PM&C. As the project began, however, it became clear that an RCT would not be possible. Instead, we developed plans for a process and outcome evaluation using a quasi-experimental design. In early 2018, we produced (and PM&C approved) an evaluation design and plan. That plan outlined the data collection methods we would use: monthly manager surveys, fortnightly staff surveys, twice-a-year interviews with program leadership and staff, in-person interviews during site visits, and analysis of client data collected by the programs.

Two major barriers prevented us from fully completing this plan: (1) Time taken to secure ethics approval; and (2) a lack of quantitative data to be able to conduct quantitative analyses. We were able to conduct some management and program staff surveys, although not for the length of time we had planned. 3AP sites also graciously offered their time for numerous interactions over the phone, over email and in-person. We also collected data available from sites, which was scant, but provided additional insights into evaluation approaches.

Because we were unable to collect the array of data that was initially planned and thus unable to conduct rigorous analyses of potential program outcomes, this report has significant limitations. We are not able to draw any conclusions as to the actual effectiveness of any of the 3AP programs, and we were not able to systematically evaluate the implementation process across the sites. Thus, the recommendations we identify are based on limited information. In addition, the findings are based on qualitative data collected from a subset of stakeholders involved in 3AP—program directors and staff—which may introduce bias to our conclusions. While providing a wealth of information on the 3AP efforts they undertook, program representatives were not able to fully and objectively represent the opinions of the communities they serve. We acknowledge that not providing a strong community voice in our evaluation is a shortcoming, and future work on 3AP would be improved by incorporating those perspectives. While our recommendations are based on limited information, it is nonetheless a rich body of information that can provide insight to improve NIAA's understanding of how to approach similar implementing similar programs in the future.

Despite these challenges, our work provides insights into implementation of family violence programs among Aboriginal and Torres Strait Islander communities, which we share here. The findings and recommendations focus both on ways to improve the implementation process and strategies for building evaluations into implementation of similar programs in the future.

Figure 5.1
The Getting to Outcomes Model



SOURCE: Adapted from Chinman, Imm and Wanderman, 2004.

Given that we had to alter our assessment approach, we retroactively sought out best practices for program development and evaluation to help organise our recommendations. Evaluation professionals have put forth a variety of such guidelines, and we used a well-known model developed by RAND researchers called Getting to Outcomes (GTO) (Chinman, Imm and Wandersman, 2004). The GTO approach identifies ten steps to guide development, evaluation and continuous improvement of prevention programs (see Figure 5.1). Steps 1–6 focus on planning and implementing a program, Steps 7–8 lay out how to evaluate programs once they are operating, and Steps 9–10 discuss continuously improving the quality of programs and sustaining them.

Within these steps are such activities as assessing community needs for programming; developing a logic model (including the goals, activities and outcomes of the program); determining community "fit" so that any new program complements without duplicating existing efforts; identifying the organisational capacity needed to implement a program; and creating an implementation plan for the program, including how clients will be recruited and staff trained. A key point made by the GTO authors, which is threaded through many of these steps, pertains to planning culturally appropriate programs, with such considerations as whether staff represent the community to be served and whether materials are culturally appropriate. Another key point is that "a well-planned process evaluation is developed prior to beginning a program and continues throughout the duration of the program" (Chinman, Imm and Wandersman, 2004, p. 93). The recommendations drawn from our evaluation of the 3AP effort start at the very beginning of the process—when an agency decides to put funding towards a specific social need, like family violence in Aboriginal and Torres Strait Islander communities.

Recommendations

The recommendations below are drawn from our documentation of how 3AP program development proceeded and how it worked well already or could have been improved by more closely adhering to GTO concepts, and lessons observed regarding designing and developing programs for Aboriginal and Torres Strait Islander communities. Recom-

mendations are divided into three categories: (1) lessons learned for program funders and administrators, (2) lessons learned for program success and (3) lessons learned for future evaluations. Recommendations are ordered roughly in order of fit with GTO steps (see Figure 5.1), with recommendations that are more general (i.e., fit across a large number of GTO steps) first, followed by those that fit with earlier GTO steps (i.e., making a plan and delivering the program) and finally those that fit with later GTO steps (i.e., evaluating and improving the program).

Lessons Learned for Program Funders and Administrators

1. **Select a technical assistance provider and evaluator before or at the same time as sites are selected for funding.**

   Our first recommendation stems from Chinman, Imm and Wandersman's (2004) suggestions. Bringing on research and practitioner expertise would allow sites to receive assistance and communicate with both teams from the outset; sites would understand the roles of both teams; early participation of researchers would communicate to sites the importance of the evaluation; and both teams can better plan for their activities, especially in the first several months. If selected early, a technical assistance team can work through the first steps of the program development process (e.g., GTO) with each site. At the same time, the evaluator can observe the program development process as part of the implementation evaluation, gather relevant information about each site that can be incorporated into the evaluation plan, and work with the technical assistance provider to help sites develop systems that would support future evaluation efforts.

   While it would have been beneficial for PM&C to follow a more systematic program design process, they did several things right at the outset of the effort. The timeline in Figure 1.4 highlights the order of operations for the beginning of 3AP implementation, with the technical assistance provider, Inside Policy, hired around the same time as sites were selected. Inside Policy engaged with sites early in the process and held three co-design workshops, called Design Shops, that all sites attended. During these workshops, Inside Policy provided sites with assistance on program design, logic model development and program implementation. In addition to helping sites with implementation, these elements were very valuable for an independent, third-party evaluation. After the third Design Shop, Inside Policy staff remained engaged with sites for several months, helping them to continue the program design process and finalise logic models. Although their activities were not a part of the evaluation, we observed that Inside Policy developed a close rapport with most sites, as reported in the 2019–2020 interviews. Program staff reported that the assistance of Inside Policy was valuable, and they were appreciative of their responsiveness when help was needed.

   PM&C's commitment of funding to the evaluation was also a good step forward. RAND was selected as evaluator after sites and the technical assistance provider had been selected and had participated in the first Design Shop. The research team participated in the second and third Design Shops and during those events was given ample opportunity to describe the evaluation and speak with sites about data requirements. This was very useful for the evaluation team and further demonstrated to sites PM&C's commitment to having the 3AP programs evaluated. Overall, we found that 3AP sites were generally very supportive of the evaluation, and most expressed eagerness to be included in an evaluation. However, the evaluation team would have benefited from understanding sites' starting points more fully and

being able to build that knowledge into the evaluation plan. Starting at the same time as sites and Inside Policy would have helped in that regard.

2. **Engage partners to be part of a supportive framework for sites from the outset.**

This is a general finding that extends to connecting 3AP sites with each other on a regular basis throughout project planning, execution and evaluation, and making sure that all hands (including technical assistance) are on deck to assist programs consistently. Large implementation programs like 3AP necessarily involve many different agencies and entities, some of which could have been formally brought into the process to support implementation and evaluation. PM&C could have proactively smoothed the implementation process by engaging relevant agencies and other partners earlier in the process.

Sites reported varied experiences with PM&C regional staff and other government agencies operating in communities they intended to serve and may have benefited from having a clearer connection to regional agencies or offices earlier in the process. We observed through interviews and site visits that assistance provided by PM&C's regional offices was inconsistent across regions. Had PM&C provided the regional offices with more communication on 3AP and the national office's expectations for regional assistance to sites at the outset, the regional offices may have been a more reliable and consistent source of assistance for sites.

One of the ways that Inside Policy tried to support sites was to encourage program leaders to share lessons and information with each other through a variety of online sessions. These efforts, however, received mediocre reviews from interviewees, many of whom were eager for more interaction with their peers. More structured peer engagement and partnerships for those sites who are interested would provide an additional form of support to sites, especially those implementing new programs. Soliciting feedback from sites on what topics and methods of peer engagement would be of interest to them would help encourage more participation in such efforts.

In addition, engaging AIATSIS in open communication to help both PM&C and the research team better understand AIATSIS requirements before submission would have created a more straightforward path to approval for the research. Once the requirements for approval were made clear, PM&C supported the research team in making changes to the research design as necessary. These changes could have come earlier in the process, however, if lines of communication had existed prior to the 3AP evaluation starting.

3. **Consider and plan around site readiness for implementation.**

We observed that sites had various states of existing infrastructure and local capacity. Program planning should consider and adapt around this variability in local system readiness. Designing appropriate and effective family violence programs is challenging, and sites needed intensive orientations to all aspects of the process. Below are several areas where additional support may have increased success.

Program design. As noted above, all 3AP sites selected for funding planned to develop a new program or program elements to complement existing services. We observed that some sites initially thought their program would be implemented in one way before attending the Design Shops and then completely redesigning their approach. Our observation, then, is that this process was not sufficient to prepare sites for implementation.

Continuing support. The Design Shops and the assistance from Inside Policy were invaluable to sites for program design. However, our observations suggest that the supports did not go far enough to get all sites ready for implementation. For example, the Inside Policy support was originally scheduled to end shortly after the third Design Shop took place. While the contract was extended by several months to offer further support to sites, the original plan suggests that PM&C had expectations that the program design process should have required a shorter timeline and sites should have proceeded towards full implementation more quickly. Funders should plan to assist sites throughout the entire implementation period, not solely during the initial program design period.

Community fit and needs assessments. Support—financial and otherwise—was needed to assist sites in assessing their program's fit for the community or for starting with a needs assessment before programs are even discussed, as suggested by the GTO process. For example, one site discovered that a community they planned to serve was already being served by several other similar programs and therefore had to relocate services. Others experienced challenges with finding appropriate facilities and gaining acceptance and legitimacy in the community. These challenges may have been avoided or minimised had sites been supported to fully assess community needs, assess their program's fit for the community, and create a plan for implementation. Investment in these details early on would create sites that have a higher potential for success in implementing the programs that have been designed.

Program staffing. Several sites also struggled to attract, train and retain staff and to have culturally knowledgeable staff on board. Planning for how to staff programs is an important best practice recommended by GTO and which sites certainly needed additional support in. Had they understood this central challenge for sites, PM&C's development in this area might also have included investments to build a cadre of Aboriginal and Torres Strait Islander staff to be involved in program implementation.

Scoping site readiness. Some sites opined that PM&C did not do enough to help them, but they also conceded that they were not sure what PM&C could have really done to help them. These comments from program staff point to a lack of readiness to implement a program on the part of sites, something for which both sites and PM&C could have taken responsibility and implemented actions to address. Funders might even consider selecting sites for funding based not on their proposed programming but on their capacity and willingness to work through a robust needs assessment and design and implementation process. While more resource-intense at the front end, this approach may result in increased program longevity and success.

4. **Create a plan for coordinated and transparent communication with funded sites throughout the implementation period.**

Transparent communication helps to create the supportive framework for sites to engage in the program development process with the reassurance that help is available when needed. The 3AP sites would have benefited from more consistent and better-coordinated communication from the PM&C national office and regional offices that clearly articulated roles and responsibilities for each party involved.

Interviews conducted with sites in 2019–2020 revealed mixed opinions about the quality and frequency of communication with the PM&C national office and equally mixed reports about interactions with PM&C regional offices and their capacity to provide program support to 3AP sites. Some sites felt that their only chance to communicate with PM&C was via the semi-annual written reports they

submitted. Others felt that PM&C irregularly communicated with them, and usually only when concerning items arose, and wished for more proactive support. Still others felt that PM&C's hands-off approach was appropriate for them.

Clarifying roles for staff in the regional and national offices and for the sites would have given program leaders a greater capacity to seek help when needed from the appropriate office. In addition, planning on regular communication—not just periodic written reports required by the funding contract—would allow sites a regular opportunity to seek help or advice and give PM&C early warnings if issues were emerging in a site. This would likely require a much more hands-on role for the regional offices and closer communication and coordination between the regional and national office staff.

5. **Allow for decentralised management and local decisionmaking, while standardising measures when possible.**

Several 3AP sites described the intense local challenges and dynamics they experienced when combating family violence, ranging from cultural to institutional.[1] Sites felt that the demands imposed by PM&C were not concordant with or respondent to this local variability. Some PM&C regional offices were very engaged with 3AP sites in their region while others were hands-off, and some sites even reported conflicting advice coming from regional and national offices.

Subsequent implementation of family violence programs should assess the degree to which sites face both common and unique local challenges and build this into both program design and plans for assessment. To some degree, better coordination with regional PM&C offices (and between regional and national staff) could help to address this. However, local variability in drivers of family violence, cultural dynamics and other ecological challenges (including local institutions) should also be incorporated formally into intervention planning and assessment. This would allow similar measures to be collected across sites (with some allowance for unique local measures) and for these data to be interpreted properly in context. Depending on the degree of local variability, such an assessment plan may require an iterative mixed methods approach (Palinkas, 2014).[2]

6. **Provide more technical assistance and support for data collection.**

Consistently working with sites to understand the importance of collecting data for an evaluation, building their capacity to collect the data, and providing access to software that might be used to collect and store these data are essential for enabling a rigorous evaluation. Family violence programs involved in 3AP treating geographically isolated, socially marginalised clients confront many challenges to data collection, including ethical and cultural sensitivity around collecting and reporting on client data; how and when to do intake or risk assessments; choosing risk assessments that are appropriate for use with the client population; tracking multiple individuals from the same family both separately and as a connected set; whether and what type of data to collect on children; and how to collect hard-to-record data, like whether a client is sober at program meetings. Consistently working with sites to understand the importance of collecting data

---

1 Other studies have noted such regional variability; see, for example, Memmott, 2010.

2 Muir and Dean, 2017, specifically endorse mixed-methods approaches for the assessment of Australian Indigenous programs.

for an evaluation, building their capacity to collect the data, and providing access to appropriate software for data entry and tracking are essential for enabling a rigorous evaluation.

Only four 3AP sites mentioned challenges with data collection. When viewed in context of the dearth of data that we were able to obtain from sites, this lack of perceived challenges reflects the fact that 3AP sites did not understand what kind of data they should be collecting or were not doing enough structured data collection to support an outcome evaluation, and thus they had not discovered the challenges associated with collecting rigorous enough data for this purpose.

Several challenges prevented 3AP programs from collecting these data. First, we began our evaluation after Inside Policy had conducted one program development Design Shop. At the third Design Shop, we were asked to present a basic list of data items that organisations should be collecting from each client served.[3] These discussions (and preparation for data collection) should have started much earlier in the process. Further exacerbating this challenge was the time taken to secure ethics approval and the subsequent pause in interacting with 3AP sites, as discussed earlier in this report. Finally, technical assistance from Inside Policy—which might have been used to help build sites' capacity for structured data collection—was terminated before the evaluation was completed.

7. **Support efforts to develop assessment tools that are appropriate for Aboriginal and Torres Strait Islander individuals.**

The lack of culturally appropriate assessment tools prevents the systematic collection of data on individuals that can be used to document program impacts. For example, research on Aboriginal patients' communication with providers around healthcare has uncovered significant miscommunication in both directions (Cass et al., 2002). This often stems from providers' unfamiliarity with Aboriginal and Torres Strait Islander cultural practices, including their discomfort with the question-and-answer approach to gathering personal information and "cultural restrictions on who may ask for, or give, specific information" (Cass et al., 2002, p. 468). The research highlights the differences between collecting data from Aboriginal and Torres Strait Islander clients and non-Aboriginal clients.

Indeed, some sites described a data collection process (likely true with all 3AP programs) with Aboriginal and Torres Strait Islander clients that are very different from that used with non-Aboriginal clients: Rapport needs to be established and scepticism overcome before data can be collected about an individual. Most sites shared that the traditional intake and assessment forms that are used in non-Aboriginal services are not appropriate for their clients. Several sites described intake and assessment processes that took place over the course of several weeks, during which time conversations with a client would reveal the needed information. Tools to accommodate this style of information gathering would be immensely helpful to service providers and may help reduce community scepticism of the data.

One 3AP site began development of a culturally appropriate tool as part of their practice—the RTS-Q discussed in Chapter Three. These efforts are essential to better measure the work of 3AP and similar programs. However, while commendable, leaving the task to individual programs further burdens the work

[3] See Appendix D for these requirements. After asking sites to collect these data, we were asked by AIATSIS to pause research while the ethics approval process was underway.

of providers. Moreover, this approach would lead to disparate tools that are hard to compare and validate. Support for an inclusive, coordinated effort would benefit more community service providers.

Any tools implemented should also accommodate the various Aboriginal-centred approaches to treatment that may be used, such as efforts to create connections to cultural traditions or communities in order to foster a sense of self among clients, including narrative storytelling. These services and similar approaches are hard to measure in the typical Western approach to measurement (Muir and Dean, 2017),[4] which means a serious effort is needed to address this gap in the field.

Several sites use the GEM, which was designed specifically to collect data in Australian contexts from Aboriginal or Indigenous populations (Haswell et al., 2010). Although some sites expressed that it is better than most instruments, it could be improved in many ways. One approach may be to hire an evaluator to spend time early on developing a tool or adapting the GEM with input from sites and other key representatives from Aboriginal and Torres Strait Islander communities that can then be used during program implementation and any subsequent evaluation. Site involvement from the outset would create a sense of ownership of and commitment to using the tool. Development efforts of one or more tools should involve individuals with a blend of research methods and cultural and service expertise. Sites alone should not have the burden of developing such tools.

Lessons Learned for Program Success

8. **Plan for sustained investment in culturally appropriate efforts to address family violence, with significant success requiring a long timeline.**

Addressing family violence requires significant behavioural, cultural and systems change. A relatively common model, "fly-in/fly-out", has been used to bring needed services to rural Aboriginal and Torres Strait Islander communities for decades. The model presents pros and cons, but notably, some of its downsides can leave lasting scepticism in the communities served (Guerin and Guerin, 2009). Further, McCalman et al.'s (2018) recent review of sustainability and scaling of an Aboriginal family well-being program found few sites able to sustain their efforts beyond five years, and that resource availability played a significant role in sustainability. Indigenous organisations that struggled with sustainability generally had "short-duration" grants that "severely restrict the capacity of Aboriginal community-controlled services and others to provide culturally secure services" (McCalman et al., 2018, p. 12). Funders should consider the implications of the funding and service provision models in use and seek ways to build capacity in rural areas and Aboriginal and Torres Strait Islander communities rather than injecting funding on unpredictable schedules.

While the Commonwealth's 12-year National Plan to Reduce Violence Against Women and Their Children is commendable for its bold vision over a long time frame, implementation of the plan is broken into three-year periods, and funding for the 3AP sites was initially provided for only two years. Several 3AP sites did receive follow-on funding to continue their programming. However, it was not clear to the evaluation team how those decisions were made—and it did not appear clear

[4] For an example of the difficulties of applying a traditional Western scale in the Australian indigenous context, see Kotz, Marriott and Reid, 2020.

to the sites either. A two-year funding period with the first year spent conducting program development is very unrealistic for addressing family violence, and expectations for outcomes should be commensurate with the resources invested. Building a culture of sustainable programs with longevity in the community can help rebuild trust in Aboriginal and Torres Strait Islander communities.

9. **A holistic approach to intervention is critical.**

   A holistic approach involves treating the family violence challenge as embedded in extended families and broader social networks within communities. Such an approach yielded positive results in these programs with respect to program interest, engagement, retention and reductions in family violence. Previous research has outlined the extent to which family violence is a complex issue nested in multiple socioecological layers (Reilly and Gravdal, 2012). This issue looms particularly large for family violence in the Aboriginal and Torres Strait Islander population, where family violence is driven by historical cultural disruption and multigenerational trauma (Day et al., 2012). This, coupled with the ways in which formal and informal social networks seem to function in Aboriginal and Torres Strait Islander communities (e.g., the importance of extended family connections), helps explain why a holistic approach to treating the family violence issue is so important and appears to show so much promise.

10. **To help implement a holistic approach, engage local institutions to provide an extended network of services and support.**

    From interviews with 3AP program providers, we learned that many clients from across all sites required significant assistance with various aspects of their lives—not just for the immediate family violence issues. These included employment assistance, housing, legal help, and other social services. Failure to address these concomitant issues hinders the ability to fully address family violence issues. In other words, addressing only the symptoms will not resolve underlying conditions, and family violence will continue. However, one program cannot provide all needed services to its clients. We observed that programs that were able to engage informal and formal institutions in communities—from law enforcement to local clubs—created extended systems of support for program clients, increased the programs' ability to refer clients to other needed assistance, and made positive progress towards their goals.[5]

11. **Storytelling and narrative therapy are critical for success.**

    Storytelling and narrative therapy are important, in part, because these approaches fit well with Aboriginal and Torres Strait Islander cultural practices. Survey and interview responses highlighted these approaches as being in common use among 3AP providers and as practices that clinicians deemed to be more successful with clients. Narrative therapy has proven successful with populations that have undergone exposure to violence (Robjant and Fazel, 2010), partially because it helps to produce explanatory models for patients to understand and process trauma. The combination of clinical and neuroscience evidence (Beaudoin and Zimmerman, 2011) for narrative therapy's efficacy, along with its cultural fit for this population, make it a promising avenue for addressing family violence.

---

[5] Previous work in other contexts has noted the importance of engaging multiple institutions in this sort of wrap-around fashion to effect positive change. For example, see Anderson-Butcher and Ashton, 2004.

12. **Staffing programs with Aboriginal and Torres Strait Islander individuals is critically important.**

    Mentioned above as part of the site readiness recommendation, staffing approaches are relevant to all aspects of program implementation. Employing Aboriginal and Torres Strait Islander individuals helps to establish trust in communities, allows program clients to establish rapport with their counsellor or case manager, and enables programs to produce content that is meaningful to clients and communities. Staffing programs in a way that is sensitive to community culture also helps build program legitimacy. This can attract more clients and help increase the ability of the program to successfully serve the community.[6]

Lessons Learned for Future Evaluations

13. **Grounding in local cultural context—including Aboriginal and Torres Strait Islander governance structures—is critical.**

    Developing and engaging a Cultural Advisory Board early in the process to provide independent oversight of the evaluation and possibly sites or other partner agencies as well, would likely have provided more legitimacy to the overall effort (Evergreen and Cullen, 2010) and might have helped avoid the delay in receiving ethics approval. In future efforts, a Cultural Advisory Board should comprise representatives from various communities, whether or not they are being served by a 3AP program, and preferably individuals with research backgrounds or experience. While we did consult with sites about whether review other than that provided by AIATSIS was needed, and no sites indicated it was needed, we believe identifying local cultural advisory structures in each of the sites would have improved our findings. This effort requires planning time and resources to establish but would increase the likelihood of success of the evaluation.

    Although a Cultural Advisory Board was eventually formed, future efforts would benefit from having a Cultural Advisory Board mandated early in the evaluation process. Moreover, Aboriginal and Torres Strait Islander staff should be included in all phases of the project, such as data collection, data interpretation and reporting. Ensuring that a research team has access to data collectors and other project staff with local cultural knowledge (and ideally from an Aboriginal or Torres Strait Islander background) would help ensure culturally appropriate evaluation materials, approaches and analyses, resulting in more generalisable programming and assessment tools for similar future efforts. This recommendation is based on a limitation of our evaluation approach but is not a new finding; Aboriginal and Torres Strait Islanders have grown more sceptical of researchers as more become interested in their communities. This recommendation acts as a reminder to future researchers about the importance of respecting this advice.

14. **Continue to evaluate both quantitatively and qualitatively using a mixed-methods approach.**

    The social, cultural and institutional dynamics underlying family violence among Aboriginal and Torres Strait Islanders are still being investigated and show

---

[6] A meta-analytic review of racial-ethnic matching between clients and therapists suggests that it matches client preferences and improves client perceptions of therapists, although this does not appear to affect therapeutic outcomes (Cabral and Smith, 2011). Meanwhile, research in the Aboriginal and Torres Strait Islander context has long noted the importance of working within local belief systems (Slattery, 1987), which may be easier when therapists and other staff are Aboriginal or Torres Strait Islander themselves.

considerable regional variation (Day et al., 2012; Memmott, 2010). Thus, subsequent evaluation efforts should not rely only on quantitative evaluation—even after developing Indigenous-specific, culturally tailored measurement scales. In the absence of quantitative data, we found that qualitative data about 3AP sites was immensely informative, and in many cases was more culturally appropriate. Such data are especially helpful in newer programs and less well-studied contexts involving "unknown unknowns". Future work should integrate more quantitative measurement for evaluative rigor while continuing to collect rich qualitative data. Thus, we recommend that future evaluation efforts focus on iterative, mixed-methods, community-based approaches that fold in phases of both qualitative and quantitative tools (Muir and Dean, 2017; Palinkas, 2014).

15. **Emphasise the use of locally developed, culturally grounded measurement approaches.**

    The need for culturally appropriate measurement tools was discussed above under Recommendation 7. That lesson bears on evaluators as well. Such culturally grounded approaches include custom scales developed by and validated in community contexts as well as methods to quantify narrative or descriptive information. Careful structured qualitative analysis of interview data (such as that conducted in this report) is also required to help properly formulate these scales.

16. **Focus on evaluating implementation processes first, then evaluate outcomes if and when appropriate.**

    Program outcomes should be identified in logic models—as was done for all 3AP programs in this research. This is a fundamental part of the program development process and is included in Step 2 of GTO. Identifying the intended goals drives and guides decisionmaking about the program as implementation proceeds. However, funders should understand that developing and implementing a new program takes time (Recommendation 1) and would likely involve changes or tweaks to the program design as implementation proceeds (Chinman, Imm and Wandersman, 2004). During this period, outcome evaluations are not likely to be appropriate. Instead, process evaluations and efforts to manualise the program—or document program activities so that others could implement the same approach—are more appropriate.

    PM&C initially contracted RAND to conduct an RCT evaluation, but after attending the second Design Shop in June 2017, it was clear to us that an RCT would not be feasible (as noted above), as programs had only two years to implement a program and were still in the program design phase. Identifying a realistic evaluation approach based on site readiness is important in setting expectations for all parties—funder, sites and evaluator—and would increase the quality of the evaluation. The desire to demonstrate success using quantitative measures of program outcomes is understandable but proceeding sensibly on a process evaluation while program design is still evolving is a more appropriate approach.

    During program design and early implementation, organisations should be collecting or making plans to collect data on outcomes identified in the logic model, so that when the time is appropriate an outcome evaluation is feasible. Indeed, above recommendations call for early data collection plans and design. An outcome evaluation can be conducted once early program assessment has been completed, expected outcomes have been finalised, and the site is ready for full implementation. Moreover, training sites on self-assessment and continuous quality improvement during

the program design and implementation phases (i.e., building it into the structure of the program) would support long-term sustainability by allowing sites to better plan for the changing needs of the communities they serve.

Many of the 3AP program experiences we observed throughout implementation are not unique. But the lessons learned *are* unique in their application to efforts to serve Aboriginal and Torres Strait Islanders and to address family violence. While in many ways broad and daunting, these recommendations can lay a strong foundation for increasing funders' return on investment and creating long-term change in these communities across Australia.

APPENDIX A

Third Action Plan Program Logic Models

Figure A.1
Birrang Enterprise Development Co. Ltd/Maranguka Justice Reinvestment Project Logic Model

INPUTS	Activities	Outputs	OUTCOMES		
			Short-term	Intermediate	Long-term
Staffing: • Psychologist • Family counsellors • Individual counsellors Processes: • Accreditation Resources: • Existing Maranguka hub including programs and services • Local service mapping data	Service provision: • Receive referrals • Case management • Refer clients to employment, financial, and housing providers • Life skills workshops • Community conflict resolution • Mediation • Advocacy • Children trauma therapy • Family functioning therapy • Recognition of activity for attendance corp, WDO, WFTD Staff training: • Training in DV and trauma Organisational: • Ongoing responsive PD	Units of service: • Number of participants engaged • Number of referrals to external services as needed • Number of exits/ completions • Number of referrals received • Number of case management sessions • Number of individual therapy sessions • Number of family therapy sessions • Number of child TFCBT sessions • Number of life skills workshops • Number of conflict resolution sessions • Number of return clients • Number of staff check-ins with police	Client and client families: • Increased client and family identification of FV and knowledge of its causes and impact • Increased client empowerment and confidence • Increased client knowledge of types of services available and steps to pursue them • Increased client and family engagement in services Community: • Greater awareness and understanding of FV in the community • Community awareness of services and supports available	Client and client families: • Improved client family relationships and cohesion • Decreased substance use • Decreased recidivism rates (FV incidents) among clients • Increased family mental and physical health and well-being • Reduced child protection notification and removal of children into care • Increased school attendance among youth in client families • Improved parenting skills • Increased employment, skills and capacity, and housing stability • Decreased number of times client goes back to partner	Community: • Decreased FV incidents and crime in community • Increased connectedness • Economic inclusion of Aboriginal families Organisational: • Increase in quality partnerships and networks • Become a lead provider

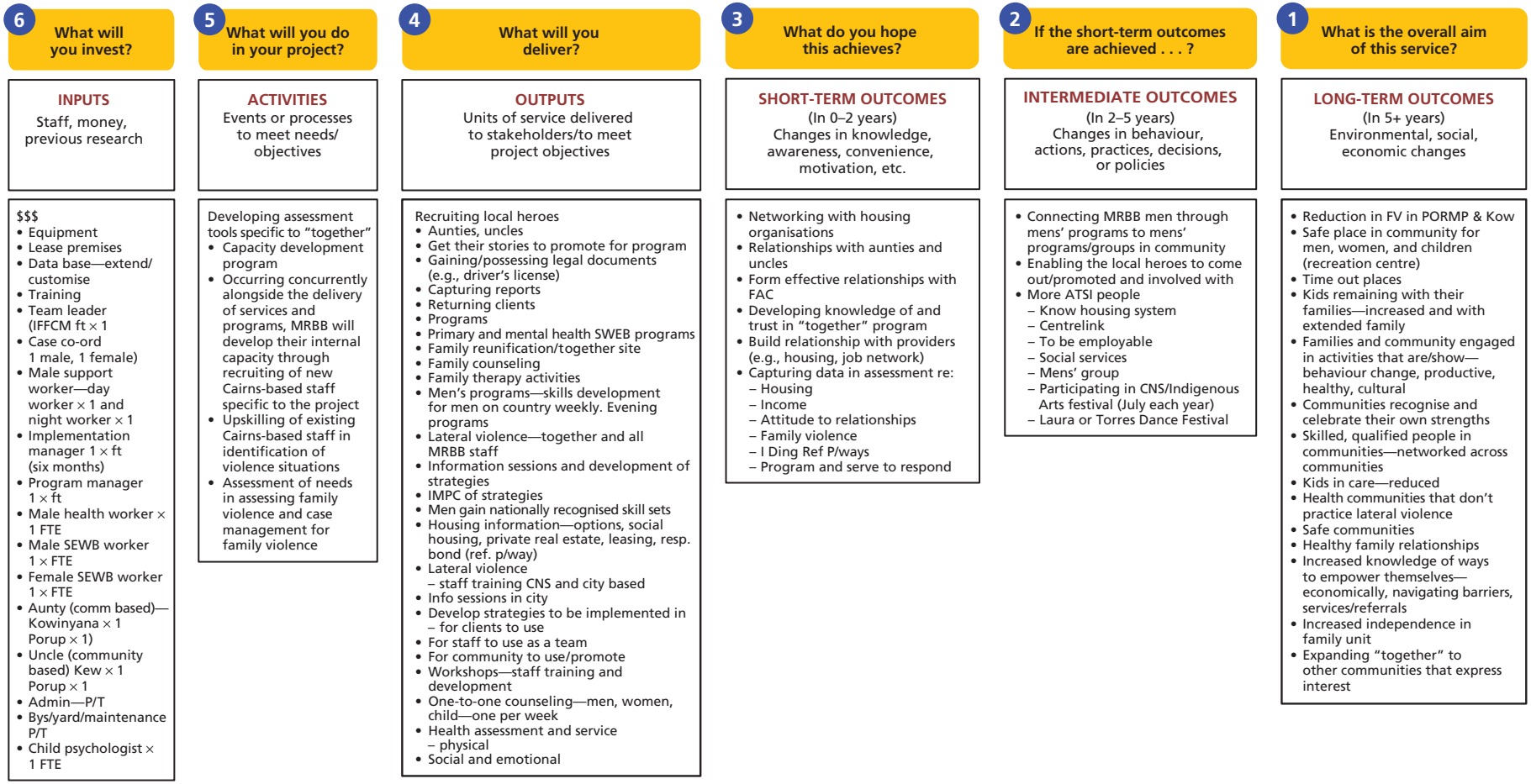
NOTE: This logic model was modified by RAND (as a part of the outcome evaluation) to include additional information gleaned from qualitative interviews with program staff.

Figure A.2
Kornar Winmil Yunti Aboriginal Corporation Logic Model

INPUTS Staff, money, previous research	**Activities** Events or processes to meet needs/objectives	**Outputs** Units of service delivered to stakeholders/to meet project objectives	**OUTCOMES**		
			Short-term (In 0–2 years) Changes in knowledge, awareness, convenience, motivation, etc.	**Medium-term** (In 2–5 years) Changes in behaviour, actions, practices, decisions, or policies	**Long-term** (In 5+ years) Environmental, social, economic changes
Staffing: • 3 men's family violence counsellors • 3 women's family violence counsellors • 1 social worker • 2 children's trauma counsellors • 1 operations manager/ practitioner supervisor • 1 administration officer	Service provision: • Referral process • Intake/assessment • Case plans/risk assessment • Workshops • Counselling • Group work • Educational therapy • Financial counselling • Children – Dance – Music – Art – Narrative – Community events – Cultural camp	Units of service: • Number of referrals received from organisations that serve Aboriginal people • Number of groups per week (target: 2 x per week per age group and gender) • Number of J2R programs (target: 4 x J2R program/ year) • Number of RSG programs (target: 4 x RSG2 program/year) • Number of community agencies that serve Aboriginal people engaged • Number of male self-referrals • Number of family self-referrals	Client and client families: • Increased client and family engagement in services • Increased in cultural understandings • Improved sense of purpose related to schooling, training, employment • Workforce SEWB – Self-awareness – Workload – Cultural supervision – Identifying stressors – Recognising and responding to workforce demands	Client and client families: • Increased school attendance among youth in client families • Reduced child protection notification and removal of children into care • Improved client family relationships and cohesion • Decreased client FV incidents against women and children • Decreased substance and alcohol use • Improved management of emotions – Attitudes/belief – Cultural connections – Identity • Improved choices about lifestyle Community: • Increased shared language and messages in community relating to AFV	Community: • Decreased FV incidents and crime in community • Increased respect for the culture • Cultural championships Organisational: • Changes to practice and policy in child protection

NOTE: This logic model was modified by RAND (as a part of the outcome evaluation) to include additional information gleaned from qualitative interviews with program staff.

Figure A.3
Mookai Rosie Logic Model



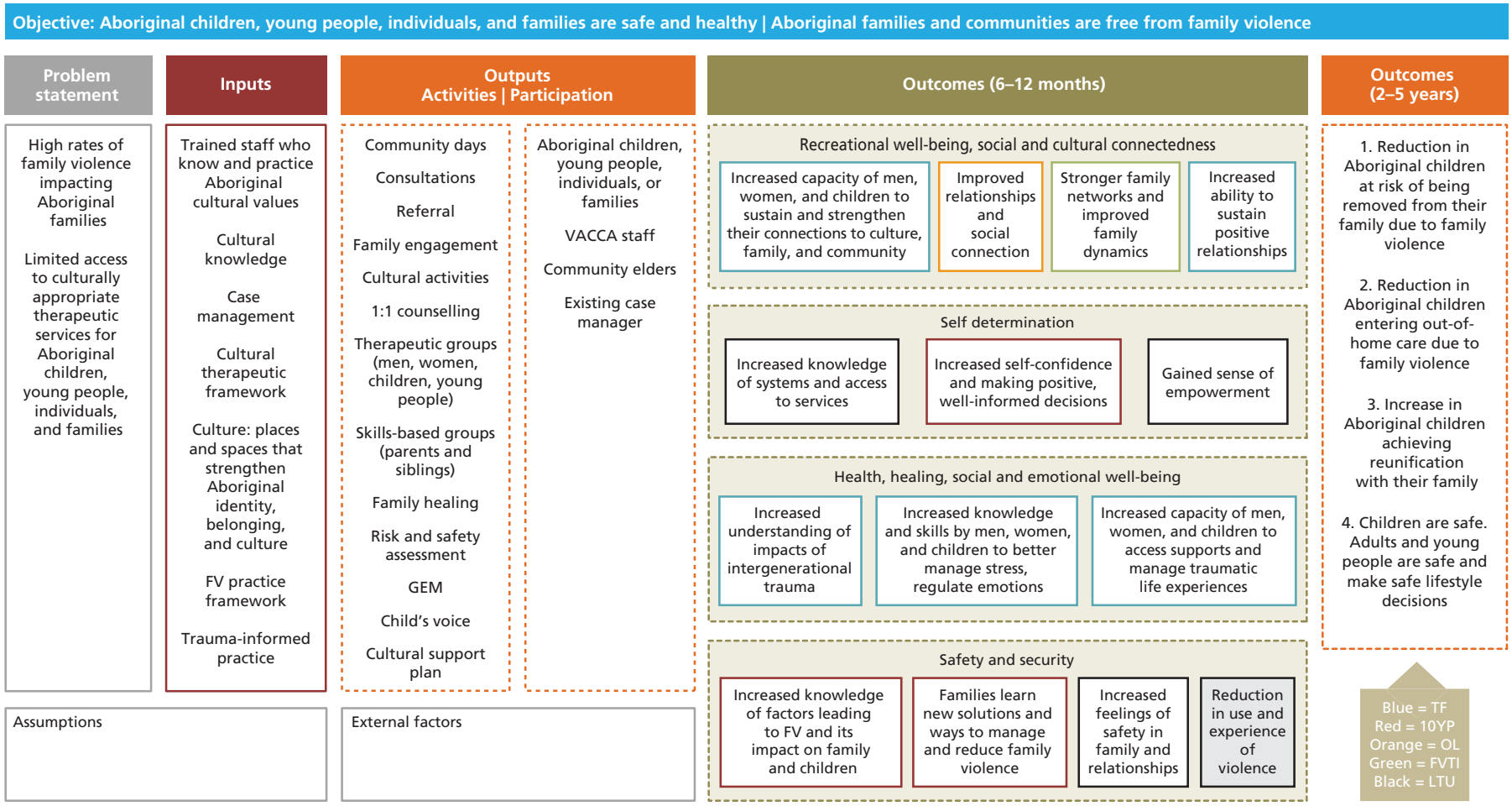
NOTE: This logic model has not been altered by the RAND team.

Figure A.4
Wurli Logic Model

6 What will you invest?	5 What will do in your project?	4 What will you deliver?	3 What do you hope this achieves?	2 If the short-term outcomes are achieved . . . ?	1 What is the overall aim of this service?
INPUTS Staff, money, previous research	**ACTIVITIES** Events or processes to meet needs/ objectives	**OUTPUTS** Units of service delivered to stakeholders/to meet project objectives	**SHORT-TERM OUTCOMES** (In 0–2 years) Changes in knowledge, awareness, convenience, motivation, etc.	**INTERMEDIATE OUTCOMES** (In 2–5 years) Changes in behaviour, actions, practices, decisions, or policies	**LONG-TERM OUTCOMES** (In 5+ years) Environmental, social, economic changes
• Healing spaces • 4 × community engagement support workers • 2 × FV case managers • 2 × FV counselors • Workshop consun • IT • Office space • Vehicles	• Training around trauma transfer • DV included in assessment process • Community staff training program → succession planning • Increase inter-agency meetings • Risk assessment and co-designing family safety plans • Organisation of interpreter services • Improve stakeholder referrals in • Community activities 1/month/community • Engage specialists eq. art/music, etc. therapists • Case managers—referrals, assistance, other governmental departments and services • Clinical/peer supervision • Cultural steering committee	• Increase in self-referrals • Increase in local DV workers with relevant skills • An increase in engagement and participation (potentially staying in service for longer) • An increase in the number of family gatherings and on country healing • 100 percent local employment • Evidence-based practice is implemented organisation wide • Therapeutic rapport with children and families • Increase in family members supporting one another	• An increase in community's awareness of available services and cycles of DV • An increase in individual awareness of DV and services • Minimisation of involvement by TFs • A reduction in behavioural/ emotional symptoms in kids • Increase in children's insight and ability to articulate trauma • Increase in family's insight and ability to articulate trauma • Increase in parents' ability to respond to child's needs • Children and family gain coping strategies and "positive" communication skills	• Increase in community's ability to deal with DV issues • Supportive of client participation by developing strategies and skills to navigate complex crisis situations and conflict resolution • Children achieving development milestones • Community is proactive in reducing the stigma associated with FV • An increase in children's self-confidence and reduction in levels of depression • Strong cultural health principals and practices • Family and cultural stability and connectedness • Child safety increased • Increase in families using "positive" conflict resolution • Increased integration between Wurli and external service → develop practical and integrated responses	• Increase in community's ability to deal with DV issues • Enhancing community ability to address FV • Supportive home environment and community that encourages family unity • Minimising impact of incarceration on family and community while striving to lower incarceration levels • Self-determination • An improvement in family relationships • Improvement in family's mental health and well-being • Validating community-led solutions

NOTE: This logic model has not been altered by the RAND team.

Figure A.5
Victorian Aboriginal Child Care Agency Logic Model



NOTE: This logic model has not been altered by the RAND team.

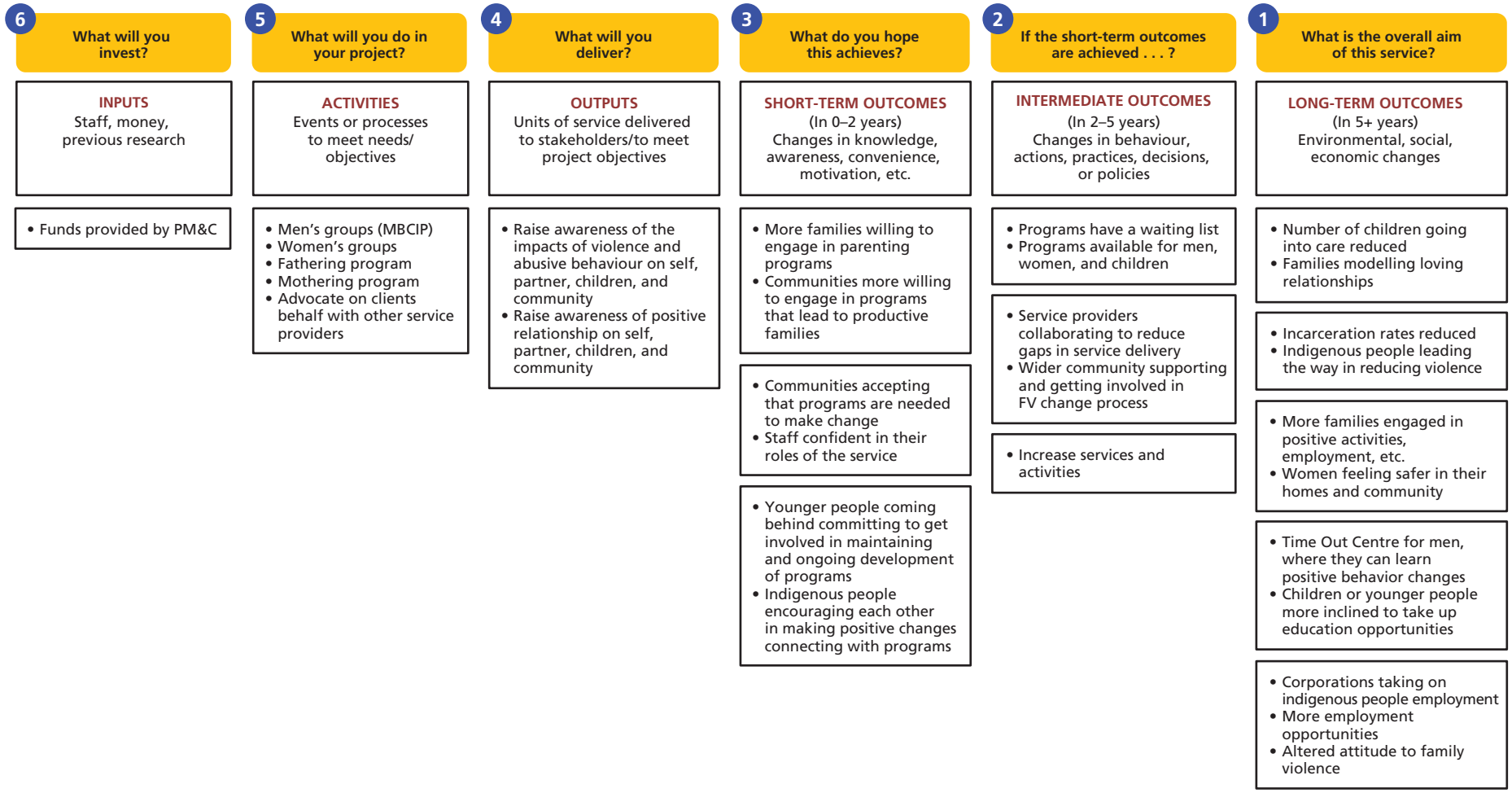
Figure A.6
Men's Outreach Services Logic Model

Activities	Outputs (Deliverables)	Short-Term Outcomes (Knowledge Change)	Intermediate Outcomes (Behaviour Change)	Long-Term Outcomes (Goals)
Participation: • Clients have been assessed and then referred by DOJ, DCPFS, and other relevant stakeholders (stage 1). • Clients have been assessed and approved by CEW systems (stage 2). • A personal safety plan has been developed with the client, plus one with partner and children. **Culture:** • Clients have undergone CEW Cultural Mapping (stage 2), for participation in the workshop (stage 3). • Cultural Reference Group (CRG) has been formed, and members understand role (ToR). **Model:** • The 4-stage Change 'Em Ways model is developed, meets standards, and staff have been trained in delivery. • Suitably qualified staff are engaged, who are enthusiastic about implementing an adaptable pilot program. **Stakeholders & Partners:** • Agreements with relevant stakeholders and partners have been negotiated, and MoU's signed. • CEW is participating in relevant forums such as MACM and BPAFV.	**Participation:** • Referred clients have completed the program (stages 3 & 4). • Partners of clients have undertaken the women's program. **Culture:** • Clients have undertaken the cultural pathways process, and been linked to suitable (Elder) mentor as Champions. • The role of CRG has been explained and is understood by members. • CRG has provided relevant guidance to program and, where required, individual cases. **Model:** • The model is delivered eight times per annum. **Stakeholders & Partners:** • Stakeholders are referring appropriate clients to CEW • Partners are accepting clients referred by CEW. • Comparable delivery organisations and I engage with CEW on support activities.	**Participation:** • Clients and their partners have a solid understanding of the underlying causes and negative impact FV has on their own lives and the lives of their children, along with possibilities and barriers to being able to change their lifestyle. • The client is taking responsibility for his (her) actions and the harm it has caused, and is feeling victim empathy for their partner and children. • Partner is better positioned to support client during transition to positive behaviours. • Clients, and partners, have insight into the destructive impact of AOD, and have expressed desire to reduce consumption. **Culture:** • Clients have increased affiliation with cultural attributes and lore / law, and actively seek guidance from their designated mentor/s. • CRG has deeper insight into the cultural pathways process, and their overall role within CEW. **Model:** • Lessons learned from delivery leads to adaptation and continuous quality improvement. **Stakeholders & Partners:** • Referral partners have beneficial engagement with clients. • Relations between MOS with stakeholders and partners is strengthened. • MOS, stakeholders and partners have increased learning about FV causes and reduction strategies.	Participation: • Clients (and their partners, if relevant) have reduced (or eradicated) incidence of family violence. • AOD consumption by client and partner has reduced. • Client and partner re-establish functional relations to benefit of children. **Culture:** • Clients (partner and children) have greater connection to extended family and community relationships, culture, and country, and are more engaged in societal activities. • The Terms of Reference and membership of CRG is reconstituted based upon lesson learned. **Model:** • Lessons from application of the CEW model, and small research projects within CEW, are being written up and published, as contribution to discussion on improving mechanisms to reduce FV. **Stakeholders & Partners:** • Stakeholders are not having consistently repeat engagements (recidivism) with clients. • Where required, partners are continuing to provide support services to referred clients, and their partners.	• Communities are safer and experience less offending, especially family violence. • CEW has contributed to enriched SEWB[a] in Broome, and throughout the region.

NOTE: This logic model has not been altered by the RAND team.

[a] SEWB is defined as family connection to country, connection to culture, community, health, standard of living, safety, respect, rights and recognition from Yap and Yu (2016) 'Community well-being from the ground up: a Yawuru example, Bankwest Curtin Economics Centre Research Report 3/16 August

Figure A.7
Rekindling to Spirit Logic Model



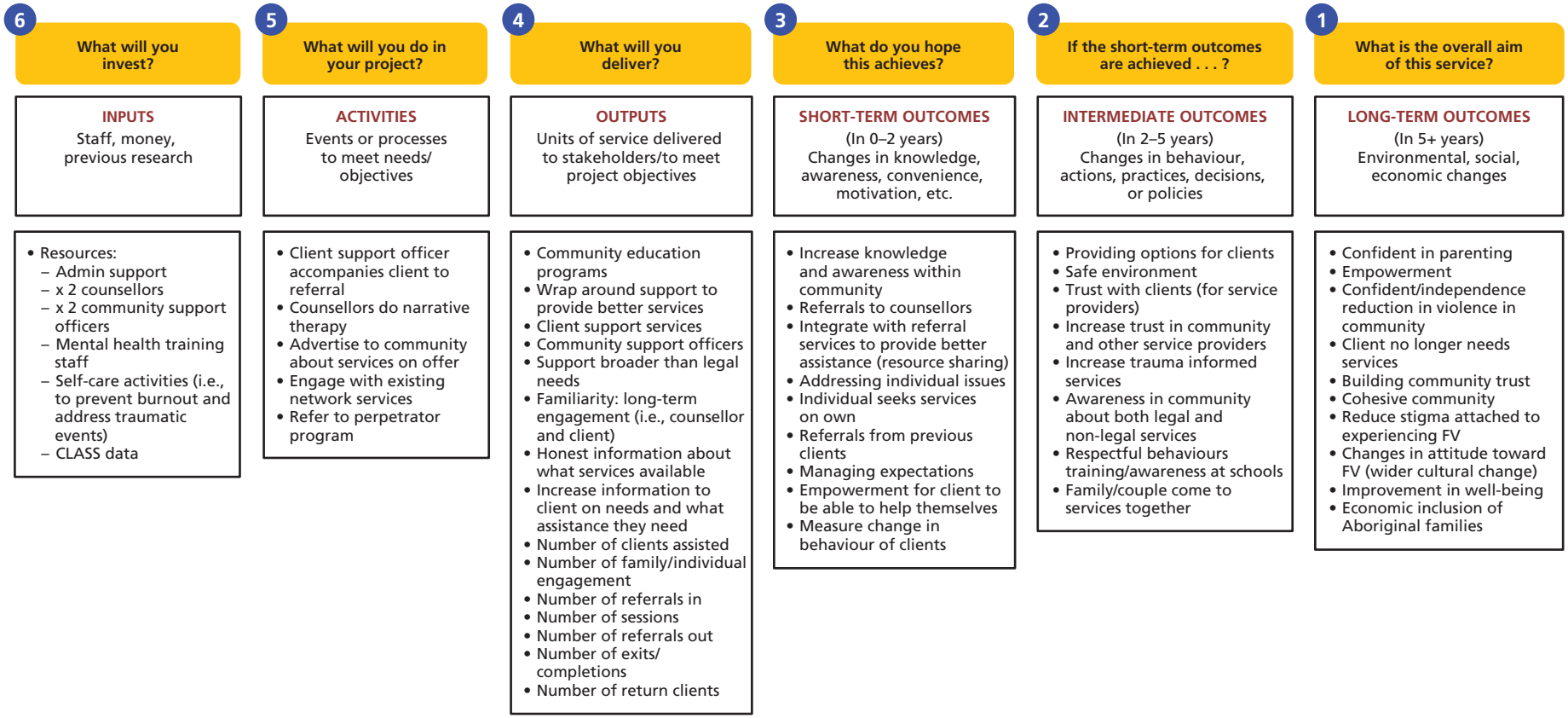
NOTE: This logic model has not been altered by the RAND team.

Figure A.8
Yoowinna Wurnalung Healing Service Logic Model

INPUTS	Activities	Outputs	OUTCOMES		
			Short-term	Medium-term	Long-term
Staffing: • Mediator • M/F course presenters • Interpretation services • Advisory group/board • Community based champions • Staff healing/grounding on country Processes: • Accreditation • Policies and procedures (e.g., for recruitment) • Data input systems and IT • Operational support Resources: • Winnebago for travel • Resource packs • Media equipment	Service provision: • Family meetings • Associated healing programs (Headstone) • Leadership/mentoring programs (Recovery college KEHLP) • Family centres (Mary Minyark—BEAMS) • "Strong Spirit, Strong Mind" program • Healing/trauma based activities • Involvement of elders and healers Staff training: • Staff trained and provided with clinical and cultural supervision	Units of service: • Number of participants • Number of program completions • Number of on-country activities/meetings/sessions • Number of family agreements • Number of self-referrals in/out (external) • Number of group programs • Number of individual sessions/contacts	Clients and client families: • Increased client and family identification of FV and knowledge of its causes and impact • Increased client empowerment and confidence • Increased client thinking in terms of "us" as opposed to "me" • Increased client willingness to disclose substance use	Clients and client families: • Increased client and family mental and physical health and well-being • Decreased substance use • Increased client family safety • Improved client family relationships and cohesion • Decreased recidivism rates (FV incidents) among clients • Increased client participation in community and cultural activities • Increased support of youth in client families • Strength-based KPIs Community: • More family/cultural gatherings • Improved cultural health outcomes • More young (age <40) people working in FV	Clients and client families: • Increased positive family connection to community and culture Community: • Increased feelings of safety among community members • Decreased FV incidents, in-fighting, and crime in community • Increased empowerment of community members • Increased sense of social justice in community Organisational: • Increase of quality partnerships and networks • Co-development of empowering projects of Headstone • Increase in communities interested in implementing program; expansion of services to interested communities • Collective impact

NOTE: This logic model was modified by RAND (as a part of the outcome evaluation) to include additional information gleaned from qualitative interviews with program staff.

Figure A.9
Aboriginal Family Law Services South Queensland Logic Model



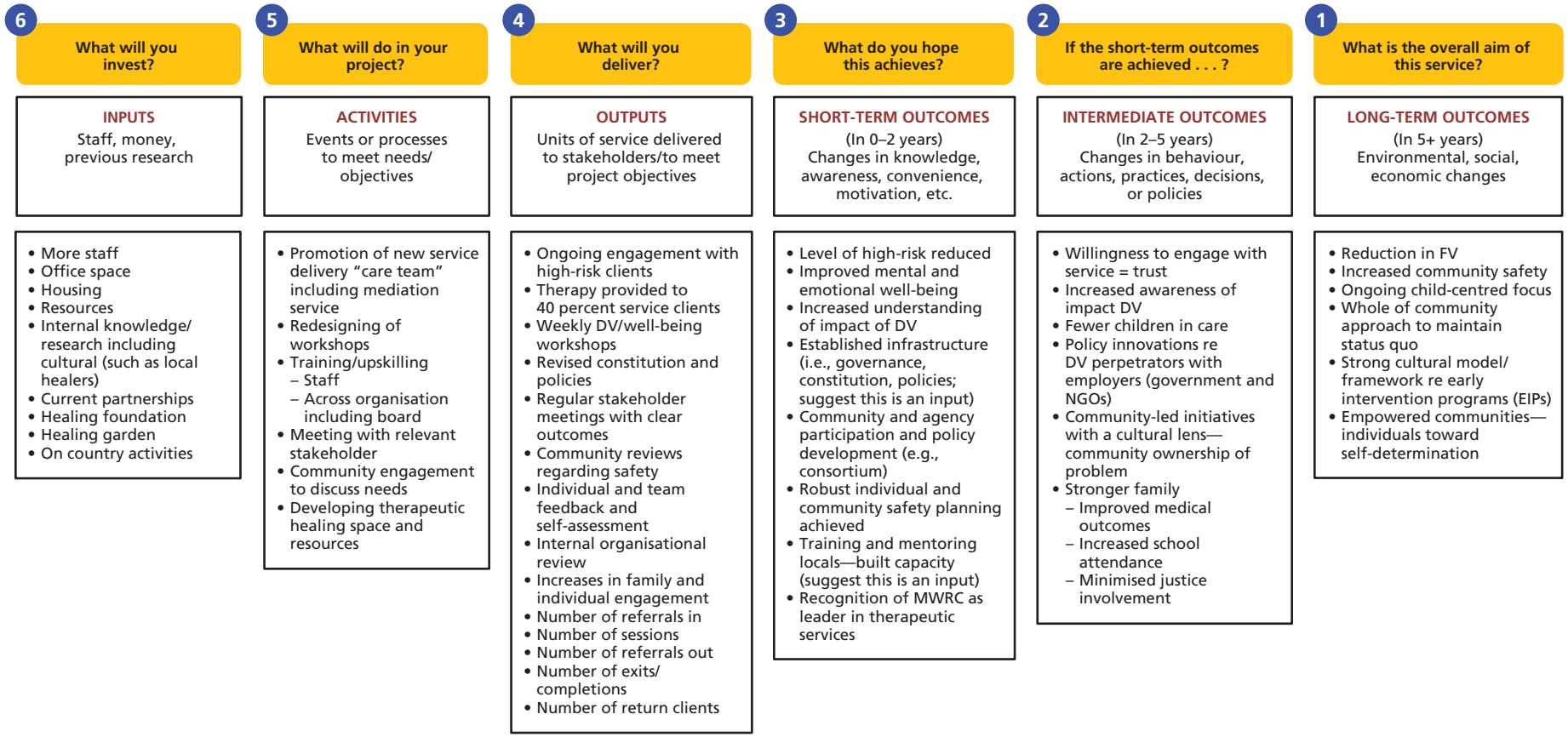
NOTE: This logic model has not been altered by the RAND team.

Figure A.10
Far West Logic Model

INPUTS	Activities	Outputs	OUTCOMES		
			Short-term	Medium-term	Long-term
Staffing: • Solicitors • 2 social workers • Community engagement worker • Administration staff • Manager Processes: • Accreditation • Policies and procedures (e.g., for recruitment) • Create barriers between legal and social services to protect client information • Establish data collection procedures • Finance • Reporting to funders (class or other) Resources: • New marketing materials • New office space	Service provision: • Recruitment • Trauma-informed and culturally safe service • Triaging of clients • Work in community prevention/education for month Staff training: • Education procedures of solicitors as to when social workers are engaged • Training for staff in governance Organisational: • Engage with other services (MoUs as needed, inter-agency meetings) • Refinement of procedures for solicitors	Units of service: • Number of participants (clients for each social worker: 12–15) • Number of referrals to external services as needed • Number of referrals within WWLS • Number of trauma-informed sessions with each client	Clients and client families: • Increased client and family identification of FV and knowledge of its causes and impact • Increased client empowerment and confidence • Increased client knowledge of types of services available and steps to pursue them • Increased client engagement and external services related to family violence • Increased client knowledge of legal rights related to domestic violence Community: • Community awareness of services and supports available Organisational: • Enhanced organisational capacity (e.g., staff, established infrastructure and policies)	Clients and client families: • Improved client mental and physical health and well-being • Decreased substance use • Increased client family safety • Improved client family relationships and cohesion • Decreased client FV incidents • Increased school attendance among youth in client families • Reduction in homelessness Community: • Increased client sharing of knowledge about services for FV with other community members	Community: • Decreased FV incidents and crime in community • Increased empowerment of community members • Better supported community with efficient and adequate number of FV services that are well-funded, including enhanced preventative programs

NOTE: This logic model was modified by RAND (as a part of the outcome evaluation) to include additional information gleaned from qualitative interviews with program staff.

Figure A.11
Marninwarntikurra Women's Resource Centre Logic Model



NOTE: This logic model has not been altered by the RAND team.

Figure A.12
North Australian Aboriginal Family Legal Service Logic Model

INPUTS	Activities	Outputs	OUTCOMES		
			Short-term	Medium-term	Long-term
Staffing: • Capable staff • Promotion • Professional development • Interpreters • Elders and TO and member (advising) Processes: • Accreditation • Policies and procedures (e.g., for recruitment) • Create barriers between legal and social services to protect client information • Establish data collection procedures Resources: • New marketing materials • Renovations for increased office space • Uniforms, equipment (laptops, phones, desks, etc.)	Service provision: • Visiting communities and engaging clients on a fortnightly basis • Internally referring client base • Community education sessions • Wrap around support → Centrelink, housing, etc. • Safe calling spaces • Clients receiving support between visits (constant ongoing support) • Culturally appropriate services Staff training: • Training of staff and governance related to cultural considerations, program evaluation Organisational: • Engagement with community elders and stakeholders. • Data collection • Revision of constitution and policies	Units of service: • Number of participants (maximum 22 clients; maximum 2 clients per community) • Number of communities engaged (11 communities visited fortnightly)	Clients and client families: • Increased client and family identification of FV and knowledge of its causes and impact • Increased client empowerment and confidence • Increased client knowledge of respectful relationships • Established safe places and outlets for victims FV • Increased family and individual attitudes rejecting FV Community: • Community awareness of services and supports available Organisational: • Enhanced organisational capacity (e.g., staff, established infrastructure and policies) • Engagement with the community through community liaison officer • Increased respect for culture, traditional lore, traditional owners, and elders	Clients and client families: • Improved client mental and physical health and well-being • Decreased substance use • Increased client family safety • Improved client family relationships and cohesion • Decreased client FV incidents • Increased school attendance among youth in client families • Increased client perceived and provided support among peers Community: • Increased client sharing of knowledge about services for FV with other community members Organisational: • Changed policy to allow for perpetrator involvement with therapeutic intervention	Clients and client families: • Lower engagement with legal services, police, and welfare • Increased employment of male partners Community: • Decreased FV and DV incidents and crime in community • Increased empowerment of community members Organisational: • Program expanded into additional communities • Aboriginal family safety service established (combining FVPLS programs, night patrol, safe house)

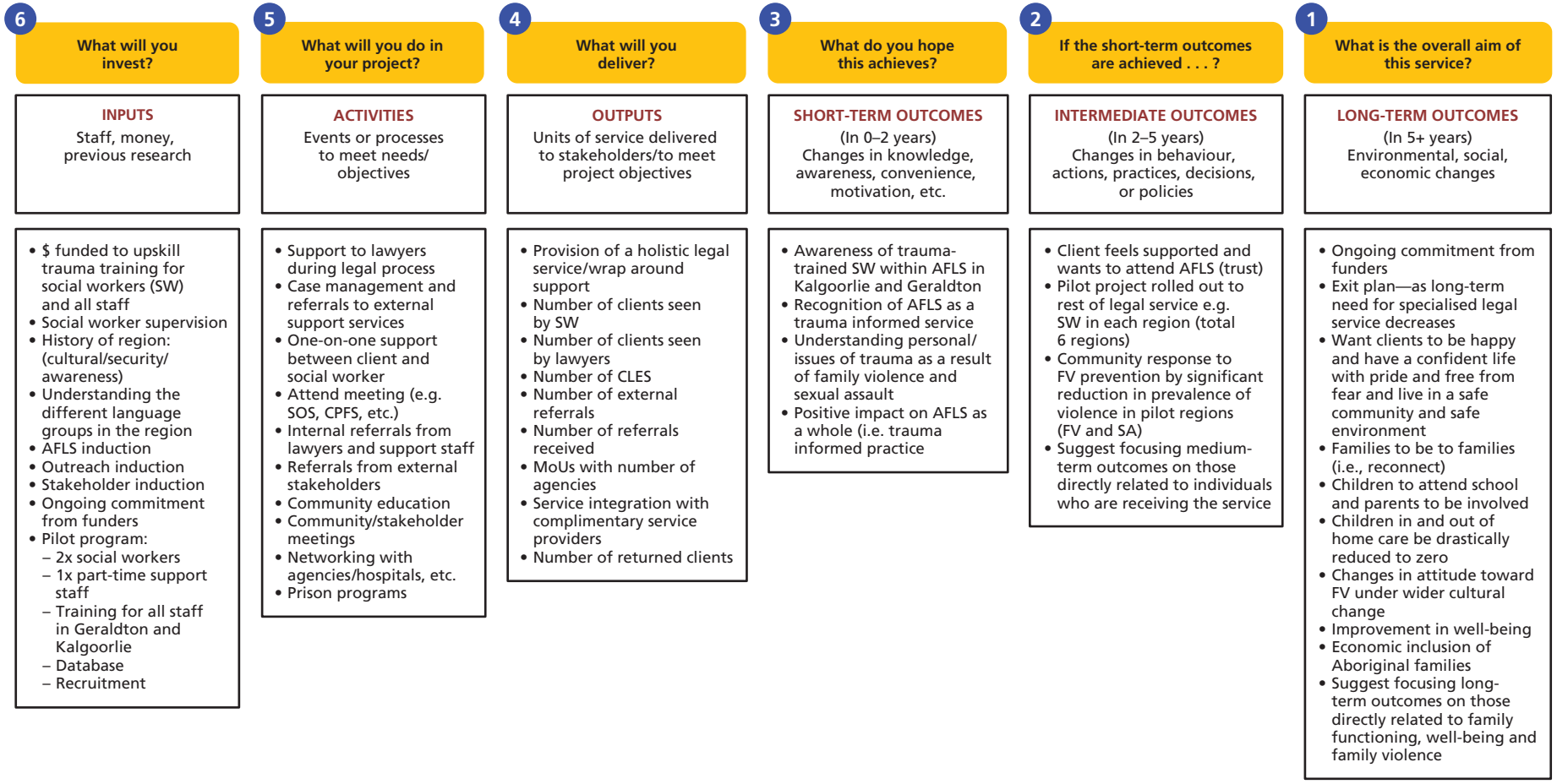
NOTE: This logic model was modified by RAND (as a part of the outcome evaluation) to include additional information gleaned from qualitative interviews with program staff.

Figure A.13
Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Logic Model

What will you invest?	What will you do in your project?	What will you deliver?	What do you hope this achieves?	If the short-term outcomes are achieved . . . ?
INPUTS Staff, money, previous research	**ACTIVITIES** Events or processes to meet needs/ objectives	**OUTPUTS** Units of service delivered to stakeholders/to meet project objectives	**SHORT-TERM OUTCOMES** (In 0–2 years) Changes in knowledge, awareness, convenience, motivation, etc.	**INTERMEDIATE OUTCOMES** (In 2–5 years) Changes in behaviour, actions, practices, decisions, or policies
• Specialist CW • Established DFVS • Leaning culture in built into service • NPWC services and teams • Violence prevention framework	• Family centred interventions for extremely vulnerable clients • Capable supportive skilled families to support in constant crisis • Narrative conversation • Reflective practice with narrative lens and techniques with case workers • Skills development across teams re: complex cases and planning • Targeted interventions for young people	• Recognising clients as experts and changing way of working across teams alongside • Increase in number of conversations using narrative techniques • Client has better self-awareness and impacts • NT as core training for staff • Development of youth program and current innovation		• Increased understanding from service providers on dynamics of DV difference on men and women and better responses • Increased capacity for employment of Aboriginal families to provide across to safety • Increased family independence • Increase in male support on female access to getting support • Increased mental health and well-being outcomes for complex clients with co-morbid issues of health, homelessness IPV and other sexual abuse • Families better resourced internally and externally to support each other

NOTE: This logic model has not been altered by the RAND team.

Figure A.14
Aboriginal Family Law Services Western Australia Logic Model



NOTE: This logic model has not been altered by the RAND team.

APPENDIX B

Initial Interview Guides

Protocol for Chief Executive Officer or Third Action Plan Program Director

We are researchers from the RAND Corporation, a non-profit research institute, based in the US and Canberra. The goal of our interview today is to get a better understanding of your organisation, the local context and family violence concerns and changes that may have been made to your program since we last spoke. This will help us to ensure we understand the context of the community in which you work, the issues with violence your community faces and the ethical considerations we should follow while we work together. Over time, we'll be talking with people at all levels of the program, including organisational leaders and program staff who will be involved in implementing the grant. We would love your input on whether you think speaking with clients directly would be beneficial to the evaluation, though we don't have plans to do so at this time.

Some of the questions may deal with topics or issues that you may not have completely thought through yet, which is absolutely fine. We just ask you to answer the questions to the best knowledge you have now. There are no right or wrong answers. Also, please don't hesitate to ask any questions that you might have for us. The entire discussion should take no more than an hour.

I will be leading today's discussion and [NAME] may ask additional questions for clarification. [NAME] will be taking notes.

Do you have any questions before we begin?

The first half of our interview will focus on the broader context of your community and then we will speak more specifically about your program.

1. Tell me about your community. *[We are looking for broad contextual information about the community; we will talk more specifically about family violence and related issues later in the interview. If you have any documentation that covers this information, we're happy to receive that instead of discussing it here.]*
    a. [low priority] Demographics and geography (general make-up of population, area(s) served)
    b. [low priority] Indigenous nation(s) represented
    c. [low priority] Language group(s) represented
    d. [low priority] Most pervasive and/or influential cultural customs
    e. [low priority] Most significant history/context of change in the region
2. Tell me about the family violence issue for your community.
    a. [high priority] What do you mean by *family* violence (what is your working definition of family violence)? What are the different types of violence that this includes in the community you serve?

   b. [low priority] How did the family violence issue originate? *[less important—skip if time is tight or interviewee is talkative]*
      i. Historical/contextual factors specific to your region that led to the issue
      ii. Local perceptions of/narratives about why it is an issue
      iii. Current factors that lead to its persistence
   c. [high priority] Who are the main perpetrators/who are the victims? [probe on mutual violence]
   d. [high priority] Are there cultural norms that factor into family violence? [probe on: normalisation of violence . . . other?]
      i. Norms that make it persist? Norms that go against it?
   e. [high priority] Are there other community-level factors of family violence?
   f. [high priority] What are the impacts of family violence? [probe on: removal of children, losing government funding . . . other?]
   g. [high priority] What are best long-term solutions to reducing family violence?
      i. What are persistent barriers to solving the issue? [probe on systemic, discrimination, resources, etc.]
      ii. What solutions have been tried already? By whom?

3. Narrative of program. *[We want to learn more about why your organisation started and how it has evolved over the years.]* ***Note to interviewers: Review the call transcript and program information we currently have—do not ask questions for which we already have the information***
   a. [low priority] How the organisation came about
   b. [low priority] Population served
   c. [low priority] How the program became involved in the current PM&C effort
   d. [high priority] Description of the program that is specifically involved in the Third Action Plan effort
      i. Specific activities undertaken as a result of the funding
      ii. If/How it is changing from the original proposal to PM&C
      iii. Do you have sufficient resources to do the work?
   e. [high priority—*important to know so we can determine if we can use any other services for a quasi-experimental design*] Changes to existing program vs. new program for the organisation
      i. How the new program aligns with other organisational services
      ii. Is there any program you're currently running that is most similar to the new program?
         1. Do you believe this or any of the other programs you offer through your organisation could be suitable for comparison to the new program?

4. [highest priority] Goals under this program and measuring success *[Walk through the logic model to use as a guide for these questions]*
   a. Describe the goals/outcomes of your program.
      i. How did you come to these goals?
      ii. What do you hope to impact as a result of these changes?
      iii. How do you anticipate achieving these outcomes?
      iv. How would you measure success? [probe on why that measure is the best measure of success, how they will track the measures, specific data they will track, etc.]
         1. [high priority] What types of data will you be keeping from the clients who are in your program?
            a. [high priority] Will you keep case notes for each client? What is included in those case notes?
      v. Are there any goals missing?

   b. What do you think are the most and least attainable of program goals? Why?
   c. What are your anticipated persistent barriers?
      i. Are there any cultural norms that may act as barriers?
         1. What can be done to change negative norms?
   d. What do you think will lead you to success—what are your program's strengths or assets? [probe on personnel, resources, contextual factors, etc.]
      i. Are there any cultural norms that may act as facilitators?
         1. How could positive norms be emphasised? [probe on: cultural gatherings, celebrations of leaders/heroes, connection to "original" cultural values . . . other?]
5. Evaluation:
   a. We are considering looking at case notes for the evaluation. *[We would not ask for any identifiable information in the case notes such as client names.]* Would you be able to share de-identified case notes with us if we determine they will be useful to the evaluation?
   b. Who do you think we should connect with in the community or otherwise over the course of the program evaluation?
   c. Would it be beneficial to speak with clients?
   d. Are there any ethical procedures we should be mindful to follow?

Protocol for Counsellors and Caseworkers

We are researchers from the RAND Corporation, a non-profit research institute, based in the US and Canberra. The goal of our interview today is to get a better understanding of your organisation, the local context and family violence concerns, and changes that may have been made to your program since we last spoke. This will help us to ensure we understand the context of the community in which you work, the issues with violence your community faces and the ethical considerations we should follow while we work together. Over time, we'll be talking with people at all levels of the program, including organisational leaders and program staff who will be involved in implementing the grant. We would love your input on whether you think speaking with clients directly would be beneficial to the evaluation, though we don't have plans to do so at this time.

Some of the questions may deal with topics or issues that you may not have completely thought through yet, which is absolutely fine. We just ask you to answer the questions to the best knowledge you have now. There are no right or wrong answers. Also, please don't hesitate to ask any questions that you might have for us. The entire discussion should take no more than an hour.

I will be leading today's discussion and [NAME] may ask additional questions for clarification. [NAME] will be taking notes.

Do you have any questions before we begin?

The first half of our interview will focus on the broader context of your community and then we will speak more specifically about your program.

1. Tell me about your community. *[We are looking for broad contextual information about the community; we will talk more specifically about family violence and related issues later in the interview.]*
   a. [lower priority] Cultural customs
   b. [high priority] Attitudes and common characteristics of the community *[probe on if people are receptive to outsiders and/or outside interventions, if community is tight-knit/community-oriented, etc.]*

2. Tell me about the family violence issue for your community.
   a. [high priority] What do you mean by *family* violence (what is your working definition of family violence)? What are the different types of violence that this includes in the community you serve?
   b. [low priority] How did the family violence issue originate?
      i. Historical/contextual factors specific to the region that led to the issue
      ii. Local perceptions of/narratives about why it is an issue
      iii. Current factors that lead to its persistence
   c. [high priority] Who are the main perpetrators/who are the victims? [probe on mutual violence]
   d. [high priority] Are there cultural norms that factor into family violence? [probe on: normalisation of violence . . . other?]
      i. Norms that make it persist? Norms that go against it?
   e. [high priority] Are there other community-level factors of family violence?
   f. [high priority] What are other impacts of family violence? [probe on: removal of children, losing government funding . . . other?]
   g. [high priority] What are the needs of the population with respect to case management, therapy and/or counselling?
      i. How are these needs currently being met?
         1. Are there other existing organisations working on meeting these needs?
      ii. How could these needs be better met?
      iii. What's the historical context of providing case management, therapy and/or counselling to this population? Cultural context?
      iv. How is providing these services to this population different from other populations?
   h. [low priority] What are best long-term solutions to reducing family violence?
      i. What are persistent barriers to solving the issue? [probe on systemic, discrimination, resources, etc.]
      ii. What solutions have been tried already? By whom?
3. Narrative of program. *[We want to learn more about why your organisation started and how it has evolved over the years.]*
   a. [low priority] How did you become involved with the organisation?
   b. [high priority] How do you find clients or how do your clients find you?
   c. [high priority] How do you currently collect data on clients?
   d. [high priority] What types of therapeutic practices do you use?
   e. [high priority] Description of the program that is specifically involved in the Third Action Plan effort
      i. Specific activities undertaken as a result of the funding
      ii. If/How it is changing from the original proposal to PM&C
      iii. Do you have sufficient resources to do the work?
   f. [low priority—*important to know so we can determine if we can use any other services for a quasi-experimental design*] Changes to existing program vs. new program for the organisation
      i. How the new program aligns with other organisational services
      ii. Is there any program you're currently running that is most similar to the new program?
         1. Do you believe this or any of the other programs you offer through your organisation could be suitable for comparison to the new program?

4. [highest priority] Goals under this program and measuring success *[Walk through the logic model to use as a guide for these questions]*:
    a. Describe the goals/outcomes of your program.
        i. How did you come to these goals?
        ii. What do you hope to impact as a result of these changes?
        iii. How do you anticipate achieving these outcomes?
            1. How do you expect your activities to directly connect to the outcomes?
        iv. How would you measure success? [probe on why that measure is the best measure of success, how they will track the measures, specific data they will track, etc.]
            1. [high priority] What types of data will you be keeping from the clients who are in your program?
                a. [high priority] Will you keep case notes for each client? What is included in those case notes?
        v. Are there any goals missing?
    b. What do you think are the most and least attainable of program goals? Why?
    c. What are your anticipated persistent barriers?
        i. Are there any cultural norms that may act as barriers?
            1. What can be done to change negative norms?
    d. What do you think will lead you to success—what are your program's strengths or assets? [probe on personnel, resources, contextual factors, etc.]
        i. Are there any cultural norms that may act as facilitators?
            1. How could positive norms be emphasised? [probe on: cultural gatherings, celebrations of leaders/heroes, connection to "original" cultural values . . . other?]
5. Evaluation:
    a. We are considering looking at case notes for the evaluation. *[We would not ask for any identifiable information in the case notes such as client names.]* Would you be able to share de-identified case notes with us if we determine they will be useful to the evaluation?
    b. Who do you think we should connect with in the community or otherwise over the course of the program evaluation?
    c. Would it be beneficial to speak with clients?
    d. Are there any ethical procedures we should be mindful to follow?

Protocol for Community Leaders

We are researchers from the RAND Corporation, a non-profit research institute, based in the US and Canberra. The goal of our interview today is to get a better understanding of [organisation], the local context and family violence concerns and changes to [organisation]'s program. This will help us to ensure we understand the context of the issues with violence your community faces, and the ethical considerations we should follow while we work together. Over time, we'll be talking with people at all levels of the program, including organisational leaders and program staff who will be involved in implementing the grant. We would love your input on whether you think speaking with clients directly would be beneficial to the evaluation, though we don't have plans to do so at this time.

Some of the questions may deal with topics or issues that you may not have completely thought through yet, which is absolutely fine. We just ask you to answer the questions to the best knowledge you have now. There are no right or wrong answers. Also, please don't hesitate to ask any questions that you might have for us. The entire discussion should take no more than an hour.

I will be leading today's discussion and [NAME] may ask additional questions for clarification. [NAME] will be taking notes.

Do you have any questions before we begin?

The first half of our interview will focus on the broader context of your community and then we will speak more specifically about your program.

1. [high priority] Tell me about your community. *[We are looking for broad contextual information about the community; we will talk more specifically about family violence and related issues later in the interview.]*
    a. Demographics and geography
    b. Indigenous nation(s) represented
    c. Language group(s) represented
    d. Cultural customs
    e. History/context of change in the region
2. Tell me about the family violence issue for your population.
    a. [high priority] What do you mean by *family* violence (what is your working definition of family violence)? What are the different types of violence that this includes in the community you serve?
    b. [high priority] How did the family violence issue originate?
        i. Historical/contextual factors that led to the issue
        ii. Local perceptions of why it is an issue
        iii. Current factors that lead to its persistence
    c. [high priority] Who are the main perpetrators/who are the victims? [probe on mutual violence]
    d. [high priority] Are there cultural norms that factor into family violence? [probe on: normalisation of violence . . . other?]
        i. Norms that make it persist? Norms that go against it?
        ii. How could negative norms be changed? How could positive norms be emphasised? [probe on: cultural gatherings, celebrations of leaders/heroes, connection to "original" cultural values . . . other?]
    e. [high priority] Are there other community-level factors of family violence?
    f. [high priority] What are the impacts of family violence? [probe on: removal of children, losing government funding . . . other?]
    g. [high priority] What are best long-term solutions to reducing family violence?
        i. What are persistent barriers to solving the issue? [probe on systemic, discrimination, resources, etc.]
        ii. What solutions have been tried already? By whom?
3. Narrative of program. *[We want to learn more about if/how you're connected to the organisation and how your relationship has evolved over the years.]* ***May not be needed depending on the respondent's role in community and in organisation***
    a. [low priority] What is your connection to [organisation name]?
    b. [low priority] How did you become connected to the organisation? How has your relationship with the organisation changed over the years?
    c. [high priority] What is your understanding of what the program will provide as part of the Third Action Plan effort?

4. Goals under this program and measuring success: ***May skip depending on the respondent's connections to the program identified in the previous section***
    a. [high priority] Are these the right changes? Is it serving the greatest need?
    b. [high priority] What do you hope will be impacted as a result of these changes?
    c. [low priority] What do you think are the most and least attainable of program goals? Why?
    d. [high priority] What are the anticipated persistent barriers?
    e. [low priority] What do you think will lead the program to success? [probe on personnel, resources, contextual factors, etc.]
    f. [high priority] How will the program impact the community more broadly?
5. Evaluation: ***May skip depending on the respondent's connections to the program and/or community***
    a. Who do you think we should connect with in the community over the course of the program evaluation?

Protocol for Board Members

We are researchers from the RAND Corporation, a non-profit research institute, based in the US and Canberra. The goal of our interview today is to get a better understanding of your organisation, the local context and family violence concerns and changes to your program. This will help us to ensure we understand the context of where you are, the issues with violence your community faces and the ethical considerations we should follow while we work together. Over time, we'll be talking with people at all levels of the program, including organisational leaders and program staff who will be involved in implementing the grant. We would love your input on whether you think speaking with clients directly would be beneficial to the evaluation, though we don't have plans to do so at this time.

Some of the questions may deal with topics or issues that you may not have completely thought through yet, which is absolutely fine. We just ask you to answer the questions to the best knowledge you have now. There are no right or wrong answers. Also, please don't hesitate to ask any questions that you might have for us. The entire discussion should take no more than an hour.

I will be leading today's discussion and [NAME] may ask additional questions for clarification. [NAME] will be taking notes.

Do you have any questions before we begin?

The first half of our interview will focus on the broader context of your community and then we will speak more specifically about your program.

1. Tell me about your community. *[We are looking for broad contextual information about the community; we will talk more specifically about family violence and related issues later in the interview.]*
    a. [high priority] Demographics and geography
    b. [high priority] Indigenous nation(s) represented
    c. [high priority] Language group(s) represented
    d. [high priority] Most pervasive and/or influential cultural customs
    e. [high priority] Most significant history/context of change in the region
2. Tell me about the family violence issue for your community.
    a. [low priority] How did the family violence issue originate?
        i. Historical/contextual factors that led to the issue
        ii. Local perceptions of why it is an issue
        iii. Current factors that lead to its persistence

   b. [low priority] Who are the main perpetrators/who are the victims? [probe on mutual violence]
   c. [high priority] Are there cultural norms that factor into family violence? [probe on: normalisation of violence . . . other?]
      i. Norms that make it persist? Norms that go against it?
      ii. How could negative norms be changed? How could positive norms be emphasised? [probe on: cultural gatherings, celebrations of leaders/heroes, connection to "original" cultural values . . . other?]
   d. [high priority] Are there other community-level factors of family violence?
   e. [high priority] What are the impacts of family violence? [probe on: removal of children, losing government funding . . . other?]
   f. [high priority] Do you have a sense of what the best long-term solutions to reducing family violence are/might be?
      i. What are persistent barriers to solving the issue? [probe on systemic, discrimination, resources, etc.]
      ii. What solutions have been tried already? By whom?
3. Narrative of program. *[We want to learn more about why your organisation started and how it has evolved over the years.]*
   a. [low priority] How did you become involved with the organisation?
   b. [high priority] What is your understanding of how the program will change as a result of the Third Action Plan effort?
      i. Changes to existing program vs. new program for the organisation
      ii. How it aligns with other organisational services
      iii. Do you have sufficient resources to do the work?
   c. [high priority—*important to know so we can determine if we can use any other services for a quasi-experimental design*] Changes to existing program vs. new program for the organisation
      i. How the new program aligns with other organisational services
      ii. Is there any program you're currently running that is most similar to the new program?
         1. Do you believe this or any of the other programs you offer through your organisation could be suitable for comparison to the new program?
4. Goals under this program and measuring success:
   a. Are these the right changes? Is it serving the greatest need?
   b. What do you hope to impact as a result of these changes?
   c. What do you think are the most and least attainable of program goals? Why?
   d. What are your anticipated persistent barriers?
   e. What do you think will lead you to success? [probe on personnel, resources, contextual factors, etc.]
5. Evaluation:
   a. Who do you think we should connect with in the community or otherwise over the course of the program evaluation?
   b. Are there any ethical procedures we should be mindful to follow?

APPENDIX C

Process Evaluation Interview Guide

Intro that you can use as a guide with interviewees: We are conducting this interview to get your thoughts on your organisation's, community's and clients' experiences with the Third Action Plan (3AP). We are interested in program implementation over the last approximately 18 months—from early 2018 to now. Our goal is to hear about each site's experiences and lessons they've learned in order to give PM&C insight into what worked, what didn't work and what they may improve as they move forward with funding additional programs.

Interview Questions

Interactions with PM&C (National) (note: names of national staff they may have dealt with: Kirstie Van Der Steen, Di Biaggini, Isabelle Burns, Dagmar Kelly, Cindy Chong)	• Describe your interactions with **PM&C** at the **National** level. – **PROMPT:** What **type** of interactions did you have with national PM&C staff? For example, was your communication with national-level staff mostly about administrative grant details, mostly about program implementation or a mix? Did any national staff visit your program location? – **PROMPT:** What **aspects** of your interaction with PM&C national staff did you feel **worked well**? What aspects of your interactions could have **been improved**? Were national-level PM&C staff accessible? Responsive to requests? Hands-off or too involved? Open to discussing and troubleshooting issues?
Interactions with PM&C (regional)	• Describe your interactions with **PM&C** at the **Regional** level. – **PROMPT:** What **type** of interactions did you have with regional PM&C staff? For example, was your communication with regional staff mostly about administrative grant details, mostly about program implementation or a mix? Did any regional staff visit your program location? – **PROMPT:** What **aspects** of your interaction with regional PM&C staff did you feel **worked well**? What aspects of your interactions could have **been improved**? Were regional PM&C staff accessible? Responsive to requests? Hands-off or too involved? Open to discussing and troubleshooting issues?
Interactions and experience with Inside Policy (note: names of Inside Policy they may have dealt with: Natalie Walker, Michelle Bewsher, Colin Stokes)	• Describe your **interactions** with **Inside Policy**. – **PROMPT:** What **type** of interactions did you have with Inside Policy? Did you interact with Inside Policy staff outside of the workshops (did you attend all three workshops)? – **PROMPT:** What **aspects** of your interaction with Inside Policy did you feel worked well? What could have been **improved**? Were Inside Policy staff accessible? Responsive to requests? Hands-off or too involved? Open to discussing and troubleshooting issues? – **PROMPT:** How, if at all, did Inside Policy help you design your program? For example: did you find the workshops useful? Why or why not? Did you ever use the online portal developed by Inside Policy? Did you find it useful? Did you request any individual help from Inside Policy (IP)? If so, was it useful?
Coordination between PM&C and Inside Policy and the organisations	• How well do you feel PM&C and Inside Policy **coordinated** with each other during this time period? With your organisation? – **PROMPT:** What worked well? What could have been improved?

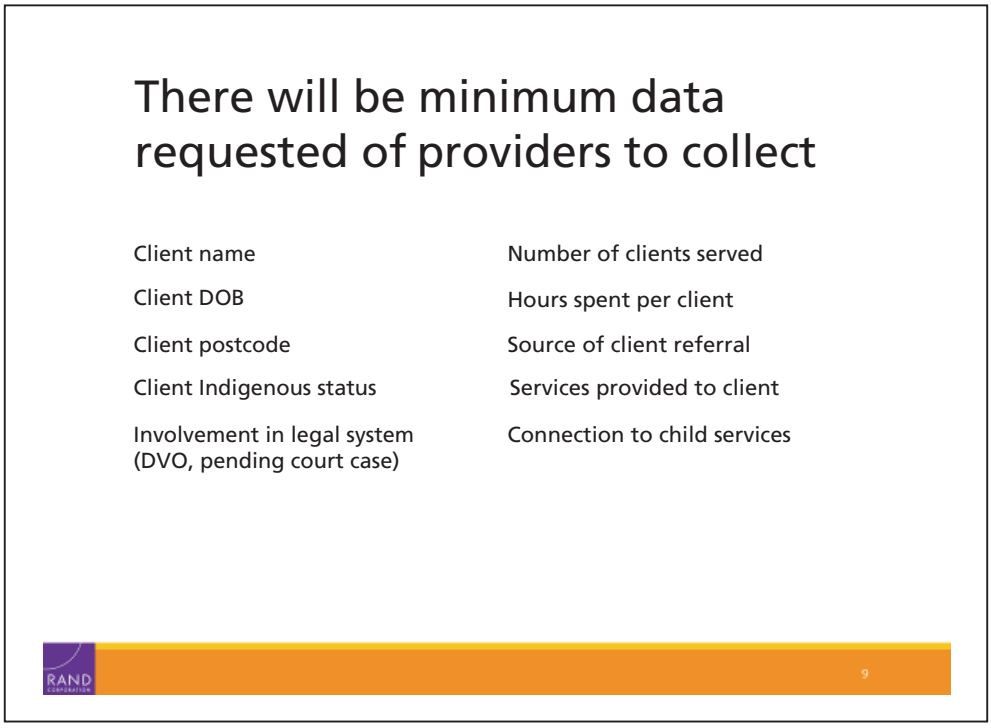
Program implementation	• What were the goals of the 3AP program? How did this change over time? • What services did you plan to provide? How did this change over time? • What populations did you plan to serve? How did this change over time? • What was your staffing plan? How did this change over time? • What was your program flow? How did this change over time? • **What challenges did you experience with implementation? (e.g., client numbers, staffing, service provision, funding, community push-back) What helped you overcome these challenges?** • **What have been your greatest successes?** • What are your next steps regarding program implementation (including follow-on funding)?
Data collection	• What kinds of **data** have you collected about your clients and your program? – **PROMPT:** Did you have an existing data system that you were able to use? What were your biggest challenges with collecting data on clients? – **PROMPT:** What kinds of changes have occurred that might not be present in the quantitative data? How might these types of changes be better measured in the future?
Involvement of community (including Aboriginal Governance)	• In what ways has the community (including Aboriginal Governance) been involved with the program? • How has the community responded to the program? – **PROMPT:** What concerns, if any, were expressed by the community? – **PROMPT:** What praises, if any, were expressed by the community? • What are your next steps regarding community involvement?
Impact on organisation	• What **impact** did the program have on the organisation? – **PROMPT:** What changes, if any, have been made at the organisation level?
Impact on family violence, client level	• What **impact** did the program have on family violence amongst your clients and their families? – **PROMPT:** What about changes indirectly related to family violence?
Impact on family violence, community level	• What **impact**, if any, did the program have on family violence in the community? – **PROMPT:** What role did the program have in those changes? – **PROMPT:** Are there any indirect changes the program made that will support lower family violence in the community in the future?
Sustainability	• Do you have plans to keep the program going beyond the 3AP funding period? If yes, how; if no, why not? • What is your biggest piece of advice to PM&C for funding future sites to address family violence?

SOURCE: Data from 3AP site, analysed by RAND.

APPENDIX D

Site Information Requirements

The following data requirements were briefed to provider sites in 2017 by RAND.



NOTE: Slide presented at workshop in 2017; DVO = Domestic Violence Order.

References

Aboriginal Family Law Services, *Annual Report 2016–17*, East Victoria Park, Western Australia: Aboriginal Family Law Services, 2017.

AIATSIS—See Australian Institute of Aboriginal and Torres Strait Islander Studies.

AIHW—See Australian Institute of Health and Welfare.

Anderson-Butcher, Dawn, and Deb Ashton, "Innovative Models of Collaboration to Serve Children, Youths, Families, and Communities," *Children & Schools*, Vol. 26, No. 1, pp. 39–53, 2004.

Australian Institute of Aboriginal and Torres Strait Islander Studies, "Apology to Australia's Indigenous Peoples," webpage, August 22, 2018. As of March 3, 2020:
https://aiatsis.gov.au/explore/articles/apology-australias-indigenous-peoples

———, *Overturning the Doctrine of Terra Nullius: The Mabo Case*, Canberra, ACT: Australian Institute of Aboriginal and Torres Strait Islander Studies, 2003. As of June 28, 2018:
https://aiatsis.gov.au/sites/default/files/docs/research-and-guides/native-title-research/overturning-doctrine-terra nullius-the-mabo-case.pdf

Australian Institute of Health and Welfare, *Family, Domestic and Sexual Violence in Australia 2018*, Canberra, ACT: Australian Institute of Health and Welfare, 2018. As of March 6, 2019:
https://www.aihw.gov.au/getmedia/d1a8d479-a39a-48c1-bbe2-4b27c7a321e0/aihw-fdv-02.pdf.aspx?inline=true

———, *Family, Domestic and Sexual Violence in Australia: Continuing the National Story*, Canberra, ACT: Australian Institute of Health and Welfare, 2019. As of March 4, 2019:
https://www.aihw.gov.au/getmedia/b0037b2d-a651-4abf-9f7b-00a85e3de528/aihw-fdv3-FDSV-in-Australia-2019.pdf.aspx?inline=true

Australians Together, "The Intervention," webpage, last updated January 14, 2020a. As of August 22, 2020:
http://www.australianstogether.org.au/discover/the-wound/the-intervention/

———, "What About History?," webpage, last updated May 15, 2020b. As of August 22, 2020:
http://www.australianstogether.org.au/discover/australian-history/get-over-it/

Barwick, M., *Checklist to Assess Readiness for Implementation (CARI) for EIP Implementation*, Toronto, ON: University of Toronto, 2011.

Beaudoin, Marie-Nathalie, and Jeffrey Zimmerman, "Narrative Therapy and Interpersonal Neurobiology: Revisiting Classic Practices, Developing New Emphases," *Journal of Systemic Therapies*, Vol. 30, No. 1, pp. 1–13, 2011.

Behrendt, L., "Indigenous Kids Are Still Being Removed from Their Families, More Than Ever Before," *Guardian*, February 12, 2016. As of February 2, 2020:
https://www.theguardian.com/australia-news/commentisfree/2016/feb/13/eight-years-after-the-apology-indigenous-kids-are-still-being-removed-from-their-families

Braybrook, A., "Family Violence in Aboriginal Communities," *DVRCV Advocate*, Vol. 2, No. 18, pp. 1–4, 2015.

Buchanan, K., "On This Day: Establishment of the 'White Australian' Policy," *Custodia Legis*, blog, December 23, 2015. As of April 10, 2020:
https://blogs.loc.gov/law/2015/12/on-this-day-establishment-of-the-white-australia-policy/

Cabral, Raquel R., and Timothy B. Smith, "Racial/Ethnic Matching of Clients and Therapists in Mental Health Services: A Meta-Analytic Review of Preferences, Perceptions, and Outcomes," *Journal of Counseling Psychology*, Vol. 58, No. 4, pp. 537–554, 2011.

Cass, A., A. Lowell, M. Christie, P. L. Snelling, M. Flack, B. Marrnganyin, and I. Brown, "Sharing the True Stories: Improving Communication Between Aboriginal Patients and Healthcare Workers," *Medical Journal of Australia*, Vol. 176, No. 10, pp. 466–471, 2002.

Cheers, B., M. Binell, H. Coleman, I. Gentle, G. Miller, J. Taylor, and C. Weetra, "Family Violence—An Australian Indigenous Community Tells Its Story," *International Social Work*, Vol. 49, No. 1, pp. 51–63, 2006.

Chinman, Matthew, Pamela Imm, and Abraham Wandersman, *Getting to Outcomes™ 2004: Promoting Accountability Through Methods and Tools for Planning, Implementation, and Evaluation*, Santa Monica, Calif.: RAND Corporation, TR-101-CDC, 2004. As of August 8, 2020: https://www.rand.org/pubs/technical_reports/TR101.html

COAG—*See* Council of Australian Governments.

Commonwealth of Australia, *Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families*, Sydney, New South Wales: Human Rights and Equal Opportunity Commission, 1997. As February 19, 2020: https://humanrights.gov.au/sites/default/files/content/pdf/social_justice/bringing_them_home_report.pdf

———, *Closing the Gap: Prime Minister's Report 2017*, Canberra, ACT: Department of the Prime Minister and Cabinet, 2017. As of January 22, 2020: https://www.niaa.gov.au/sites/default/files/publications/ctg-report-2017.pdf

———, *Family Violence Prevention Programs in Indigenous Communities*, Resource Sheet No. 37, Canberra, ACT: Australian Institute of Health and Welfare; Melbourne, Victoria, Australian Institute of Family Studies, 2016. As of March 22, 2020: https://www.aihw.gov.au/getmedia/c0e5bdde-e9c4-4a1f-808e-256191835cde/ctgc-rs37.pdf.aspx?inline=true

———, *Third Action Plan 2016–2019 of the National Plan to Reduce Violence Against Women and Their Children 2010–2022*, Canberra, ACT: Commonwealth of Australia (Department of Social Services), 2016. As of January 8, 2020: https://www.dss.gov.au/sites/default/files/documents/10_2016/third_action_plan.pdf

Council of Australian Governments, *National Implementation Plan for the First Action Plan 2010–2013: Building a Strong Foundation*, Canberra, ACT: Commonwealth of Australia (Department of Social Services), 2012. As of September 11, 2019: https://www.dss.gov.au/sites/default/files/documents/07_2014/first_action_plan_1.pdf

———, *Second Action Plan 2013–2016 of the National Plan to Reduce Violence Against Women and Their Children: Moving Ahead*, Canberra, ACT: Commonwealth of Australia (Department of Social Services), 2012. As of November 6, 2019: https://www.dss.gov.au/sites/default/files/documents/09_2014/dss012_14_book_tagged_reduced.pdf

———, *Third Action Plan 2016–2019 of the National Plan to Reduce Violence Against Women and Their Children*, Canberra, ACT: Commonwealth of Australia (Department of Social Services), 2016. As of December 11, 2019: https://www.dss.gov.au/sites/default/files/documents/10_2016/third_action_plan.pdf

Cunha, Olga, and Rui Abrunhosa Gonçalves, "Intimate Partner Violence Offenders: Generating A Data-Based Typology of Batterers and Implications for Treatment," *European Journal of Psychology Applied to Legal Context*, Vol. 5, No. 2, pp. 131–139, 2013.

Davies, R., *Planning Evaluability Assessments, A Synthesis of the Literature with Recommendations*, Department for International Development, Working Paper No. 40, October 2013. As of July 19, 2019: https://assets.publishing.service.gov.uk/media/57a08a0d40f0b652dd000534/61141-DFIDWorkingPaper40-finalOct13.pdf

Day, Andrew, Robin Jones, Martin Nakata, and Dennis McDermott, "Indigenous Family Violence: An Attempt to Understand the Problems and Inform Appropriate and Effective Responses to Criminal Justice System Intervention," *Psychiatry, Psychology and Law*, Vol. 19, No. 1, pp. 104–117, 2012.

Eckhardt, Christopher I., and Angela C. Utschig, "Assessing Readiness to Change Among Perpetrators of Intimate Partner Violence: Analysis of Two Self-Report Measures," *Journal of Family Violence*, Vol. 22, No. 5, Article No. 319, 2007.

Esri, HERE, Garmin, USGS, Intermap, INCREMENT P, NRCan, Esri Japan, METI, Esri China (Hong Kong), Esri Korea, Esri (Thailand), NGCC, © OpenStreetMap contributors, and the GIS User Community, 2018.
https://www.arcgis.com/home/item.html?id=3b93337983e9436f8db950e38a8629af

Evergreen, Stephanie D. H., and Anne Cullen, "Moving to Genuine: Credible Cultural Competence and Stakeholder Believability," *Journal of MultiDisciplinary Evaluation*, Vol. 6, No. 13, pp. 130–139, 2010.

Goldberg-Freeman, Clara, Nancy E. Kass, Patricia Tracey, Glenn Ross, Barbara Bates-Hopkins, Leon Purnell, Bernard Canniffe, and Mark Farfel, "'You've Got to Understand Community': Community Perceptions on 'Breaking the Disconnect' Between Researchers and Communities," *Journal of Progress in Community Health Partnerships: Research, Education, Action*, Vol. 1, No. 3, pp. 231–240, 2007.

Guerin, P., and B. Guerin, "Social Effects of Fly-in-Fly-Out and Drive-in-Drive-Out Services for Remote Indigenous Communities," *Australian Community Psychologist*, Vol. 21, No. 2, pp. 52–66, 2009.

Habits Lab at UBMC, "URICA—Readiness Score: Calculating and Understanding the Readiness Score," webpage, n.d. As of January 29, 2020:
https://habitslab.umbc.edu/urica-readiness-score/

Haswell, M. R., D. Kavanagh, K. Tsey, L. Reilly, Y. Cadet-James, A. Laliberte, A. Wilson, and C. Doran, "Psychometric Validation of the Growth and Empowerment Measure (GEM) Applied with Indigenous Australians," *Australian and New Zealand Journal of Psychiatry*, Vol. 44, No. 9, pp. 791–799, 2010.

Hopkins, Michelle-Robyn, "Child Protection: Time for Change in Our Approach to Care and Protection," *Bulletin (Law Society of South Australia)*, Vol. 40, No. 2, pp. 22–24, 2018.

Johnson, R., E. Gilchrist, A. R. Beech, S. Weston, R. Takriti, and R. Freeman, "A Psychometric Typology of U.K. Domestic Violence Offenders," *Journal of Interpersonal Violence*, Vol. 21, No. 10, pp. 1270–1285, 2006.

Kaufman-Levy, D., M. Poulin, M., and S. Orchowsky, *Evaluability Assessment: Examining the Readiness of a Program for Evaluation*, Washington, D.C.: Juvenile Justice Evaluation Center, 2003.

Kotz, J., R. Marriott, and C. Reid, "The EPDS and Australian Indigenous Women: A Systematic Review of the Literature," *Women and Birth*, Vol. 7, advance online publication, March 2020.

KWY, "Mens Programs," webpage, n.d. As of May 4, 2018:
https://www.kwy.org.au/our-services

Le Brocque, R., N. Kapelle, S. Meyer, and M. Haynes, *Respectful Relationships Evaluation*, Brisbane, Queensland: Department of Social Services, 2014. As of August 15, 2019:
https://www.dss.gov.au/sites/default/files/documents/01_2016/3-1-respectful-relationships-evaluation-summary-of-findings.pdf

Levesque, Deborah A., Richard J. Gelles, and Wayne F. Velicer, "Development and Validation of a Stages of Change Measure for Men in Batterer Treatment," *Journal of Cognitive Therapy and Research*, Vol. 24, No. 2, pp. 175–199, 2000.

Lumby, B., and T. Farrelly, *Family Violence, Help-Seeking and the Close-Knit Aboriginal Community: Lessons for Mainstream Service Provision*, Australian Domestic and Family Violence Clearing House, University of New South Wales, 2009. As of September 11, 2019:
https://opus.lib.uts.edu.au/bitstream/10453/10325/1/2009004081.pdf

Lynch, P., "Keeping Them Home: The Best Interests of Indigenous Children and Communities in Canada and Australia," *Sydney Law Review*, Vol. 23, No. 4, pp. 501–542, 2001. As of September 11, 2019:
http://www.austlii.edu.au/au/journals/SydLRev/2001/21.pdf

MacQueen, Kathleen M., Eleanor McLellan, Kelly Kay, and Bobby Milstein, "Codebook Development for Team-Based Qualitative Analysis," *Cultural Anthropology Methods*, Vol. 10, No. 2, pp. 31–36, 1998.

McCalman, J., R. Bainbridge, C. Brown, K. Tsey, and A. Clarke, "The Aboriginal Australian Family Wellbeing Program: A Historical Analysis of the Conditions That Enabled Its Spread," *Frontiers in Public Health*, Vol. 6, March 2018.

Memmott, Paul, "On Regional and Cultural Approaches to Australian Indigenous Violence," *Australian & New Zealand Journal of Criminology*, Vol. 43, No. 2, pp. 333–355, 2010.

Monash University, "What Is the Northern Territory Intervention?," webpage, 2020. As of May 13, 2020:
https://www.monash.edu/law/research/centres/castancentre/our-areas-of-work/indigenous/the-northern-territory-intervention/the-northern-territory-intervention-an-evaluation/what-is-the-northern-territory-intervention

Muir, Stewart, and Adam Dean, "Evaluating the Outcomes of Programs for Indigenous Families and Communities," *Family Matters*, Vol. 99, p. 56, 2017.

Murray, S., and A. Powell, "'What's the Problem?' Australian Public Policy Constructions of Domestic and Family Violence," *Violence Against Women*, Vol. 15, No. 5, pp. 532–552, 2009.

National Council to Reduce Violence against Women and their Children, *Time for Action: The National Council's Plan for Australia to Reduce Violence Against Women and Their Children, 2009–2021*, Canberra, ACT: Commonwealth of Australia (Department of Social Services), 2009.

National Museum of Australia, "Defining Moments: White Australia Policy," webpage, last updated July 21, 2020, 2018. As of September 14, 2020:
http://www.nma.gov.au/online_features/defining_moments/featured/white_australia_policy_begins

Palinkas, Lawrence A., "Qualitative and Mixed Methods in Mental Health Services and Implementation Research," *Journal of Clinical Child & Adolescent Psychology*, Vol. 43, No. 6, pp. 851–861, 2014.

Piper, Alana, and Ana Stevenson, "The Long History of Gender Violence in Australia, and Why It Matters Today," *The Conversation*, July 14, 2019. As of September 14, 2020:
https://theconversation.com/the-long-history-of-gender-violence-in-australia-and-why-it-matters-today-119927

PsyToolkit, "Buss-Perry Aggression Questionnaire (BPAQ)," webpage, last updated July 3, 2020. As of January 29, 2020:
https://www.psytoolkit.org/survey-library/aggression-buss-perry.html

Reilly, Jo Marie, and Judith A. Gravdal, "An Ecological Model for Family Violence Prevention Across the Life Cycle," *Family Medicine*, Vol. 44, No. 5, pp. 332–335, 2012.

Robjant, Katy, and Mina Fazel, "The Emerging Evidence for Narrative Exposure Therapy: A Review," *Clinical Psychology Review*, Vol. 30, No. 8, pp. 1030–1039, 2010.

Rosenberg, Morris, *Society and the Adolescent Self-Image*, Princeton, N.J.: Princeton University Press, [1965] 2015.

Ryan, Gery W., and H. Russell Bernard, "Techniques to Identify Themes," *Field Methods*, Vol. 15, No. 1, pp. 85–109, 2003.

Slattery, Geraldine, "Transcultural Therapy with Aboriginal Families: Working with the Belief System," *Australian and New Zealand Journal of Family Therapy*, Vol. 8, No. 2, pp. 61–70, 1987.

SocioCultural Research Consultants, Dedoose, version 8.3.17, 2016.

Stanley, J., A. M. Tomison, and J. Pocock, "Child Abuse and Neglect in Indigenous Australian Communities," *National Child Protection Clearinghouse*, No. 19, pp. 1–32, 2003.

Walker, R., and C. Shepherd, *Strengthening Aboriginal Family Functioning: What Works and Why?*, Melbourne, Victoria: Australian Institute of Family Studies, 2008.

Wild, R., and P. Anderson, *Ampe Akelyernemane Meke Mekarle: Little Children Are Sacred: Report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse*, Darwin, Northern Territory: Department of the Chief Minister, Northern Territory Government, 2007. As of March 14, 2020:
https://www.lowitja.org.au/sites/default/files/docs/little_children_are_Sacred_report.pdf

Wilson, M., J. Jones, T. Butler, P. Simpson, M. Gilles, E. Baldry, M. Levy, and Sullivan, E., "Violence in the Lives of Incarcerated Aboriginal Mothers in Western Australia," *SAGE Open*, Vol. 7, No. 1, pp. 1–16, 2017.

Young, M., "Australia in the Grip of a 'New Stolen Generation,' Indigenous Children Forcibly Removed from Home," *News.com.au*, August 2, 2014. As of July 10, 2020:
http://www.news.com.au/lifestyle/real-life/australia-in-the-grip-of-a-new-stolen-generation-indigenous-children-forcibly-removed-from-homes/news-story/88e06e6db098dfddf39e8412674734c0

RAND AUSTRALIA

Violence against women and children continues to challenge well-being in Australia, especially for Aboriginal and Torres Strait Islanders. In this report, the authors discuss their evaluation of the Department of the Prime Minister and Cabinet's (PM&C's) Third Action Plan (3AP) of the National Plan to Reduce Violence Against Women and Their Children, and specifically 3AP's Priority Area 2: Aboriginal and Torres Strait Islander Women and Their Children. PM&C provided funding to 14 different service providers across Australia that work specifically on family issues in Aboriginal communities. Aboriginal communities are mostly located in remote and sparsely populated areas, creating challenges for service delivery. The 3AP funding was intended to help service providers deliver initiatives to address one or more of four categories: (1) trauma-informed therapeutic services, (2) men's behaviour change programs, (3) intensive family case management and (4) victim services through legal service providers. This report is intended to guide the Australian government's future work in providing family violence services in Aboriginal and Torres Strait Islander communities, and to provide lessons to other organisations outside the federal government that may want to undertake similar work. Researchers conducted a thematic analysis of interviews with site staff and analysed site documentation to make recommendations stemming from the evaluation findings. The authors' recommendations can serve as a strong foundation for increasing funders' return on investment and creating long-term change in these communities across Australia.

www.rand.org/australia

$40.50 USD

RR-A389-1