

**Queensland Centre for Domestic and Family  
Violence Research**

*Creating and Sharing Knowledge*

**Walking with Dads Trial Evaluation**  
Final report summary

**September 2019**

## **Queensland Centre for Domestic and Family Violence Research**

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## Overview of evaluation components

The Walking with Dads (WWD) trial evaluation commenced in January 2017. Evaluation findings have been reported to the Department of Child Safety, Youth and Women (DCSYW) in line with set reporting milestones, including two preliminary and a final report:

1. *Early learnings derived from Child Safety Officer surveys and interviews* - delivered in May 2018. This report focused on the North Coast region trial sites (Caboolture, Caloundra and Gympie).
2. *Mount Isa trial site findings: Aboriginal and Torres Strait Islander community experiences, support needs and capacity building at the intersection of DFV and child safety* - delivered in November 2018. CQUniversity, together with DCSYW, decided to examine and discuss Mount Isa's findings independently of the other three trial sites due to the unique development and implementation experiences in this site.
3. *Walking with Dads Trial Evaluation – Final Report* – delivered in July 2019. This report summarised key findings from prior reporting milestones and presented evaluation findings derived from stakeholder surveys in all four trial sites and parent surveys for the trial sites of Caboolture, Caloundra and Gympie.

This document provides an overview of the WWD trial and a summary of key evaluation findings and implications arising from the different evaluation components.

## Background

This summary reports provides and overview of key findings from the Walking with Dads (WWD) trial evaluation.

### The WWD trial

The WWD trial is a domestic and family violence (DFV) informed approach to child protection practice, which aims to:

- Intervene with fathers to achieve safety, wellbeing and belonging for families and children
- Promote a DFV-informed approach to child protection practice
- Improve the inclusion and quality of work with fathers in child protection work in general
- Meet the needs of Aboriginal and/or Torres Strait Islander children and families.

In the most recent 12 month reporting period alone, 50% of families investigated and assessed by Queensland Child Safety had DFV identified as one of the key parental risk factors according to disclosures made by the primary carer during the Child Safety risk assessment (Department of Child Safety, Youth and Women [DCSYW], 2019). While this is a substantial number, it is also likely to be an underestimation. That is, actual DFV prevalence rates are likely to be higher as DFV can be difficult to identify during the initial screening and assessment process, especially in families coming in contact with Child Safety due to the fear of punitive Child Safety interventions where DFV is disclosed.

The WWD trial was developed in 2016 to better address the complex nature of DFV, through a DFV-informed approach to risk assessment, identifying and partnering with the non-abusive parent (predominantly mothers) and holding the predominant abuser (primary fathers in the context of DFV) to account through their role as a parent and partner. The trial provided funding for one WWD worker as a resource for Child Safety staff in each of the four trial sites of Caboolture, Caloundra/Maroochydore, Gympie and Mount Isa. The objective of WWD is to improve the safety, wellbeing, and connection for families and children in the statutory child protection system, who are experiencing, or at risk of, DFV; and to increase opportunities for these children to remain or return home. In the most recent 12 months reporting period, this applied to 50% of families investigated and assessed by Queensland Child Safety (Department of Child Safety, Youth and Women [DCSYW], 2019). It is important to note that the WWD trial sits in a landscape of wider DFV reforms in Queensland.

Between October 2016 and July 2019, the WWD trial has supported 365 Child Safety cases across its four trial sites. In 74% (n=270) of these cases, fathers engaged in the Child Safety work and either worked directly with a WWD worker to address behaviour change (n=140) or engaged with their assigned Child Safety Officer (CSOs) (n=130). More specifically, CSOs were supported by the WWD worker in applying a DFV-informed lens to the work with different family members. While the aim of the trial is to increase father engagement in and accountability through DFV-informed child protection practice, the overarching objective is to support women and children's safety. WWD practice therefore equally focuses on engaging perpetrators of DFV in their role as fathers and partnering with mothers as the protective parent. In families where fathers are deemed too dangerous to engage or actively refuse to engage in Child Safety work, the WWD trial still supports mothers in regaining their children's and their own individual safety.

## The role of Safe & Together

The central theory that informs WWD is the Safe & Together model. Safe & Together is referenced throughout the WWD manual. This model (designed by Mandel in Connecticut, USA) is core to the WWD approach. Safe & Together is built on principles of perpetrator accountability and intervention, child safety, and partnership with the non-abusive parent (Safe & Together Institute, 2018). This model has been adopted by Child Safety Service Centres (CSSCs) as the primary reference in all work that features DFV. Safe & Together training of over 1,000 Queensland staff (from a range of agencies) commenced in 2015-16 and continued through 2017-18. David Mandel and the Safe & Together staff have provided extensive case consultation to the WWD team.

## The evaluation

The Queensland Centre for Domestic and Family Violence Research (QCDFVR) was commissioned to undertake an independent evaluation of the WWD program to capture early outcomes for participating fathers and their families. The overarching aim of the evaluation is to contribute learnings to the practice-base for DFV-informed child protection practice in Queensland. More specifically, the evaluation is intended to:

- Understand WWD program benefits for fathers and their families
- Identify indicators of success and other learnings that can be used to inform future policy development, program design and practice in the area of DFV-informed child protection practice.
- Identify learnings from the program that can be applied to enhance the delivery of culturally appropriate support responses for Aboriginal and Torres Strait Islander fathers, their families and communities.

The Department of Child Safety, Youth and Women engaged Central Queensland University (CQUniversity) to conduct a mid-trial outcomes evaluation of the WWD trial.

The overarching aim of the evaluation is to contribute learnings to the practice-base for DFV-informed child protection practice in Queensland. More specifically, the evaluation is intended to:

- Understand the benefits of the WWD trial approach for fathers and their families, including improvements towards:
  - positive and more connected and shared parenting
  - children who are safer and healthier and have a more positive relationship with their father and with their mother
  - safety and freedom from violence and abuse for women and children.
- Identify indicators of success and other learnings that can be used to inform future policy development, trial design, and practice in the area of DFV-informed child protection practice.
- Identify learnings from the trial that can be applied to enhance the delivery of culturally appropriate support responses for Aboriginal and/or Torres Strait Islander and Culturally and Linguistically Diverse fathers, their families, and communities.

## Overview of trial sites

The following section provides an overview of the four WWD trial sites: Caboolture CSSC, Gympie CSSC, Caloundra CSSC, and Mount Isa CSSC. For the first three trial sites, this data was collated in June 2018, whereas for Mount Isa the data was collated in November 2018, due to the later commencement of the trial in this site.

### Caboolture Child Safety Service Centre

The Caboolture CSSC had 28 staff members at the time of reporting (June 2018). Of these, 7% (n=2) were male and 93% (n=26) were female, highlighting the substantial overrepresentation of female staff in Child Safety practice. This overrepresentation is also reflected in the WWD research participation. The Caboolture CSSC had one female staff member identifying as Aboriginal at the time of reporting. None of the remaining 27 staff identified as Aboriginal and/or Torres Strait Islander.

At the time of reporting, 39% (n=11) of Caboolture staff had completed the Safe & Together Training, including two Senior Team Leaders, one Senior Practitioner, and eight CSOs.

### Caloundra Child Safety Service Centre

A similar number of staff were employed at the Caloundra CSSC at the time of reporting (n=29). Of the 29 Caloundra staff, 14% (n=4) were male and 86% (n=25) identified as female. Twenty-six staff identified as neither Aboriginal nor Torres Strait Islander. Two staff identified as Aboriginal with another identifying as Torres Strait Islander. All staff identifying as Aboriginal or Torres Strait Islander were female.

At the time of reporting, 41% (n=12) of Caloundra staff had completed the Safe & Together Training, including one Manager, one Senior Team Leader, one Senior Practitioner, nine CSOs and one Project Officer.

### Gympie Child Safety Service Centre

The Gympie CSSC had 31 staff members at the time of reporting (June 2018). Of these, 13% (n=4) were male and 87% (n=27) were female. The Gympie CSSC reported three female staff members identifying as Aboriginal at the time of reporting. No staff identified as Torres Strait Islander.

At the time of reporting, 32% (n=10) of Gympie staff had completed the Safe & Together Training, including one Manager, two Senior Team Leaders, one Senior Practitioner, five CSOs and one SCAN Coordinator.

### Mount Isa Child Safety Service Centre

The Mount Isa CSSC had 42 staff members at the time of reporting (November 2018). Of these, 14% (n=6) were male and 86% (n=36) were female. This overrepresentation of female staff was also reflected in the WWD research participation where 77% (n=10) of the online survey sample and 88% (n=7) of the Child Safety face-to-face interview sample identified as female. The Mount Isa CSSC has a greater representation of Aboriginal and/or Torres Strait Islander staff than identified for the other three trial sites, reflecting the need for a culturally represented workforce in CSSC regions, which predominantly respond to the needs of Aboriginal and/or Torres Strait Islander clients. At the time of reporting, 26% of current staff in the Mount Isa CSSC identified as Aboriginal and/or Torres Strait Islander. In addition to servicing the township of Mount Isa, the CSSC is further responsible for another 26 Gulf communities.

At the time of reporting, 62% (n=26) of Mount Isa staff had completed intensive Safe & Together training, including the CSSC Manager, one Senior Team Leader, one Senior Practitioner, one Principle Child Protection Practitioner, 15 CSOs, four Child Safety Support Officers, two Cultural Practice Advisors and one Contract Officer. Another three CSOs (7%) at the Regional Intake Service had received the one day Safe & Together training.

The Mount Isa trial site takes a culturally specific and informed approach to addressing the overrepresentation of Aboriginal and/or Torres Strait Islander families in DFV, as well as child protection statistics. The WWD model was tailored towards the trial site-specific community and client characteristics and support needs in consultation with the original WWD worker, the CSSC (in particular the Manager at the time) and community stakeholders (in particular Save the Children as the provider of the male WWD worker). The revised model in Mount Isa is a way to provide a female Aboriginal worker employed by Child Safety and located in the CSSC alongside a male Aboriginal worker, employed by and located at a community-based non-government organisation (Save the Children). While the male WWD worker in Mount Isa is located with an external agency, the case management addressing relevant child safety concerns in each family is held at the CSSC.

## Key findings derived from Child Safety Officer surveys and interviews

The WWD research team conducted 49 online surveys and 30 face-to-face and five telephone interviews with CSOs, team leaders and CSSC managers in the Caboolture, Caloundra and Gympie trial sites. These surveys and interviews provided valuable insight into CSO awareness and perceptions of the WWD trial and its implications for Child Safety practice.

The findings suggested a shift towards more DFV-informed practice, including language and practice approaches centring on the empowerment of mothers as the primarily non-abusive parent and the accountability of DFV perpetrators in their role as parents. This appears to be particularly prominent in the language shift of staff who described a prevailing past ‘mother-blaming’ approach to DFV. While survey and interview participants primarily presented with passion and commitment to better support and protect families affected by DFV, many also clearly articulated the challenges associated with responding to families with complex needs and engaging fathers in this work.

Interview findings further highlighted the importance and value of the specialist WWD worker in each trial site. Findings revealed that staff value the availability of this worker for training, casework and consultation around cases where the WWD worker may not be directly involved. Identified benefits included more DFV-informed practice; access to specialist staff experienced in working with potentially abusive and aggressive fathers; learning through observation where the WWD worker is directly involved in casework, and being able to draw on the WWD workers’ expertise more broadly around family work.

Findings generally revealed staff desire and commitment to improved practice when working with families affected by DFV. Research participants identified the need and desire for more training opportunities around WWD and Safe & Together in online surveys, as well as interview feedback.

Gaps and challenges identified by survey and interview respondents primarily related to training needs; translation of the WWD trial into wider Child Safety attitudes and practices; and the need for building a culturally specific workforce to better address the needs of Aboriginal and/or Torres Strait Islander families, along with Culturally and Linguistically Diverse populations.

The following key findings emerged from the participant surveys and interviews:

- More than half of the participants either agreed (46.9%) or strongly agreed (22.5%) that the professional development they received was sufficient in helping them apply the WWD framework in their everyday casework.
- Participants identified additional support needs in order to further strengthen their WWD practice—key elements included more training around risk assessments; understanding trauma and attachment between parents and children; a WWD guidebook, alongside regular and expanded training to others; and having a male and female WWD worker and a DFV-informed Indigenous worker in relevant WWD work.
- Participants were less confident in engaging fathers or father figures in Child Safety work to reduce future occurrences of DFV—26.5% of participants reported receiving insufficient professional development around how to engage fathers or father figures in Child Safety work.
- Overall, most interviewees described the father as harder to engage than mothers and believed that in high risk families the initial and sometimes ongoing engagement is best done by the WWD worker due to their skills in working with perpetrators of DFV.

- Half of all participants indicated that there were insufficient staff resources to engage and work with both parents or parent figures.
- Approximately 43% of participants believed there were culturally specific barriers to applying WWD when working with Aboriginal and/or Torres Strait Islander parents.
- Close to one-third of participants reported safety concerns for staff when trying to engage fathers or father figures who use violence.
- Participants were somewhat less confident in developing a collaborative approach across agencies to hold fathers or father figures accountable for their use of DFV.
- One of the most common challenges identified by staff was having only one WWD worker per trial site. The value of the WWD worker emerged from all interviews and some interviewees wished for more staff in the office with the knowledge and skills of the WWD worker.
- Interviewees further stated that the WWD worker's capacity tends to be limited to the Investigation and Assessment space.
- Interviewees highlighted the limited number of staff from culturally specific backgrounds in Child Safety work more broadly, along with the insufficient number of male staff. This was addressed both in terms of Culturally and Linguistically Diverse and Aboriginal and/or Torres Strait Islander workers in general.
- With regards to working with Aboriginal and/or Torres Strait Islander families, interviewees specifically emphasised the need for having a male and female Aboriginal and/or Torres Strait Islander worker available in each of the WWD sites.
- Interviewees further highlighted the importance of staff buy-in and support relating to WWD from the bottom up, as well as the top down, highlighting the importance of staff training across positions and levels of seniority.

### Implications for future practice

The findings from this evaluation component raised a number of implications for future practice.

#### Implication #1 – Professional development

Professional development around DFV-informed practice was identified as a critical aspect in improving future service delivery. The following areas of professional development emerged as particularly salient:

- Access to Safe & Together training for all staff, including frontline practitioners and management.
- Access to Safe & Together training for all staff across different areas of Child Safety practice, including investigation and assessment, interventions with parental agreement and children placed under orders.
- WWD training around mapping perpetrator behaviour to assist in working with the abusive and the non-abusive parent.
- Education and training on working with victims who have complex needs (understanding and addressing mothers/victims' high risk behaviours in the context of DFV).
- Regular training opportunities, acknowledging the high turnover among Child Safety staff, especially CSOs.

### Implication #2 – WWD worker availability and capacity

Further, the role and importance of the specialist WWD worker emerged as a clear element of facilitating DFV-informed practice in the WWD trial sites. Findings relating to the WWD workers' roles and capacity highlight the benefit of having a specialist worker on-site. In particular, the input and training provided by the WWD workers, along with their direct involvement in high-risk cases highlight the crucial role of these workers in fostering DFV-informed Child Safety practice. The high demand for WWD workers' time across the different CSSC teams suggests that all trial sites would benefit from additional WWD worker resources.

### Implication #3 – Whole of Child Safety Service Centre (CSSC) approach

Overall, findings from this evaluation component identified an emerging shift in Child Safety practice towards more DFV-informed practice and a general staff commitment to incorporate recent Child Safety and DFV reforms, including the Safe & Together and WWD model into everyday practice. Findings relating to staff's desire for more intensive and consistent training around Safe & Together and WWD and some of the concerns raised by staff around the skills and experience required to engage DFV perpetrators in Child Safety work, highlight that at present, DFV-informed practice is strongly dependent on the availability of the WWD worker. In order to translate WWD practice into everyday Child Safety practice within and beyond trial sites, a whole of CSSC approach to training and practice support will be required.

## Key findings derived from Mount Isa trial site examination

The primary purpose of the separate Mount Isa evaluation component was to provide an overview of early implementation learnings of the WWD trial; and to present findings from online surveys and interviews of key stakeholders in this community. This included online surveys with 13 CSSC staff members and interviews with 23 research participants, including Child Safety staff, representatives of WWD partner agencies, Aboriginal and/or Torres Strait Islander community members and Elders.

The WWD trial implementation experienced some delays in Mount Isa due to initial changes in the model as well as WWD related staff. The WWD trial in Mount Isa was therefore in its infancy at the time of parent and stakeholder data collection compared to the other three trial sites. This may have had an impact on staff awareness and understanding of the model, along with confidence in its application. A separate and more culturally specific evaluation approach was therefore utilised to examine experiences specific to the Mt Isa trial site.

### Online survey results

Findings from the online surveys with Child Safety staff indicated that a majority of staff received training around WWD and considered this training to be useful. Most respondents to this survey also indicated that they agreed or strongly agreed that they felt confident with understanding and applying the WWD features in their casework. Challenges faced included culturally specific barriers when working with Aboriginal and/or Torres Strait Islander parents, insufficient professional development around engaging fathers around child welfare and DFV, and insufficient staff resourcing. Learnings derived from open-ended responses shared by participants highlighted the need for readily available training and cultural sensitivity in DFV-informed Child Safety practice.

### Qualitative stakeholder and community consultation

The qualitative stakeholder and community consultations identified four key themes:

1. Factors related to DFV and Child Safety responses in Mount Isa
2. The role of complex community needs
3. Child Safety specific challenges
4. Summary of perceived WWD contribution to addressing the intersection of DFV and child protection in Mount Isa.

These themes in particular, are a reminder of the complex nature of community needs and underlying issues, such as the role and interpretation of culture, alcohol misuse, DFV, intergenerational trauma, and cognitive and language barriers faced by families and individuals in Mount Isa. They further address broader Child Safety related challenges, including staff turnover and the need to strengthen service partnerships and integration. The perceived benefits of WWD included the availability of culturally specific staff, culturally aware and sensitive approaches to individual and community needs, respect for women's and men's business, and a strength-based approach to community and client input.

### Implications for future practice

Findings derived from the Mt Isa WWD evaluation component support a range of policy and practice implications around DFV-informed Child Safety practice and responses to the complex nature of DFV in Aboriginal and/or Torres Strait Islander communities more broadly. It is important to note here

that implications raised relate to the Mt Isa community along with comparable geographic and community settings. Findings may therefore not apply to the wider Aboriginal and/or Torres Strait Islander population across urban, regional and remote settings. However, learnings derived from the Mt Isa trial site should not solely be regarded as a guide on how to further progress the WWD trial in the Mt Isa CSSC. Instead, the following implications should be seen as relevant to fostering DFV-informed Child Safety practice when working with Aboriginal and Torres Strait Islander families and communities more broadly. In particular, the underlying complex community needs, the impact of intergenerational overrepresentation of Aboriginal and Torres Strait Islander people subject to Child Safety and other statutory interventions, and the resourcing needs this creates for service responses should be considered in any future implementation of WWD or similar models aiming to deliver stronger DFV-informed practice. Further, while derived from Child Safety focused research, many elements of the implications raised here similarly apply to other areas of service delivery, including non-statutory child and family welfare services along with youth and criminal justice responses.

#### Implication #1 – Investment in primary prevention

Primary prevention strategies are crucial in breaking the cycle of violence and intergenerational trauma. Funding commitment needs to cover a range of strategies, including school- and community-based primary prevention programs. Findings, particularly those from the stakeholder and community consultations, suggest that these programs need to focus on (re)developing cultural identity and connectedness as protective factors against a normalisation of violence among young people.

#### Implication #2 – Inclusion of trauma-informed recovery considerations for children

WWD along with other child welfare related interventions should ensure a stronger focus on children's recovery from trauma. Findings presented here suggest that while child welfare-focused in its immediate approach to ensuring women and children's safety, WWD and its partner agencies predominantly focus on engagement with parents in their role as carers to ensure safe family and home environments for children. As raised by some stakeholders, the level of violence and related child exposure identified for Mt Isa suggests that children require their own trauma-informed interventions to counteract the adverse long-term effects of childhood exposure to DFV. Strategies could include playgroups, play-based therapy, culturally specific and recreational activities offering a safe space for children to access support while offering elements of cultural connectedness. Child-centred recovery support does not need to form part of the WWD program itself but should be considered in all cases to inform children and families' additional referral needs. This will require adequate resourcing of services offering recovery support for children as these are currently scarce, have substantial waiting lists and/ or attract out of pocket expenses that limit accessibility.

#### Implication #3 – Expanding the strengths-based approach

WWD should further expand on its strengths-based approach focusing on empowering mothers and holding fathers accountable in their role as fathers. This was touched on in both free-text answers in the Child Safety staff online survey and in the interviews with stakeholders, staff, and community members in Mt Isa. It is important to note here that the Safe & Together Institute (providing the training resources for the Child Safety shift towards more DFV-informed practice in Australia) highlights the need to use strengths-based approaches with care when working with perpetrators (Safe & Together Institute, 2018). Concerns arise where perpetrators may use their identified

strengths as further mechanisms of power and control within the family home. However, given the historical deficit focus of child welfare responses to Aboriginal and/or Torres Strait Islander communities in past policies and legislations, it seems important to use a strengths-based approach around cultural connectedness and identity. In order to do this in a safe and meaningful way, father-focused WWD work should follow the best practice and be undertaken by workers skilled in Men's Behaviour Change Practice.

#### Implication #4 – Identifying a champion

Findings from both the surveys and interviews suggest that limited top down leadership and prioritisation focused on the Mt Isa trial component has in part contributed to the delayed start of WWD in this trial site along with varying degrees of understanding and awareness of WWD within the trial site CSSC. WWD clearly benefitted from the champions that drove the initial development and implementation of the trial in other trial sites. The physical presence of WWD champions in the Northcoast region, including the WWD manager and the regional director, and their promotion and prioritisation of DFV-informed practice in child protection in this region translated into high levels of staff awareness and buy-in for the trial implementation as well as the evaluation. This observation suggests that the establishment of a trial site that is geographically isolated and faced by greater levels of community complexity and support needs, requires a regional champion along with an assessment of required resources to develop a model expected to address the disproportionately large intersection of DFV and child safety concerns in the community.

#### Implication #5 – Minimising the impact of high staff turnover

DCSYW should continue to consider and manage the high staff turnover in CSSCs in general, but in particular within this trial site. Regular and repeat professional development opportunities around WWD and Safe & Together are advisable to maximise training exposure for the rolling intake of staff replacements. E-learning modules may offer a useful opportunity in between available face-to-face training sessions.

#### Implication #6 – Cultural capacity building

DCSYW should continue to invest in cultural capacity building, especially with a targeted focus on DFV-informed child protection practice for new and junior staff who may have limited experience in working with Aboriginal and/or Torres Strait Islander communities. Findings derived from the Mt Isa component clearly highlight the crucial role in understanding culturally specific elements of intergenerational trauma and the gendered nature of DFV in order to identify and engage with the primary victim parent and hold the abusive parent accountable – primarily in their role as fathers.

#### Implication #7 – Identifying and addressing language barriers

Findings derived from the Mt Isa component highlight the need for practitioners working with individuals and families to acknowledge the diversity of Aboriginal and/or Torres Strait Islander languages spoken in and around the Mt Isa community. Language barriers were identified as hindering clients' ability to process information, often crucial to meeting expectations of relevant services and regulatory agencies. This appears to be particularly pertinent in the role of the male and female WWD worker but extends to CSOs as well as other practitioners engaging in frontline family and client work. While workers cannot be expected to speak a variety of local languages, at the very minimum they need to be conscious of language diversity and barriers and ensure the inclusion of a third party where language barriers are identified.

#### Implication #8 – Identifying and addressing cognitive barriers

Cognitive barriers – whether arising from learning disabilities, acquired brain injury, fetal alcohol spectrum disorder (FASD), or similar factors – were identified as complicating factors in clients' capacity to process relevant information. Identifying such barriers and communicating with clients at a level that is appropriate to their cognitive abilities was identified across interviews with Elders, Child Safety staff and other practitioners. The described levels of violence along with concerns around excessive alcohol use within the community suggest that cognitive impairments arising from exposure to either or both factors over the life course may affect a substantial number of clients. Identifying and addressing related barriers to processing and communicating relevant information needs to form a core part of interventions, especially those aiming at behaviour change, to facilitate meaningful engagement with clients.

#### Implication #9 – Addressing alcohol and other substance misuse

Alcohol misuse and to a lesser extent substance misuse were identified as key factors contributing to an escalation of DFV, as well as adverse effects on parenting capacity and child outcomes. Alcohol misuse in the Mt Isa community was discussed by interviewees as closely linked to the level of social marginalisation experienced by many Aboriginal and/or Torres Strait Islander people in the community. Hopelessness, a lack of employment and recreational opportunities, along with intergenerational impacts of colonisation, dispossession and cultural disconnectedness were frequently cited as underlying causes for alcohol misuse. In addition to the availability of Alcohol and Other Drug (AOD) services, addressing the underlying factors affecting the wellbeing of Aboriginal and/or Torres Strait Islander families and their communities appears to be the only long-term solution.

#### Implication #10 – Promoting and valuing the role of community Elders

Findings presented in this report highlight the importance of community Elders as role models in a position to support (re)connection of Aboriginal and/or Torres Strait Islander people (especially men) of all ages to culture, language and land. Fostering greater leadership requires commitment to valuing and compensating those in a position to do this work. Findings suggest that government and non-government organisations need to be creative in compensating Elders in a way that neither affects their pension, nor their status and recognition within the community through being aligned with 'white' government funded interventions.

## Key findings derived from stakeholder consultations and parent surveys in Caboolture, Caloundra and Gympie trial sites

The final evaluation component incorporated online surveys conducted with representatives from WWD partner agencies from all four trial sites (Caboolture, Caloundra, Gympie and Mount Isa) (n=29); and telephone surveys with fathers and mothers (n=24) referred through WWD from the three trial sites of Caboolture, Caloundra and Gympie.

### Stakeholder consultations

The online stakeholder survey was used to gather feedback from representatives of partner agencies identified as key stakeholders by the WWD team. The survey focused on capturing feedback on stakeholder perceptions and experiences with WWD, including referrals received through WWD; fathers' motivation to engage in behaviour change; mothers' uptake of additional support services; and the broader benefits and challenges associated with WWD. Similar to other data collection instruments used throughout this evaluation, the online survey tool was developed in consultation with the WWD team. This ensured that data captured would address wider evaluation needs and answer questions identified as crucial by those implementing WWD in everyday frontline practice.

Overall, survey data suggested that the WWD program was well received by the partner agencies involved, with key benefits being: an improved Child Safety focus on perpetrator accountability in their role as safe parents and partners; stronger collaboration with other organisations; a greater understanding of DFV-informed practice; and mother/child safety. In particular:

- The majority of stakeholders stated that collaboration had greatly increased since the introduction of WWD, particularly around risk assessment, safety planning for mothers and children, and perpetrator accountability in their role as safe parents and partners.
- This improved collaborative practice was regarded as highly beneficial for services and clients. In particular, the WWD program was described as improving a mutual understanding of DFV as well as supporting risk assessment and safety planning across numerous services.
- Most stakeholders reported regular contact and liaison with their local **WWD worker**, with this contact mostly relating to information exchange and collaboration, particularly with regard to risk management, safety planning, risk assessment, and perpetrator accountability.
- Information exchange and collaboration relating to risk management, safety planning and risk assessment was also a commonly cited reason for contact with **CSOs**, with whom stakeholders also reported regular contact. For the majority of stakeholders, collaboration with Child Safety around risk assessment and monitoring, safety planning, and perpetrator accountability was reported as good or very good. Most stakeholders believed that this collaboration had greatly improved since the introduction of WWD.
- The majority of stakeholders reported that the referrals they received through WWD were appropriate for their clients. WWD referrals were also perceived as appropriate for the majority of stakeholders who had Aboriginal and/or Torres Strait Islander clients. For stakeholders who had Culturally and Linguistically Diverse clients, the majority also agreed that the WWD referrals they received were appropriate.
- Almost half of the stakeholders surveyed described the initial motivation of fathers to engage in behaviour change as good or very good. The majority of stakeholders described this as an improvement in fathers' motivation to take up and engage in men's behaviour

change. However<sup>1</sup>, less than one-quarter of stakeholders described this commitment as good or very good, even though the majority indicated an increase in observed commitment for fathers to change their violent behaviour since the commencement of WWD in their region. This highlights that while the fathers involved in the WWD trial are perceived as more motivated to initially engage in behaviour change approaches (e.g. WWD work, update of referral pathways), stakeholders perceive their actual commitment to changing violent behaviours as limited.

- Stakeholders identified benefits for fathers as being related to a number of factors, including fathers feeling more supported and understood through the WWD trial; and the alignment of WWD with perpetrator accountability, providing fathers with consistent messages around abuse with other programs and ensuring an integrated service system where ‘they’re less likely to slip through the cracks.’
- Importantly, around half of the stakeholders reported mothers’ uptake of additional support services referred from WWD as either good or very good. For the majority of stakeholders, this was an improvement from previous uptake of additional support services by mothers involved with Child Safety.
- Identified key benefits of WWD included an improved Child Safety focus on perpetrator accountability in their role as safe parents and partners, stronger collaboration with other organisations, a greater understanding of DFV-informed practice, and mother/child safety.

#### Implications arising from stakeholder surveys

Stakeholder survey data also indicates that high caseloads act as a limitation on the capacity of WWD workers to effect change. In particular, data from CSSCs with high caseload volumes involving DFV as a key presenting issue, suggests that the availability of a second WWD worker would enable more inter- and cross-agency collaboration. This was consistent with findings derived from the CSO surveys and interviews conducted for the first evaluation component.

Further, while stakeholders provided positive feedback about fathers’ engagement with WWD and other services, and fathers’ motivation and commitment to making changes around their violent behaviour, stakeholders were also clear that engaging abusive men in frontline Child Safety work and generating lasting commitment to behaviour change remains a key challenge. This finding was consistent across evaluation reports, suggesting that while more fathers are actively involved in Child safety work under WWD (compared with previous Child Safety practice), commitment to change beyond their initial engagement remains one of the most challenging tasks under the WWD trial and in Child Safety work more broadly.

While the WWD is a practice and engagement approach, not a men’s behaviour change program (MBCP), this increased motivation to engage with Child Safety and take up referrals to relevant perpetrator interventions was seen as a positive outcome; and raises questions about how lasting commitment to behaviour change could be generated via suitable MBCP and/or one-on-one interventions with perpetrators.

Consistent with the Child Safety staff data findings derived from the first evaluation component, stakeholder data also identified the need for more consistent Safe & Together training across

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<sup>1</sup> In line with DCSYW and wider definitions of domestic and family violence (DFV), the term ‘violent behaviour’ used through the report refers to DFV more broadly, including all forms of physical and non-physical types of violence (e.g. physical, sexual, verbal, emotional, social, financial and spiritual abuse along with tactics of coercive control).

agencies. This was seen as necessary to ensure a shared language and common approach to DFV-informed practice across the sector, and to ensure a holistic and unified approach to holding perpetrators accountable in their role as fathers; while at the same time, empowering mothers in their role as the non-abusive parent requires access to relevant professional development (such as Safe & Together) across key agencies working with victims, perpetrators, children or whole families affected by DFV.

### Parent survey findings

Data from the 24 parent surveys identified a range of challenges and benefits associated with the WWD trial, including the challenges involved in engaging fathers in Child Safety work. While referral numbers for parents participating in the evaluation were low overall, they were particularly low for fathers; consequently, fathers were less likely to engage in the evaluation activities than mothers. This low level of engagement seems consistent with the broader challenges Child Safety staff face in engaging with fathers.

Interestingly, the data indicated that outcomes for mothers are positive regardless of father engagement in the Child Safety work. While findings are not generalisable due to the small sample size, CSO parent referrals data appears to confirm that mother outcomes still improved and no further Child Safety notifications were recorded. Therefore, while 'Walking with Dads' focuses on supporting abusive fathers to understand the impact of their behaviour on mothers and children and to take responsibility for their violent behaviours and their children's exposure, the practice approach emerges as promising for mothers regardless of the level of engagement with fathers.

Due to the very small number of fathers willing to be involved in the evaluation (n=5 at Wave 1; n=1 at Wave 2), the majority of parent survey data comes from mothers. The evaluation was able to capture data for 19 mothers/female carers at Wave 1 and 10 mothers/female carers at Wave 2. This data revealed that:

- While fewer mothers were in paid employment at the time of data collection (primarily due to carer responsibilities for young children), the mothers surveyed reported substantially higher levels of education than the fathers surveyed.
- Mothers surveyed also reported emotional wellbeing improvements over time and throughout their involvement with WWD.
- Mothers also perceived that the emotional wellbeing of their children improved over time throughout their involvement with WWD.
- While mothers disclosed higher level experiences of DFV than the fathers disclosed as perpetrators, mothers also identified an overall decrease in abusive behaviours over time and throughout their involvement with WWD.
- Mothers' perceptions of their own safety substantially improved throughout their involvement with WWD.
- Some mothers desired a more couple-focused approach as part of the intervention.

### Implications for research and practice arising from parent surveys

Evaluation findings highlight the hard to engage nature of child protection-involved families.

### Implication #1 – Timing and process of program evaluations

While best practice evaluation usually sees an evaluation commence at the time an intervention is implemented, feedback from the WWD team highlights the challenges involved in this approach, particularly where vulnerable clients are involved.

Challenges for the WWD team included: recruiting vulnerable clients who often have strained relationships with statutory agencies to begin with; and recruiting vulnerable clients while simultaneously commencing a practice shift towards engaging abusive (and potentially dangerous) fathers in Child Safety work, which was also challenging for most staff. While this does not necessarily suggest that an evaluation should not commence when a program commences, it does suggest that it may be more useful for evaluators to first focus on how practitioners become familiar and confident with the relevant practice shift or approach first. This would not only capture invaluable information to inform program roll out, but would enable a number of clients to progress through an intervention and for staff to then better inform a client engagement approach.

### Implication #2 – Embeddedness and capacity of the specialist WWD worker

Parent survey data also confirmed that the complex nature of many families and the resources associated with successfully engaging abusive fathers in Child Safety work, while at the same time working with mothers towards increasing their own and their children's safety and wellbeing, is resource intensive. That is, to achieve positive outcomes, the WWD model requires direct WWD worker involvement across families and WWD worker availability to support CSOs in their own work with families affected by DFV. This theme emerged across all data sources throughout the evaluation. In particular, we note that the work with some fathers incarcerated for their DFV offences against the other parent, highlighted the levels of resources required to deliver WWD work in prisons in order to generate father accountability and improve family safety post release.

### Implication #3 – The need for child-focused trauma recovery component

Parent survey data also identified two limitations of the WWD trial relating to child wellbeing and the couple-level relationship. Both quantitative and qualitative parent data suggests that families have additional support needs around the couple relationship where parents do not separate and around children's long-term recovery needs after exposure to DFV. Starting with the latter, WWD had a greater impact on parents' self-reported experiences, behaviours and wellbeing than parent-reported child behaviour or wellbeing. Like many DFV-focused interventions, WWD works directly with victims and perpetrators in their role as non-abusive and abusive parents. While WWD is child-centred in its mandate and overarching objective to ensure children's safety and wellbeing, the needs of children growing up with DFV are primarily addressed by responding to parental risk and protective factors and supporting parents towards creating and maintaining safer family settings. WWD therefore meets its objective of achieving safety for children but is unable to provide required ongoing trauma recovery support for children within its current framework. As highlighted by the Mt Isa trial site findings and parent survey findings presented in this report, this indicates a need to incorporate a child-centred intervention component that goes beyond parent empowerment and accountability to ensure that children are not only protected from ongoing exposure to harm but further supported in their long-term recovery from trauma. Such recovery support does not necessarily have to form part of the WWD initiative itself but could form part of relevant needs assessment and related referral pathways for family members, including children.

**Implication #4 – Supporting parents who wish to remain together without jeopardising safety**

Survey data further revealed the desire of some parents for a more couple-focused approach. The risks of couple counselling in families affected by DFV are well-established and discussed further in the final evaluation report. The desire for more couple-focused work in the context of WWD may arise from the fact that a number of research participants did not separate and/or reunite during or after their involvement with WWD. This may indicate the need for a multi-layered DFV-informed couple intervention, including victim empowerment, perpetrator accountability, and couple communication components for couples who wish to maintain their relationship. It is important to note here that any couple focused interventions would have to be DFV-informed and form part of holistic WWD referral pathways to suitable partner agencies to address the shortcomings of traditional couples-therapy identified in the context of DFV.

Couple-focused support mechanisms may benefit from the Safe & Together model as the guiding principle of practice to ensure any couple-focused work ensures the empowerment of the non-abusive parent and clearly places accountability for the impact of DFV on the family more broadly on the abusive parent.

Safeguards to ensure child safety and wellbeing would also need to be addressed and repeatedly reassessed with couples opting for couple-focused interventions to ensure the sustainability of children's safety.

## Conclusion

While findings derived from the WWD trial evaluation are subject to limitations, it is positive to note that the various data sources drawn on for the purpose of this evaluation (Child Safety staff surveys and interviews, partner agency surveys, community consultations and parent data) identify WWD as a promising shift in Child Safety practice. All groups of research participants described a shift from mother-blaming towards father engagement and accountability, despite its challenges in a service area focused on the safety and wellbeing of children and historically used to working with mothers as primary carers. While this shift may not extend to other CSSCs across Queensland in the same way, there are valuable learnings from the four trial sites that can inform a wider shift towards fully DFV-informed practice in child protection work.

## References

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