



BAPTCARE'S IMPLEMENTATION OF CARING DADS AND MOTHERS IN MIND

September 2022

REPORT

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Bapcare

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ACKNOWLEDGEMENT OF COUNTRY

We acknowledge, with deep respect, the traditional owners of the lands on which we work and live.

The Tasmanian Institute of Law Enforcement Studies is sited on *lutruwita* (Tasmania) Aboriginal land, sea and waterways, and our scholars work across the lands of the *muwinina* people of *nipaluna* (Hobart), and the *palawa* peoples of *palanwina lurini kanamaluka* (Launceston) and *pataway* (Cradle Coast).

The *muwinina* and *palawa* peoples belong to the oldest continuing cultures in the world. They cared and protected Country for thousands of years. They knew this land, they lived on the land and they died on these lands.

We honour them.

We acknowledge that it is a privilege to stand on Country and walk in the footsteps of those before us. Beneath the mountains, along the river banks, among the gums and waterways that continue to run through the veins of the Tasmanian Aboriginal community.

We pay our respects to elders past and present and to the many Aboriginal people that did not make elder status and to the Tasmanian Aboriginal community that continue to care for Country.

We recognise a history of truth which acknowledges the impacts of invasion and colonisation upon Aboriginal people resulting in the forcible removal from their lands.

Our Island is deeply unique, with spectacular landscapes with our cities and towns surrounded by bushland, wilderness, mountain ranges and beaches.

We stand for a future that profoundly respects and acknowledges Aboriginal perspectives, culture, language and history. And a continued effort to fight for Aboriginal justice and rights paving the way for a strong future.

ACKNOWLEDGEMENTS

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CONTENT NOTE

This report refers to family violence in the context of parenting and effects on children and young people. If you require support for experiences of family violence, you can view services and information available in Tasmania at: <https://www.safefromviolence.tas.gov.au/>.

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INTRODUCTION

This document presents an evaluation of Bapcare's implementation in Tasmania of Caring Dads™ (Caring Dads) and Mothers in Mind® (Mothers in Mind)—programs addressing parenting in the context of family violence (FV).

The evaluation represents program activity relating to: implementation between 24 August 2020 and 13 May 2021 for Caring Dads and 6 November 2019 and 30 June 2020 for Mothers in Mind; and referrals to both programs as at 10 May 2022.

FV is a prevalent global phenomenon, including in Australia.¹ It encompasses a wide range of behaviours, including 'physical, psychological and emotional, sexual, financial and other forms of violence associated with abusive control and coercion'.² Intimate partner relationships have been identified as the relationships within which most FV typically occurs.³

In Tasmania, the definition of FV is limited to intimate partner violence occurring either current or former marriages or 'significant' relationships.⁴ The definition is more far-reaching in terms of the types of behaviour included, in that Tasmanian legislation explicitly creates two specialised summary offences of economic abuse and emotional abuse.⁵

¹ Australian Bureau of Statistics (ABS), 'Recorded Crime—Victims, Australia, 2019' (Catalogue No 4510.0, 24 June 2021) <<https://www.abs.gov.au/statistics/people/crime-and-justice/recorded-crime-victims/2020>>; ABS, '2016 Personal Safety Survey (PSS)' (Catalogue No 4906.0, 8 November 2017) <<https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release>>; Lynn Addington and Janet Lauritsen, 'Using National Data to Inform Our Understanding of Family and Intimate Partner Violence Victimization: A Review of a Decade of Innovation' (2021) 16(3) *Feminist Criminology* 304.

² Rae Kaspiew et al, 'Domestic and Family Violence and Parenting: Mixed Method Insights into Impact and Support Needs: Final Report' (Research Report No 4, Australia's National Research Organisation for Women's Safety (ANROWS), June 2017) <<https://www.anrows.org.au/project/mixed-method-insights-into-impact-and-support-needs/>> 15.

³ Eg, *Royal Commission into Family Violence* (Report and Recommendations, 2016) 2, 49; Caroline Spiranovic et al, 'Navigating Risk and Protective Factors for Family Violence During and After the COVID-19 "Perfect Storm"' (2021) 33 *Current Issues in Crime and Criminal Justice* 5; Australian Institute of Health and Welfare (AIHW), 'Family, Domestic and Sexual Violence in Australia: Continuing the National Story' (Australian Government, 2019) 11; ABS, '2016 Personal Safety Survey (PSS)' (n 1).

⁴ Tasmanian legislation uses the term 'family relationships', which includes a current or former: marriage or significant relationship, which is determined by factors such as whether the parties live together, have children and/or share finances: *Family Violence Act 2004* (Tas) s 4 ('family relationship'); *Family Relationships Act 2003* (Tas) s 4 ('significant relationships').

⁵ *Family Violence Act 2004* (Tas) ss 8, 9. See also, Marilyn McMahon and Paul McCorrey, 'Criminalising Emotional Abuse, Intimidation and Economic Abuse in the Context of Family Violence: The Tasmanian Experience' (2016) 35 *The University of Tasmania Law Review* 1.

In 2019–20, Tasmania Police responded to 3,576 incidents that were classified as FV.⁶ It is estimated that in 60% of Tasmanian homes where FV occurs, children and young people are present.⁷ Recent data on convicted FV offenders sentenced in Tasmanian courts indicates in 38 per cent of cases the offender and the victim had children together, and 35 per cent of cases the offending was committed in the presence of a child.⁸

It is well recognised that there are significant and long-lasting effects on children where FV occurs in current and former intimate partner relationships.⁹ Children who are exposed to FV are more likely than non-exposed children to be in a violent relationship as an adult and children in families with persistent FV have the worst health and social outcomes.¹⁰ Our understanding of the impacts of FV on children is still developing, including how best to support children, responding to the effects of their exposure to FV and how FV affects parenting capacity with a view to improving outcomes for children and parents.¹¹

Many programs exist for addressing FV. However few focus on the impact of FV on parenting¹² and fewer still can point to a robust evidence base for such programs. Bapcare introduced two Canadian programs in Tasmania which developed from a strong evidence base.

Caring Fathers¹³ is a group intervention program for fathers who have abused, neglected, or exposed their children to FV; or who are deemed to be at high-risk for these behaviours. It combines elements of parenting, fathering, FV and child protection practice to enhance the safety and well-being of children; supports fathers to take a leadership role to address structural and gender factors that drive and reinforce violence against women; and develops and promotes changes in awareness, attitudes and behaviours and promoting positive male role models for other men, children and youth. Bapcare received funding to enable establishment

⁶ Safe Homes Families Communities, '[Responding and Reporting 2020: Achievements in the delivery of Safe Homes, Families, Communities: Tasmania's Action Plan for Family and Sexual Violence 2019–2022](#)' (Tasmanian Government, November 2020) 2.

⁷ Safe at Home and Department of Justice, '[Family Violence – Children and Young People](#)' (Tasmanian Government 2015) 1.

⁸ Hudson, Christina (Nina), 'Straight-Talking, but from the Heart: Exploring Judicial Court-Craft in Sentencing Offenders for Intimate Partner Violence' (University of Tasmania, PhD Thesis, June 2022) 196.

⁹ Monica Campo, 'Children's Exposure to Domestic and Family Violence: Key Issues and Responses' (CFCA Paper No 36, Child Family Community Australia (CFCA) Information Exchange <<https://aifs.gov.au/resources/policy-and-practice-papers/childrens-exposure-domestic-and-family-violence>>; Kaspiew et al, 'Domestic and Family Violence and Parenting' (n 3).

¹⁰ AIHW, 'Family, Domestic and Sexual Violence in Australia: Continuing the National Story' (n 3).

¹¹ See Kaspiew et al, 'Domestic and Family Violence and Parenting' (n 3).

¹² Peter Lucas, Romy Winter, Clarissa Hughes, and Kenneth Walsh, 'Increasing Men's Awareness of the Effects on Children Exposed to Family and Domestic Violence' (University of Tasmania, 2016).

¹³ Katreena L Scott and Vicky Lishak, 'Intervention for Maltreating fathers: Statistically and Clinically Significant Change', *Child Abuse & Neglect* (2012) 36(9) 680.

and delivery of Caring Dads to up to four groups per region (North and South) per year, with groups estimated at eight to ten fathers per group.

Mothers in Mind¹⁴ is a mother and child program specifically designed to meet the parenting needs of mothers who have experienced FV, childhood abuse or sexual assault, who find that these experiences are making parenting difficult; and who have children under the age of four. The program helps mothers learn ways to manage stress and other challenging feelings, foster healthy self-esteem and respond to their children in a sensitive, supportive and effective manner. Baptcare was to target the program to families engaged in Integrated Family Support Services, referred by the Strong Families, Safe Kids Advice and Referral Line and identified as 'at-risk', experiencing complex issues impacting the safety and wellbeing of vulnerable children and young people in the home.¹⁵

BACKGROUND

Baptcare

Baptcare is 'a faith-based not-for-profit organisation that provides residential and community care for older people, support to children, families and people living with a disability, financially disadvantaged people and people seeking asylum'.¹⁶

History of Caring Dads

Caring Dads¹⁷—developed by the University of Toronto and Changing Ways—was codesigned by with a community advisory committee that includes representatives from a range of services, including shelters, women's advocacy services, child welfare, family court and child and family mental health services. Its foundational tenet is that:

working with fathers is an essential part of ending violence against women and children and views all of the elements of violence through a fathering lens: building relationships with their children and with the children's mother, recognising unhealthy abusive and neglectful fathering behaviours and rebuilding trust and healing.¹⁸

¹⁴ Jenney, A., and L. Sura-Liddell, 'Mothers in Mind: An Attachment Informed Intervention for Abused Women with Infants and Toddlers' (Hospital for Sick Children, Toronto, Ontario, Canada, 2007).

¹⁵ Baptcare Limited and University of Tasmania, 'Research and Collaboration Agreement' (29 March 2022) 23.

¹⁶ Baptcare, 'Why Baptcare' (Web Page, 2022) <https://www.baptcare.org.au/why-baptcare>.

¹⁷ Caring Dads, 'Caring Dads' (Web Page, 2001–2017) <https://www.caringdads.org/>.

¹⁸ Baptcare, 'Funding Proposal COVID-19: Family and Sexual Violence' (Tasmanian Government, 'Request for Proposals: Preventing and Responding to Sexual Violence', 12 May 2020) 3.

Caring Dads consists of a 17-week empirically-based, manualised group parenting intervention for fathers, which includes:

- systematic outreach to mothers, to ensure safety and freedom from coercion;
- ongoing collaborative case management of fathers with existing service providers and other professionals involved with fathers' families;
- combining elements of parenting, fathering, FV and child protection practice to enhance the safety and well-being of children;
- supporting fathers to take a leadership role to address structural and gender factors that drive and reinforce violence against women; and
- developing and promoting changes in awareness, attitudes and behaviours and promoting positive male role models for other men, children and youth.¹⁹

History of Mothers in Mind

Mothers in Mind²⁰ was also developed in Canada by the Child Development Institute (CDI), and is a 'manualised, evidence based, therapeutic mother and child program'.²¹ CDI is an accredited children's mental health agency. CDI offers early intervention, FV and early learning programs. Mothers in Mind was designed to be implemented as a group program but can be adapted to be delivered one on one, or online. It consists of a 10-week program that helps:

mothers learn ways to manage stress and other challenging feelings, foster healthy self-esteem and respond to their children in a sensitive, supportive and effective manner.²²

Evaluation by the University of Tasmania

The evaluation was conducted for Bapcare by the University of Tasmania, by researchers affiliated with the Tasmanian Institute of Law Enforcement Studies (TILES). The evaluation was funded by Bapcare, using funds contributed in-kind in addition to the grant of funds for delivery of the programs from the Tasmanian Government. Under the agreement between the University of Tasmania and Bapcare, the key output for the evaluation was a report outlining

¹⁹ Bapcare, 'Funding Proposal COVID-19: Family and Sexual Violence' (Tasmanian Government, 'Request for Proposals: Preventing and Responding to Sexual Violence', 12 May 2020) 3.

²⁰ Child Development Institute, 'About MIM' ((Web Page, 2022) <https://childdevelop.ca/mothersinmind/about-mim>.

²¹ Bapcare, 'Funding Proposal COVID-19: Family and Sexual Violence' (Tasmanian Government, 'Request for Proposals: Preventing and Responding to Sexual Violence', 12 May 2020) 5.

²² Bapcare, 'Funding Proposal COVID-19: Family and Sexual Violence' (Tasmanian Government, 'Request for Proposals: Preventing and Responding to Sexual Violence', 12 May 2020) 5.

the project scope and aims, method, findings and discussion/conclusion, including any recommendations.

EVALUATION METHODOLOGY AND SCOPE

The evaluation comprised of two separate components—a system-wide mapping of FV service provision in Tasmania and a desktop analysis of deidentified data on clients in the respective programs (Caring Dads and Mothers in Mind). From these components, the following three aims were developed to guide the conduct of the evaluation:

1. Map the provision of FV services in Tasmania, to locate the Caring Dads™ and Mothers in Mind® programs within this system of service provision.
2. Document the implementation of the two programs – from funding proposal to current operation, including the model of practice utilised by Bapcare to implement each program.
3. Review the effectiveness of the model of practice for implementation, in terms of client referral pathways (including barriers), throughput and outcomes for each program.

System-wide service mapping of FV service provision in Tasmania

System-wide service mapping was conducted by searching for and reviewing information available online about FV services available in Tasmania. A table was developed and used to map and identify key features of existing FV services, which are presented under the section 'Mapping Family Violence Services in Tasmania'.

Analysis of Bapcare documentation relating to program implementation

The implementation of Caring Dads and Mothers in Mind was documented with reference to key information provided by email from Bapcare to the research team.²³ Analysis of this information is set out under 'Bapcare's implementation of Caring Dads and Mothers in Mind in Tasmania'.

Analysis of de-identified client data: Caring Dads and Mothers in Mind

Service delivery was assessed by analysis of de-identified data provided to the research team by Bapcare. Two datasets were provided as follows:

- Bapcare Caring Dads (excel spreadsheet dated 10 May 2022) covering referrals over the period of 20 months and 4 days from 26 June 2020 to 1 March 2022.

²³ This included: Bapcare, 'Funding Proposal COVID-19: Family and Sexual Violence' (Tasmanian Government, 'Request for Proposals: Preventing and Responding to Sexual Violence', 12 May 2020); *Integrated Family Support Services (IFFS) Tasmania Program Logic*, 12 May 2020; *Project Implementation Plan: Caring Dads* (excel spreadsheet provided June 2021); *Northern Implementation Plan: Mothers in Mind* (excel spreadsheet provided June 2021); Key performance indicators for Caring Dads and Mothers in Mind, provided June 2022.

- Baptcare Mothers in Mind (excel spreadsheet dated 10 May 2022) covering referrals over 1 a period of 28 months and 16 days from 11 December 2019 to 26 April 2022.

Both datasets contained de-identified information relating to participants who had been referred to the Caring Dads or Mothers in Mind programs. Analysis of data focused on participant numbers and demographics (age and cultural identity), number and age of children, location in Tasmania, referral sources, presenting issues, outcome upon exiting the program, and completion of, and key feedback from, participant completion survey. Additionally, analysis questions were developed using the key performance indicators for Caring Dads and Mothers in Mind respectively. These questions are set out in Tables 26 and 27 in the section 'Service delivery data analysis', which contains findings from data analysis on service delivery.

MAPPING OF FAMILY VIOLENCE SERVICES IN TASMANIA

A key gap sought to be addressed by the delivery of Caring Dads and Mothers in Mind was to link FV services—which largely do not work with families within the home—with outreach work by IFSS workers with families experiencing complex issues. The funding proposal for program implementation was based on Baptcare working collaboratively with 'IFSS Alliance' partners, an Alliance of Integrated Family Support Service (IFSS) providers managed by Baptcare in partnership with Mission Australia.

Scope of service mapping

A key first task of the evaluation was to map the system wide FV services within this model of service provision. This mapping was conducted by searching for and reviewing information available online about FV services available in Tasmania. A table was developed and used to map and identify key features of existing FV services. Appendix 1 contains the table containing the detailed results of FV service mapping in Tasmania, using the criteria shown in Table 1, below.

Table 1 Criteria for mapping and identifying key features of FV services

Key feature	Description
Service / program name (organisation)	Name of service or program and which organisation runs the program
Funding source	Which organisation funds the program
Service provided	Describe the general type of service provided (some of these may overlap or some programs may sit in more than one – list as many as apply) ²⁴
Client focus	Identify whether program is targets clients one or more of the following groups or communities ²⁵
Relevance to FV, parenting, children and young people	Program focus or eligibility criteria regarding FV and any relationship definitions (e.g., adults or children/young people, gender-specific, relationship type or violence type) If FV focus, does it include parenting / family / child or young person lens (holistic/wrap around)
Locations	Geographic location of the service
Access	Cost of services (cost to participant to engage) Mandated / voluntary (whether the program is voluntary for participants or mandated under other programs, or legal processes / orders)

Features identified from FV services mapped

The results of the detailed service mapping analysis were used to identify the features of FV services in Tasmania. In total, 47 programs or services were included in the mapping exercise, broadly categorised as follows:

- General support, information, counselling, and program delivery for people experiencing or affected by FV – 31 services or programs (65.9 per cent).
- Interventions and/or programs solely focused on FV perpetrators – seven services or programs (14.9 per cent).
- Legal services and court-related support or programs relating to matters involving FV – nine services or programs (19.1 per cent).

Table 2 shows the breakdown of the programs and services according to their relevance regarding FV, parenting, children and young people.

The most commonly services were directly focused on FV (31.9 per cent), followed by general legal services (17.0 per cent). Services that were focused on safety and wellbeing of children and

²⁴ E.g., Counselling – telephone, online or in-person; Crisis or post-crisis Support (general); Victim of crime support; Legal; Perpetrator intervention; Mental health / psychological; Housing; Child and family support.

²⁵ E.g., adults; children and/or young people (age ranges); diversity – gender, disability, LGBTQIA+, cultural (including Aboriginal and Torres Strait Islander people and communities, CALD, migrant communities).

young people or children, young people and their families comprised 6.4 per cent of the services respectively. Services that were focused on parenting were equal in prevalence, divided into two categories of general parenting and parenting for families with children aged 0–12 years old (both representing 6.4 per cent of the sample respectively).

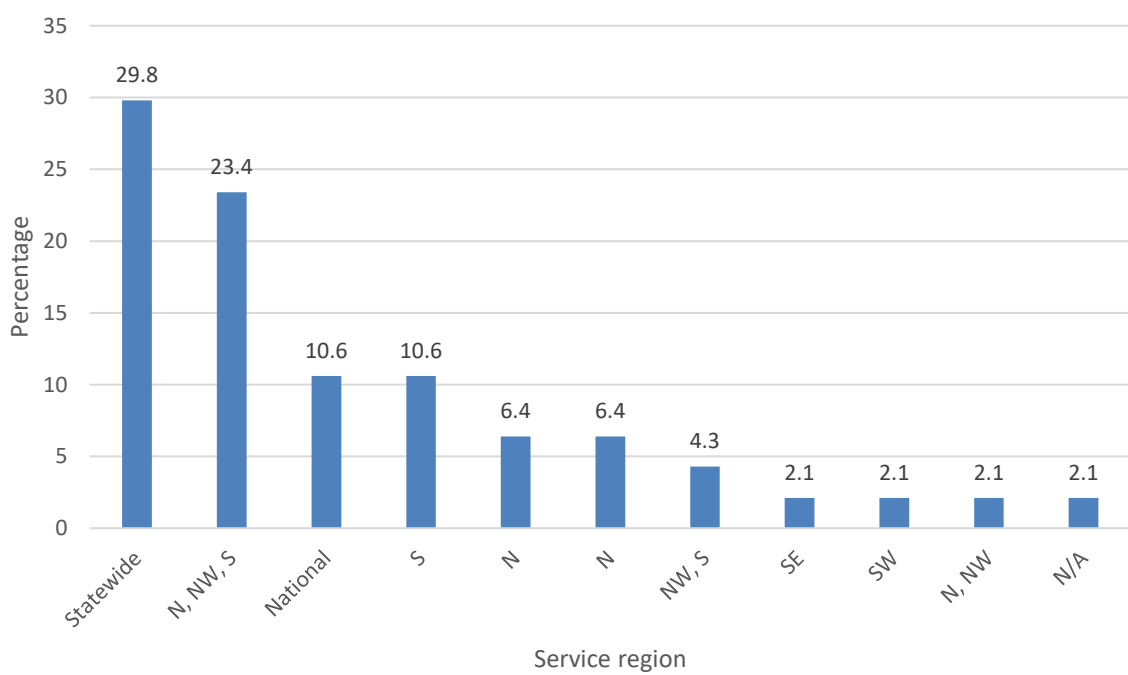
Table 2 Number and percentage of programs and services according to their relevance regarding FV, parenting, children and young people

Category of relevance to FV, parenting, children, and young people	Number	Percentage
Family violence	15	31.9
Legal (general)	8	17
General wellbeing	4	8.5
Children and families (safety and wellbeing)	3	6.4
Children and young people (safety and wellbeing)	3	6.4
Parenting (families with children 0-12)	3	6.4
Parenting (general)	3	6.4
Children and young people and families (safety and wellbeing)	1	2.1
Family violence – children and young people	1	2.1
Family violence and parenting	1	2.1
Housing	1	2.1
Legal (general, with FV focus in Burnie and Launceston office)	1	2.1
Offenders, children and families (general)	1	2.1
Sexual assault	1	2.1
Sexual violence	1	2.1
Total	47	100

There was only one service that was focused specifically on FV and children and young people, namely the Child and Young Person’s Program (CCYP): A Tasmanian Government service under the Family Violence Counselling and Support Service (FVCSS) for children and young people whose parent has been in a FV incident attended by Tasmania Police. The service under ‘family violence and parenting’ is a training and resources toolkit for perpetrator interventions, ‘Start Again Today’ was developed by TILES and The Salvation Army for presenters, trainers and counsellors to assist individual men and men’s groups understand the impact of FV on children and suggest ways in which changes in parenting relationships can be made. The program was designed to augment behaviour change programs where the impact on children was not addressed (see Appendix 1 for details).

Figure 1 shows the geographical location of the FV services using information available about each service. In some cases, more detailed information was available, for example regarding the specific towns in which particular services were located or delivered. These details are shown in Appendix 1. Figure 1 shows that FV services were most commonly described as being statewide (29.8 per cent). This was followed by services in all three of North, North West and South regions (23.4 per cent). Where services were described as being in only one region, the most common region was South (10.6 per cent), followed by North (6.4 per cent) and North West (6.3 per cent), and then South East (2.1 per cent) and South West (2.1 per cent). It is noted that 'South' was a broad term used to describe and often included locations within the SW and/or SE of Tasmania.

Figure 1 geographical location of the FV services mapped according to percentage of FV services mapped (n=47)



There was limited information available as to whether and the extent to which the programs or services included outreach within the identified geographical location. Information available suggested that six of the 47 programs or services included outreach. These were as follows:

1. Child and Young Person's Program (CCYP).²⁶
2. RAIN (Relationship Abuse of an Intimate Nature).²⁷
3. Laurel House.²⁸
4. Support for Children and their Families.²⁹
5. Child and Youth Mental Health Service (CYMHS).³⁰
6. Hobart Community Legal Centre.³¹

BAPTCARE'S IMPLEMENTATION OF CARING DADS AND MOTHERS IN MIND IN TASMANIA

Source of funding

Baptcare was successful in a funding proposal to the Tasmanian Government for 'initiatives to support Tasmanians affected by family and sexual violence during the COVID-19 pandemic'.³² Baptcare received the funding amount (\$214,640), requested over one to two years. Baptcare

²⁶ A Tasmanian Government service under the Family Violence Counselling and Support Service (FVCSS) for children and young people whose parent has been in a FV incident attended by Tasmania Police, which operates statewide with limited outreach.

²⁷ An Anglicare program for women, men and children who have been subjected to domestic and family violence, in North West Tasmania with Devonport and Burnie offices and outreach to West Coast, Circular Head and King Island.

²⁸ A service for adults and children affected by sexual assault in North and North West of Tasmania with offices in Launceston, Devonport and Burnie and outreach across the North, North West, East Coast and West Coast.

²⁹ A suite of programs and services for children, young people and families focused on safety and wellbeing, which operates in various locations in the North, North West and South of Tasmania, with outreach in some locations.

³⁰ A program provided by Anglicare providing brief interventions, intensive long-term support and community education for children and young people (0–18 years old) who are showing signs of or could be at risk of developing mental illness, which operates in the North West and South of Tasmania, including outreach.

³¹ A legal service providing free legal information, advice, representation and referral to the general public in southern Tasmania, with offices in Hobart and Bridgewater, and outreach in Sorell, Clarendonvale and Rokeby.

³² Baptcare, 'Funding Proposal COVID-19: Family and Sexual Violence' (Tasmanian Government, 'Request for Proposals: Preventing and Responding to Sexual Violence', 12 May 2020) 3.

contributed a further \$126,140 in-kind for evaluation by the University of Tasmania, program management and an additional facilitator, motor vehicles, and licences for programs.³³

Summary of funding proposal

Baptcare proposed to offer Caring Dads and Mothers in Mind to two existing client groups:

- Tasmanian Integrated Family Support Services (IFSS) clients; and
- clients referred via the Strong Families, Safe Kids Advice and Referral Line (SFSK).

This proposal was based on Baptcare working collaboratively with 'IFSS Alliance' partners, an Alliance of Integrated Family Support Service (IFSS) providers managed by Baptcare in partnership with Mission Australia. Partnerships under the IFSS Alliance are shown by region in Table 3, below.

Table 3 Partnerships under the IFSS Alliance relevant to Baptcare's proposal to implement Caring Dads and Mothers in Mind

Region	Partnerships	Contracting agency
Northern and South Western regions of Tasmania	Hobart City Mission, Save the Children Australia, Glenhaven Family Services and Mission Australia	Baptcare
North Western and South Eastern regions of Tasmania	Jordan River Services, Circular Head Aboriginal Corporation, and Youth and Community Connections	Mission Australia

Other IFSS providers working closely with Baptcare include Uniting, CatholicCare and the Northern Suburbs Community Centre; with Anglicare accepting Supported Youth referrals at the weekly Alliance Allocation Meetings in the Northern catchment.

Key gaps sought to be addressed by Caring Dads and Mothers in Mind

A key gap sought to be addressed by the delivery of the two programs was to link FV services—which largely do not work with families within the home—with outreach work by IFSS workers with families experiencing complex issues. Working with families in the home setting, IFSS workers are 'ideally placed to identify and assist with situations of current/potential/past family violence, which might otherwise go unnoticed and unreported'.³⁴

³³ Baptcare, 'Funding Proposal COVID-19: Family and Sexual Violence' (Tasmanian Government, 'Request for Proposals: Preventing and Responding to Sexual Violence', 12 May 2020) 1.

³⁴ Baptcare, 'Funding Proposal COVID-19: Family and Sexual Violence' (Tasmanian Government, 'Request for Proposals: Preventing and Responding to Sexual Violence', 12 May 2020) 2

Baptcare data indicates that 60 per cent of families serviced through its IFSS either have a history of FV or are currently experiencing FV.³⁵

Further, delivery of these two programs were situated as addressing several key themes in the Tasmanian government's policy work to address FV,³⁶ shown in Table 4 according to how they were said to be addressed by the proposal.

Table 4 Themes in the Tasmanian government's FV policy work addressed by Baptcare's funding proposal

Theme	How addressed by the proposal
Addressing the impact of violence of children and young people	Delivery of two evidence based, therapeutic trauma informed programs to mothers and fathers.
Integrating service delivery and providing services that meet the needs of women	Working collaboratively with IFSS Alliance partners for practice reform and addressing the complex needs of families, including in relation to FV.
Early intervention	Seeking to change the trajectory and avert the escalation of violence through these two programs which aim to: <ul style="list-style-type: none"> • keep people safe; • change underlying attitudes and behaviours; and • build the skills of individuals who are at risk or exhibiting early signs of using or experiencing FV.

The funding was to cover one Facilitator per region, with a second practitioner to be provided by Baptcare, as an in-kind contribution and co-facilitators to be sought from IFSS Alliance partners. The need for a second practitioner reflected the complexity of the issues addressed in the Caring Dads and Mothers in Mind groups, and was aimed to 'strengthen the group, intake and follow up processes and enable the programs to be delivered to more people; as well as building capability within the Baptcare staffing group and across the IFSS Alliance.'³⁷

³⁵ Baptcare, 'Funding Proposal COVID-19: Family and Sexual Violence' (Tasmanian Government, 'Request for Proposals: Preventing and Responding to Sexual Violence', 12 May 2020) 8.

³⁶ Eg, Tasmanian Government, '[Safe Homes Families Communities: Tasmania's Action Plan for Family and Sexual Violence 2019–2022](#)' (Tasmanian Government, 2019–2022).

³⁷ Baptcare, 'Funding Proposal COVID-19: Family and Sexual Violence' (Tasmanian Government, 'Request for Proposals: Preventing and Responding to Sexual Violence', 12 May 2020) 5.

Implementation proposal³⁸

Referral sources

The proposed referral sources for Caring Dads and Mothers in Mind were parents who:

- are clients of IFSS or have been referred from SFSK advice and referral line; and
- are currently experiencing FV or who have a history of FV.

Delivery targets

It was aimed that Caring Dads would be delivered by trained facilitators in group sessions. These were proposed to be an estimated eight to ten fathers per group, and four groups per region (North and South) per year, with capacity for 32–40 fathers for each region and a total target number of 64–80 fathers) (see Table 5).

Table 5 Delivery targets for Caring Dads

Region	Fathers per group	Groups per region	Total fathers per region
North	8–10	4	32–40
South	8–10	4	32–40
Total			64–80

It was aimed that Mothers in Mind would be delivered by trained facilitators in groups or on an individual basis, either face to face or via a telecommunications method. Further, it was proposed that the individual's case worker could also be trained to deliver the programs on a one-to-one basis, were required. These were proposed to be an estimated four to six mothers per group and their children aged under four years, and four to six groups per region (North and South) per year, with capacity for 16–36 mothers for each region and a total target number of 32–74 mothers) (see Table 6).

Table 6 Delivery targets for Mothers in Mind

Region	Mothers per group	Groups per region	Total mothers per region
North	4–6	4–6	16–36
South	4–6	4–6	16–36
Total			32–74

Proposed outcomes

Different outputs were proposed for the Caring Dads and Mothers in Mind programs according to the client group and focus of each program. Examination of whether these were achieved was not within the scope of this evaluation.

³⁸ Bapcare, 'Funding Proposal COVID-19: Family and Sexual Violence' (Tasmanian Government, 'Request for Proposals: Preventing and Responding to Sexual Violence', 12 May 2020) 4–5, 6–7.

The Caring Dads program sought to achieve five main outcomes:³⁹

1. Developing sufficient trust and motivation to engage fathers in examining their fathering.
2. Increasing fathers' awareness and application of child-centred fathering.
3. Increasing fathers' awareness of, and responsibility for, abusive and neglectful fathering behaviours and their impact on children.
4. Setting individual goals with fathers; with progress tracked and modified as necessary by the group.
5. Providing outreach support to mothers.

The Mothers in Mind program sought to achieve four main outcomes:

1. Mothers will build their skills and capacity to care appropriately for their children and to enhance their children's safety and well-being.
2. Children under four years of age, who are impacted by FV will receive therapeutic interventions.
3. Improved parent child relationships
4. Increased confidence in mothers for being able to support and respond to their children's needs.

Key Performance Indicators

Six key performance indicators shown (in Table 7) were identified, which were linked in some part to the outcomes listed above.

Table 7 Key performance indicators and targets: Caring Dads and Mothers in Mind

Key performance indicator	Target: Caring Dads	Target: Mothers in Mind
Number of participants commenced across the life of the program	4 groups 32 fathers	4 groups 32 mothers
Number of participants completed	50%	50%
Number of children aged under 4 attended the program with their mothers (MiM only)	N/A	No target
Number of exiting participants who completed a participant satisfaction survey	50%	50%
Number of people accessing the program reporting improved awareness and knowledge	75%	75%
Number of people accessing the program assessed as making progress/achieving their individual goals	75%	75%

It was anticipated that the programs would have a number of benefits, namely improved service responses for young children impacted by FV; and therapeutic benefits for perpetrators and victims and their children. The intended strengthening of service provision was also

³⁹ Six additional outcomes for Caring Dads were also included in the funding proposal; however, these have not been noted as they were qualitative and long term outcomes, for which measurement tools were not developed.

identified as a benefit in the context of the expectation of higher rates of FV over the period during and following the COVID-19 pandemic.⁴⁰

Implementation approaches

At the time of the receipt of funding, Mothers in Mind had already been implemented in some regions of Tasmania and operating on a smaller scale; while Caring Dads was a new program that had not previously been in operation. Baptcare had provided, to the research team at the University of Tasmania, an implementation plan for each of the programs.⁴¹ Baptcare advised that while the implementation plans were used for some parts of the implementation planning of implementing service delivery, they were not used as the operational side of implementation took over.⁴²

Caring Dads

Caring Dads was a new program that had not previously been delivered by Baptcare, targeted at fathers (male perpetrators), funded in combination with some IFSS group work provisions already agreed to with the Department of Communities Tasmania.

The Caring Dads implementation plan had a project start date of 24 August 2020 and project end date marked as 'TBC' (subsequently confirmed by Baptcare to be 13 May 2021), with the following components, with a progress status indicated as follows:

- Human Resources — 95%
- Documentation — 93%
- Resources — 50%
- Comms Strategy — 90%
- Training —100%
- Research and Evaluation — 0%
- Stakeholder Management — 79%
- Finance —0%
- IT — 0%.

Work relating to each of these components was detailed on separate sheets in the excel file, with additional sheets as follows: KPIs, Issues Register, and Referral Pathways.

The 'Human Resources' sheet reflected allocation of implementation tasks to Baptcare staff, namely identifying and raising awareness of Caring Dads' project goals with workers,

⁴⁰ Baptcare, 'Funding Proposal COVID-19: Family and Sexual Violence' (Tasmanian Government, 'Request for Proposals: Preventing and Responding to Sexual Violence', 12 May 2020) 5.

⁴¹ Project Implementation Plan: Caring Dads (excel spreadsheet provided June 2021) and Northern Implementation Plan: Mothers in Mind (excel spreadsheet provided June 2021).

⁴² Email from Baptcare staff member to University of Tasmania research team staff member, 8 June 2022.

developing outcomes reporting and day-to-day liaison on project implementation. The latter task was marked as 80% in progress, while the others were marked as 100%.

The 'Documentation' sheet set out tasks relating to key documents to progress implementation, which appear to have been conducted in October and November 2020. These were as follows:

- Referral pathways – 'letter drafted to potential referral pathways ... for approval' and with a list of service areas or organisations for said letter⁴³ (100% complete)
- Consent forms – 'adapt the existing consent form for Mothers in Mind for Caring Dads (80% complete)
- Referral form – 'update referral form to include cultural identity and FVO/Community Corrections orders' (100% complete).

The 'Resources' spreadsheet documented implementation plan tasks relating to physical resources relating to the communications of the Caring Dads program, such as posters and brochures⁴⁴ and resources for running Caring Dads sessions, such as the securing of venues and establishing of a schedule for Zoom videoconferencing.

The 'Comms Strategy' spreadsheet set out tasks relating to the documents identified in earlier spreadsheets used for awareness raising about the Caring Dads program, including the brochures, and the letter to potential referral pathways. Also noted were tasks relating to the preparation of a media release, which was sent to newspapers, TV and radio in Tasmania, and updating of Baptcare's website to add the Caring Dads program to the 'suite of IFSS programs'.

The 'Training' spreadsheet documented the training that was planned and delivered to Baptcare staff licenced to provide the Caring Dads program in the following tranches: 'Initial Training', 'Manager Training', 'Round 1 training', 'Round 2 training', all of which were marked as 100% complete. Progress notes were available for the latter two, indicating that 'Round 1 training' was conducted on 13, 20 and 27 October and 3 November, and 'Round 2 training' was conducted on 16, and 17 November and 23 and 24 November.

The 'Research and Evaluation' spreadsheet was blank and marked as 0% complete as this was due to occur following implementation.

The 'Stakeholder Mgmt' spreadsheet' documented tasks for engagement with stakeholders in October 2020.⁴⁵ The tasks noted for the first five stakeholders related to setting up meetings

⁴³ These were: 'police, DV services, community liaisons, Aboriginal liaisons; Courts, Corrections; AOD supports; Mental Health; ARL (Strong Families, Safe Kids Advice and Referral Line); Child Safety, Response; Family Court of Australia; Men's Shelters; Men's Sheds; Relationships Australia; CatholicCare; Migrant Resources Australia; Child Health Clinics; General practitioners, health hubs'.

⁴⁴ Posters and brochures were developed by Marketing and Comms team; with brochures ordered for distribution in Baptcare's offices. The production of posters was marked as being placed 'in hold'.

⁴⁵ The following stakeholders were listed: Youth Justice; Ptunarra (Derwent Valley) CFC; CAMHS; Safe Homes, Safe Families; Engender Equality; Tasmanian Prison Service.

with stakeholders, while for the Tasmanian Prison Service, the task referred to the sending of an email 'with clarifying questions'.

The 'Finance' spreadsheet included some notes relating to establishing budgets for marketing and for program delivery (such as venue and catering); with no progress documented in relation to these tasks.

Both the 'IT' spreadsheet and the 'Issues Register' spreadsheet were blank.

The 'KPIs' spreadsheet documented information relating to tasks required to collect information against the KPIs for the Caring Dads program. While there was some content populated in this spreadsheet, identifying tasks and persons responsible, it did not contain information that documented the progress made in relation to these tasks, each of which were described as 'yet to start'.

The 'Referral Pathways' spreadsheet documented a large amount of information relating to the services and organisations identified as potential referral pathways for Caring Dads. This included a contact person for each service/organisation (and their contact details), and the region of the service/organisation. Further, it documented activity relating to the distribution of information to each service/organisation identified as a potential referral pathway, sent electronically through email or sent in hard copy by post. The spreadsheet identified 189 services and organisations, of which 165 were noted as an email or post having been sent on various dates in October 2020. For 32 of these (19.3 per cent) were noted as having been 'actioned', which appeared to relate to the response of the service/organisation to Baptcare's contact and activities pertaining to follow up engagement by Baptcare to provide further information for the potential for the service/organisation to be a potential referral pathway for Caring Dads. Examples of these activities undertaken by Baptcare following responses by services/organisations included organising meetings with the organisation, providing brochures for distribution within the organisation, flagging further follow up by phone, and the presentation of information through an information session (with 17 dates for presentations noted over the period 4 November 2020 to 19 February 2021). The spreadsheet also documented follow up notes relating to these activities.

Mothers in Mind

Mothers in Mind had been running as a partly IFSS funded pilot for two years in a limited capacity in the North and South Western Regions of Tasmania. Baptcare is a licenced provider of Mothers in Mind in Tasmania and Victoria. Baptcare practitioners are trained in MIM and have been facilitating groups during school terms since 2018. Facilitators are supported by an

endorsed internal Baptcare Senior Practice Consultant who is trained and supervised directly by one of CDI's developers of MiM, Angelique Jenney (PhD).⁴⁶

The further implementation of Mothers in Mind was proposed to increase the provision of that successful program by covering a wider geographical region and wider target group, as well as 'increasing service time on intake and follow up with mothers, thereby increasing the completion and referral rates in all groups provided'.⁴⁷

The Mothers in Mind implementation plan had a project start date of 6 November 2019 and an end date of 30 June 2020, with individual spreadsheets relating to the following components:

- Documentation and systems
- Communication Strategy
- Annual Budget Est
- Grants
- Service Delivery
- Partnership
- Schedule 2021 MiM

Work relating to each of these components was detailed on each sheet in the excel file.

The 'Documentation and Systems' spreadsheet identified two tasks with progress notes as follows:

- 'Set up referral pathways for MiM from outside agencies'—completed
- 'MiM manual ...'—uncertain.

The 'Communication Strategy' spreadsheet documented detailed information about the tasks, persons responsible and progress notes made in relation to communication of the Mothers in Mind program to a list of services and organisations (84 listed in total). Tasks included making phone calls and distributing flyers on the Mothers in Mind program. Documentation in the progress notes and comments fields indicated a wide range of activity undertaken by Baptcare staff to liaise and engage with contacts at these services and organisations, such as calls, emails, attendance by Baptcare staff at team meetings, and distribution of flyers.

The 'Annual Budget Est' spreadsheet set out calculations relating to the costs of running the Mothers in Mind program, calculated on the basis of six groups in the North and five groups in the South. This included costs related to venue hire, food, transport and vouchers for participants.

⁴⁶ Baptcare, 'Funding Proposal COVID-19: Family and Sexual Violence' (Tasmanian Government, 'Request for Proposals: Preventing and Responding to Sexual Violence', 12 May 2020) 5.

⁴⁷ Baptcare, 'Funding Proposal COVID-19: Family and Sexual Violence' (Tasmanian Government, 'Request for Proposals: Preventing and Responding to Sexual Violence', 12 May 2020) 5.

The 'Grants' spreadsheet contained information in relation to various grants as possible sources of funding, but included a note to say that 'grants are no longer being investigated' due to a lack of staff resources to complete grant applications and seek approval for submission within Bapcare.

The 'Service Delivery' spreadsheet documented in relation to the delivery of Mothers in Mind groups in specific regions, including Launceston (North), North West coast and other rural areas in the North and East Coast of Tasmania. Five tasks were noted with progress notes and comments indicated against each task. An example of a task identified was 'Solidify ongoing MiM group in Launceston – location and staff' with the following progress note: 'Term 1 group beginning week of 5/2/20. Group can continue to be held in [venue location]. Create flyer from Q drive template'. Another example of a task identified was 'Set up MiM in North West Coast to be held on a bi-monthly basis (max)' with the following progress note: 'Staff not available for this'. Another progress note in relation to a different task noted the unsuitability of a venue location due to no cleaning being available from a COVID-19 perspective.

The 'Partnership' spreadsheet identified numerous organisations as possible partners for Bapcare to facilitate the running of Mothers in Mind sessions, including churches, Child and Family Centres (CFC) and Multicultural Playgroup (MRC). Progress notes indicated the status of a Mothers in Mind session in terms of either being scheduled or having being held. Some examples included:

- Beaconsfield CFC – 'Held Term 4 with 3 participants due to COVID'
- Georgetown CFC – 'Scheduled for term 2 2021'
- St Helens CFC – 'Not enough staff to consider at this time'
- Ravenswood CFC – 'Scheduled for term 2 2021'
- Mowbray MRC – 'Scheduled for term 1 2021 and held term 4 2020'

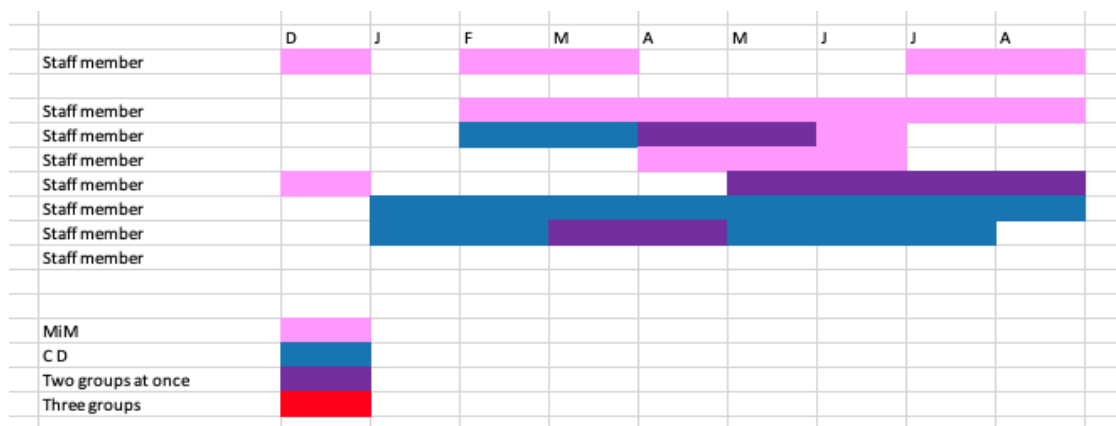
The 'Schedule 2021 MiM' spreadsheet documented the scheduling of 8 Mothers in Mind groups according to 'terms' and identified Bapcare staff for delivery of each group. This included mapping out on a month-by-month basis the staff who would be involved in delivering each program and the overlap between different Mothers in Mind groups, and with Caring Dads scheduled groups. Table 8 shows the scheduled Mothers in Mind groups.

Table 8 Planned terms for delivery of Mothers in Mind groups (from Northern Implementation Plan: Mothers in Mind (excel spreadsheet provided by Bapcare June 2021)

Term 1	Term 2	Term 3	Term 4
Launceston	Ravenswood CFC	Launceston	Launceston
East Devonport CFC	Georgetown CFC	East Devonport CFC	Beaconsfield (to be confirmed)

Figure 2 shows the overlap between different Mothers in Mind groups, and with Caring Dads scheduled groups (with staff member names removed).

Figure 2 Overlap of Mothers in Mind and Caring Dad groups (from Northern Implementation Plan: Mothers in Mind (excel spreadsheet provided by Baptcare June 2021)



SERVICE DELIVERY DATA ANALYSIS

Analysis of service delivery was undertaken on the two datasets containing de-identified information relating to participants who had been referred to the Caring Dads or Mothers in Mind programs. These data are output data only. Data on impact and outcomes in the medium and long term requires the undertaking of a more complex and lengthy evaluation project.

Key findings are presented relating to Caring Dads and Mothers in Mind respectively on participant demographics and throughput and analysis questions developed in response to the key performance indicators (see Tables 26 and 27, below). It is noted in presenting these data that there is a high prevalence of fields marked 'N/A' and 'data missing'. This is reflective of rates of who did not engage or chose to withdraw early in the program usually attending minimal group sessions or none at all. Data points showing as N/A and blank were particularly prevalent for certain fields (for example, completion of participant survey, increased awareness/knowledge and progress towards goals), which required good engagement and participation by clients to have a positive result evidenced in the client tracker.

Findings on participant demographics and throughput

Caring Dads

As at 10 May 2022, there were 70 participants referred to the Caring Dads program with referral dates ranging from 26 June 2020 to 1 March 2022.

Referral sources and regions

Referrals came from a wide variety of sources (Table 9), with the most referrals from Child Protection Services (including Strong Families Safe Kids Advice and Referral Line) (28.6 per cent), which was followed by self-referrals (17.1 per cent).

Table 9 Referral source, Caring Dads referred participants (n=70)

Referral source	Number	Percentage
Child Protection Services (including Strong Families Safe Kids Advice and Referral Line)	22	31.4
Self-referrals	12	17.1
Other	10	14.3
Youth Service Organisation	4	5.7
Community Corrections	3	4.3
Family Violence Services	3	4.3
Other Agency Intake	3	4.3
Community Welfare Organisation	2	2.9
DIY Dads Program	2	2.9
Family Law Court	2	2.9
Legal Aid	2	2.9
Early Childhood Intervention Service	1	1.4
Internal	1	1.4
Mental Health Services	1	1.4
Data missing	2	2.9
Grand Total	70	100

Table 10 shows the regions for the 70 participants referred to Caring Dads. The North and the South West regions of Tasmania made up the vast majority of participant referrals, with 45.7 per cent in the North and 42.9 per cent in the South West. Only 7.1 per cent were based in the North West and 1.4 per cent in the South East.

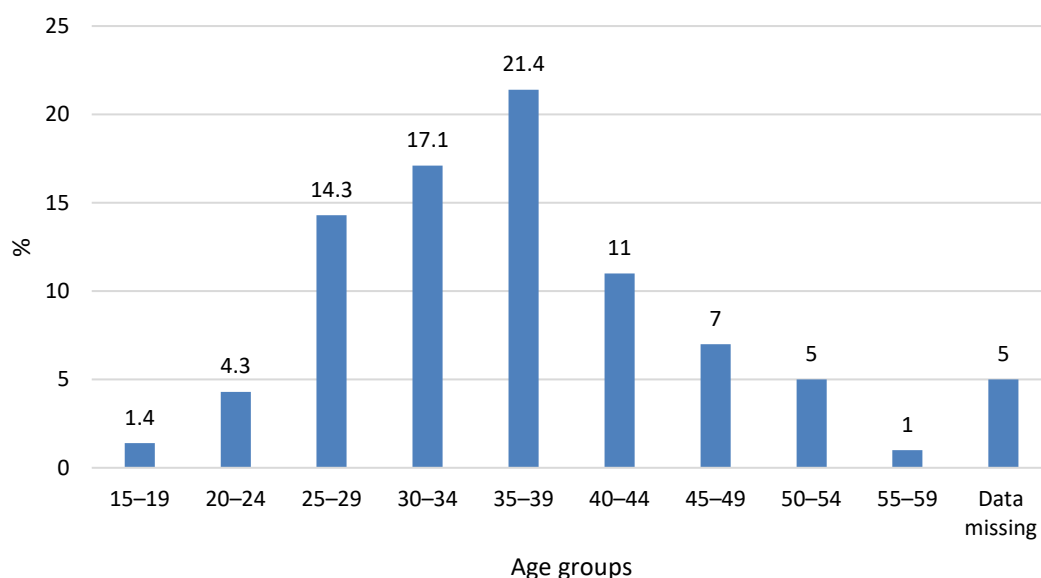
Table 10 Region of referred participants, Caring Dads (n=70)

Region	Number	Percentage
North	32	45.7
South West	30	42.9
North West	5	7.1
Data missing	2	2.9
South East	1	1.4
Grand Total	70	100

Demographics of referred participants⁴⁸

Figure 3 indicates that over half of referred participants were aged under 40 years, with the most common age groups were 35–39 years (21.4 per cent), followed by 30–34 years (17.1 per cent) and 25–29 years (14.3 per cent).

Figure 3 Age groups of Caring Dads referred participants, by percentage of total sample (n=70)



Data on cultural identity was limited (Table 11). Of the participants referred to Caring Dads, 14.3 per cent identified as Aboriginal and Torres Strait Islander, while three-quarters (74.3 per cent) did not. Only 4.3 per cent were culturally and linguistically diverse.

⁴⁸ Most of the data recorded as missing for demographics is attributable to clients not engaging in the service.

Table 11 Cultural identity, Caring Dads referred participants (n=70)

Cultural identity	Number	Percentage
Not Aboriginal and Torres Strait Islander	52	74.3
Aboriginal and Torres Strait Islander	10	14.3
Culturally and linguistically diverse	3	4.3
Data missing	5	7.1
Total	70	100

Outcomes and presenting issues

Table 12 shows the exited outcome for Caring Dads participants. Data was missing in 34.3 per cent of cases. This data was missing largely because the father had no contact with the children and follow-up was unable to be conducted. For every 10 referred participants, two completed the program (20 per cent) and a further two withdrew (family or client) (20 per cent). In 8.6 per cent of referrals, the participant/family ceased contact with the referring agency.

Table 12 Exited outcome, Caring Dads referred participants (n=70)

Outcome	Number	Percentage
Completed Program	14	20.0
Client/Family Withdrew	14	20.0
Client/Family Ceased Contact with Agency	6	8.6
Client/Family Did Not Engage with the Service	4	5.7
Application for Support is Ineligible⁴⁹	3	4.3
Client/Family Completed Service Plan	3	4.3
Agency Withdrew	2	2.9
Data missing	24	34.3
Total	70	100

Data was included on the presenting issues for the referrals to Caring Dads, with only one presenting issue identified per referral. The most common presenting issue was 'Family Violence' (50 per cent), followed by 'Behaviour' (12.9 per cent), 'Parenting Skills' (10 per cent) and 'Relationships' (10 per cent).

⁴⁹ Due to the participant having no contact with children.

Table 13 Presenting issues, Caring Dads referred participants(n=70)

Presenting issues	Number	Percentage
Family Violence	35	50.0
Behaviour	9	12.9
Parenting Skills	7	10.0
Relationships	7	10.0
Child Protection	5	7.1
Disputes/Issues	1	1.4
Other Issues	1	1.4
Parenting	1	1.4
Substance Abuse	1	1.4
Data missing	3	4.3
Grand Total	70	100.0

Over one-third of referred participants, completed a survey in relation to their participation in the Caring Dads program (35.7 per cent, n=25). All the 14 participants who had completed the program (shown in Table 12 above) had completed the survey, and some participants had not attended sufficient sessions to be surveyed. Data was missing in just under one quarter (24.3 per cent) of the 70 referrals.

Table 14 Participant survey completed, Caring Dads referred participants (n=70)

Participant survey	Number	Percentage
Yes	25	35.7
No	15	21.4
N/A ⁵⁰	13	18.6
Data missing	17	24.3
Grand Total	70	100.0

⁵⁰ N/A represents client cases where there was not enough engagement by the client to be considered by the practitioner as sufficient to contribute to a data set. This is also likely for “missing data” categories.

Tables 15 and 16 show data on two questions measuring the impact of the Caring Dads program, namely whether the participant has shown an increase in knowledge/awareness, and is making progress and achieving goals.⁵¹

Table 15 Whether participant has shown increase in knowledge/awareness, Caring Dads referred participants (n=70)

Knowledge/awareness	Number	Percentage
Participant has NOT shown increased awareness/knowledge	2	2.9
Participant has shown increased awareness/knowledge	19	27.1
N/A	24 ⁵²	34.3
Data missing	25	35.7
Total	70	100

Of the 70 referred participants, just over one quarter (27.1 per cent, n=19), demonstrated increased knowledge/awareness, and a quarter (24.3 per cent) had made progress/achieved goals.

Data was missing for over one third of referred participants (35.7 per cent) and in slightly lower percentage this was assessed as N/A (34.3 per cent for knowledge/awareness and 31.4 per cent for progress/achieving goals).

Table 16 Whether participant is making progress and achieving goals, Caring Dads referred participants (n=70)

Knowledge/awareness	Number	Percentage
Participant has made progress/achieved goals	17	24.3
Participant has NOT made progress/achieved goals	6	8.6
N/A	22 ⁵³	31.4
Data missing	25	35.7
Total	70	100

⁵¹ Data from assessment by practitioners delivering the program as well from outcomes tool to measure goals (for clients mostly or fully completed program).

⁵² All 24 participants exited without attending sufficient sessions to complete the program.

⁵³ All 22 participants exited without attending sufficient sessions to complete the program.

Mothers in Mind

As at 10 May 2022, there were 79 participants referred to the Mothers in Mind program with referral dates ranging from 11 December 2019 to 26 April 2022.

Referral sources and regions

Referrals came from a wide variety of sources, shown in Table 17. Referrals to Mothers in Mind were more evenly distributed across a wide range of organisations (compared with referrals to Caring Dads), including Other (19.0 per cent), Early Childhood Intervention Service (16.5 per cent), Internal⁵⁴ (17.7 per cent), Child Protection Services (including Strong Families Safe Kids Advice and Referral Line) (8.9 per cent), self-referrals (7.6 per cent), Child Care Centre (6.3 per cent) and CHAPS (Child Health and Parenting Service) (5.1 per cent).

Table 17 Referral source, Mothers in Mind referred participants (n=70)

Referral source	Number	Percentage
Other	15	19.0
Internal	14	17.7
Early Childhood Intervention Service	13	16.5
Child Protection Services (including Strong Families Safe Kids Advice and Referral Line)	7	8.9
Self-referrals	6	7.6
Child Care Centre	5	6.3
CHAPS	4	5.1
Community Welfare Organisation	1	1.3
Family, Friend	1	1.3
Housing	1	1.3
Youth Service Organisation	1	1.3
Data missing	11	13.9
Grand Total	79	100

Table 18 shows the region of participants for the 79 participants referred to Mothers in Mind. It shows that the North made up the vast majority of the location of participants by region, with almost one quarter of referred participants from the North. In contrast to the distribution of referrals for Caring Dads, 13.9 per cent were from the South East with only 5.1 per cent of referrals from the South West (for Caring Dads, 42.9 per cent of referrals were from the South

⁵⁴ Referred from within Baptistcare.

West, while only 1.4 per cent were from the South East). A similar proportion of Mothers in Mind referrals to Caring Dads were from the North West (8.9 per cent for Mothers in Mind and 7.1 percent for Caring Dads).

Table 18 Region of participants, Mothers in Mind referred participants (n=79)

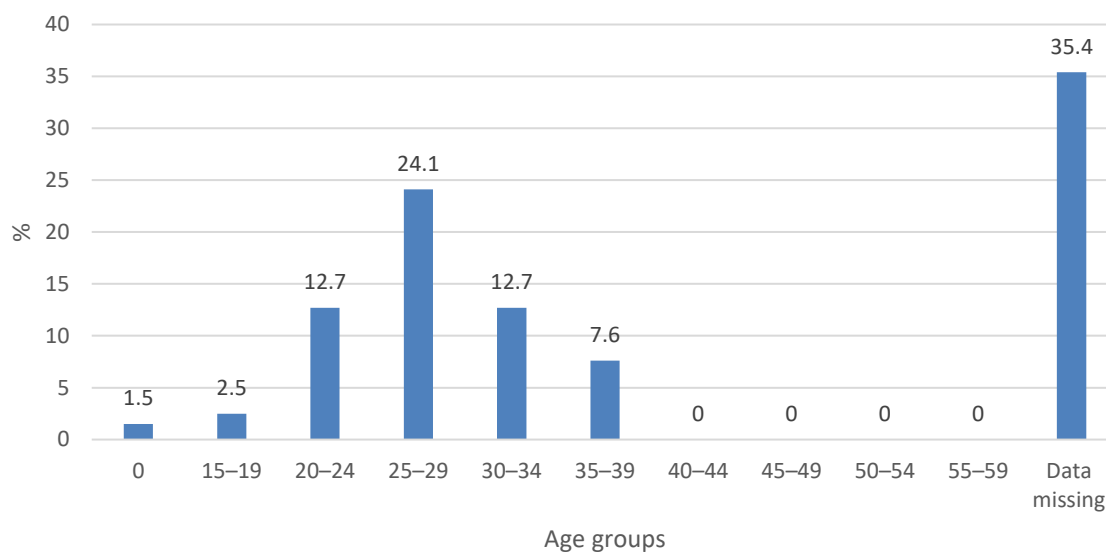
Region	Number	Percentage
North	57	72.2
South East	11	13.9
North West	7	8.9
South West	4	5.1
Grand Total	79	100

Demographics of referred participants⁵⁵

Figure 4 indicates that participants referred to Mothers in Mind tended to be younger than those referred to Caring Dads. While over half of participants referred to Caring Dads were aged under 40 years (see Figure 3), a similar proportion were aged 34 years or less. While the most age group for Caring Dads referrals was 35–39 years (21.4 per cent), for Mothers in Mind referrals, this was 25–29 years (24.1 per cent), followed by 30–34 years and 20–24 years in equal proportions (12.7per cent).

⁵⁵ Most of the data recorded as missing for demographics is attributable to clients not engaging in the service.

Figure 4 Age groups of Mothers in Mind referred participants, by percentage of total sample (n=79)



Data on cultural identity was limited (Table 19). Of the participants referred to Mothers in Mind, 14.3 per cent identified as Aboriginal and Torres Strait Islander, while three-quarters (74.3 per cent) did not. Only 4.3 per cent were culturally and linguistically diverse.

Table 19 Cultural identity, Mothers in Mind referred participants (n=70)

Cultural identity	Number	Percentage
Not Aboriginal and Torres Strait Islander	29	36.7
Aboriginal and Torres Strait Islander	9	11.4
DNMCNA⁵⁶	6	7.6
Culturally and linguistically diverse	3	3.8
Torres Strait Islander (not Aboriginal)	1	1.3
Data missing	31	39.2
Total	79	100

Table 20 shows the number of children of participants referred to Mothers in Mind according to the children’s age groups, noting that the eligibility criteria is for mothers with children aged under 4 years.

⁵⁶ Did not meet client could not ascertain.

Table 20 Age groups of children with Mothers in Mind referred participants (n=79)⁵⁷

	Under 1 year	1 < 2 years	2 < 3 years	3 < 4 years	4 < 5 years	Data missing	Total
Number	15	12	18	19	3	12	79
Percentage	19.0	15.2	22.8	24.1	3.8	15.2	100

Outcomes and presenting issues

Table 21 shows the exited outcome for Mothers in Mind participants. Data was missing in only 1.3 per cent of cases (compared with 34.3 per cent of Caring Dads referrals). Half of all referrals to Mothers in Mind resulted in completion of the program by participants (53.2 per cent). In 20.3 per cent of cases, participants withdrew (family or client). In 10.1 per cent of referrals, the client/family did not engage with the service and in 7.6 per cent, participation did not proceed due to client/family illness.

Table 21 Exited outcome, Mothers in Mind referred participants (n=79)

Outcome	Number	Percentage
Completed Program	42	53.2
Client/Family Withdrew	16	20.3
Client/Family Did Not Engage with the Service	8	10.1
Client/Family Illness	6	7.6
No Service Available	3	3.8
Application for Support is Ineligible⁵⁸	1	1.3
Client/Family Completed Service Plan	1	1.3
Client/Family Moved from Area	1	1.3
Data missing	1	1.3
Total	79	100

⁵⁷ Note: in 11 cases the ages of two children were noted, in these cases the oldest age was used; also, in two cases the children were twins.

⁵⁸ Likely that the client does not have access to their children to participate in the group.

Data was included on the presenting issues for the referrals to Mothers in Mind, with only one presenting issue identified per referral. Table 22 shows that data was missing for almost 80 per cent of the 79 referrals (79.7 per cent, n=63). The most common presenting issue where there was data available was 'Mental Health' (6.3 per cent), followed by 'Parenting' (6.3 per cent).

Table 22 Presenting issues, Mothers in Mind referred participants (n=79)

Presenting issues	Number	Percentage
Mental Health	5	6.3
Parenting	5	6.3
Household Management	1	1.3
Housing	1	1.3
Legal	1	1.3
Other Issues	1	1.3
Parenting Skills	1	1.3
Physical Health	1	1.3
Data missing	63	79.7
Total	79	100.0

Table 23 shows that just under one-third of referred participants, completed a voluntary survey in relation to their participation in the Mothers in Mind program (32.9 per cent, n=26). This represented 61.9% of the 42 participants who completed the program. Data was missing in just under one third of cases (32.9 per cent) of the 79 referrals.

Table 23 Participant survey completed, Mothers in Mind referred participants (n=79)

Participant survey	Number	Percentage
Yes	26	32.9
N/A⁵⁹	15	19.0
No	12	15.2
Data missing	26	32.9
Grand Total	79	100.0

⁵⁹ N/A represents client cases where there was not enough engagement by the client to be considered by the practitioner as sufficient to contribute to a data set. This is also likely for "missing data" categories.

Tables 24 and 25 show data on two questions measuring the impact of the Mothers in Mind program, namely whether the participant has shown an increase in knowledge/awareness⁶⁰, and is making progress and achieving goals.

Table 24 Whether participants have shown increase in knowledge/awareness, Mothers in Mind referred participants (n=79)

Knowledge/awareness	Number	Percentage
Participant has shown increased awareness/knowledge	32	40.5
Participant has NOT shown increased awareness/knowledge	1	1.3
N/A	23 ⁶¹	29.1
Data missing	23	29.1
Total	79	100

Of the 79 referred participants, four in ten (40.5 per cent, n=32), had shown increased knowledge/awareness, and just over one quarter (26.6 per cent) had made progress/achieved goals. Data was missing for Mothers in Mind participants (29.9 per cent for knowledge/awareness and 35.7 per cent progress/achieving goals. For Mothers in Mind, 29.1 per cent were assessed as N/A for each of knowledge/awareness and progress/achieving.⁶²

Table 25 Whether participant is making progress and achieving goals, Mothers in Mind referred participants (n=79)

Knowledge/awareness	Number	Percentage
Participant has made progress/achieved goals	35	26.6
Participant has NOT made progress/achieved goals	0	0
N/A	23 ⁶³	29.1
Data missing	21	35.7
Total	79	100

⁶⁰ Both qualitative assessment by practitioners delivering the program and via outcomes tool to measure goals (for clients mostly or fully completed program).

⁶¹ All 23 participants exited without attending sufficient sessions to complete the program.

⁶² These proportions were similarly observed in relation to Caring Dads referrals: see Tables 15 and 16.

⁶³ All 23 participants exited without attending sufficient sessions to complete the program.

Findings against key performance indicators

Caring Dads

Table 26 shows findings from the analysis of service delivery data against the KPIs for Caring Dads. It shows that only one KPI was met, namely the number of participants commencing Caring Dads was 70 fathers, more than doubling the target of 32 fathers.

Table 26 Assessment of KPIs against service data: Caring Dads

Analysis question	KPI Caring Dads	Service data	KPI met (Y/N)
How many participants commenced the CD and MiM?	4 groups	8 groups	Y
	32 fathers	70 fathers	Y
How many participants completed the CD and MiM?	50%	20% Completed	N
How many children aged under 4 attended the program with their mothers (MiM only)?	N/A	N/A	N/A
How many exiting participants completed a participant satisfaction survey?	50%	35.7%	N
How many people who accessed the program reported improved awareness and knowledge?	75%	27.1%	N
How many people who accessed the program were assessed as making progress/achieving their individual goals?	75%	24.3%	N

Mothers in Mind

Table 27 shows findings from the analysis of service delivery data against the KPIs for Mothers in Mind. It shows that two KPIs were met, namely:

- The number of participants commencing Mothers in Mind was 79 mothers, more than doubling the target of 32 mothers.
- The percentage of participants who completed Mothers in Mind was 53.2 per cent, exceeding the target of 50 per cent.

Table 27 Assessment of KPIs against service data: Mothers in Mind

Analysis question	KPI Mothers in Mind	Service data	KPI met (Y/N)
How many participants commenced the CD and MiM?	4 groups	8 groups	Y
	32 mothers	79 mothers	Y
How many participants completed the CD and MiM?	50%	53.2%	Y
How many children aged under 4 attended the program with their mothers (MiM only)?	No target	64 participants had children aged under attending	N/A
How many exiting participants completed a participant satisfaction survey?	50%	32.9%	N
How many people who accessed the program reported improved awareness and knowledge?	75%	40.5%	N
How many people who accessed the program were assessed as making progress/achieving their individual goals?	75%	26.6%	N

KEY FINDINGS, DISCUSSION AND RECOMMENDATIONS

This section identifies key findings of the evaluation, listed under three parts of the evaluation. Further, it briefly discusses what worked well and what could be improved on in the implementation of the Caring Dads and Mothers in Mind projects, and makes recommendations for Baptistcare's consideration.

Key findings

Service mapping

- There is a dearth of services or programs that are specifically targeted at providing support and interventions for parents and children and young people in the context of FV. Most commonly services in Tasmania were more generally targeted at FV (31.9 per cent), followed by general legal services (17.0 per cent).
- FV services mapped were most commonly statewide (29.8 per cent), followed by services in all three of North, North West and South regions (23.4 per cent). Where services were described as being in only one region, the most common region was South (10.6 per cent), followed by North (6.4 per cent) and North West (6.3 per cent), and then South East (2.1 per cent) and South West (2.1 per cent).

- The limited information available suggests that as identified by Baptcare in its funding proposal, there is limited capacity for providing outreach services regarding FV in this context.
- However, mapping of FV services suggests that there are multiple options as possible referral pathways into the Caring Dads and Mothers in Mind programs; however, it has not been possible to assess the efficacy of such pathways with the data available and within the scope of this evaluation. This would require a multi-method evaluation that can provide detail about strengths and weaknesses of engagement with other services.

Implementation

- Implementation plans were developed and appeared to be used well in the early stages of implementation; however, were not necessarily migrated into measurement tools as implementation continued into the operational phases.
- The less fulsome implementation plan for Mothers in Mind may be explained by the fact that it was already implemented and operational in some regions of Tasmania upon receipt of funding for the expansion of the program.

Service delivery

- Referrals tended to come from services focused on safety and wellbeing of children and young people (e.g. child protection, early childhood intervention, child health and parenting), as well as self-referrals. This is consistent with one of the main referral pathways for both programs, those referred to from the SFSK advice and referral line (other referral source was clients of IFSS). Services that are focused on safety and wellbeing of children and young people in the context of FV were less prevalent in the mapping exercise.
- Referrals for Caring Dads were predominantly from the North and the South West (in similar proportions respectively); while Mothers in Mind referrals were predominantly from North only. Therefore, the North West and the South East were not well-covered by referrals.
- Fathers referred to Caring Dads tended to be older than mothers referred to Mothers in Mind, with a proportion of referred participants in both programs identifying as Aboriginal and Torres Strait Islander.
- Lower completion rates for fathers in Caring Dads (20 per cent), most commonly referred with presenting issues of 'Family Violence', than for mothers in Mothers in Mind (53.2 per cent), who were most commonly referred for presenting issues of 'Mental Health' and 'Parenting' (noting data missing for 80% of Mothers in Mind referrals). Similar numbers of participants referred to Caring Dads and Mothers in Mind completed the participant survey, which due to the differences in sample size translated into slightly different

proportions (n=25, 35.7 per cent of 70 participants referred to Caring Dads); n=26, 32.9 per cent of 79 participants referred to Mothers in Mind).

- One quarter (27.1 per cent, n=19) of the 70 Caring Dads participants had shown increased knowledge/awareness, and a quarter (24.3 per cent) had made progress/achieved goals.
- Four in ten (40.5 per cent, n=32 of the 70 Mothers in Mind participants had shown increased knowledge/awareness, and just over one quarter (26.6 per cent) had made progress/achieved goals.
- It is noted that the high prevalence of fields marked 'N/A' and 'data missing' were reflective of clients who did not engage or chose to withdraw early in the program usually attending minimal group sessions or none at all. The majority of N/A and blank data points were heavily prevalent for both programs in certain fields (for example, completion of participant survey, increased awareness/knowledge and progress towards goals) which required good engagement and participation by clients to have a positive result evidenced in the client tracker. It is noted that the outcomes for clients who did fully complete the program or had higher group attendance showed a much higher level of compliance with relevant data.

What worked well?

Referrals worked well in terms of numbers of participants referred to both programs. The KPIs for participants commencing both Caring Dads and Mothers in Mind were exceeded by more than double.

Completion rates were below average for these types of programs e.g., average in Australia is between 50–66%. Retention is a common issue for behaviour change programs, particularly voluntary programs. Court mandated programs also have issues with retaining clients. The barriers to completion can be personal e.g., employment, transport is difficult or program-based e.g., scheduling, location, duration etc.⁶⁴ Another key factor in improving retention is how well the referral agency has described the program and whether the experience matched the participant needs.⁶⁵ Feedback from participants with this type of qualitative data would improve the ability of Bapcare to assess program success more fully.

The implementation plans reveal significant levels of activity in reaching out to and engaging with stakeholder services and organisations as possible referral pathways.

⁶⁴ A. O'Connor, H. Morris, A. Panayiotidis, V. Cooke and H. Skouteris, 'Rapid Review of Men's Behavior Change Programs' (2021) 22(5) *Trauma, Violence, & Abuse* 1068.

⁶⁵ Angela Nicholas, Georgia Ovenden and Rodney Vlasis, 'The Evaluation Guide: A Guide for Evaluating Behaviour Change Programs for Men Who Use Domestic and Family Violence' (ANROWS Insights 02/2020, Australia's National Research Organisation for Women's Safety (ANROWS), 2020).

There were some positive outcomes for participants' increased knowledge/awareness, and making progress/achieved goals; however, more robust measures may be required to reliably measure the impacts of the programs on participants. Further, the KPIs do not reflect and function as measurement tools for all of the outcomes for each program (listed at pp. 12–13). The findings in relation to outcomes are also weakened by large proportions of missing data on these fields.

What were the challenges?

There is scope for improvement in the regions for referrals, with a more dedicated focus on setting up program delivery in those areas. It is acknowledged that the implementation plans identified resourcing challenges, lack of trained staff to run programs and lack of practical requirements (venue, COVID-19 safe practices etc). Further, engagement is always more difficult in practice than is generally allowed for in implementation plans.

However, it is worth considering whether more focus could have been given to this in implementation given the funding proposal identified that:

The funding will enable the programs to be run statewide more often with more assertive intake. It will ensure stronger follow up processes and will build capacity through training in the 'Caring Dads' and 'Mothers in Mind' programs and facilitation opportunities.⁶⁶

There is scope for improvement in the follow through and maintenance of implementation plans as tools for all stages of program implementation. It was not always clear what had been completed or undertaken and large parts of the implementation plans had not appeared to be maintained through all phases of implementation, which extended out as projects became operational.

Finally, there is scope for improvement in data collection. There were numerous areas in service delivery data for both programs where entries were missing or unclear. Missing data obscures successes as well as challenges. However, it is noted that the high prevalence of fields marked 'N/A' and 'data missing' were reflective of clients who did not engage or chose to withdraw early in the program usually attending minimal group sessions or none at all. Certain data fields (for example, completion of participant survey, increased awareness/knowledge and progress towards goals) required good engagement and participation by clients to have a positive result evidenced in the client tracker, data for which was skewed by the prevalence of N/A and blank data points.

⁶⁶ Bapcare, 'Funding Proposal COVID-19: Family and Sexual Violence' (Tasmanian Government, 'Request for Proposals: Preventing and Responding to Sexual Violence', 12 May 2020) 7.

Recommendations

On the basis of the above key findings and discussion, the following recommendations are made for Baptcare's consideration:

- Allocate more resources and attention to engagement with services as possible referral pathways for participants and retention of referred participants in programs.
- Introduce exit surveys for participants who leave the programs early. This is for feedback on why they left (personal or program related) and to reduce the amount of data categorised as N/A or Missing.
- Review and improve practices (through incorporation into implementation plans and/or training) so that all staff are aware of the importance of data collection and have the skills to perform this work regard to participants who are referred to and participate in programs.
- Develop and implement robust measures of outcomes (many of which are longer term and require follow up interviews or surveys to ascertain how well the programs have assisted families) through a comprehensive multi-method evaluation.
- Produce a concise program logic for each program, based on the IFFS framework, but with clear links to the individual program outputs and outcomes for Caring Dads and Mothers in Mind, respectively.

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APPENDIX 1: System-wide service mapping of family violence services in Tasmania

Service/ program name (organisation)	Funding source ⁶⁷	Service provided	Client focus	FV focus/ definition parenting/ family/child lens?	Locations	Access (cost; mandatory/ voluntary)
General support, information, counselling, and program delivery for people experiencing or affected by FV						
Family Violence Counselling and Support Service (FVCSS) ⁶⁸ Department of Communities (Tas)	Tas Gov	Counselling (open to midnight) Information and support; safety planning; assistance with police access; referrals; Therapeutic Group work programs; liaison	Children and young people and adults	Family violence	N, NW, S Offices in Burnie, Hobart, Launceston Appointments can be made in other locations	Free V
Child and Young Person's Program (CCYP) ⁶⁹ CHYPP North; CHYPP North-West; CHYPP South Department of Communities (Tas)	Tas Gov	Program under FVCSS, addressing impacts of FV on CYP, including child/caregiver sessions, one on one counselling, group programs, support for care givers for parenting after violence, and the provision of psychological services	Children and young people Children and young people whose parent has been in a FV incident attended by TasPol and have an associated FV Inc. No. Work with non-offending parent and carers	Family violence – children and young people	Statewide Statewide service with offices in Hobart, Launceston, Burnie and Devonport Limited outreach Referrals can come from the FVCSS	Free V

⁶⁷ A '?' denotes where the source of funding is not clear or ascertainable from publicly available information.

⁶⁸ https://www.communities.tas.gov.au/children/family_violence_counselling_and_support_services

⁶⁹ <https://www.strongfamiliesafekids.tas.gov.au/service-directory/children-and-young-persons-program-chypp-north>

Service/ program name (organisation)	Funding source ⁶⁷	Service provided	Client focus	FV focus/ definition parenting/ family/child lens?	Locations	Access (cost; mandatory/ voluntary)
Safe Choices ⁷⁰ Tas Gov	Initiative under the Tasmanian FV Action Plan 2015–2020	Community awareness raising Practical support, advice, and referral to support services for those experiencing FV, with one to one support with case work for those experiencing multiple needs Also email and phone support; Information (packs and website)	Primary focus is women, children, and other vulnerable Tas community members (Note: Baptcare is not included in services listed for referral)	Family violence	Statewide	Free V
Family Violence Response and Referral Line ⁷¹ Safe at Home	Tas Govt	Report or discuss family violence incidents 24 hours 7 days a week Part of Tasmanian Government's integrated criminal justice response to family violence Range of services working together to address the risk and safety needs of victims and children and hold	Tasmanians experiencing or involved in FV incidents	Family violence	Statewide	Various

⁷⁰ <https://www.safechoicestas.org.au/safe-choices>

⁷¹ <https://www.1800respect.org.au/services/safe-home-family-violence-response-and-referral-line>; <https://www.safeathome.tas.gov.au/>

Service/ program name (organisation)	Funding source ⁶⁷	Service provided	Client focus	FV focus/ definition parenting/ family/child lens?	Locations	Access (cost; mandatory/ voluntary)
		perpetrators accountable.				
Therapeutic services, Engender Equality ⁷²	Department of Communities (Tas), Tas Gov	Counselling (business hours)	Any person affected by family or domestic violence in Tasmania	Family violence	N, NW, S Hobart, Launceston, North West Tasmania (other venues can be offered, face to face or by phone or online)	Free V
Yemaya Women's Support Service ⁷³	Department of Communities (Tas), Tas Gov	Community-based support service Medium to long-term post-crisis counselling and support (not crisis) <ul style="list-style-type: none"> - Individual support - Group work (Shark Cage program) - Community education 	Women who are experiencing or have experienced abuse from an intimate partner	Family violence	N Launceston	Free V
Huon Domestic Violence Service ⁷⁴	?	Information (on court processes or getting legal advice, accommodation, transport, other service referrals, short and long term recovery support, specialist counselling for CYP	Anyone affected by FV in the HUON Valley (no appt or referral necessary to get assistance) (Note: Baptcare is not included in services listed for referral)	Family violence	SW Huon Valley (can meet at various safe and convenient venues)	Free V

⁷² <https://engenderequality.org.au/>

⁷³ <https://www.facebook.com/yemayawomenssupportservice/>

⁷⁴ <http://huondomesticviolence.com.au/>

Service/ program name (organisation)	Funding source ⁶⁷	Service provided	Client focus	FV focus/ definition parenting/ family/child lens?	Locations	Access (cost; mandatory/ voluntary)
		Business hours				
RAIN (Relationship Abuse of an Intimate Nature) ⁷⁵ Anglicare	Tas Gov (Department of Communities)	Support service providing counselling, support and advocacy (not crisis and no perpetrator support)	Women, men and children who have been subjected to domestic and family violence (can be physical, verbal, financial, emotional or psychological abuse)	Family violence	NW North-West with Devonport and Burnie offices Outreach to West Coast, Circular Head and King Island	Free V
Sexual Assault Service (SASS) ⁷⁶	Tas Gov (Department of Communities)	24-hour helpline Counselling, advocacy and support Training Intervention program for children and adolescents who engage in problematic sexual behaviour (PBS)	Tasmanian people of all ages affected by sexual violence	Sexual violence	S Southern Tasmania: counselling, advocacy and support (victim/survivors, family, friends and supporters) Statewide: crisis response, National Redress Scheme and PBS program	Free PBS sexual behaviour program is free for under 17 year olds V
Laurel House ⁷⁷	Tas Gov (Department of Communities)	Counselling 24/7 support service (crisis) Therapy courses	Adults and children affected by sexual assault	Sexual assault	N, NW North and North West of Tasmania Offices in Launceston, Devonport and Burnie	Free V

⁷⁵ <https://www.anglicare-tas.org.au/relationship-abuse-of-an-intimate-nature-rain/>

⁷⁶ <https://www.sass.org.au/>

⁷⁷ <https://laurelhouse.org.au/>

Service/ program name (organisation)	Funding source ⁶⁷	Service provided	Client focus	FV focus/ definition parenting/ family/child lens?	Locations	Access (cost; mandatory/ voluntary)
					Outreach across North, North West, East Coast and West Coast	
DAISY app ⁷⁸	Australian Government Department of Community Services	App that provides information about support services in local area	People experiencing violence and abuse	Family violence	National	Free V
Sunny app ⁷⁹	Australian Government Department of Community Services	App that provides information about support services in local area	Women with a disability experiencing violence and abuse	Family violence	National	Free V
1800 respect ⁸⁰	Australian Government Department of Community Services	National domestic, family and sexual violence, counselling, information and support services Telephone and online	People experiencing violence and abuse	Family violence	National	Free V
Lifeline ⁸¹	Australian Government	24 hour crisis support and suicide prevention services	All Australians experiencing distress	General wellbeing	National	Free V
Communities for Children SE ⁸² Salvation Army	Funding Committee, Salvation Army	Programs and activities	Families with children in the 0-12 range that address priority areas of Safety, Resilience and Aspirations and achieve objectives of improving health and well-	Parenting/ family/child (0-12)	SE Southern Midlands Upper Derwent/Central Highlands	Free V

⁷⁸ <https://www.1800respect.org.au/daisy>

⁷⁹ <https://www.1800respect.org.au/sunny>

⁸⁰ <https://www.1800respect.org.au/>

⁸¹ <https://www.lifeline.org.au/>

⁸² <https://www.salvationarmy.org.au/tasmaniac4c/about-us/>

Service/ program name (organisation)	Funding source ⁶⁷	Service provided	Client focus	FV focus/ definition parenting/ family/child lens?	Locations	Access (cost; mandatory/ voluntary)
			being of families and development of young children		Brighton Derwent Valley	
Communities for Children North ⁸³ Anglicare	Anglicare Tasmania	Programs	Children and families to trust, engage and thrive	Parenting/ family/child (0-12)	N Launceston and Tamar Valley	Free V
Communities for Children Burnie ⁸⁴ CatholicCare	CatholicCare	Programs (incl, Helping Young Families-Key Worker Program; Helping Young Families- Parenting Programs; Curious Chefs; Dads Matter)	Children and their families to enhance parenting and support family relationships	Parenting/ family/child (0-12)	NW Burnie	Free V
Community Housing Supported Accommodation Program ⁸⁵ Department of Communities (Tas)	Tas Govt	Properties are leased to NGOs to accommodate people with specific needs	People who: are homeless or at risk of homelessness are unable to maintain a tenancy in their own right require high level personal or living support not provided in social housing or private accommodation living with a disability, people affected by mental	Housing	Statewide Statewide housing	

⁸³ <https://www.anglicare-tas.org.au/communities-for-children-cfc/>. AIFS maintain the list of evidence based programs for CFC facilitating partners across Australia <https://aifs.gov.au/cfca/expert-panel-project/communities-children-requirements/selecting-evidence-based-program>.

⁸⁴ <https://catholiccaretas.org.au/programs/communities-for-children>

⁸⁵ <https://www.communities.tas.gov.au/housing/supportedaccommodation>

Service/ program name (organisation)	Funding source ⁶⁷	Service provided	Client focus	FV focus/ definition parenting/ family/child lens?	Locations	Access (cost; mandatory/ voluntary)
			illness, and children and young people at risk.			
Strong Families, Safe Kids ⁸⁶ Department of Communities (Tas)	Tas Govt	Child protection	Children and their families	Children and families (safety and wellbeing)	Statewide and includes 4	Free M
Strong Families, Safe Kids Advice and Referral Line ⁸⁷ (provided by Bapcare, in partnership with Child Safety Services Mission Australia,	Tas Govt	First point of contact for child wellbeing and safety	Everyone with a concern about the safety and wellbeing of a child: Mandatory Reporters, concerned relatives, friends or neighbours. Parents and children can also call to ask for help for themselves.	Children (safety and wellbeing)	Statewide	F V
Child and Adolescent Mental Health Service ⁸⁸ Department of Communities (Tas)	Tas Govt	Support and specialist treatment. This includes assessment, education and treatment services for mental difficulties Also perinatal and infant mental health service for women and families in southern Tas, community family therapy (Helpline)	Tasmanian infants, children and young people up to 18 years	Children and young people (safety and wellbeing)	N, NW, S South (New Town) North (Launceston) North West (Burnie)	F V

⁸⁶ <https://www.communities.tas.gov.au/children/strong-families.-safe-kids>; <https://www.strongfamiliesafekids.tas.gov.au/service-directory>

⁸⁷ <https://strongfamiliesafekids.tas.gov.au/>

⁸⁸ <https://www.health.tas.gov.au/health-topics/mental-health/tasmanias-mental-health-system/child-and-adolescent-mental-health-service>

Service/ program name (organisation)	Funding source ⁶⁷	Service provided	Client focus	FV focus/ definition parenting/ family/child lens?	Locations	Access (cost; mandatory/ voluntary)
Child and Family Learning Centres ⁸⁹ DET	Tas Govt	Services to improve the health and well-being, education and care of Tasmania's very young children by supporting parents and enhancing accessibility of services in the local community.	Families with children 0-5 years	Children and families (safety and wellbeing)	17 around Tas N, NW, S North (Beaconsfield, St Helens, George Town, Ravenswood) South (Bridgewater, Chigwell, Clarence Plains, Derwent Valley, Geeveston) North West (Burnie, East Devonport, Queenstown)	Free V
Parents R Us ⁹⁰ Jordan River Service (Gagebrook Community Centre)	Neighbourhood Houses Tasmania?	Opportunity to engage in a variety of activities and to have service providers attend to discuss issues of concern	Parents of any age within the community	Parenting	S Gagebrook	
Parents Next ⁹¹ Jordan River Service	Neighbourhood Houses Tasmania?			Parenting	S Bridgewater	

⁸⁹ <https://www.education.tas.gov.au/parents-carers/early-years/child-family-centres/>

⁹⁰ <https://www.nht.org.au/houses/gagebrook-community-centre-jrs>; <https://www.facebook.com/Parents-R-Us-266604033499401/>: 'Participants create many new friendships and provides social interaction. The group also provides a safe and empowering place to discuss their issues and concerns in a confidential and non-judgement manner. Parents feelings of wellbeing are enhanced by sharing their stories in an environment that is supportive and shows that they are not alone.'

⁹¹ <https://www.nht.org.au/houses/bridgewater-community-centre-jrs>

Service/ program name (organisation)	Funding source ⁶⁷	Service provided	Client focus	FV focus/ definition parenting/ family/child lens?	Locations	Access (cost; mandatory/ voluntary)
(Bridgewater Community Centre)						
Neighbourhood Houses Tasmania ⁹²	Aust Govt Tas Govt Aurora Energy Tasmanian community fund	Wide range of programs and activities for locals 'places where people come together and find support, belonging and purpose as they work together to support their local community and make a real difference in people's lives.'	People local to the area	General wellbeing	35 across Tasmania N, NW, S North (Beaconsfield, Deloraine, Dorset, Fingal, George Town, Mowbray, Newnham, St Helens, Ravenswood, West Tamar) Southern (Bridgewater, Bucaan, Clarendon, Derwent Valley, Dowsing, Dunalley, Gagebrook, Geeveston, Goodwood, Glenorchy, Kingston, Midway Point, Okines, Risdon Vale, Rokeby, Warrane, West Moonah, Woodbridge) North-Western (Burnie, Devonport, East Devonport, Currie, Rosebery, Ulverstone, Zeehan)	Free V

⁹² <https://www.nht.org.au/neighbourhood-houses-tasmania>

Service/ program name (organisation)	Funding source ⁶⁷	Service provided	Client focus	FV focus/ definition parenting/ family/child lens?	Locations	Access (cost; mandatory/ voluntary)
Working it Out ⁹³	?	Support and Advocacy and education services	Lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+) people in Tasmania (individuals and families)	General wellbeing	Statewide Statewide, locations varies according to service Includes online, Hobart, Devonport, Ulverstone, Burnie, Smithton, Launceston	Free V
Parenting Support Programs ⁹⁴ Anglicare	Anglicare	Early intervention programs designed to support parents of children and teenagers.	Parents – various ages of children (see different programs under locations)	Parenting	NW,, S South (1-2-3 Magic and emotion coaching 2-12 yo; Engaging Adolescents, NO Scaredy Cats (2-12 yo; Tuning in to Kids 3-10 yo and 10-18 yo) North (none) North West (Tuning in to Kids 10-18 yo)	Free V
Support for Children and their Families ⁹⁵ Anglicare	Anglicare	Support for children, young people and their families	Children, young people and their families – various ages of children (see different programs under locations)	Children and young people and families (safety and wellbeing)	N, NW, S South (Child and Youth Mental Health Service (CYMHS); Family and Relationships	Free V

⁹³ <https://www.workingitout.org.au/>

⁹⁴ <https://www.anglicare-tas.org.au/parenting-courses/>

⁹⁵ <https://www.anglicare-tas.org.au/support-for-children-young-people-and-families/>

Service/ program name (organisation)	Funding source ⁶⁷	Service provided	Client focus	FV focus/ definition parenting/ family/child lens?	Locations	Access (cost; mandatory/ voluntary)
					<p>Counselling; Family Dispute Resolution; Family Law Counselling; Kids in Focus; Parenting Courses; Taz Kids Clubs and Camps)</p> <p>North (Communities for Children (CFC); Home Interaction Program for Parents and Youngsters (HIPPY); Kids in Focus; Pathway Home; Supported Youth program (SYP; Taz Kids Clubs and Camps)</p> <p>North West (Child and Youth Mental Health Service (CYMHS)); Kids in Focus; KIDS Program; North West Early Start Therapeutic (NESTS) Program; Pathway Home; Reconnect; Relationship Abuse of An Intimate Nature (RAIN); Supported Youth Program (SYP); Taz Kids Clubs and Camps)</p> <p>Some outreach</p>	

Service/ program name (organisation)	Funding source ⁶⁷	Service provided	Client focus	FV focus/ definition parenting/ family/child lens?	Locations	Access (cost; mandatory/ voluntary)
Child and Youth Mental Health Service (CYMHS) Anglicare	Anglicare	Support for vulnerable families with CYP showing signs of or at risk of developing mental illness Provides brief interventions, intensive long-term support and community education (in whole of family context)	Children and young people (0-18 yo) who are showing signs of or could be at risk of developing mental illness	Children and young people (safety and wellbeing)	NW, S South (Hobart) North (Burnie) And King Island Includes outreach	Free V
Taz Kids Club and Champs Camps ⁹⁶ Anglicare	Anglicare	Provides support, activities, learn new skills School clubs that run after school for eight weeks during the school semester. Camps are held over two nights, five times a year to give young people and opportunity to get away and have fun. Also holds workshops for parents	Children aged between 7-17 who have a parent or guardian with a mental illness Family intervention offered through family fun days and other activities	Children and young people (safety and wellbeing)	N, NW, S South North North-West	Free V

⁹⁶ <https://www.anglicare-tas.org.au/taz-kids-campers-find-courage/>; <https://www.strongfamiliesafekids.tas.gov.au/service-directory/taz-kids-clubs-and-champ-camps>

Service/ program name (organisation)	Funding source ⁶⁷	Service provided	Client focus	FV focus/ definition parenting/ family/child lens?	Locations	Access (cost; mandatory/ voluntary)
Tasmanian Aboriginal Centre ⁹⁷	Commonwealth Govt	Represents the political and community development aspirations of the Tasmanian Aboriginal community. Also provides a range of services, including a children's centre in Risdon and a health service in Hobart	Tasmanian Aboriginal community	General wellbeing	N, NW, S South (Hobart) North (Launceston) North-West (Burnie) Risdon (Children's Centre)	Free V
Interventions and/or programs solely focused on FV perpetrators						
FVOIP ⁹⁸ Department of Justice	Tas Gov (part of Safe at Home initiative)	Offender program of individual and group activities over a 10-week period, 3 sessions a week	People with history of family violence offences; a FVOIP assessment; assessed as being at a high or extreme risk of re-offending; can attend and take part; and sentenced by a Magistrate to attend.	Family violence	Statewide	Free M
EQUIPS Domestic Abuse Program ⁹⁹ Department of Justice	Tas Gov	Offender program of group activities over a 10-week period, 2sessions a week	Individuals convicted of family violence who are assessed as being at a medium risk of re-offending. This program primarily focusses on	Family violence	Statewide Community and custodial setting (facilitated by	Free M or V

⁹⁷ <https://tacinc.com.au/>

⁹⁸ <https://www.justice.tas.gov.au/communitycorrections/programs/FVOIP>

⁹⁹ https://www.justice.tas.gov.au/communitycorrections/programs/EQUIPS_Programs

Service/ program name (organisation)	Funding source ⁶⁷	Service provided	Client focus	FV focus/ definition parenting/ family/child lens?	Locations	Access (cost; mandatory/ voluntary)
		Explore, Question, Understand, Investigate, Practice, Succeed suite of programs	addressing gendered violence.		Tasmanian Prison Service)	
Men Engaging New Strategies Program ¹⁰⁰ Relationships Australia Tas	Relationships Australia Tas	Men's behaviour change program – series of individual and group counselling sessions followed by a group program which runs for a night per week over 10 weeks (follow up individual counselling offered)	Low to medium risk FV perpetrators	Family violence	N, NW, S Hobart, Launceston, Devonport	Free V
Men's Referral Service ¹⁰¹ No to Violence	Australian Government, A-G's Dept) Victorian govt (A-G's Dept) NSW govt Tas govt Victoria Legal Aid Govt of SA	Telephone support, advice, and referral for men about FV Facilitates programs including: Brief Intervention Service (BIS) Mens Accommodation and Counselling Service (MACS) Also links to 'Better Man' website which	Men who have used or continue to use violence and who are seeking support to change their abusive behaviours. Family members who are impacted by a man's use of abusive behaviours. Friends, family or colleagues of men who may be using family violence and wanting to know how to best support them. Professionals working with men who are using violence or family members	Family violence	National	Free V

¹⁰⁰ <https://www.relationshipsvictoria.org.au/men-using-family-violence/>

¹⁰¹ <https://www.ntv.org.au/>

Service/ program name (organisation)	Funding source ⁶⁷	Service provided	Client focus	FV focus/ definition parenting/ family/child lens?	Locations	Access (cost; mandatory/ voluntary)
		contains online modules	impacted by violence and seeking secondary consultation.			
Defendant Health Liaison Service (DHLS) ¹⁰²	Department of Health Tas	Support – assisting them to access appropriate health and welfare services in the Government and non-Government sectors.	People who have been charged with an offence or have been served with a Police Family Violence Order or a Family Violence Order	Family violence	Statewide	Free V?
Family Engagement Workers ¹⁰³ Onesimus Foundation	Onesimus Foundation (charitable organisation)	Work directly to provide support best outcomes for offenders and their families; to reduce re-offending and to safeguard and improve the life chances of offenders' children and their families.	Offenders and their families	Offenders, children and families (general)	S Risdon Prison	Free ?
Start Today Again ¹⁰⁴ Salvation Army/UTAS	Commonwealth DSS – Building Safe Communities for Women and Children program	Training and resources 'toolkit'	Presenters, trainers and counsellors to assist individual men and men's groups understand the impact of family violence on children, and suggest ways in which changes in parenting relationships can be made.	Family violence and parenting	N/A	

¹⁰² <https://www.health.tas.gov.au/service-finder>

¹⁰³ <https://www.onesimus.org.au/copy-of-family-support>

¹⁰⁴ <https://www.salvationarmy.org.au/starttodayagain/>; <https://www.salvationarmy.org.au/starttodayagain/research/>; designed and informed by recommendations from a previous action research project: Lucas, Peter, Romy Winter, Clarissa Hughes, and Kenneth Walsh, 'Increasing Men's Awareness of the Effects on Children Exposed to Family and Domestic Violence' (University of Tasmania, 2016).

Service/ program name (organisation)	Funding source ⁶⁷	Service provided	Client focus	FV focus/ definition parenting/ family/child lens?	Locations	Access (cost; mandatory/ voluntary)
Legal services and court-related support or programs relating to matters involving FV						
Tasmanian Legal Aid Advice Line ¹⁰⁵	Tas Govt Commonwealth Govt	Free legal advice through telephone advice service Legal advice, representation, family dispute resolution services and legal education to the Tasmanian community.	Focus is on economically and socially disadvantaged Tasmanians.	General legal	N, NW, S South (Hobart) North (Launceston) North-West (Burnie, Devonport)	Free V
Women's Legal Service Tasmania ¹⁰⁶	Commonwealth Govt (A-G Dept)	Community legal service – free telephone advice and sometimes case work	Women in Tasmania	Family violence focus for Burnie and Launceston offices	Statewide Offices in Hobart, Burnie and Launceston	Free V
Launceston Community Legal Centre ¹⁰⁷	Tas Govt Dept of Justice	Community legal service – free	Vulnerable Tasmanians	General legal	N North (Launceston)	Free V
North West Community Legal Centre ¹⁰⁸	?	Community legal service – free Free one off advice and referral legal service	Residents of the North West Coast	General legal	NW North West (Burnie/Devonport)	Free V

¹⁰⁵ <https://www.legalaid.tas.gov.au/about-us/>

¹⁰⁶ <https://womenslegaltas.org.au/about/>

¹⁰⁷ <https://www.lclc.net.au/>

¹⁰⁸ <https://www.nwclc.org.au/>

Service/ program name (organisation)	Funding source ⁶⁷	Service provided	Client focus	FV focus/ definition parenting/ family/child lens?	Locations	Access (cost; mandatory/ voluntary)
Hobart Community Legal Centre ¹⁰⁹	Tas Govt	Community organisation whose aims are to foster community awareness of the law, to make the law more equitable and accessible to the public and to provide free legal information, advice, representation and referral to the general public in southern Tasmania.	General public in southern Tasmania	General legal	S Offices in Hobart and Bridgewater Outreach in Sorell and Clarendonvale /Rokeby Includes outreach	Free V
Victims of Crime Service ¹¹⁰ (operates within Victims Support Services)	Established through cooperation between DoJ and Tas Pol	Personal support, counselling and information Referral Support attending court, assistance with VIS and VOCA applications Information on custody, bail, parole and CJS Advocacy for victims rights	People who are victims of crime	General legal	Statewide Statewide with offices in Hobart, Launceston, Burnie	Free V
Court Support and Liaison Service ¹¹¹	Tas Gov (Department of Justice)	Assistance on how to take out a FVO; how to vary or extend an existing order; and provide ongoing	Adult and child victims of family violence	General legal	N, NW, S Hobart, Launceston, Burnie, and other	Free V

¹⁰⁹ <https://www.hobartlegal.org.au/about-us/>

¹¹⁰ <https://www.justice.tas.gov.au/victims/services/victims-of-crime-service>

¹¹¹ <https://www.justice.tas.gov.au/victims/services/court-support-and-liaison-service>

Service/ program name (organisation)	Funding source ⁶⁷	Service provided	Client focus	FV focus/ definition parenting/ family/child lens?	Locations	Access (cost; mandatory/ voluntary)
(available through the Safe at Home program)		updates on progress of a matter in court and information on court processes Referral to counselling also provided			regional areas (on request)	
Eligible Persons Register ¹¹² Victims Support Services	Tas Gov (Department of Justice)	automated database run by Victims Support Services that allows victims – if they choose – to be given information about an offender’s location and progress through the prison system.	Anyone who is the victim of a violent crime, committed in Tasmania, where the offender has received a prison sentence by the courts can be included on the Eligible Persons Register.	General legal	Statewide	Free V
Victims Assistance Unit ¹¹³ Victims Support Services	Tas Gov (Department of Justice)	Administers the Victims of Crime Assistance Act	Victims of crime	General legal	Statewide	Free V

¹¹² <https://www.justice.tas.gov.au/victims/services/eligible-persons-register>

¹¹³ <https://www.justice.tas.gov.au/victims/services/victims-assistance-unit>

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