



THE KEEPING IT TOGETHER  
PROGRAM

---

RESEARCH  
REPORT

---

2019 / 2020

## ABOUT THIS REPORT:

This report has been written and compiled by:

**Susan Magee** - Executive Officer, Casey North CISS

**Sancha Noranho** - Group Facilitator, Keeping It Together Program, Casey North CISS

### Steering Committee:

**Susan Magee** - EO, Casey North CISS

**Kay Morland** - Board Member, Casey North CISS

**Cheryl Munday** - Community Member

**Sancha Noranho** - Group Facilitator, Keeping It Together, Casey North CISS

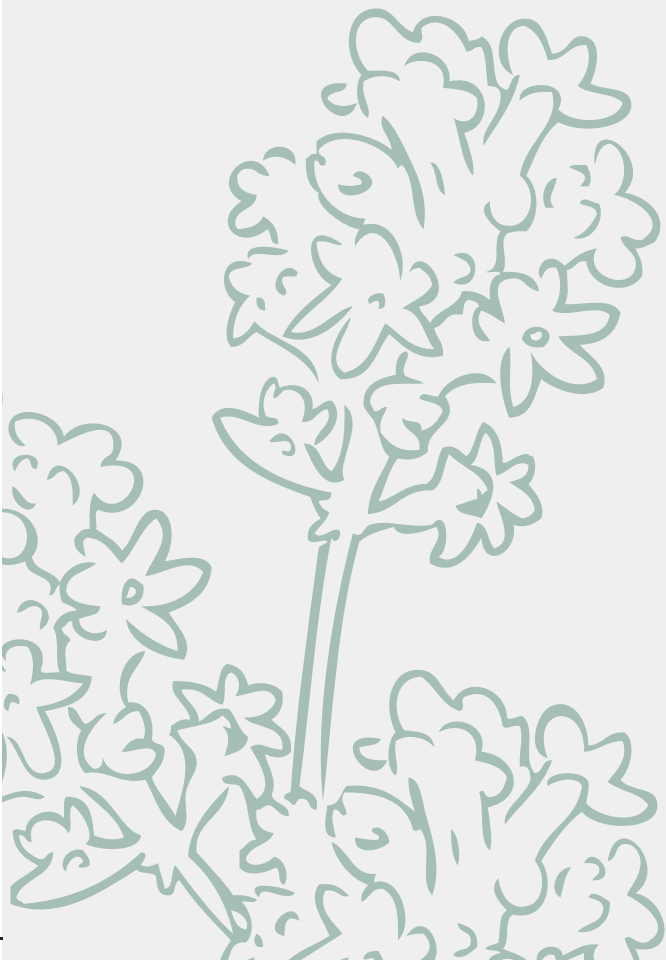
**Noreen O'Brien** - Settlement Team, Southern Migrant and Refugee Centre & Previous Facilitator of the Keeping It Together Program

**Leanne Petrides** - EO, Community Information and Support Cranbourne

**Lauren Scrivener** - Social worker, Casey North CISS

### Additional contributions by:

**Caroline Yego** - RMIT, Student Placement 2019



## INDEX:

- 1. INTRODUCTION .....PAGE 1
- 2. RATIONALE
  - WHY WOMEN .....PAGE 2
  - WHY GROUP WORK.....PAGE 3
  - PROGRAM STRUCTURE.....PAGE 4
- 3. METHODOLOGY .....PAGE 5
- 4. EVALUATION
  - PRE & POST GROUP DATA .....PAGE 6
  - OVERALL RESULTS OF THE GROUP.....PAGE 15
  - PHONE INTERVIEW DATA.....PAGE 17
  - DATA FROM SERVICE PROVIDERS.....PAGE 23
  - WHAT PAST FACILITATORS SAID .....PAGE 26
- 5. FINDINGS
  - OUTCOMES.....PAGE 27
  - REFERRALS.....PAGE 29
  - PRIMARY PREVENTION.....PAGE 31
- 6. RECOMMENDATIONS.....PAGE 33
- BIBLIOGRAPHY
- APPENDIX

---

## 1. INTRODUCTION

---

The Keeping It Together program (KIT) was developed in 2008, in response to the high incidence of family violence and relationship breakdowns in the City of Casey. The aims of the program were to identify the underlying causes of relationship breakdown and to address them before they escalated to family violence. Thus, it began as an early intervention measure to de-escalate rising tensions in relationships and families.

As of 2018-2019, the City of Casey reported 3428 Affected Family Members (AFM) on Intervention Orders in family violence incidents (Victoria Police); second only to the City of Melbourne with 3440 AFMs. The City of Casey also recorded one of the highest Family Violence incidents in the state in 2019 with Police responding to 4695 incidents. This has been a trend that has continued since the start of the program. However, the program has evolved to suit the changing needs of the participants attending.

Over the twelve years since its conception, the KIT program has been empowering women in the City of Casey. It is an eight-week psycho-social educational program for women over the age of 18 to develop skills to build and sustain healthy relationships.

From the very beginning, the program has been philanthropically funded; although in the last few years, it has also received funding from the City of Casey, Shire of Cardinia and City of Frankston.

The objective of this evaluation is to examine the effectiveness of the program through the evaluation of the experiences of women who completed the program between 2016 and 2019 and what outcomes have been achieved. Additional information was also obtained through interviews with the women and questionnaires answered by stakeholders of the program.

This report also aims to examine how the KIT program fits in to the primary prevention and early intervention models and explores other benefits to participants completing the program. Based on the findings from the research, we seek to develop further recommendations to ensure that the program evolves to meet the needs of an ever-changing society.

---

## 2. RATIONALE

---

### 2.1. WHY WOMEN?

The biggest risk factor for experiencing family violence is being a woman (Commonwealth of Australia, 2009). The Keeping It Together program is aimed at women because they have been identified as better monitors of marital stress and are more likely to be aware of problems that could affect the family compared to men. It is also because women are believed to be more likely to be willing to reveal their feelings and talk about them than men; they are also likely to seek support and assistance for the same.

The program helps women to become agents of change in their families and communities by teaching them the skills to role-model healthy relationships, set healthy boundaries and thus break the cycle of violence. Since women are primarily responsible for socialisation of children within the household, it is believed that a change at the individual level will cause a ripple effect of changes within the household. Thus, if a woman were to be a proponent for equal, healthy and respectful relationships, there is a greater likelihood that those values will be passed on to her children. The program applies the 'ecological' approach to grasp the causes of violence against women and focuses at driving change at the individual level; which in turn initiates change at the community and societal levels.

Studies have shown that women who experience abuse as a child are one-and-a-half times more likely to experience violence as an adult, than those who have not (Commonwealth of Australia, 2009). However, the Keeping It Together program assists women to recognise and leave potentially abusive relationships thereby reducing the likelihood of their children witnessing violence and becoming perpetrators or victims of violence later in their lives.

Each module's focus on an area of skill development, comes together to become a driving force for the empowerment of each individual participant. Empowering women to be assertive and communicate in a healthy manner helps them to build on their self-esteem and confidence which leads to changes in other areas of their lives as well.



## 2.2 WHY GROUP WORK?

The Keeping It Together Program is modelled on a strengths-based approach to community practice that is concerned with promoting respectful relationships and thereby building healthy communities in which families and individuals can thrive (Hyde, 2004). Many women who have experienced family violence and abusive relationships have reported having several mental health issues as a result of years of manipulation and control within the relationship. Group work and counselling can play an integral role in assisting women to overcome these issues (Styles, 1991).

Studies that have explored the needs of women who have experienced family violence have also shown that women expressed a need for emotional support; so as to assist them in overcoming the impact of their experiences of abuse. Groups facilitate the sharing of experiences, and the linking of women's experiences with other women. It allows women to be able to talk about the abuse to which they have been subjected, to be listened to, to be believed, and to find that they are not alone (Laing, 2001). 'The purpose of the groups is to facilitate critical reflection, to define and identify any abusive behaviour that may be present, and to encourage the women to name their own experiences, and thereby take back the power that has been taken away.' (Brown & Dickey, 1992, p. 60)

The groups aim to provide women with a safe environment where they can support one another and gain strength and confidence through empowerment. It is hoped that their awareness of life choices and the availability of resources (for support and within themselves) enables them to work towards personal goals. Besides its focus on fostering respectful and healthy relationships, the group environment also helps women form friendships and support networks which in turn reduce their sense of isolation (Fennell, 2015) and foster positive social supports.

Women who have experienced partner violence and mental health issues often have less social support – someone to confide in, someone to help look after the children, assistance with financial aid and transport, and people to provide information. Thus, women who experience family violence and mental health issues often find themselves isolated whether that is intentional or unintentional. The group helps improve women's connections to other women and supports in the community through the provision of information and building friendships with other women in the group.

## 2.3 PROGRAM STRUCTURE

The program runs in an eight-week format and focusses on one topic per week. The women who attend the group are taken through the printed material and encouraged to share their experiences and insights as they relate to the topic being discussed. They are also provided with additional worksheets that help put the newly developed skills into practice. These are completed at the venue as a group or taken home to practice during the week.

The workshop content covers the following areas:

- Healthy Communication
- Assertiveness strategies
- Positive conflict resolution
- Understanding and coping with anger
- Improved self esteem
- Financial literacy and capability
- Practicing Self-care
- Understanding Women's Rights



---

### 3. METHODOLOGY

---

An evaluation of the program has been conducted to identify what outcomes have been achieved, the benefits of the program to the women that participate and the flow-on effects to the wider community.

Data has been collected from;

- Participants from previous groups
- Local service providers and volunteers
- Program facilitators past and present

This has been completed through

- The collection of data from participants at the start and upon completion of the group through self-reported surveys.
- Phone interviews with select participants post completion of the group
- Online surveys completed by local service providers & volunteers
- Face to face interviews with program facilitators.



---

## 4. EVALUATION

---

### 4.1 QUALITATIVE DATA COLLECTED - PRE AND POST GROUP SCORES (SELF-REPORTED BY PARTICIPANTS)

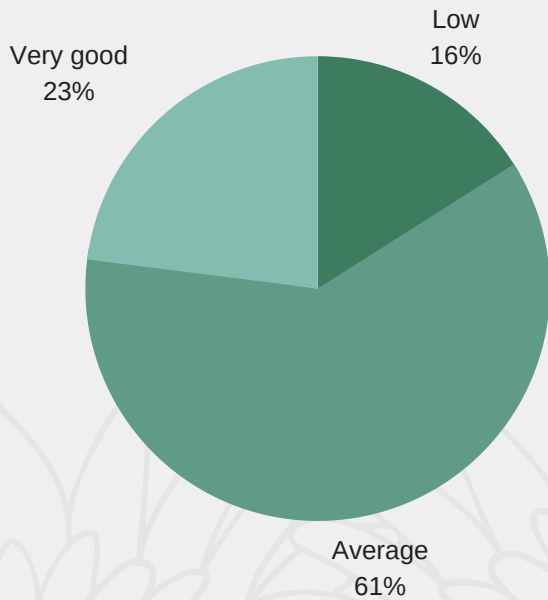
Data collected from the pre-group participants was from a much larger sample than the post group participants. 125 pre-group participants completed the survey, compared to 77 post-group participants. This is because not all participants completed the full program for various reasons.

Bearing this in mind, pre-group data has been compared to responses from post group data. All the data collected is self-reported by participants at the start and end of the groups.

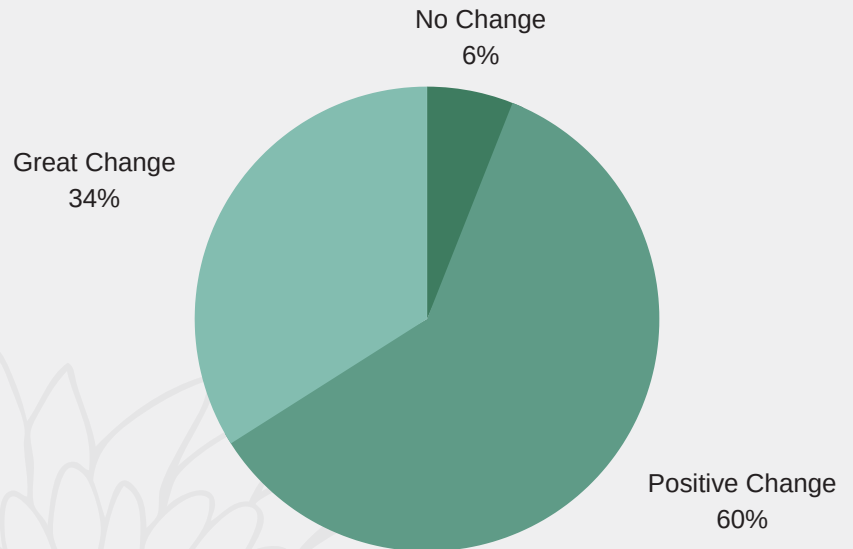
Participants were asked to complete pre and post questionnaires in relation to how they rated their skills and then consequently the impact the program had on changing those skills for each area of the program on a scale of 1-10. 1 being not very skilled or no change and 10 being very skilled or great change. (see appendix 1 and 2) The data was then compiled into 3 areas for both pre and post program. The results are summarised in the next section of the report.



## PRE-GROUP DATA



## POST-GROUP DATA



## COMMUNICATION

### Pre group

The survey collected pre group indicated that 84% of the women felt that their communication skills were good to very good while 16% felt their communication skills were low.

### Post group

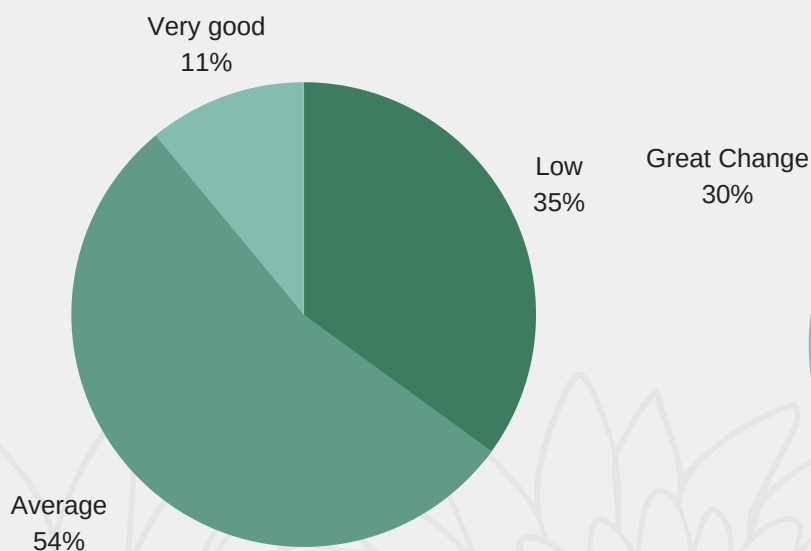
Post-group responses indicated a significant 34% experienced great change in Communication skills, with only 6% of the sample experiencing no change and 60% of women stating that they experienced a positive change.

While many women (84%) felt their communication skills were good to very good pre group, 94% of those that completed the post group survey indicated positive change. While communication may not be a driver for women attending the program, the data suggests that the program most definitely assists with increasing communication skills.

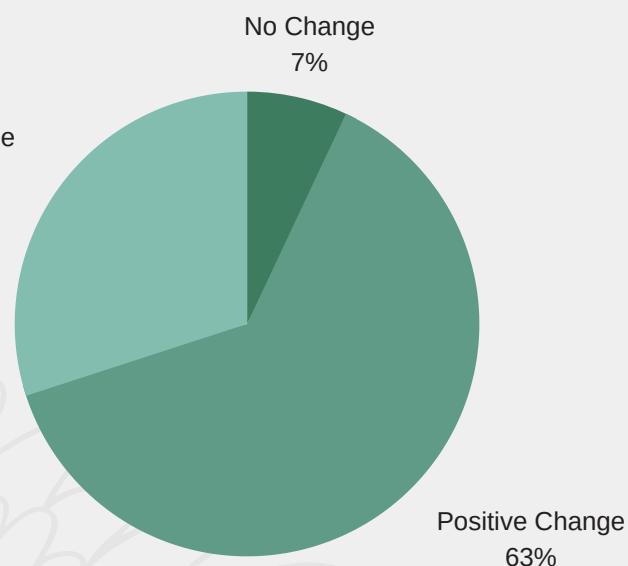
## PARTICIPANT FEEDBACK

*"I am now being more assertive. I am actually listening and responding in a more assertive way."*

## PRE-GROUP DATA



## POST-GROUP DATA



## ASSERTIVENESS

### Pre group

At the start of the program, 54% of participants that completed the survey considered that their assertiveness skills were average to good. Only 11% felt their skills were very good and 35% indicated that they had poor assertiveness skills.

### Post group

Based on the responses received, assertiveness is the module with the highest number of women indicating that they had experienced positive change (63%). 30% stating that they had experienced great change after attending the program and only 7% advising they experienced no change. Thus, about 93% women experienced change in their assertiveness skills after doing the program.

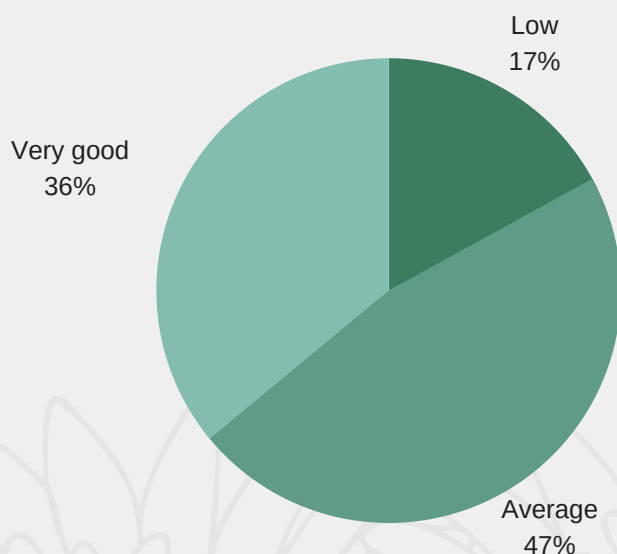
It is clear from the data that the program has a great impact on assertiveness skills. With a higher number (35%) of women not identifying assertiveness as a skill prior to the program and 93% benefiting from this module.

## PARTICIPANT FEEDBACK

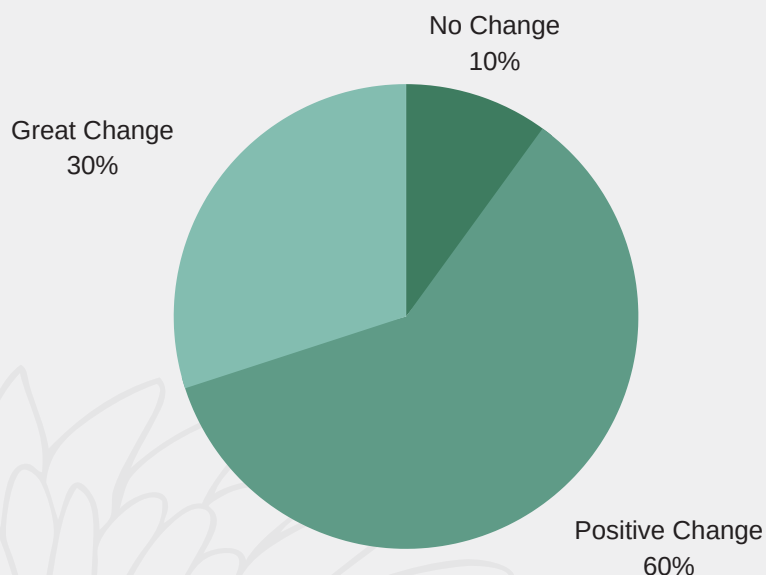
*'I have learned that it is ok to be assertive and put my needs first.'*

*'I have learned more about myself and what I need, my rights as a person, how to listen to others and how to react...'*

## PRE-GROUP DATA



## POST-GROUP DATA



## WOMEN'S RIGHTS

This module was an addition to the original six-week format of the program. It was added on in later years to help women recognise the various forms of abuse as well as the dynamics of healthy and unhealthy relationships.

### Pre group

On the topic of Women's Rights, only 17% of participants felt their knowledge and understanding of this issue was poor and the remainder of participants felt their knowledge was good to very good prior to the program.

### Post group

There was a total of 73 women that completed the end of program survey. In this module, 90% of respondents indicated having experienced positive and great change in their circumstances compared to those who indicated no change.

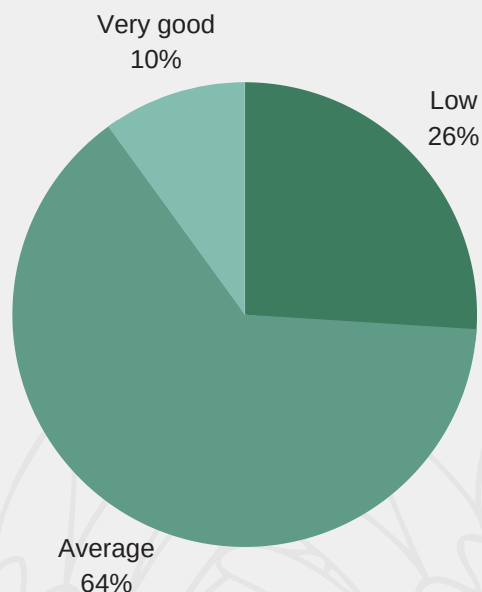
We don't know what we don't know! 83% of women in the pre group sample felt their knowledge on this subject was good to very good, but post group data indicates 90% of women having experienced increased knowledge and change and it was voted one of the most popular modules by the women in the telephone survey.

## PARTICIPANT FEEDBACK

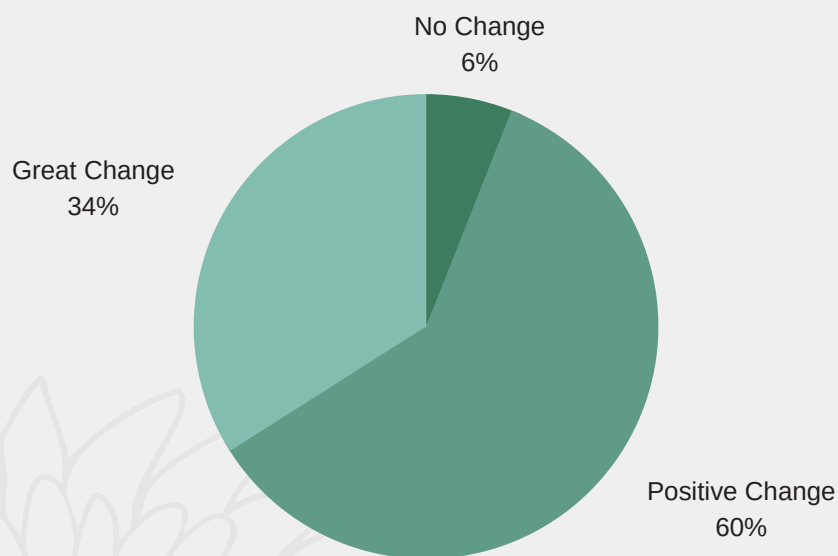
*"I feel more empowered knowing my rights as a woman. Felt like I have a right to voice my opinion and entitled to make choices for myself rather than the opinions of the community who may be unfair."*

*"...(I learnt) about the cycle of abuse. I realised there were times I was being abused and I didn't even know it!"*

## PRE-GROUP DATA



## POST-GROUP DATA



## ANGER

### Pre group

Data collected from the sample prior to the program indicated that 26% of the women felt that their skills in dealing with anger were poor. The balance of the sample group, 74% felt that their skills were good to very good.

During the group, many women describe themselves as being assertive with some stating that they rarely experienced anger.

### Post group

A total of 77 women participated in filling out questionnaires for the Anger Management module. 94% of this sample reported positive to great change in their skills for dealing with anger. This is extremely significant as this was also one of the modules that was the most challenging in the Participant Interviews (p.17). Feedback on this module in the post group survey indicated the greatest impact with only 6% indicating no change.

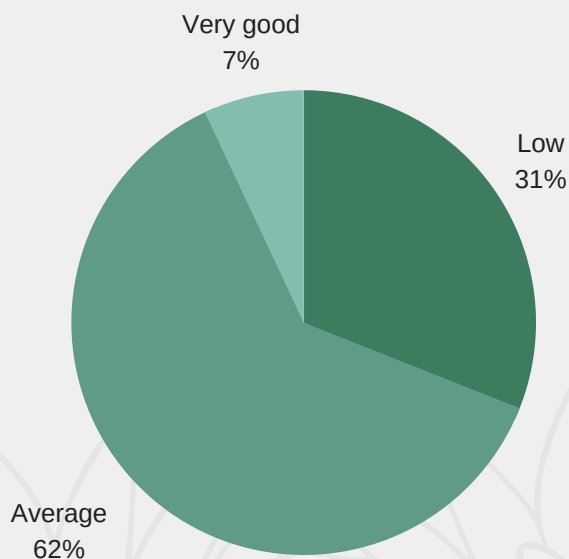
Despite its challenges, this module was voted one of the most popular modules by the women participating in the telephone survey.

## PARTICIPANT FEEDBACK

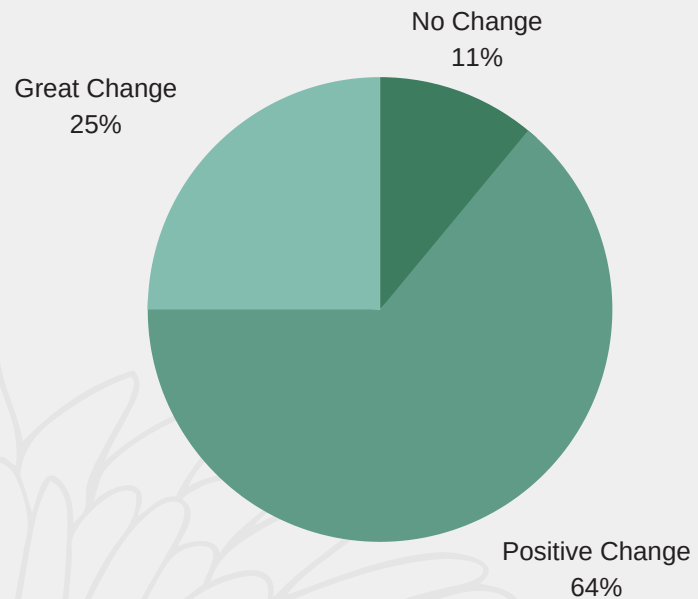
*"I have learned why anger happens, its impact, how to be empowered and control it, not let it control you. I loved learning about the anger spectrum"*

*"I now recognize some triggers and can confidently redirect my anger, still a work in progress"*

## PRE-GROUP DATA



## POST-GROUP DATA



## CONFLICT RESOLUTION

### Pre group

Data collected in relation to Conflict Resolution prior to the program indicated that 31% of the sample felt their skills in dealing with Conflict Resolution were low. 69% felt their skills in this area were good to very good. Only 7% felt their skills were very good.

### Post group

Conflict resolution received fewer responses (28 responses) overall, compared to modules such as communication and anger management that posted 77 responses respectively.

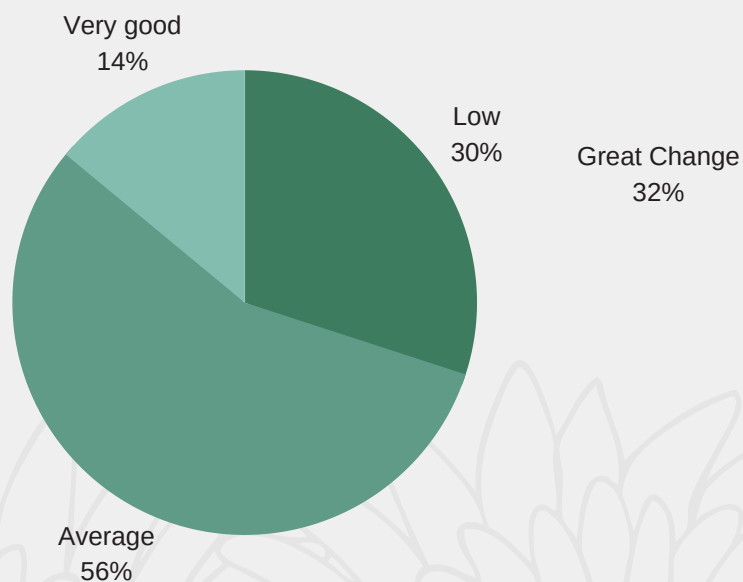
Conflict Resolution was potentially one of the drivers for women attending the program, with 31% indicating they felt their skills in dealing with conflict were low and 89% indicating positive change. Conflict Resolution was voted the most popular session by the women that participated in the telephone surveys.

## PARTICIPANT FEEDBACK

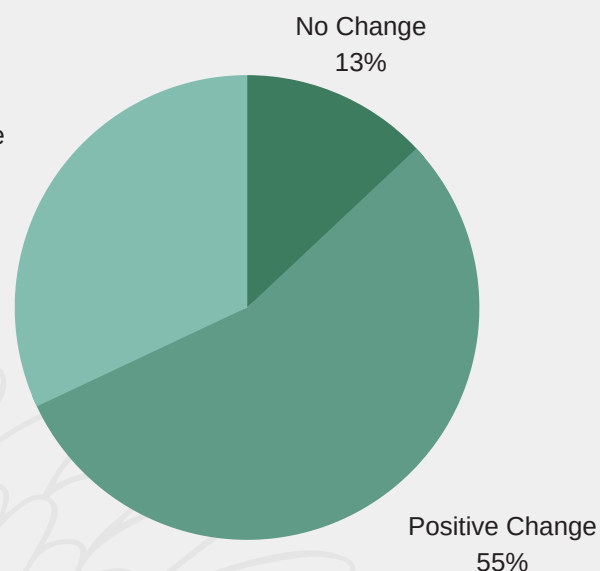
*"That fear borne anger inside us needs to be expressed in a safe manner to release us from the resentment and negativity which accumulates in us when we hold onto anger."*

*"The different stages and signs of anger and how to deal with the feelings and emotions of anger and the circle of control."*

## PRE-GROUP DATA



## POST-GROUP DATA



## SELF-CARE

### Pre group

From the pre group data, 30% of the women felt that their self-care was low and 86% felt that their self-care was good to very good.

### Post group

A sample of 75 women completed the post group survey for the Self Care module. This was one of the most liked modules of the program. (p.15)

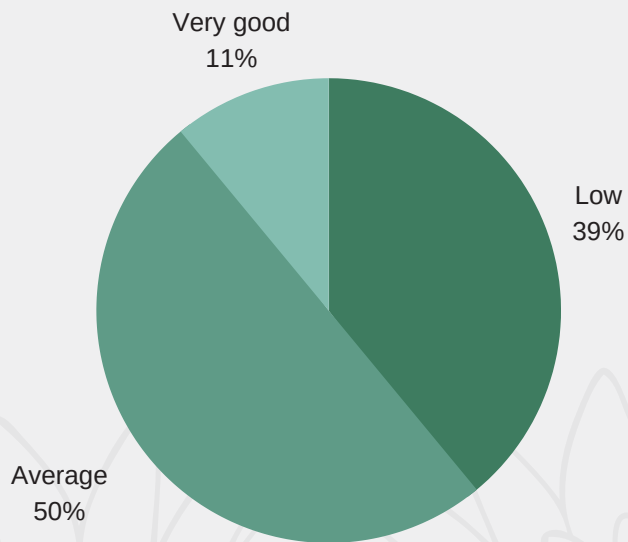
Upon completing the program, 13% indicated that they had no change in their experiences, 55% said they experienced positive change and 32% said they experienced great change.

In this module 87% considered that they had experienced positive or great change with their Self Care, compared to 13% that reported no change. This was the greatest experience of no change of all the modules. One of the reasons for this could be that this being the last module, women did not have time to put the strategies into practice. Unlike techniques listed in other modules that are reiterated all through the program in each module, thereby encouraging women to practice some or all the skills learned through the program as they progress from one week to another, at the time of the survey, women have only just learned about practicing self-care. Another reason could also be that despite all the learning and skills developed in the group, women still placed their own needs after the needs of their partners and children.

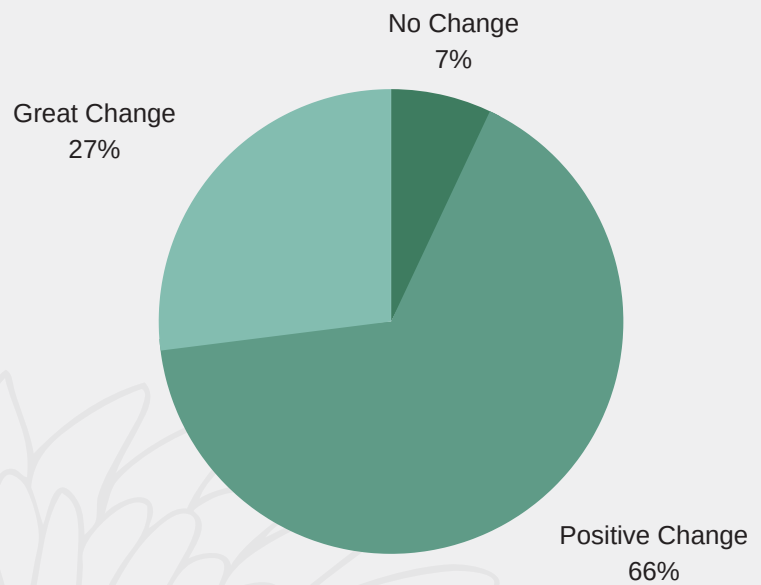
## PARTICIPANT FEEDBACK

*"I have learnt practical and simple strategies to reduce my anxiety and the need to make time and improve my wellbeing. No excuses with looking at the extensive list on the self-care wheel"*

## PRE-GROUP DATA



## POST-GROUP DATA



## SELF-ESTEEM

### Pre group

A significantly high number (39%) of the women in the pre group sample indicated that their self-esteem was low. This is the highest of all the pre group data. Many who do the program often experience low self esteem as a result of years of emotional and verbal abuse from their partners and family members. Thus, it would also seem like they also develop a passive style of communication that further perpetuates a low sense of self and self-esteem.

### Post group

93% of participants indicated that the Self Esteem module provided them with positive or great change in their self-esteem.

## PARTICIPANT FEEDBACK

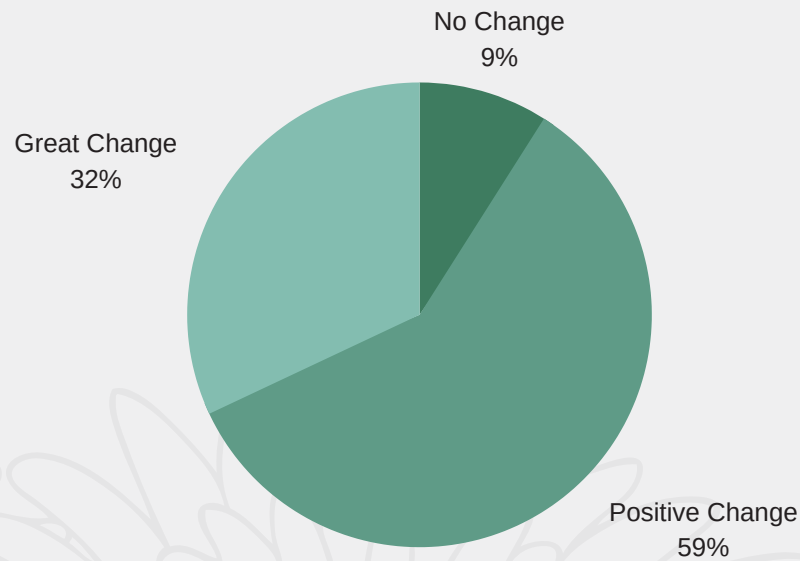
*"My self-esteem has improved a lot. I'm liking the person I am becoming."*

*"That I'm worthy and I'm a beautiful person and I'm worthy of happiness."*

*"That I am worthwhile. That I need to show my kids by example and praise them and teach them self-praise."*



## POST-GROUP DATA



### FINANCIAL LITERACY

#### Post Group

There were a total of 44 women who completed the survey at the completion of the Financial Literacy module. 9% indicated that they had no change in their experiences after attending the program. 59% said they experienced positive change at the end of the program 31% said they experienced great change in their circumstances at the end of the program.

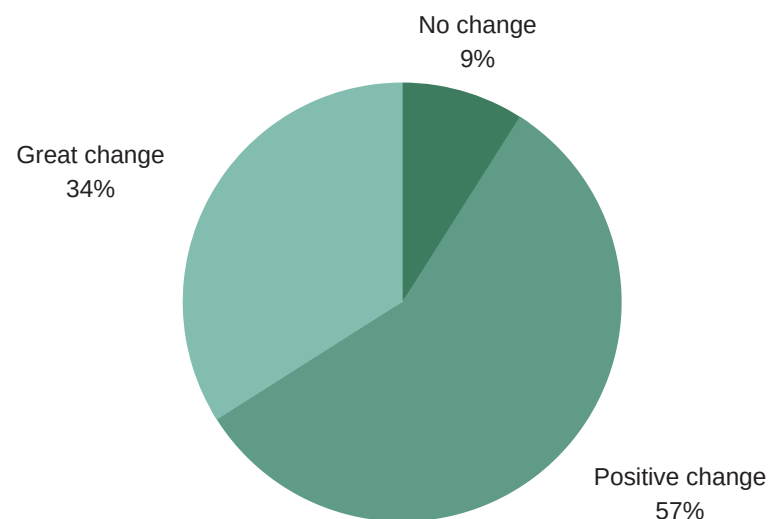
### PARTICIPANT FEEDBACK

*'I learned that there is so much help out there and seeing a budget worksheet helps put finances in perspective so you can manager better'.*

## 4.2 OVERALL RESULT OF THE POST GROUP DATA

From the sample of 77 participants, a total of 522 responses were obtained from post program questionnaires that were given to the participants at the end of the program. These responses are improvements that the women noticed in their own lives after having completed eight weeks of the program.

57% of the 77 women participants sampled indicated having positive change in their skills and circumstances after attending the program, while 34% recorded great change.



From the sample of 77 participants, the post group data provided a total of 522 responses, with only 1 participant indicating that they experienced no change overall. When asked about their thoughts on their achievements post attending the program as compared to their reasons for registering to participate in the program, one participant stated that she was *"...on track to a new me with self-confidence, respect, less aggressive and more assertive. I am happy with my outcome."*

Still others say

*"I feel great about what I have achieved. This course has been life changing."*

*"I feel happy that I came and that I've learnt new ways to manage and deal with situations."*

*"Felt like I achieved way more than I originally expected or set out too."*

When asked if they thought that their relationships at home and out of home had improved, many provided positive feedback on the changes they had experienced within their household.

*"I have learned a different way to communicate with my kids and that is improving every day."*

While the aim of the program is a preventative one and groups are aimed at improving and developing healthy relationships for participants, there are some women who attend for different reasons;

*"I came into this group as an opportunity to learn more to help and assist other women within my volunteer roles. But in fact, have gained so much more than I bargained for. An insight into me!"*

Not all participants were able to provide such positive feedback. While all participants did have a positive experience completing the program, for some it was more ongoing and a work in progress. Some of the participants had in fact completed the program twice and one woman on three occasions, finding that each time she benefitted from attending.

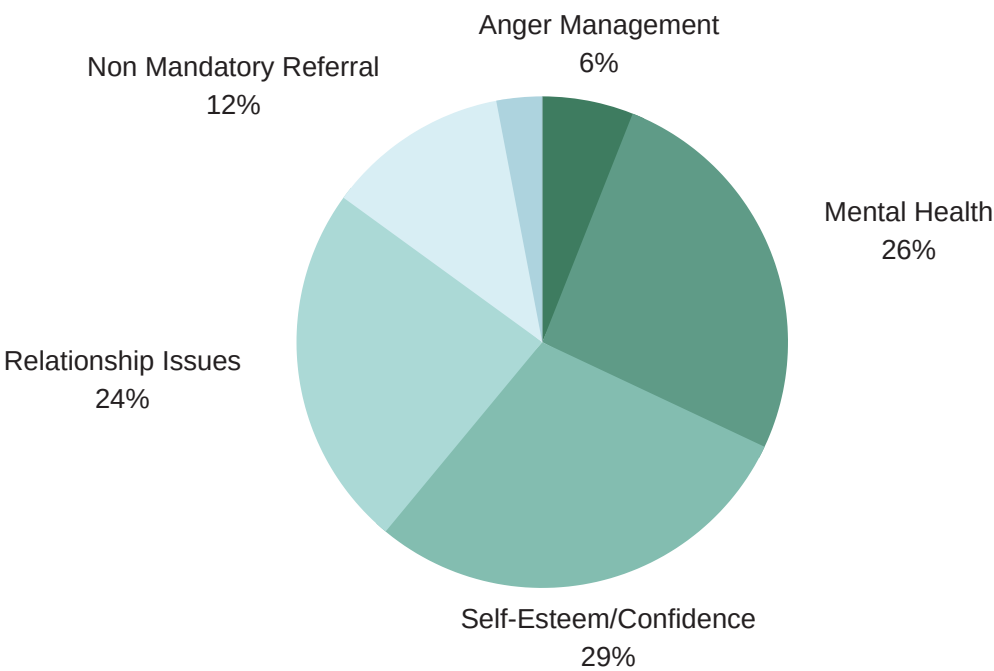
Still others have stated that they needed more practice to implement the skills developed in the program and hence had not experienced much change post completion of the program.



4.3. PARTICIPANT PHONE INTERVIEW SURVEY  
OUTCOME

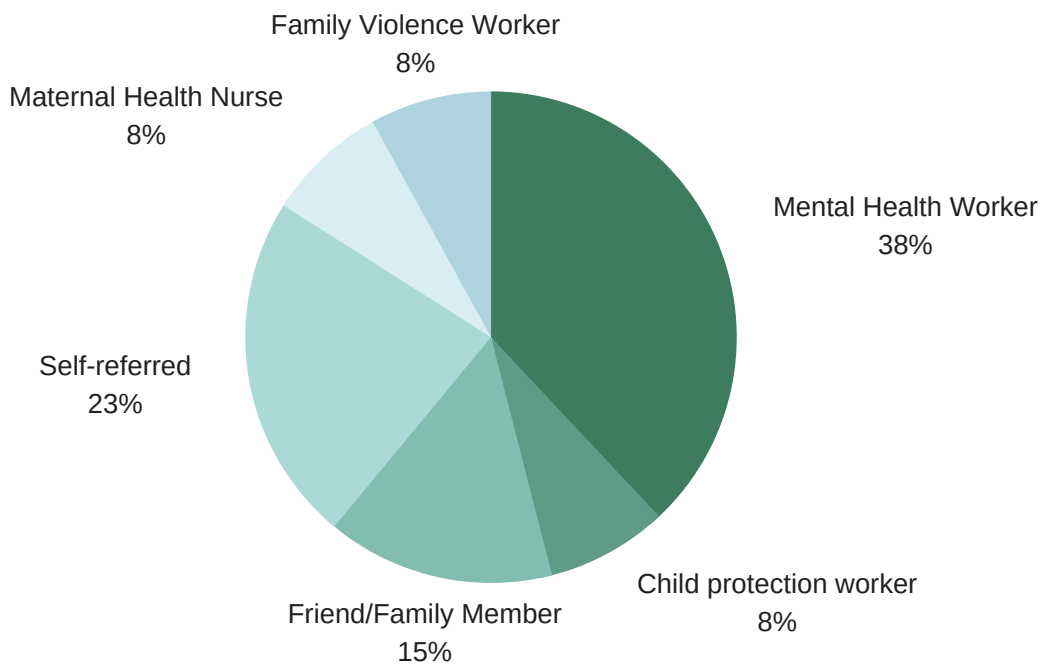
A sample of 14 participants represents the women that were surveyed by phone. They were all asked the same set of questions (see appendix 5)

Reasons for doing the program



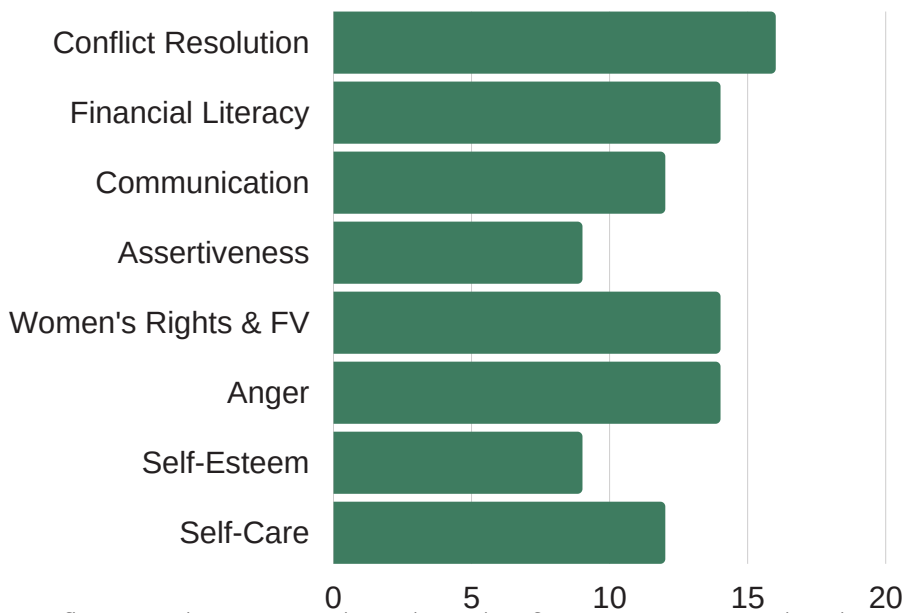
29% of the sample surveyed indicated that Self-esteem and Confidence were primary reasons for doing the program. However, the pre group data indicates that 93% of participants considered their self-esteem to be good to very good. 93% of the participants also indicated in the post group survey that they had experienced positive to great change in their self-esteem as a result of completing the program.

Who referred you to the program?



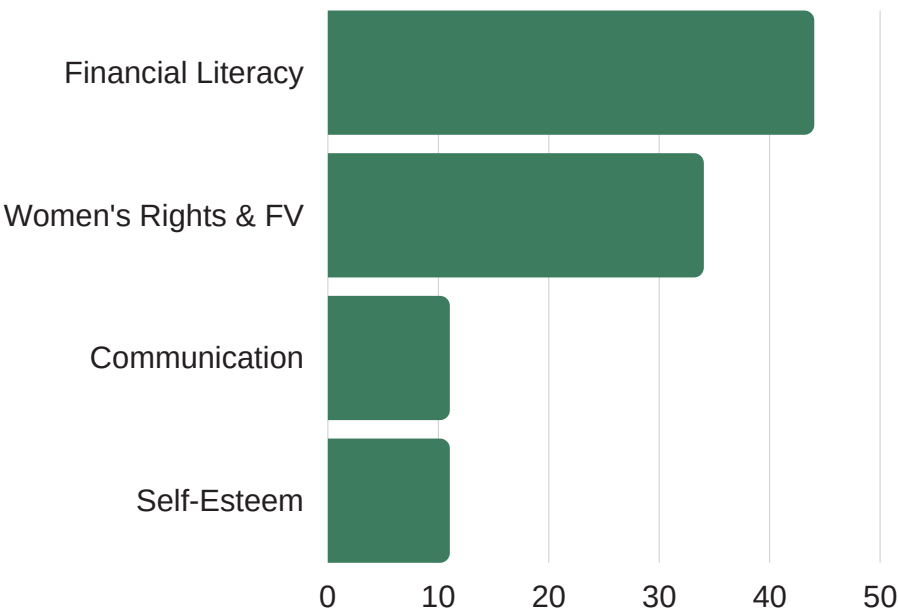
Of the 14 women interviewed for the purpose of this report, 38% were referred by mental health workers while 23% self-referred to the program. Friends and family were the other major source of referrals for the sample that was interviewed for the report.

What was your favourite session?



Conflict resolution was listed as the favourite session by the women who were interviewed for the report. This was followed by Anger, Women's rights and financial literacy.

**What was your least favourite session?**



Most women who participated, did not report having a least favourite session.

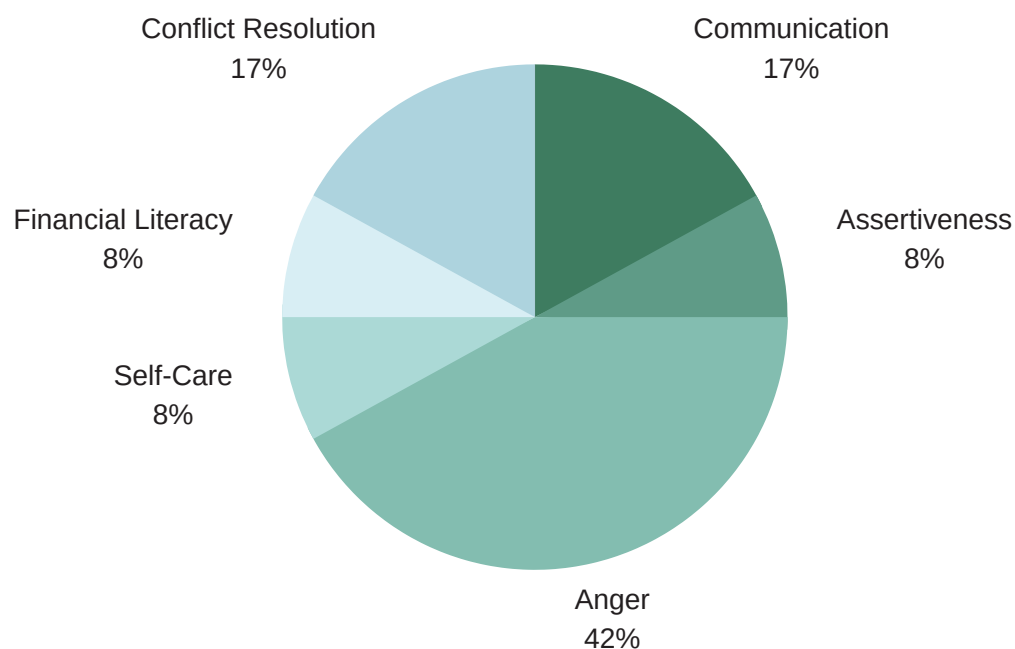
*"I enjoyed every session that I came to. It made me feel good about me. Would come home and feel good about myself and the day"*

However, of the seven topics covered, financial literacy and women's rights were listed as the least favourite.

While Financial Literacy was listed as the most favourite session by most of the women who completed the interviews, it was also listed as the least favourite session by approximately 33% of the women interviewed. Upon further enquiry, it was revealed that this was because the women stated that they already knew most of what was discussed or that their learning style differed from the style of the financial literacy worker delivering the module.

Still other women stated that women's rights was their least favourite session because they found the information provided to them in the module overwhelming and negative. They *"felt overwhelmed and it was hard to get back to being positive afterwards because it was very triggering"*

### What was the most challenging session for you?



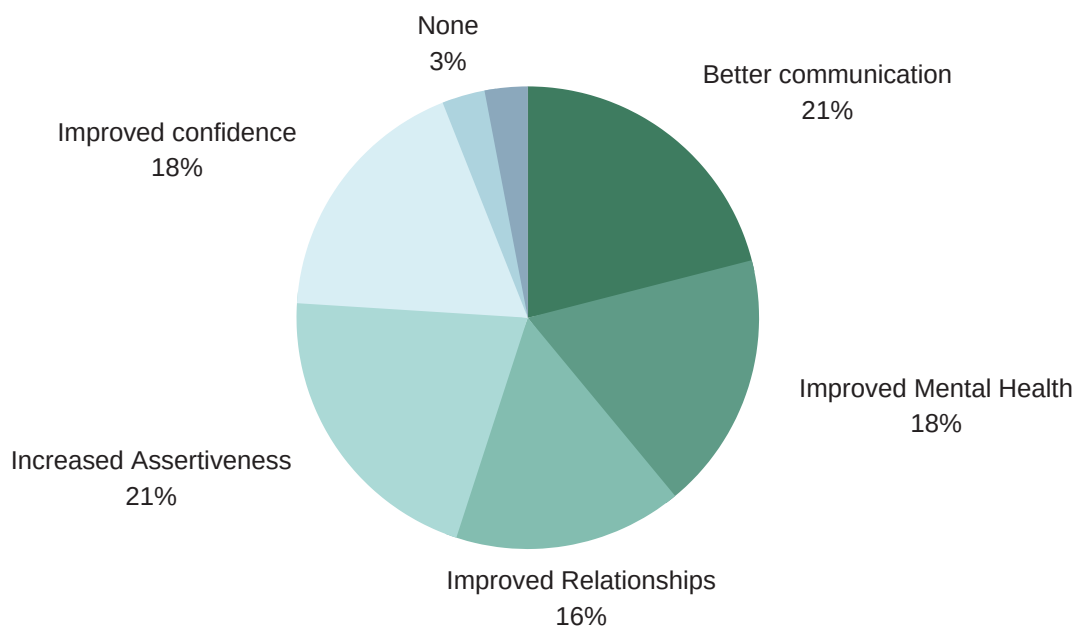
Anger tends to be an area where most women seem to struggle with the application of the skills learned in the program. It was listed as the most challenging session by 42% of the women interviewed. This was followed by Conflict Resolution and Communication. This is perhaps because all these modules are closely connected, and the skills developed in one module, are utilised and further built upon in the others.

### PARTICIPANT FEEDBACK

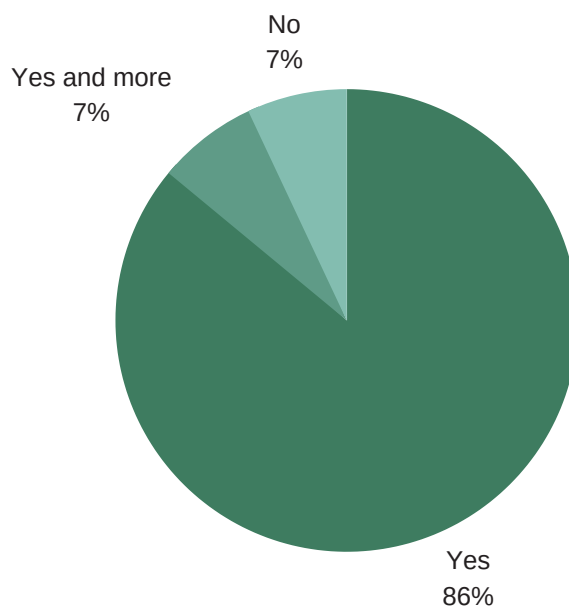
*These sessions pointed out areas where I have to change the way I do things and that's where it gets complicated"*

*"Anger (was the most challenging), I struggled with this because I didn't see myself as an angry person so didn't care as much about these 2 weeks. At the time I thought that because I wasn't violent or abusive to anyone, I didn't have an anger problem, when in fact I become very frustrated on a daily basis."*

*"For me it was the realisation of how I communicate with my own loved ones in an aggressive or passive aggressive way when I always thought I was assertive. This is a positive realisation, but it was a challenge to come to terms with it initially as it's not a productive or pleasant way to communicate."*

**List the areas that have seen the most improvement in your life**

Most women stated that their communication skills and assertiveness had improved the most after doing the program. This was followed by improved self-confidence, self-esteem and mental health and an improvement in relationships.

**Were your expectations met?**

Most participants stated that their expectations were met through the program with only one participant stating that the program did not meet her needs as she had expected the program to help her find a way of coping with substance abuse. One participant also stated that the program went over and above her expectations.



### Comments about Facilitation:

*"Thank you Sancha for teaching me new strategies and new things I never knew before and that I can use for everyday situations. Thank you for the warm welcomes every time we come into the room and for your yummy snacks! I would also like to thank you for my certificate I appreciate it very much."*

*"Sancha is fabulous. A warm person to have as company. Thank you so much, can't ever repay the knowledge I have gained from Sancha. Incredible and beyond awesome."*

*"Sancha has been fantastic, helpful and amazing to see and talk to every week. I will miss this class very much."*

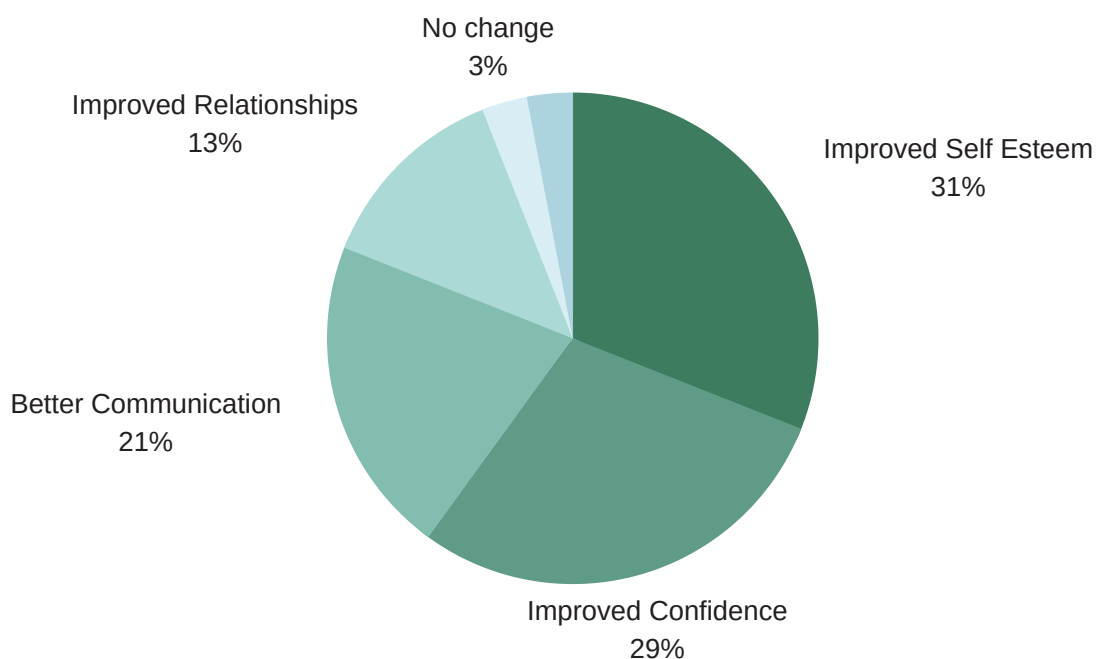
*"Sancha is an awesome woman. She runs the group professionally and friendly while allowing everyone to speak. Fantastic course! Thank you."*

*"All women struggling with any aspect of their lives could benefit from this program. Also, I have to add the best thing about the program was Sancha. She was warm and approachable and created a comfortable environment for all the women. From checking in with us first thing each session about how our week was going, to the effort she put into the snacks, she was top notch!"*



#### 4.4 DATA FROM SERVICE PROVIDERS

##### Observed Outcomes

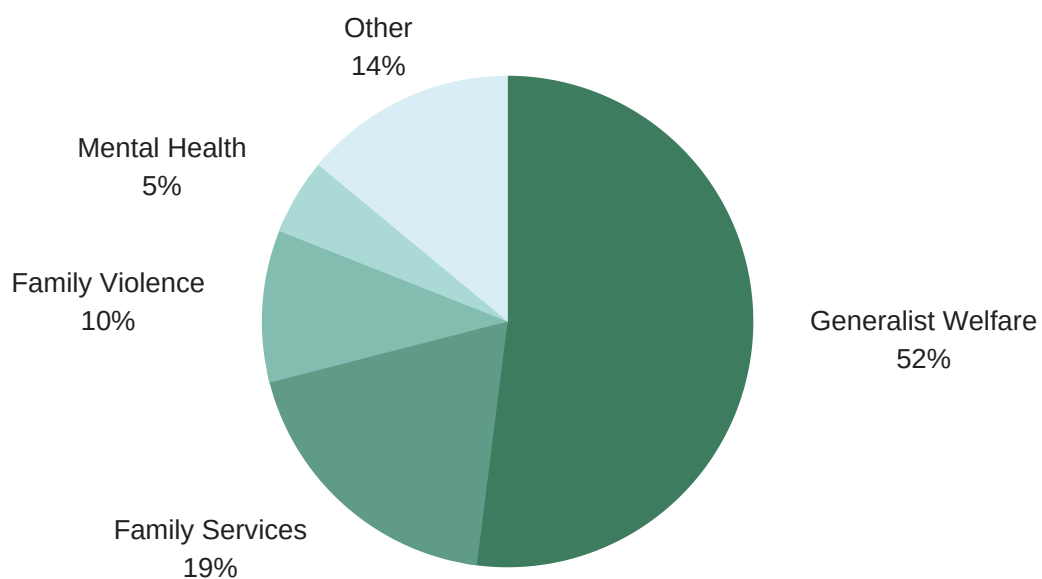


Workers indicated a total of 36 positive observed outcomes from clients that had been referred to the program, with improved self esteem (31%) and improved confidence (29%) being most observed. Better communication (21%) and improved relationships (13%) were also observed. Only one worker indicated no observed change and another indicated changes other than those listed.

##### FEEDBACK FROM SERVICE PROVIDERS

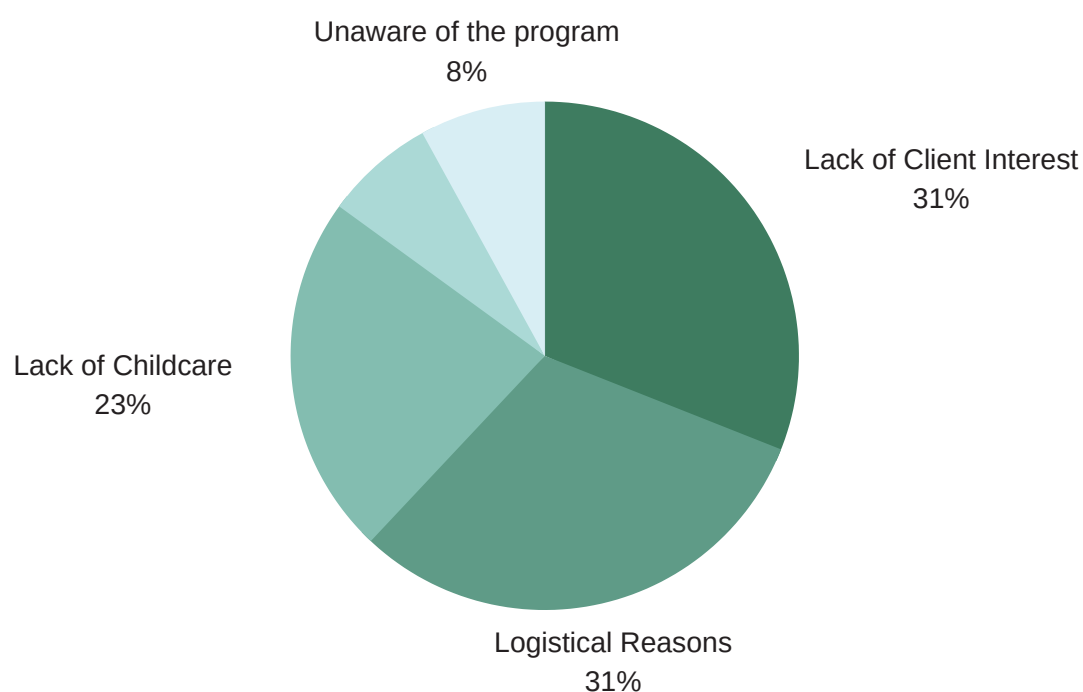
*"The program has provided participants with a great insight into themselves. The way they think, act and respond to certain situations. It has provided them not only with an opportunity to look at their own behaviour and beliefs but also more positive options. For many it has provided improved self esteem and confidence to be able to recognise what is acceptable and what is not acceptable behaviour in a relationship and how to work toward more respectful interactions."*

*"I have seen the benefit of this program and the positive roll on effects for families. A program that values the contribution of all women and how they can promote and express positive self-expression. Increased confidence, self awareness and skills are apparent which strengthens interpersonal relationships, what a healthy relationship looks like. By being the example, showing that you are comfortable with yourself, this has a positive impact for children, families and our relationships."*

**Core Business**

52% of workers that completed the survey were from generalist welfare services, 19% from family services, 10% from family violence, 5% from mental health services and the remaining 14% were from other services. However, it must be noted that workers may not complete surveys for many reasons. Workloads and the expected time to complete surveys being some of the reasons workers do not participate in surveys. Thus, the core business of the workers who completed the surveys is not necessarily representative of the areas that refer to the program.

### Barriers to Referrals



Referring workers also cited a lack of client interest and logistical issues as the two main reasons that prevented successful referrals to the group.

A lack of child-care was another reason that was cited as a barrier to referrals. However, it bears to be mindful that there is child-care available at the group in Hallam every Thursday so this reason might have applied to Friday groups where childcare was not available and this might have been a potential barrier to women attending this group. The Hallam venue has a childcare facility that provides subsidised child care to women attending the group and this is one of the main reasons that the group on Thursday always runs at the Hallam CLC. Other locations are often libraries and Neighbourhood Houses that do not always have affordable or accessible childcare on the premises. This, together with limited funding, is a reason that we are unable to offer childcare to the groups on Friday.

#### 4.5 SUMMARY OF RESPONSES FROM INTERVIEWS WITH PREVIOUS FACILITATORS

In addition to the data collected from past participants and service providers, interviews were held with past and current facilitators of the program. These interviews provided insight into outcomes observed through the eight weeks of the program delivery.

Both facilitators interviewed attested to the changes observed in the women who did the program. They commented about noticeable changes in the women's self-esteem – improved self-belief and confidence. They also stated that women who participated in the program reported an improvement in relationships with their partners and children due to better communication between them. Towards the end of the program, the facilitators also commented about a change in the women's perspective and outlook on life.

When asked what they believed contributed to these positive changes in the women's lives, each facilitator stated that empowering women and changing their perceptions with regards to their self-awareness, self-beliefs and self-esteem was a major factor. They also reported that an improvement in women's abilities to assert themselves and thereby improve their communication and problem-solving skills also contributed to an improvement in their lives.

Well-functioning groups were those where expectations were effectively managed, and women were able to find some commonalities with other participants in the group. While commonalities might just be that of circumstances, goals, age or shared interests, these played a large part in a well-functioning group. Group rules and the women's willingness to participate were other factors that determined how well the groups functioned.



---

## 5. FINDINGS

---

### 5.1 WHAT THE DATA TELLS US

#### 5.1.1 OUTCOMES

The findings of this report indicate that most women who attended the KIT program experienced some degree of positive change in their lives while others stated that they experienced great positive change.

There were quite a few women who stated that while doing the program has helped them make changes in their lives by positively addressing issues that brought them to the group, achieving better, longer lasting outcomes would only come from practice and consistent behaviour change. Of all the areas of improvement listed, almost all women who completed the program report an increase in their assertiveness and confidence.

Of the 14 past participants who were interviewed, 30% stated that they registered to do the program to build on their self-esteem while 26% needed help with their mental health.

Negative relationships impact negatively on women's wellbeing (Western, 2013) that can result in issues associated with depression. 23.5% of participants stated that their reason for attending was to get some help for their relationship issues. Of these, 21.6% reported an improvement in their communication and assertiveness as a result of doing the group while a further 16% stated that their relationships had improved. As the module on communication places an emphasis on asserting oneself without being aggressive, this outcome is in line with one of the aims of the program. Post group data also indicated that 93% of the women who completed the program experienced a positive change in their assertiveness. Thus, as assertiveness is closely linked to healthy communication, one can assume an improvement in one area will contribute to improvements in the other as well.

*"My confidence has grown; I can get my point across, a lot calmer and clearer... I also find my point of view is getting heard more willingly and I am starting to feel more confident in my ability"*

Empowering women is a way of bringing about change (Kabeer, 2005) by increasing their ability to effect change in their circumstances. When women are empowered and have an increased sense of self-esteem and confidence, it improves their ability to make positive decisions and act on their choices.

One worker who refers clients to the program has described the program as (providing women with the) 'Empowerment to be the conduit to provide positive change in family relationships'.

This is further supported by worker and facilitator observations that state that positively changing the way one person (the participant) communicates often leads to an improvement in communication and relationships within the household.

All the women interviewed stated that they would do the program again, with four of the women interviewed having repeated the program in the last year. When asked about their reasons for repeating the program, the women stated that they needed the additional support offered by the program to help them cope with life's challenges. Some women also stated the need to have additional time to put into practice the skills that were taught during the program.

13 out of the 14 women interviewed stated that the program had met their expectations. This is evidenced in the data mentioned above which states that most women who attended the program were able to meet their goals through the course of the eight weeks.

Conflict resolution, which amalgamates learning from the modules on communication and assertiveness was rated as the favourite session by most women; with women's rights, anger, financial literacy coming in at a close second. However, financial literacy was also listed as the least favourite session by four women. This could be due to some women having previously been to a financial counsellor and therefore being familiar with the material being discussed or due to some women managing the household finances and hence already being in possession of this knowledge.

Five of the 13 women interviewed stated that they had struggled with the session on anger and found that it had been challenging due to a struggle to put the skills into practice and also because they found that the response they often got was different to what they had expected. Women who struggled with the session on anger also noted (during the group) that they did not think that they had issues with anger but that they had been 'assertive' and the assertiveness wasn't well met.



Low self-esteem and mental health issues were reported as a major motivator for women's participation in the program. This could be because a large majority of women who attend the program have disclosed to the facilitator that they have experienced some sort of violence in their lives. Thus, while the initial program referral could have come from a mental health or welfare worker, the issue causing the referral is often a compounding effect from previous trauma. Experiencing family violence tends to have a detrimental effect on the mental health of the victim/survivor (Commonwealth of Australia, 2009) of family violence who is generally female. Many women explain that while the scars from physical abuse heal over time, the long-term effects of emotional, verbal, social and economic abuse is far more devastating. Women who experience family violence and depression often lose a sense of meaning and purpose in their lives (Western 2013) and often struggle to regain or develop this sense in the aftermath of a relationship breakdown. They are also more likely to suffer mental health issues including post-traumatic stress disorder, depression, anxiety, self-harm tendencies and suicidal thoughts. Thus, when they are better able to assert themselves, women can change their situations for the better. This sense of empowerment comes through in the findings from participant surveys where 19% of the past participants interviewed reported an improvement in their mental health and self-confidence.

#### 5.1.2 REFERRALS

According to the data obtained from the participants who were interviewed, most referrals came from mental health workers closely followed by family service workers.

Another source of referrals is volunteers from Casey North CISS and Community Information and Support Cranbourne who see clients for Emergency Relief on a regular basis. These volunteers see the program as providing women with an avenue to develop skills and strategies required to build better lives for themselves by improving on their confidence and self-esteem.

Workers referred clients to the program to work on their personal development and relationship issues. Other reasons for referrals included family violence prevention, previous good outcomes and anger management.

Most workers who responded to the survey are workers at Casey North CISS and Community Information and Support Cranbourne. When asked about observed outcomes, workers reported improved self-esteem and confidence as the main outcomes with better



communication and improved relationships as observed secondary outcomes. However, observed outcomes are also dependent on the length of the workers engagement with the client and these may not be observed if the duration of the workers engagement was short term or if the nature of assistance provided was short term.

Other observed outcomes reported by previous and current facilitators of the group included flow on effects from communication with participants families, particularly children and partner – increased cohesiveness within the family unit due to improved communication and increased peace within each relationship. Facilitators have also noticed an increase in women's sense of self and improved self-esteem which has in turn affected their sense of purpose and their drive to make positive changes in other areas of their lives.

Worker surveys also revealed a lack of knowledge amongst workers and volunteers at Community Information and Support Cranbourne. Almost all volunteers and workers barring managerial staff expressed a lack of knowledge of what the group was about and the goals that were achieved through the program.



## 5.2 HOW KIT FITS IN WITH THE PRIMARY PREVENTION MODEL:

The program fits in with one of the objectives outlined in VicHealth's Preventing Violence against Women in Australia (2011). It aims to prevent violence against women by increasing participation in respectful relationships through the provision of strategies that are educative, empowering and reduce social isolation (VicHealth, 2007). It also addresses one of the four gendered drivers that are mentioned in Our Watch's report on the implementation of Primary Prevention programs "Putting the Prevention of Violence Against Women into Practice" (2017)

The KIT program seeks to increase women's decision making and independence in public and private life (Our Watch, 2017) through confidence building and empowering women to make decisions.

The program aims to equalise access to power and resources between women and men through the financial literacy aspect of the module which empowers women to be able to manage their finances by getting a better understanding of their routine income and expenses as well as managing household finances. This puts them in a better position to make informed decisions regarding their finances, thereby reducing their dependence on men. Women attending the program have also reported an increase in their knowledge and awareness of supports available to them in the community and through government funding.

The Keeping It Together program also addresses some of the supporting actions against the gendered drivers of violence. These include challenging the normalisation of violence through the module on Women's rights which educates women on their rights within a relationship, what healthy relationships look like and how to access support and help should they choose to end a violent or unhealthy relationship.

The eight-week program, although initially developed to act as an early intervention tool, also aligns with two of the three action themes outlined in the report developed by VicHealth to Prevent Violence Before It Occurs (2007).

1. Promoting equal and respectful relationships between men and women through the development of skills like assertiveness, healthy communication and conflict resolution.
2. Improving access to resources and systems of support.

Focussing prevention efforts on women can help increase women's critical understanding of partner violence and build on existing skills in recognising and resisting this violence (Flood, 2007). On the other hand, educating women can shift expectations of partners and intimate relations. Such interventions may increase the incentive for the partners of these women to adopt non-violent practices and identities. Thus, by creating a shift in the way women perceive and respond to violence, the program develops a critical lever for creating and sustaining a change in men's attitudes and behaviours.

Casey North CISS (the agency that offers this program) and many referring agencies, work primarily with communities that are affected hugely by social and economic disadvantage. This section of the population in particular has been identified as being at a higher risk of perpetrating or being subject to violence (VicHealth, 2007) in particular because there is some evidence that links men's socio-economic status to have an impact on their likelihood to perpetrate violence – low incomes, lower educational attainment and having a blue collar occupation being the key indicators. The program works with an awareness of this intersectionality and adapts content to best address the needs of the community that it works within.



---

## 6. RECOMMENDATIONS

---

The recommendations were developed through a collaborative approach between the findings from the data, recommendations from referring workers and meetings of the steering committee.

These included:

Program structure changes:

- Reviewing the financial literacy module and offering it as an optional workshop for women to attend post completion of the program. This is because many women who participated in the group stated that it was their least favourite session and others had also previously seen a financial counsellor prior to beginning the program and thus found it less useful.
- Extending the program to offer a four-week refresher component six to twelve months post completion of the initial eight-week program. This refresher program would help women cement their learnings from earlier in the year and expand on previously developed skills by offering an in-depth version of previous modules based upon interest. The request for a refresher program came from high interest from interviews with previous participants and the post group data collected.

Changes to the marketing and promotion of the group:

- The lack of information about the group amongst staff and volunteers at Community Information and Support Cranbourne together with the lack of referrals from workers in the Casey South region, has led to the recommendation that further marketing initiatives be undertaken across the Casey South region via network meetings and other options.
- The intake process has also been modified to include more questions about the participants circumstances and other services involved in providing supports to the client, especially in the case of referrals from other workers.

Program demand and funding:

While for most of the twelve years, the program has been philanthropically funded, there have often been requests for the program to be run in areas outside of the City of Casey.

Between 2018- 2020, we have had requests from agencies and workers in the City of Port Phillip, Kingston, Greater Dandenong, Frankston and the Shires of Mornington Peninsula and Cardinia. However, the program has not been delivered in those areas due to the lack of funding and the geographical limitations arising from limited existing funding.

Thus, another recommendation is to continue to pursue funding opportunities to be able to increase the capacity of service delivery outside the City of Casey.

*\*Locations where the group has been delivered over the last four years is listed in Appendix 7*



## BIBLIOGRAPHY

- Brown, P. A., & Dickey, C. (1992). Critical Reflection in Groups with Abused Women. *Affilia*, 7(3), 57-71.
- Commonwealth of Australia (2009). Background Paper to Time for Action: The National Council's Plan for Australia to Reduce Violence against Women and their Children, 2009-2021. Canberra: The Department of Families, Housing, Community Services and Indigenous Affairs, pp.11-48.
- Crimestatistics.vic.gov.au. (2019). Victoria Police | Crime Statistics Agency Victoria. [online] Available at: <https://www.crimestatistics.vic.gov.au/family-violence-data-portal/family-violence-data-dashboard/victoria-police> [Accessed 20 Nov. 2019].
- Flood, M. (2007). Why Violence against women and girls happens, and how to prevent it. *Redress*, pp.13-18.
- Hyde, C. (2004). Feminist Community Practice. In: M. Weil, M. Reisch, D. Gamble, L. Gutiérrez, E. Mulroy and R. Cnaan, ed., *The Handbook of Community Practice*, 1st ed. SAGE Publications Inc, pp.143-151.
- Laing, L. (2001). Working with women: Exploring individual and group work approaches. *Australian Domestic & Family Violence Issues*, (4).
- Our Watch, (2017). Putting the Prevention Of Violence Against Women Into Practice. Melbourne: Our Watch.
- Styles, W. (1991). Working with Women. In NSW Women's Co-ordination Unit (Ed.), *NSW Domestic Violence Strategic Plan: Forum Papers*. Sydney: NSW Women's Co-ordination Unit.
- VicHealth (2007). Preventing Violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria. Victorian Health Promotion Foundation, Carlton.
- VicHealth (2011). Preventing Violence Against Women In Australia. Research Summary. Victorian Health Promotion Foundation, Carlton.
- Western, D. (2013). Gender-based Violence and Depression in Women (*SpringerBriefs in Social Work*). New York, NY: Springer New York



---

## APPENDIX

---

APPENDIX 1:  
PRE GROUP EVALUATION

First session – where do we think we are at...

What is your understanding of communication?  
How would you rate your communication skills in a scale of 1 – 10?  
(Poor) 1      2      3      4      5      6      7      8      9      10 (Excellent)

What is your understanding of assertiveness?  
How would you rate your assertiveness skills in a scale of 1 – 10?  
(Poor) 1      2      3      4      5      6      7      8      9      10 (Excellent)

What is your understanding of women’s rights and family violence?  
How would you rate your understanding of this on a scale of 1 – 10?  
(Poor) 1      2      3      4      5      6      7      8      9      10 (Excellent)

What is your understanding of conflict resolution?  
How would you rate your conflict resolution skills in a scale of 1 – 10?  
(Poor) 1      2      3      4      5      6      7      8      9      10 (Excellent)

What is your understanding of anger management?  
How would you rate your anger management skills in a scale of 1 – 10?  
(Poor) 1      2      3      4      5      6      7      8      9      10 (Excellent)

What is your understanding of self-esteem?How would you rate your self-esteem in a scale of 1 – 10?  
(Poor) 1      2      3      4      5      6      7      8      9      10 (Excellent)

What is your understanding of self-care?  
How would you rate your self-care in a scale of 1 – 10?  
(Poor) 1      2      3      4      5      6      7      8      9      10 (Excellent)

What is your understanding of financial literacy?  
How would you rate your understanding of this on a scale of 1 – 10?  
(Poor) 1      2      3      4      5      6      7      8      9      10 (Excellent)



## APPENDIX 2: POST GROUP EVALUATION

Looking back at the reasons you originally came to the group and your goals, how do you feel about what you have achieved?

-----

-----

Thinking back over each module, how do you see your own development in each of the areas covered?

### **COMMUNICATION**

What you have learned - \_\_\_\_\_

Improvement Scale (please circle a star!)

1 \*\*\*\*\*10  
No Change                      +Change                      Great Change!

### **ASSERTIVENESS**

What you have learned - \_\_\_\_\_

Improvement Scale (please circle a star!)

1 \*\*\*\*\*10  
No Change                      +Change                      Great Change!

### **WOMEN'S RIGHTS AND FAMILY VIOLENCE**

What you have learned - \_\_\_\_\_

Improvement Scale (please circle a star!)

1 \*\*\*\*\*10  
No Change                      +Change                      Great Change!

**ANGER**

What you have learned - \_\_\_\_\_

Improvement Scale (please circle a star!)

1 \*\*\*\*\*10

No Change

+Change

Great Change!

**FINANCIAL LITERACY**

What you have learned - \_\_\_\_\_

Improvement Scale (please circle a star!)

1 \*\*\*\*\*10

No Change

+Change

Great Change!

**SELF-ESTEEM**

What you have learned - \_\_\_\_\_

Improvement Scale (please circle a star!)

1 \*\*\*\*\*10

No Change

+Change

Great Change!

**SELF-CARE**

What you have learned - \_\_\_\_\_

Improvement Scale (please circle a star!)

1 \*\*\*\*\*10

No Change

+Change

Great Change!

Do you think your own relationships (partners/ family/ friends) have improved since doing the group? If so, how?

---

---

Do you believe this program would assist women who have experienced family violence?

---

---

Was the venue satisfactory?

---

---

Are there any other topics you would like to see covered?

---

---

Were you happy with the facilitation?

---

---

Do you have any suggestions or comments you would like to make?

---

---

Do you consent to being contacted for the purpose of research with regards to this group in the future?  
(please state yes or no)

Thank you for participating in the KIT group and for providing your feedback!



---

### APPENDIX 3.

#### PHONE INTERVIEW QUESTIONS FOR PAST PARTICIPANTS

---

1. What were your reasons for doing the program?
  - Anger management
  - To assist with mental health i.e. stress/anxiety/depression etc.
  - Self-esteem / self-confidence
  - Relationship problems
  - Referral
    - o Mandatory
    - o Not mandatory
2. Who referred you to the program?
  - Mental health worker
  - Family violence support worker
  - Child protection worker
  - Legal aid worker
  - Corrections / justice support worker
  - Friend / Family member
  - I referred myself
3. What were your expectations from the Keeping It Together program?
4. Did the program meet your expectations?

YesNo
5. Are there any improvements that could be made to the program?
6. What was your favourite session? Why?
  - Communication
  - Assertiveness
  - Conflict Resolution
  - Womens rights & FV
  - Anger
  - Self Esteem
  - Self-Care
  - Financial Literacy

7. What was your least favourite session? Why?

- Communication
- Assertiveness
- Conflict Resolution
- Womens rights & FV
- Anger
- Self Esteem
- Self-Care
- Financial Literacy

8. What was the most challenging session for you? Why?

- Communication
- Assertiveness
- Conflict Resolution
- Womens rights & FV
- Anger
- Self Esteem
- Self-Care
- Financial Literacy

9. How do you think you have benefited from the program?

- Better communication skills
- Improved self-esteem/ mental health
- Improvement in relationships
- Better able to assert self
- Improved self-confidence
- Other

---

10. Do you think anybody else in your family/ household have benefitted from you doing the program? How/Why?

11. Would you recommend the program to anyone else?

Yes

No

12. Would you do the program again? Why?

Yes

No

Questions for the refresher group:

1. Why did you do the group a second time?

2. What were your reasons?



---

## APPENDIX 4. QUESTIONS FOR SERVICE PROVIDERS

---

1. How best would you describe your agency's core business/service?

- Generalist Welfare
- Family Violence
- Family Services
- Mental Health
- Corrections/Justice
- Other

2. Are you aware of the Keeping It Together program?

Yes

No

3. Have you referred clients to the Keeping It Together program?

•Yes

•No

4. What were your reasons for making the referral? Check as many as applicable?

- Relationship issues
- Anger management
- Family Violence prevention
- Family Violence intervention
- Personal development
- Justice system requirements
- Have had good outcomes from previous referrals
- Other \_\_\_\_\_

5. If no, what have been the barriers to making referrals to the program?

- Unaware of the program and what it is
- Client was out of catchment area
- Client was unable to access the groups due to logistical issues
- Lack of childcare
- Lack of interest from the client
- Other \_\_\_\_\_

6. If you have referred clients to the program, what are the outcomes that you have observed?

- Improved confidence
- Improved self esteem
- Better communication
- Improved relationship skills
- No change/ improvement
- Other\_\_\_\_\_

7. What do you perceive as the impact of the program on the client's self and family? What value do you see the program contributing to with wider community?

8. How would you describe the Keeping It Together program in a single sentence?

9. Is there anything else you would like to add?

10. Would you be willing to be contacted in case of further queries pertaining to your responses to this survey? If yes, please provide your contact details.

Name:

Phone number:

Email address:

Thank you for your time and valuable feedback. A copy of the final report will be made available to all participants of this survey. Your insight will help us continue to make this program available to the community.



---

## APPENDIX 5. QUESTIONS FOR VOLUNTEERS

---

1. Are you aware of the Keeping It Together program and have you referred clients to the program?

Yes/ No

2. Describe the Keeping It Together program in a single sentence.

3. Do you provide consent to be contacted for the purposes of further research?

Yes/no.

If Yes, please leave your name and contact number.



---

## APPENDIX 6.

### INTERVIEW QUESTIONS FOR GROUP FACILITATORS

---

1. When considering the KIT program, what are some of the key outcomes that you have observed?
2. What are some key factors you identify that contribute to those outcomes?
3. Considering the groups you have facilitated, what contributes to good functioning/less well functioning groups?
4. Is there one particular story good or bad you could share about the KIT program?
5. Anything else that you would like to share in relation to the evaluation of the program?



---

## APPENDIX 7.

### VENUES FOR PROGRAM DELIVERY 2016-2020

---

2016	2017	2018	2019	2020
Hallam (4)	Hallam (4)	Hallam (4)	Hallam (4)	Hallam (1)
Lynbrook (1)	Berwick (2)	Cranbourne (2)	Pakenham (2)	Pakenham (1)
Narre Warren (2)	Cranbourne (2)	Berwick (2)	Cranbourne (1)	
Berwick (2)	Doveton (1)	Frankston (2)	Berwick (1)	
		Pakenham (1)		

*\*Numbers in brackets indicate the total number of groups run in that suburb over the course of the year.*

Note: While the original funding allows for two groups to be run per term, there have been years where the program has received additional funding which led to up to three groups to run per term.



---

Published by:

Casey North Community Information &  
Support Services  
2020

---

