the eve project

NOURISHING LIVES, NURTURING CHANGE

Evaluation Report of The EVE Project's Thriving Futures Program

Hopefield

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History & Transition of The EVE Project and Thriving Futures

The EVE Project launched in the Illawarra region of NSW in 2019 as an organisation with vision to see women survivors of abuse thriving with renewed self-worth, value, and purpose. To achieve this vision, The EVE Project piloted a 12-month supported work experience and pathways to employment program alongside their hospitality-based social enterprise called EVE & Co, called Thriving Futures.

At the close of 2021, after piloting the program and trying to grow a start-up business throughout two years of COVID-19 restrictions, it became clear that changes were required for The EVE Project and Thriving Futures to continue.

With strong values and strategic alignment, in mid-2022 it was announced that Hopefield Services Inc. would adopt The EVE Project's programs. EVE & Co ceased trading in October 2022 as Hopefield was unable to undertake the operation of a new business stream at that time. The EVE & Co assets were transferred to Hopefield to allow exploration of a food-based enterprise in the future.

The 12-month program historically known as Thriving Futures is now to be known as The EVE Project as an initiative of Hopefield Services Inc. Helen Dwyer, a co-founder of The EVE Project and its programs, has transitioned to Hopefield as Program Lead. Alongside this evaluation, a revised program and implementation plan is being completed in readiness for a July 2023 intake of The EVE Project at Hopefield. The program is structured to run two intakes each year, in February and July.

Acknowledgments

"A huge thank you is extended to everyone who has contributed to this program evaluation. Special thanks go to the following people who provided additional assistance, without your valued contribution this report would not have been possible:

The brave women who trusted us enough to participate in The EVE Project's pilot of the Thriving Futures Program and provided feedback for this evaluation.

The Big Sister Foundation that has supported this program and provided funding to allow the evaluation to be undertaken.

Dr Virginia Williams who has volunteered countless hours to oversee the evaluation and compile this report.

The EVE Project Board and Co-Founders who stepped out to create The EVE Project and achieved something special through an incredibly challenging time in recent history.

Hopefield Services Board and team for supporting The EVE Project and Thriving Futures from the beginning and allowing us to bring the program forward as The EVE Project within the suite of Hopefield's invaluable services that empower individuals, families, and communities.

To The EVE Project team and the many therapists who have worked collaboratively with us to deliver this program and who participated in the evaluation.

To The EVE Project donors and supporters, without you none of this would have been possible".

Helen Dwyer
Co-Founder & Program Lead

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Evaluation Team Composition & Declaration of Interests

1. Dr Virginia Williams: design, oversight, participant interviews, data analysis, report compilation.
2. Morgan Hind: participant interviews, data collection and collation.
3. Helen Dwyer: safe handling and coordination of required program / participant (de-identified) data, liaison and support to independent evaluators, interview participant.

Evaluators 1 and 2 have no fiduciary, financial or other specific interests in The EVE Project and have delivered services to the evaluation either as volunteers or in a pro bono capacity.

Evaluator 3 is The EVE Project co-founder and Program Lead within Hopefield Services Inc and is the contact for inquiries related to program or this evaluation. Evaluator 3 provided information and assisted as outlined above though has not directly influenced the evaluation design, data analysis, findings or recommendations that are presented in the following report.

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Executive Summary

Background

The term "abuse" is ambiguously defined in the research literature, though is generally understood to refer to any form of mistreatment of one person by another individual or group of people that impinges on their basic human rights (i.e., equality, security, liberty, integrity, and dignity) (United Nations, 1993). Abuse can occur as family and domestic violence, sexual abuse, financial abuse, torture, or abuse that occurs in the context of displacement and war, and as bullying, harassment or other mistreatment that affects someone during their interactions with an organisation / institution that is generally expected to care for their rights and wellbeing. Based on a comprehensive definition of abuse, current information suggests that over 50% of females aged over 15 years and living in Australia will be affected by abuse at least once in their lifetime (ABS, 2016). Because abuse is interpersonal in nature, the wounds associated are deep and far reaching spanning all aspects of an affected woman's development (i.e., social, functional, behavioural, emotional, psychological, and physical / biological) (Chen, 2013).

Most practitioners and practice-based researchers working with women in recovery refer to these post-abuse impacts as "complex trauma" in recognition of the broad impacts experienced by female survivors of abuse (van der Kolk, 2015). The same neurobiological research that helps us understand the nature of complex trauma also enables us to understand that impacts are "passed down" to the next generation through a compounding cycle of biological and psychosocial factors predisposing children of abuse survivors to financial disadvantage, welfare dependence, poorer academic outcomes, social and emotional difficulties, and increased health problems (Hughes & Baylin, 2012). Though these realisations are striking, neurobiological research also provides women and the broader society with hope. Advances allow us to understand the body, brain, and "spirit" of female survivors of abuse can recover and flourish if healing can occur in the right way (Porges, 2022).

Further positive news is the apparent prioritisation of the right for women and girls to be free from abuse with their basic human rights intact, as evidenced by international declarations and public policies that reflect this commitment at a societal level (UN, 1993; COAG, 2021). There is also commitment to the restoration of rights and recovery of full and healthy living for female survivors of abuse, with significant government and community sector investment directed into services and supports to assist the healing and recovery of women who have experienced violence, abuse, and other interpersonal traumas (DSS, 2022; KPMG, 2016). Despite this, notable gaps in service exist and relate specifically to the inability of existent supports to provide for the holistic healing and recovery needs of female survivors of abuse.

The EVE Project's Thriving Futures program (TEP) is an example of a novel program that provides a multi-component intervention model to promote holistic and integrated healing. Central to this is the fact that all learning, skills development, and therapeutic activities occur within a frame of safe and trusted relationships that grow over 12 months between participating women with program facilitators and one another. This aspect of service is widely acknowledged by participants, other service providers and therapists in the trauma recovery space as both unique to the program, and essential to the profound impacts experienced by graduands.

This evaluation involved collection of information from key stakeholders via a range of methods including document reviews, pre and post assessment measures, interviews, analysis of program materials and review of the existent literature. The RE-AIM framework was utilised in the current evaluation to review and report on the impacts of The EVE Project's Thriving Futures pilot, and to highlight important considerations for its future and the future of services delivered to female survivors of abuse. RE-AIM is a systematic, peer-reviewed approach to evaluation that has been successfully used to evaluate the impact of social enterprises, health interventions and community services previously (Glasgow, Vogt & Boles, 1999; King, Glasgow & Leeman-Castillo, 2010).

Findings

TEP was founded with the vision to empower female survivors of abuse to thrive and to live purposeful lives and centres this within four primary aims: To promote long term healing and rebuilding towards a sustainable, thriving, and purposeful life; to sever the inter-generational transference of trauma; to stop the cycle of generational welfare dependence, and to provide long-term health and economic benefits to individual women and the society to which they belong. The information collected and reviewed during this evaluation suggests that TEP does promote long term healing and rebuilding of participants lives through the provision of holistic learning opportunities spanning knowledge, skills and practical domains and integrated within a safe relational frame comprising individual case management and a facilitated peer therapeutic group experience. It seems clear from the feedback available, and particularly the views shared by participating women, the success of TEP is due to both what the program offers but even more how it is delivered (see Adoption and Implementation sections herein for detailed information).

With respect to goals 2 and 3 (sever transference of trauma and welfare reliance), three women within the TEP cohort of completers (10) that achieved both outcomes during the program; each have sustained these achievements at least 12months beyond the program's conclusion. Several other participants explained purposeful efforts to re-train and achieve qualifications that would unlock careers and vocational opportunities in the future, many with the direct benefit to their children clearly in mind. Critical to the feedback from all women who were looking beyond welfare and dependency was the expressed belief that

they were worthy of dreaming and striving beyond, and the instilled belief that they could do this. All women attributed this to the TEP program, drawn up from the well of hope supplied by the facilitators and further fostered by the group of women who moved towards healing and recovery together in the program's group program. Again, it was both *what* TEP provided and *how* it was implemented that stood out to these women as making the difference. Finally, as indicated within the report and highlighted above, evidence has been revealed over the course of this evaluation that supports economic benefits for the women participants and the broader community (see Implementation section). The future cost-savings both in crude financial terms, but more importantly, in the unlocked potential for the children who TEP has indirectly supported that are now living in a "can and will do" family overseen by a connected, equipped, and hopeful mother, are profound and worthy of further focus in further iterations of TEP.

Most women who completed the TEP pilot were engaged in therapy with a psychologist, counsellor, social worker, or other mental health practitioner at the time of referral to TEP, with at least one woman disclosing this to be a long-term relationship of more than 2 years. Despite this, the cohort of women were experiencing extremely high levels of depression, anxiety and stress related symptoms based on their self-reported DASS scores at the start of TEP. The group showed a statistically significant improvement in their overall psychological wellbeing as measured by the DASS after 6 months, with further improvements measured at one month post program. It appears TEP offers something novel that extends on the capacity of traditional therapeutic approaches in a way that may enable participating women to experience higher levels of psychological wellbeing and reduced levels of anxiety, depressive and stress-based experiences. Based on these cumulative findings and to address the gap in suitable services for female survivors of abuse, the following recommendations are offered:

Recommendations

The following recommendations are derived from evaluation key findings and are offered to consolidate key learnings and future iterations of TEP that seek to expand on the positive findings generated in the pilot program:

1. Sufficient resourcing to enable the manualisation of TEP's holistic program including development of a conceptual model featuring the proposed mechanisms of change is recommended as a priority.

2. From this, development of the most appropriate outcome and progress measurement processes and tools will be derived to enable further analysis of program effectiveness in the future. Embedding relevant outcome and process

measures from the start of the program will allow real-time reflection and ensure co-design by participants is a priority.

3. Sufficient resourcing to enable the development and manualisation of a suitable "train the trainer" model to enable TEP's broader adoption across suitable organisations in the future is recommended. This train the trainer model ought to include self-assessment processes framed around trauma informed practice principles to ensure those delivering TEP can maintain the core relational attributes that have been clearly highlighted as "key ingredients" by program participants.

4. Sufficient resourcing of TEP to roll-out in a step-wised manner with the aim of replicating positive findings revealed in the pilot and implementation of the above recommendations is strongly recommended. This is likely to be achieved most effectively in a host-agency with values alignment and commitment to the primary aims of TEP, such as Hopefield. Further roll-out ought to be informed by the findings relating to environmental and facilitator essential criteria that are described in this report.

5. Scoping of the potential for TEP to reach more women in the target cohort (i.e., youngest child to commence school within 12months and in receipt of government welfare payment) including the capacity for TEP to access funding streams within government and related models that seek to move women off welfare and into self-sufficient employment. Marketing to job providers and via the network of early childhood providers (e.g., preschools, home-based long day care) to increase reach to women in the target cohort is also recommended as a priority.

6. Following a further iteration of TEP (i.e., at least one more program completed) consideration as to the development of maintenance components including a formal graduate-driven mentoring program or other participant-led postvention options is recommended as a priority to reinforce the gain achieved by participants, to honour and embrace the lived experience learnings of women participants, and to strengthen the community of female survivors of abuse more broadly.

Background

Context and description of the problem

According to the 2021 census data, there are a little over 10.6 million females over the age of 15 living in Australia. Further data from the Australian Bureau of Statistics (2016) indicates that at least half of these Australian women have experienced some form of sexual harassment in their lifetime, 23% have experienced sexual violence, and 1 in 6 (over 1.76 million) acknowledge experiencing physical and / or sexual violence as a child. At least a quarter of women surveyed indicate they have been subjected to violence from an intimate partner (ABS, 2016). Research further suggests that most perpetrators of violence and harm are known by the women they abuse (WHO, 2021). There is currently no single or legally binding definition of "abuse" in Australia nor internationally, which is a perplexing fact and speaks to the complexity of this issue. Despite this, there appears to be a resounding acknowledgment of the significant cost of person-to-person mistreatment of women in society, with recent modelling assigning an annual economic cost of $26 Billion of family and domestic violence alone (KPMG, 2016). Mounting evidence suggests that the non-economic costs of abuse are broad-reaching and are not confined to the woman who experienced the abuse nor are they contained within her immediate social network or community. Cutting-edge neurobiological research is confirming the anecdotal feedback that has been offered for many years by social scientists, frontline workers, female survivors of abuse and their children – the impacts of female abuse are trans-generational and, if not adequately healed, compound in cycles of disadvantage, dependence, disability, and disconnection (van der Kolk; 2015; Hughes & Baylin, 2012).

Definitions of Abuse and Trauma

For the purposes of this evaluation and drawing together the variety of definitions and themes in the existent literature (e.g., Australian Law Reform Council, 2010; WHO, 2021), the term "abuse" is defined as any intentional action from one person or a group of people that harms or injures another person, or that involves the threat of injury or harm, or that a reasonable person would expect to result in restriction of another person's ability to live safely, fully and free of threat and fear of harm. Following from this, abuse may include neglect or any form of mistreatment that involves failure of a person or group of people to care appropriately for another or others towards whom a societal expectation or responsibility for care is reasonably assumed. The literature and current government policy classifies types of abuse based on their cause and in some cases, the nature of the resulting impact (e.g., financial abuse). Forms of abuse recognised herein include:

- **Family and domestic abuse** often including an enduring pattern of behaviours that can include violence and threat afflicted by a partner, other family member or in her direct family or residential context that restrict, impinge, undermine, or interfere with her ability to live safely, fully and without undue fear.

- **Physical abuse** including the threat of physical violence or harm and fear-causing aggressive behaviour towards a woman that interferes with her right to live safely, fully and without fear of harm from others.
- **Emotional abuse** including manipulation, coercion, and ways of relating that result in the restriction of a woman's right to live safely, fully and without undue fear of harm.
- **Psychological abuse** including behaviours that confuse, undermine, disrupt, or mistreat the healthy beliefs of a female about herself or her capacity to live safely, fully and without undue fear.
- **Sexual harassment, sexual violence, sexual assault, and forms of sexual mistreatment** directed or inflicted on a woman and without freely given and informed consent, in ways that restrict her right to live safely, fully and without fear of harm from others.
- **Social abuse including isolation, control or manipulation** that disrupts or interferes with a woman's right to meaningful social participation, connection, and social support or that threatens her ability to live safely, fully, and free from undue fear as part of her community.
- **Abuse associated with war, torture and conflict** including violence, threatened violence, malnutrition, social, emotional, and psychological mistreatment inflicted on a woman affecting her right to live safely, fully and without fear of harm from others.
- **Abuse associated with forced displacement from country, community, and a safe home such as forced asylum or immigration, imposed policies including to first nations women** that disrupt or interfere with a woman's right to safety, security, and a sense of community and / or connectedness without freely given consent and which impacts her capacity to live freely, fully and without undue fear of harm.
- **Spiritual and cultural abuse** which includes expressed behaviours and attitudes that impede a woman's right to understand and express her sense of identity, spirituality and cultural connectedness in ways that allow her to live safely, fully, and free from undue fear.
- **Employment, educational or institutional abuse** that occurs in the context of an organisation, system, or other institution that a woman would reasonably expect to uphold her inalienable human rights but instead exposes or subjects the woman to conditions, behaviours, practices, attitudes, or other harmful experiences that interfere with safety, full living, and the right to be free of undue fear.
- **Financial abuse** including control of access to necessary financial or related resources required to live safely, fully, and free from fear including the right to exercise personal choice and control over one's resource decisions and how personal needs are best met.
- **Neglect or maltreatment** which includes failure to provide care, concern, and resources to another person towards a whom a moral or legal duty is owed,

resulting in harm, adversity, or disruption to the woman's right to live safely, fully, and free from undue fear.

- **Any form of mistreatment from one person / group of people towards a woman that undermines her right to live safely, fully, and free from undue fear** or which could reasonably be expected to result in a disruption of these rights.

The term "trauma" suffers from definitional ambiguity and a tendency towards overuse in daily life, minimising the complexity of the adverse developmental and functional impacts experienced by trauma-affected individuals. Lead researcher and practitioner Besell van der Kolk provides the following definition: "Trauma is the current day imprint of the pain, horror and fear that lives on in the individual when the abuse itself has ceased" (van der Kolk, 2015). Trauma that arises in the context of interpersonal abuse is referred to as a complex or relational developmental trauma. Trauma associated with abuse is complex because it arises in the context of a violation of biological primed neuronal predispositions that are essential to the communal nature of human societies, and in particular, the tendency towards nurturing behaviours by females (Hughes & Baylin, 2012; van der Kolk, 2015). In short, humans are built to be trusting members of a herd just like other herd-mammals and are not built to predict or anticipate purposeful harm from a fellow herd-member. Consequently, complex trauma that is associated with any form of relational abuse has the potential to affect every aspect of a woman's development and health (Perry & Salakivitz, 2010). The impacts of abuse are deep and broad ranging from physiological changes that can manifest as permanent biological damage, to psychological, intellectual, behavioural, emotional, and functional impacts (e.g., capacity to study, work and manage household responsibilities) that interfere with a woman's ability to live fully and achieve a life of purpose (Chen, 2013). Critically, female survivors of abuse are also predisposed to detrimental changes in their ability to form secure attachments with others including their own offspring, affecting the development, capacity, health, and wellbeing of the next generation and beyond (Hughes & Baylin, 2012).

Recovery from abuse-related complex trauma and the service gaps

The United Nation's "Declaration on the Elimination of Violence Against Women" is an example of the international strategic level imperative for women to live in accordance with the inalienable human right to equality, security, liberty, integrity, and dignity (1993). Such statements mandate the need for communities, institutions, and individuals to not only to protect women's rights but to restore them in cases where abuse has occurred. In Australia, there are many services women can access for support during and post abuse that have been developed in alignment with this aim to restore women's rights to live safely and freely and to assist with recovery from abuse. The Draft National Plan to End Violence Against Women and Children 2022-2023 outlines an allocated budget of $1.3 Billion to be implemented across four pillars of prevention, early intervention, response, and recovery (Department of Social Services, 2022). Proportionally, the budget allocation for response and recovery services in the Draft National Plan represents about 41% of the allocated

expenditure affirming the Australian government's commitment to female survivors of violence and abuse.

The positive community and government intentions for a full recovery by female survivors of abuse can be evidenced across the community services and health sector in Australia, with many initiatives, supports and organisations offering services to women who have experienced abuse. For example, there are response programs that assist women who have exited family and domestic violence to find immediate and more permanent housing, and those which provide support for women with family or other court proceedings in support of their recovery from abuse. There are a range of recovery focused initiatives such as financial support by government to encourage women back to work as they recover from violence and abuse, and government supported medical initiatives that entitle female survivors of abuse to access psychological and other services to re-establish mental and physical healthiness.

While there are many services available to female survivors of abuse, there are considerable gaps that create barriers to service access and impede a woman's full recovery from the complex traumatic impacts. Full recovery from abuse involves restoration and rebuilding of the foundational needs and rights of female survivors (e.g., physical safety, access to financial stability) but also the rights associated with full, self-actualised, and purposeful life (i.e., right to dignity and integrity as a human being). Examples of recovery of these "higher" and less tangible needs and rights may include restoration of a woman's sense of trust in her own judgment and self-efficacy, or her capacity to identify secure relationships from unhealthy ones, or psychological factors including the belief her life is valuable, that she is worthy of dignity and integrity, and that the world in which she lives is capable of allowing her to safely and fully meet her rights and needs as a human being when this has not been her experience thus far.

In short, gaps in service delivery and support exist due to the focus of existent interventions on one aspect of a woman's recovery but not the holistic process of complex trauma healing. Gaps also exist due to available services being delivered through models of care that do not acknowledge the complexity of trauma associated with abuse and therefore are not fit for purpose. Further gaps exist still due to the fragmentation of the service delivery system that fails to provide necessary conduit between otherwise meritorious programs resulting in female survivors of abuse "falling through the cracks". Finally, gaps in service delivery exist for female survivors of abuse whose life-stories do not fit neatly within the inclusion criteria of programs and services financed around a narrowly defined target group (e.g., those recovering from family and domestic violence only). Limitations of the current system and service offerings include a tendency for women survivors to become stuck in a cycle of partial recovery but not full healing (Ford-Gilboe et al., 2015). This cycle may be evidenced as continued re-referral to emergency housing programs, in multiple recurrent

episodes of psychological or other mental health support and through limited improvement to quality of life, community participation and intrinsic purposefulness for women. Female survivors of abuse that become stuck in this cycle are clearly committed to their recovery, however, fall victim to the shortcomings created by the gaps and problems outlined herein. For some, this can result in a reliance on welfare programs and government assistance to sustain their livelihood, potentially predisposing their dependents to cyclical welfare dependence that is acknowledged risk factor for intergenerational adversity (Chen, 2013; Mannell et al., 2022)

The EVE Project's Thriving Futures Program

Piloted from 2019 – 2022, the EVE Project's Thriving Futures Program (TEP) takes an innovative approach to trauma healing acknowledging the need for intensive and holistic support and a longer time frame than many services currently offer. The primary aim of TEP is to empower female survivors of abuse to thrive and to live purposeful lives in whatever forms this takes for each woman. By addressing the root cause (complex trauma) not just the symptoms and side-effects (e.g., social isolation, low self-esteem, unemployment, reduced daily independence), the program aims to bring about significant and long-term benefits including severing the generational transference of trauma and inter-generational dependence on welfare.

TEP is holistic in design recognising the need for healing and recovery at multiple personal and interpersonal levels. Representing Equality, Value & Empowerment (EVE), TEP offers female survivors of abuse a multi-faceted approach to support them as they rebuild their lives. Participants are offered therapeutic case management support, group therapeutic experiences, education, resources, work experience and access to training or accreditation necessary to gain meaningful, sustainable employment or study. Vocational attainment is a priority for the program as it addresses core intergenerational impacts of abuse by enabling women to build a better future for themselves and dependents, to have meaningful relationships within their community, and to live purposefully and with a sense of valuable contribution in society.

The EVE Project's Thriving Futures program (TEP) main aims:

1. **To promote long term healing and rebuilding towards a sustainable, thriving, and purposeful life.**
2. **To sever the inter-generational transference of trauma.**
3. **To stop the cycle of generational welfare dependence.**

4. **To provide long-term health and economic benefits to individual women and the society to which they belong.**

These aims are achieved through:

i) therapeutic services to help women heal & regain their sense of self-worth, value & purpose.

ii) Training, mentoring, and supported work and / or vocational experience programs designed to empower women & provide pathways to meaningful ongoing employment and community contribution.

Overview of TEP structure and approach

Participant requirements

- The referred woman is in a stable living situation for at least 12 months and is outside any abusive relationship.
- Identifies as a female survivor of abuse (as broadly defined herein).
- Is committed to a 12-month program that involves case management support, feedback, individual goal setting and progress support to ensure program relevance and effect.
- Has capacity to attend program two days/week (terms 1 & 2), increasing to three days/week, (terms 3 & 4).
- Desires to partake in facilitated work experience shifts in addition to the program hours above.

Program design

The program runs over four school terms:

- Two days/week (terms 1 & 2) and increase to three days/week (terms 3 & 4)
- Work experience shifts (in addition to times stated above) are offered to participants.
- Term 1 begins with a three-week "taster", this includes an orientation and overview of what to expect over the next 12 months.
- Two-week break following the three-week taster to consider if the participant is ready to commit to the full program.

Key program components

- Individualised program goal setting and monitoring framed through a trauma-recovery lens designed to embody the participant's personal desired end states representing a thriving, purposeful and full life.
- Job skills development and work experience opportunities offered in terms 3 & 4 (additional to the program hours stated above).

- Trauma informed practices including integrated therapeutic case collaboration and opportunity to access holistic wellbeing interventions (e.g., yoga, animal assisted therapy, art therapy).
- Group well-being, education, and recovery-building sessions (e.g., understanding and implementing self-care practices, understanding, and managing the impacts of complex trauma, finding, and applying what works for each participant in their immediate life context, practicing for job interviews or other anxiety-provoking social experiences, establishing healthy boundaries in relationships).
- Certificate course (in field of choice) to gain accreditation and improve employability.
- Practical preparation for work e.g.: resume preparation, presentation skills, community transport planning and use, etc.
- Building effective pathways to employment / vocational engagement, e.g., support with job seeking, linking with job providers, facilitated work experience opportunities with potential employers or to build efficacy and competence.

Evidence informing the design of TEP

The program developed significantly upon the founders' first-hand observation of the gaps and needs in frontline service provision to female survivors of abuse in addition to extensive feedback from women seeking services gathered across many years in the sector. Specific aspects of the program design, format and approach were devised through direct consultation with the host community including community service agencies working with women who had experienced domestic, family, and other violence. TEP's model and program is aligned to contemporary best practice in trauma informed service provision and trauma recovery (e.g., NSW Health, 2023) and informed by key government publications relevant to the issues of concern (e.g., AIHW, 2018). Program founders also undertook specific training and accreditation in areas including social enterprise development to inform and guide the program effectively.

Ongoing feedback via direct consultation with participating woman, partnering agencies services and practitioners, referrers, and other key stakeholders (e.g., Board of Directors) occurred through direct feedback via an ongoing dialogue with program founders. This evaluation presents the opportunity for an independent, systematic evaluation of TEP to determine its impact on project main aims, and in empowering participating female survivors of abuse towards full, purposeful lives. A further aim of this evaluation is to draw-together key learnings gained via this pilot program to inform the future direction of service delivery in this critical and urgent area of need.

Evaluation Design

Assessing the impact and effectiveness of services delivered in the health and community services sector presents an ongoing challenge due to the absence of profit-based metrics and the intangible nature of desired outcomes. The RE-AIM framework (Glasgow, Vogt & Boles, 1999) offers a solution to this problem by providing a framework for the systematic investigation of the implementation and impact of interventions within the human and social services sector. RE-AIM has been used widely in research and practice evaluation for more than 20 years (e.g., King, Glasgow & Leeman-Castillo, 2010) and has been used effectively by the evaluation team in previous research and project work.

The dimensions of the RE-AIM framework are defined as:

- **Reach**: the number, proportion and representativeness of individuals who participated in the program.
- **Effectiveness**: the impact of the program across a range of specific outcomes.
- **Adoption**: the number, proportion and representativeness of individuals or services who were willing to adopt the program.
- **Implementation**: the extent to which the program was delivered in alignment with its aims, intent, and established protocol. This can include consistency of delivery across multiple sites, and the cost / variability in cost of the program and its components.
- **Maintenance**: is the extent to which the program becomes part of ongoing practice, or leads to long-term positive impacts (i.e., six months or more after participation).

The evaluation process was framed within these dimensions to enable systematic review of TEP program with reference to the four program aims (listed above). The report herein presents collected data and information in this order and then provides a summary of findings, recommendations, and future directions to assist the current program review and inform efforts towards effective service provision more broadly.

Methodology of Evaluation

Information was gathered from a range of direct and indirect sources, included quantitative and qualitative data related to program main aims and other important aspects of the program. Analysis of data gathered was undertaken by Evaluator 1 who utilised both informal and formal approaches including thematic analysis, statistical analysis of standardised questionnaire data via IBM SPSS software, reference to peer-reviewed literature and other reliable source material to synthesise findings and to formulate recommendations/ future directions.

The data collection and information gathering activities that were carried out to support this evaluation included:

- Review, data entry and analysis of available pre, progress and post program outcomes including DASS-21 questionnaire information.
- Semi-structured interviews with consenting program participants, program delivery personnel, partnering agencies / practitioners, and referrers.
- Review of program materials, de-identified program activities / outputs and program development materials supplied by founder.
- Personal liaison and interview with program founder.
- Review of previously elicited feedback (de-identified) from program participants to The EVE Project Board (12-18 months after program inception).
- Review of unsolicited personal feedback and reflections (de-identified / anonymous) received from program participants during their participation.

Results

Reach

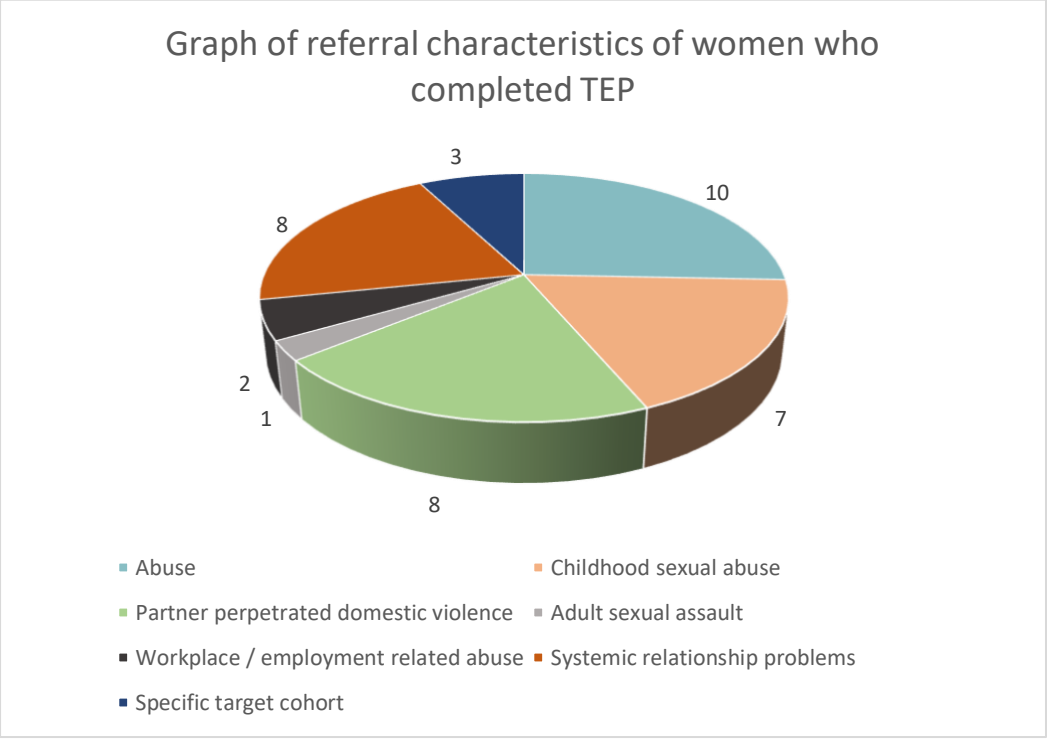
Understanding the women who benefitted from TEP

The EVE Project's Thriving Futures program targeted women in the Illawarra region with an acknowledged history of abuse and complex trauma, who had been living in a stable and abuse-free living situation for at least 12 months. A specific target population of TEP were female survivors of abuse who were in receipt of parenting payments that cease when their youngest child starts school.

To reach these women, TEP contacted local services working in the community with the same cohort of women. TEP personnel met with local family and domestic services (i.e., SAHSSI, Anglicare, Illawarra Women's Health Service and Family Services Australia) and established collaborative relationships with local GP's, therapists and mental health professionals with a specific interest or expertise in the support of female abuse survivors and / or trauma recovery. Due to the program being in pilot-stage and the capacity for a small (< 20 participant intake), the call for participants was necessarily kept small. Despite this, feedback from referrers and partnering therapists indicated other professionals working in the sector perceived a need for a holistic program such as TEP. The comment from a partnering therapist describes her experience of the need and benefit of TEP reaching women who are recovering from with complex trauma:

TEP reached a total of 26 women aged between 30 and 50 years of age with each participating in an initial screening process. Of these, 18 women engaged in the 3-week "taster" component, with a further 10 women going on to complete the 12-month Thriving Futures pilot program. All TEP participants met the primary referral criteria (i.e., were female survivors of abuse). Graph 1 below depicts the forms of abuse and proportionality of impact experienced by the TEP cohort. Most women (70%) who completed TEP were also engaged in individual therapy (e.g., counselling, social worker, psychologist) at the time of referral to TEP. The number of women who were in the specific target cohort (i.e., receiving parenting payment and youngest child to commence school in the next 12 months) was slightly less than one third (30%) of those reached.

For the women who did not progress beyond the 3-week taster, 3 were referred on to a more appropriate service as it was agreed TEP was not best able to meet their needs at the time. A further 3 women who did the taster determined they were unable to commit to a program of 12-months and with the regularity of weekly contact at that time and were connected back to the referring service or an alternative support. The remaining 2 women discontinued engagement amid COVID-19 related disruptions.



In terms of ensuring TEP reached participants to whom the program was well-suited and who were ready to engage, the following strategies were adopted:

- Referrals were made by services working solely with the target audience for this program.
- Structured referral form provides a brief history to ascertain if applicant is eligible and ensuring a level of pre-referral suitability/screening.
- Phone or other follow up prior to offering the "taster" by TEP facilitator.
- Opportunity for "taster" including regular check-ins, open dialogue, and purposeful discussion about readiness to commit / appropriateness of service over the 3 weeks.

The ideal candidates for TEP were women who were highly motivated to learn and work hard to bring about positive behavioural change in their lives. Indicators that the candidate was ideally suited to the program (and vice versa) included a faster rate of progress through the program content, a higher engagement rate with the program, more active uptake of newly learned skills including self-care and appropriate support seeking, willingness to engage in open dialogue in groups and case management about the trap of unhelpful but familiar / comfortable patterns versus the need to ease into new, initially uncomfortable healthy patterns. Perseverance and commitment to the program was also identified as an attribute of ideal candidates reached by TEP. Ideal candidates of TEP were participants who appeared to have reached a personal turning point and were ready for the commitment and difficult but growth focused work over an extended time frame (i.e., 12 months). Interview feedback provided by the TEP program founder highlighted the following:

> *"It was as though there was a point the women had reached or something in them that said: "I don't want this for me and my children". They were not scared of the hard work even though it is exhausting for anyone to resist their comfort zone of what is familiar and to break into something unfamiliar and uncomfortable. These women were able to do that".*

The program was modified and adapted on an individual basis in terms of goals, pace, and expectations of engagement to ensure that women experiencing additional barriers of inequities related to their health or functioning were reduced. Modification to therapeutic and other sessions such as exercise therapies were made (e.g., yoga exercised adapted to accommodate women who were physically less able to perform them). Aspects of the program were repeated by several candidates to ensure they benefitted maximally from TEP. A key modification to accommodate the individual trauma-related impacts on women in the program was the ability for women to step in and step out of program components when this was necessary. For example, women who were experiencing child-care related barriers were not discharged for non-attendance at group sessions which may be the case in many therapeutic group programs. Missed sessions or failure to attendance was treated as

a topic to explore with the participant in follow-up or a subsequent case management session and supported by a refinement of personal program goals if necessary.

The following comment provided during interview by program participant P reflects a personal experience of this:

The comment highlights the importance of tailored approaches and flexibility in support to ensure female survivors of abuse can benefit maximally from trauma-recovery services including having a different, more positive experience of services and relationships with professionals.

Effectiveness

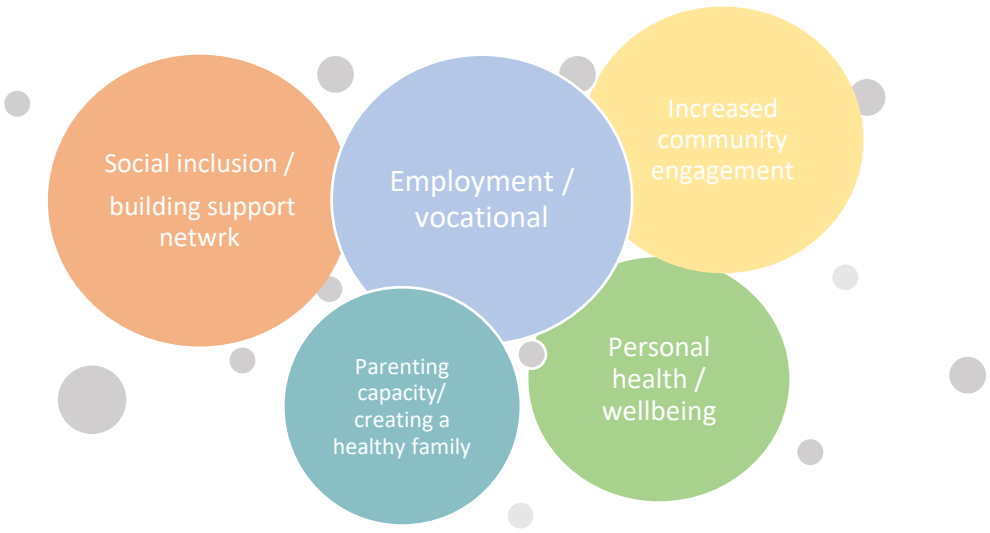
The primary desired outcome of TEP is for women to experience increased levels of purposeful living and personal thriving at the conclusion of the program. Positive effects of program participation were measured in multiple ways that included:

- achievement of goals according to the individual participant's case management plan,
- observed and / or demonstrated changes in skills, abilities, attributes, and engagement during the program completion,
- self-reported changes and improvements shared during direct feedback opportunities with participating women, and
- pre to post program changes on quantitative outcome measures and other indicators of holistic wellness and purposeful living that were collected from participating women.
- Aligned with program main aims evaluation data was also sought regarding the third aim (reducing welfare dependence).

These measurable outcomes are of profound importance to the individual participants as they indicate progress or otherwise to personally meaningful, life enriching goals that underpin healing and future positive opportunities. Analysis of program impacts is important to TEP's supporters and founders as it will allow for assessment of program effectiveness and areas of required improvement. On a broad societal level, outcomes will be of interest to governments and policy makers if positive impacts are achieved specifically for women on parenting benefits who are at risk of unemployment if they are unable to engage or re-engage successfully with the workforce.

Goals achieved as per the individual case management plan

Participants created personally meaningful goals related to an important aspect of purposeful living during individual case management sessions. Goals were established through a collaborative goal setting process incorporating "SMART Goals" methodologies to promote goal-attainment. All participating women were able to define personally meaningful goals associated with thriving and purposeful living. Regular goal progress review and support through program components described herein and modified as necessary was undertaken across the 12-month program. The figure below depicts the nature of goals identified by TEP participants in the service of purposeful living and the relative frequency of goal-adoption by participants:



<u>The nature of personally meaningful goals established by TEP participants.</u>

Of the 10 program participants who established a goal at the commencement of the program, 8 (80%) of these women fully achieved their goal by the conclusion of the 12-month pilot.

Research investigating rates of attainment of therapy goals in commonly endorsed form of psychological therapy (i.e., CBT) indicate therapeutic goal achievement to be poorly

measured overall, and substantially lower when formally assessed than this 80% success rate (e.g., Ramnero & Jannson, 2016). When consideration is given to the instrumental nature of TEP participant goals (i.e., related to employment, social inclusion, or community participation) the personal achievement of case management goals for participating women is literally life changing with significant impacts for the broader community.

Observed and demonstrated changes in skills, attributes, and daily functioning

A thematic review of de-identified program case notes and interviews with the TEP founder and facilitator reveal evidence of positive functional changes for participating women in the following areas:

- **Positive behavioural changes and lifestyle improvements.** For example, participant adopting healthy eating plan or recipe learned during kitchen-session at home; participant making and keeping health-related appointments to promote personal health.
- **Increased levels of resilience**. For example, participant re-engaging with program after absence.
- **Increased levels of socialisation and community engagement**. For example, participant leaving the house and accessing public transport to attend TEP, participant noting a sense of social enjoyment and connectedness with other participants during groups.
- **Improvement in overall wellbeing**. For example, participant demonstrating increased eye contact, spontaneous laughter, active communication with TEP colleagues, and increased capacity for goal-striving towards case management goal.
- **Connected to relevant supports and services**. For example, Participant requesting and accessing job service support despite prior unhelpful experience resulting in positive connection and support.

The following comment obtained during interview with TEP founder highlights the observed positive changes for one participant who successfully engaged with the program:

"One participant that jumps into mind is a woman that when she first started it was an ordeal for her even to come. She had not left her apartment for a long time but with the support of her psychologist she came. I always ask the women how they'd like to be greeted, and most ask for a hug hello and goodbye. For this woman, the simple act of greeting someone was so uncomfortable she would just say a quiet "hello". Over time, her whole countenance changed – she would contribute freely to the group and even came to look forward to a hug hello and goodbye to the point she reported missing a hug!"

Participant J explains her achievement of case management goals related to employment and vital living:

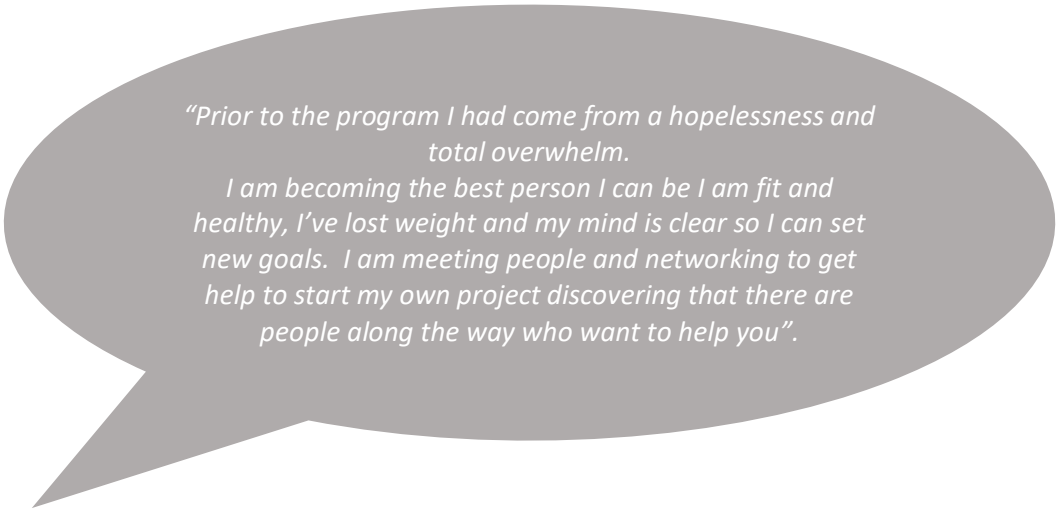
"The program definitely helped me. After a period of work experience, I realised hospitality wasn't my path. I am clear I want to go back to TAFE and study beauty therapy or even teachers aid. I am better within myself, more confident, more assertive and this has helped me be more savvy with money."

Other participants commented in the following way regarding the life-changing daily impact of skills and abilities attained during TEP:

"The networking, the certificates I, II and III are a huge bonus and gave me more options for employment. I feel like I have something to offer and because of this I am going to open my own café"

"My goal was to be able to get out in society more enough to get a job. I am now permanent part time within school hours, in early childhood centre. I'd been out of the job for eight years and never thought I could do it again. It made me hopeful that I could do something again even if I doubted being able to take care of people."

And L was able to share about her achievement of purposeful living goals including care for her own health and increased community engagement as follows:



Self-reported positive impacts and life changes described by participating women

Semi-structured interviews were undertaken with 6 of the 10 women who engaged in the 12-month pilot, with 3 women completing interview via an online methodology and 3 women participating in a phone interview with Evaluator 1. All women were provided both options, with a response rate of 60% achieved for this aspect of data collection. This rate aligns with participation rates in similar research and is likely to provide a valid insight to the nature, scope and range of positive impacts experienced by TEP participants. However, the potential for responder-bias (i.e., feedback from women who have chosen to respond) is acknowledged as a limitation for future consideration.

Participating women provided descriptions of positive changes across important areas of their lives including changed knowledge and understanding, the ability to use new skills in practical situations (e.g., budgeting, nutritious meal preparation) life-management (e.g., goal setting, prioritising, setting routines and sticking with them) and in their relationships (e.g., ability to assert, being able to say no or detect when they may be at risk of exploitation in an interaction, staying calm and connected as a mother). Changes in the ability to seek and receive assistance in ways that promoted fulfilment of life goals and added positively to their overall health was described by the women who provided feedback. For example:

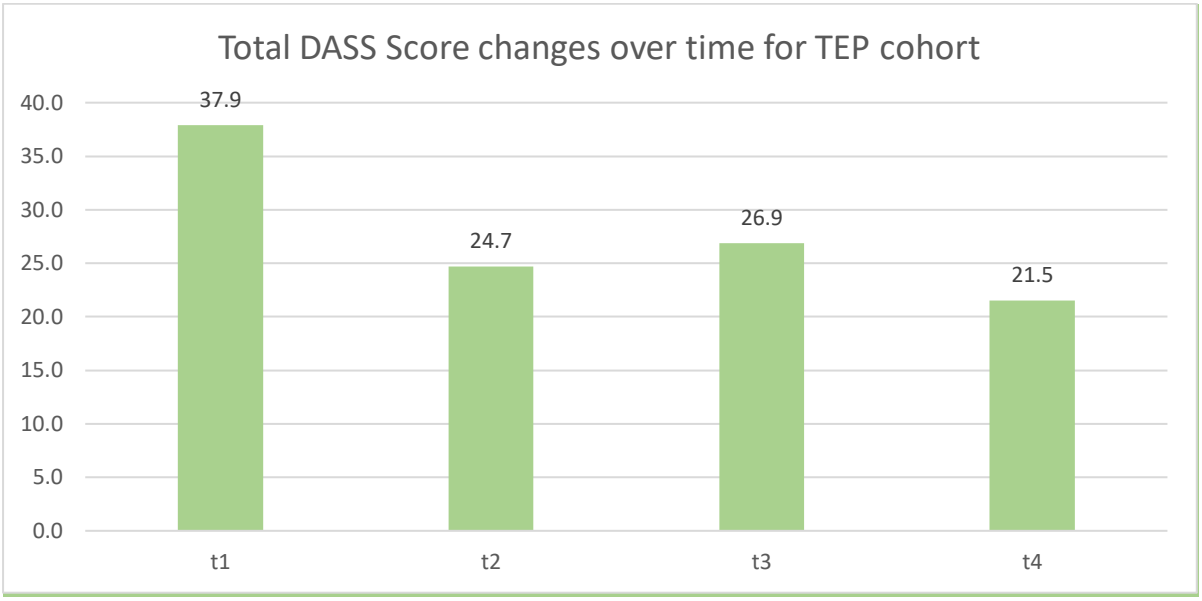
The self-report feedback of participating women suggests broad reaching and meaningful changes that they attribute to participation in TEP. These span knowledge, skills and practice domains and impact on emotional, practical, social, and functional levels and appeared to be highly valued by the women who provided feedback.

Pre to post program changes on standardised measures of wellbeing

Standardised self-report measures such as the 21-item Depression, Anxiety and Stress Scale (DASS-21; Lovibond & Lovibond, 1995) are widely used and accepted as indicators of individual wellbeing including the likelihood of diagnosable mental health problems. The DASS-21 is used extensively in service delivery as a measure of participant response to intervention by comparing scores at various time points (i.e., when starting intervention, at a progress point, and at completion).

Feedback from TEP participants was collected at various time-points during the completion of the program and stored by program personnel. Time 1 (T1) data was collected from the participants on commencement, T2 data was collected between 2 – 6 months, T3 data

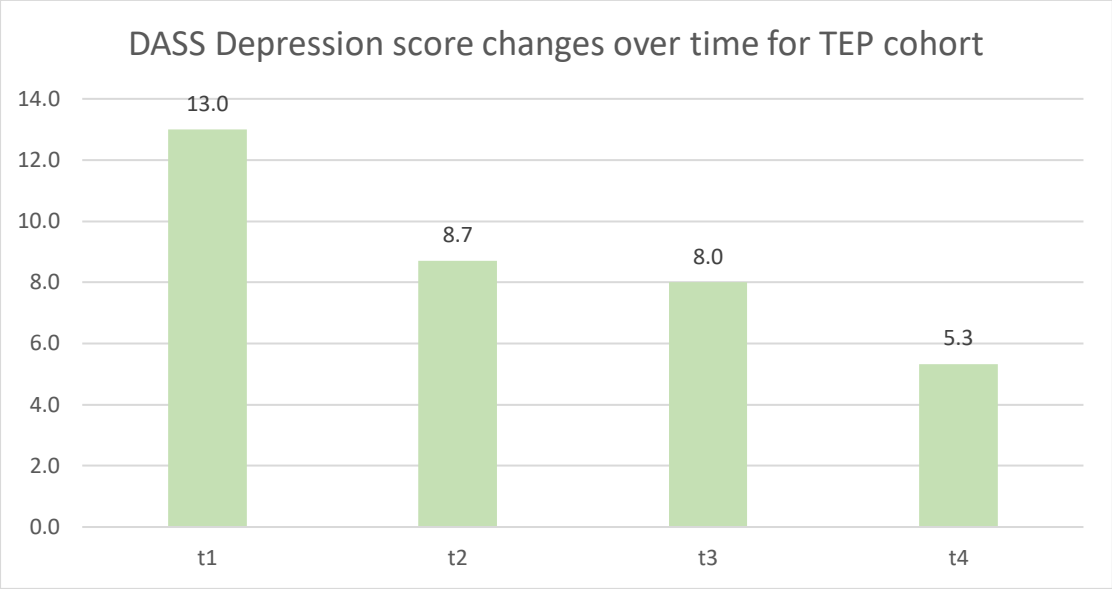
between 7-12 months, and T4 data was collected at a follow-up at least 13 months from commencement. The raw, de-identified DASS information was made available to the evaluators for data entry and analysis. The results of repeated DASS administrations to TEP program completers is presented below.



The bar-chart above depicts a notable decline in the average total score of DASS results for the program cohort from T1 to T2 (<6months). The results at time 3 (7-12 months) show a slight uptick though sustained improvement from T1, with final DASS total scores at least 13 months after TEP commencement improving further. Paired samples t-tests indicate the **changes in psychological distress of program participants** (as measured by average total DASS score) is **statistically significant** at 6 months compared to results obtained at commencement; (M=13.89, SE 5.52), $t(9)= 2.52$, $p < .05$.

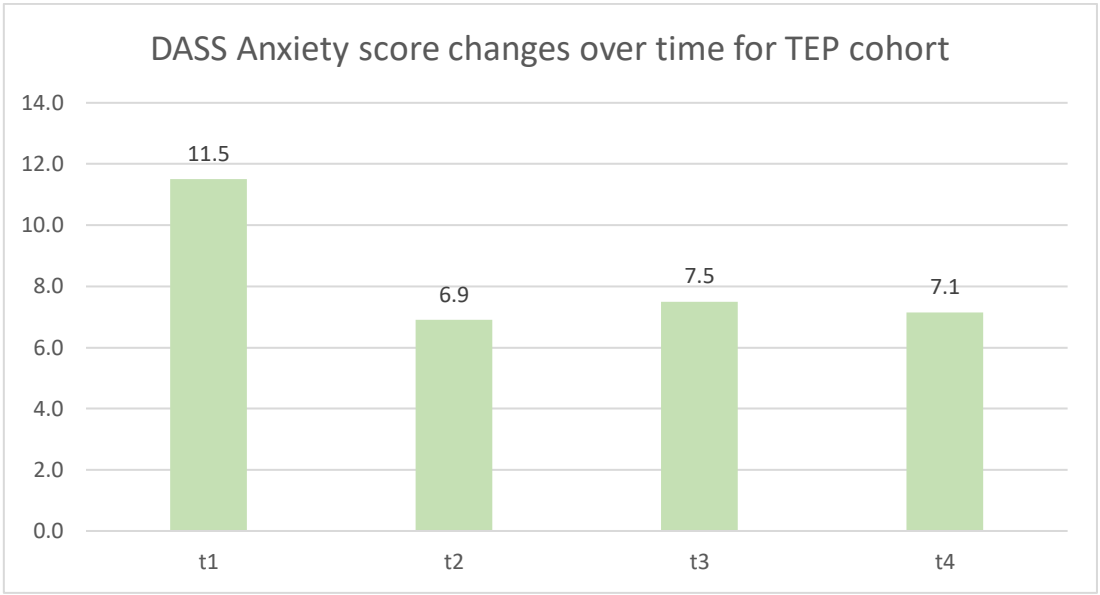
Subscale scores over time

The DASS is comprised of 3 subscales tapping depressive, anxious and stress related self-reported symptoms. Use of the subscales in clinical practice enables a more sensitive understanding of client needs and response to intervention and support and is a widely used outcome measure. The results of DASS subscale analysis at timepoints T1, T2, T3 and T4 as defined above are presented hereafter. Subscale scores for TEP participants were compared with the DASS's descriptive norms to provide further insight to changes in the level of distress and dysfunction being reported across time on each variable (depression, anxiety, and stress). These norms range from "extremely severe", "severe", "moderate", "mild" to "normal", this last term reflecting the level of distress and dysfunction expected generally during living. Subscale totals were multiplied by 2 in accordance with measurement conventions of the DASS to enable comparison to the norms. Results for DASS subscale totals and comparison to these descriptive norms are presented as bar-charts below.



The bar-chart above reveals a steady decline in the Depression subscale scores for the TEP cohort overall from T1 through to T4. At T4, the **TEP cohort were (on average) presenting "mild" depressive symptoms compared to T1 symptoms which were in the "severe" range.**

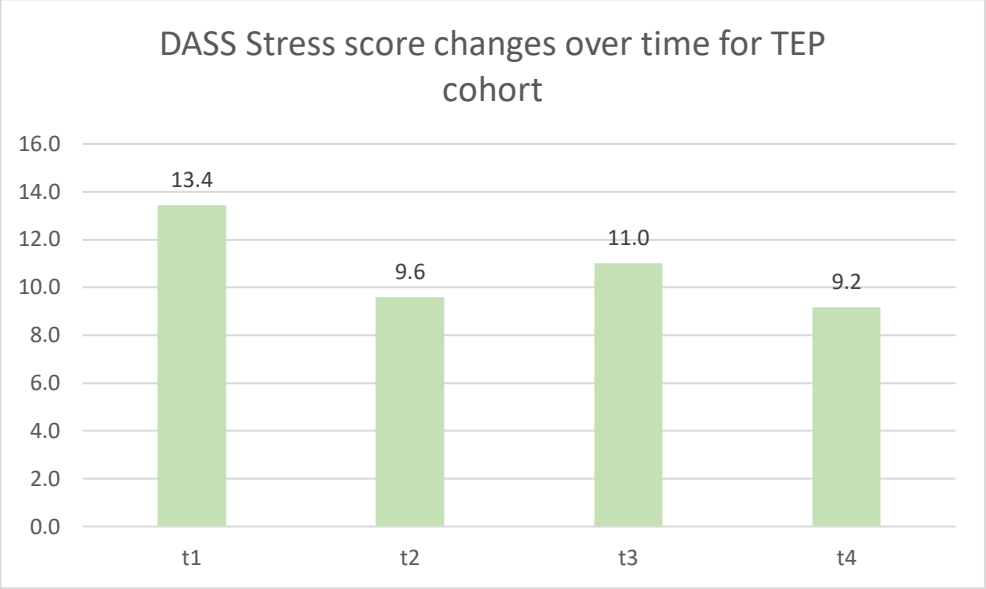
Paired samples t-tests indicate the changes in stress of program participants (as measured by the stress subscale of DASS-21) is **statistically significant** at 6 months compared to results obtained at commencement; (M=4.11, SE 1.76), t(8)= 2.342, p < .05.



The bar-chart above reveals an overall decline in Anxiety symptoms based on the self-reported symptoms of participants from T1 to T4. From T2 to T3 a slight uptick in Anxiety symptoms was reported for the cohort, with a downward trend at T4. At T4, the **TEP cohort**

were (on average) presenting "moderate" anxious symptoms compared to T1 symptoms which were in the "extremely severe" range.

Paired samples t-tests indicate the changes in anxiety of program participants (as measured by the stress subscale of DASS-21) is **statistically significant** at 6 months compared to results obtained at commencement; (M=5.63, SE 2.04), t(7)= 2.75, p < .02.



The bar-chart above reveals an overall decline in Stress symptoms for the TEP cohort as measured by the subscale of the DASS T1 to T4. From T2 to T3 an increase in stress is noted, with a downward trend and further improvement at T4. At T4, the **TEP cohort were (on average) presenting "moderate" stress symptoms compared to T1 symptoms which were in the "severe" range.**

While trending in the direction of statistically significant change, paired samples t-tests indicate the changes in stress evidenced by the TEP cohort are **statistically non-significant** (T2-T1: M=4.22, SE 2.40), t(7)= 1.76, p = 0.17.

Overall, the feedback regarding self-perceived depressive, anxious and stress-related symptomology reflects significant changes in distress and dysfunction for women participants across the program. *On each measure, an uptick in symptoms was detected between 7 and 12 months which suggests a critical period of need in the healing journey of women.*

Sustained engagement in TEP was associated with resolution of the slight symptom re-emergence at the 6month mark, with 13-month follow up revealing the highest levels of improvement for the TEP cohort on all DASS measures. *This finding emphasises the risk of*

services ceasing at the 6month mark (as is often the case) and reinforces the merit of a longer-term engagement as offered by TEP.

Unintended consequences or effects of TEP

An unintended consequence for women who were referred but did not progress through to program completion was the identification and referral to an alternative service, for example, a residential rehabilitation service. While this occurrence could understandably be viewed as an undesirable outcome, it also led to diversion to a more suitable support and increased both the referrer and potential participants awareness of TEP and the other available services. Interview feedback from referring agencies provide an insight to the potential adverse experience for women referred without adequate understanding of TEP and for whom the program is not a good fit:

A further unintended impact of TEP related to the unplanned transition out by the co-founder which highlighted two important needs. Firstly, the development of an exit-strategy for the program to ensure contingencies are in place to ensure continuity of care plans are pre-empted for participating women, and to maximise the post-exit functioning of other stakeholders including sponsors, donors, partners, referrers, and the internal staff / team members impacted. Secondly, the facilitators and delivery personnel need to be trained in trauma informed practices, aware of the complex demands associated with trauma healing work and supported with systems and processes. This would include professional practice boundaries, self-care, active engagement in supervision and reflective practices aimed to maintain facilitator wellbeing and high-fidelity service.

Unintended (positive) impacts of TEP on facilitators and partners

High levels of burnout and traumatic stress associated with indirect exposure to trauma are acknowledged risk-factors for service providers working with female survivors of abuse (Kulkarni, Bell & Hartman, 2013). The mismatch between the personal values that bring people to this work and the values embodied by the organisation is identified as a specific risk factor for poor staff outcomes including burnout, compassion fatigue, vicarious trauma, and reduced client care (Crivatu, Horvath, & Massey, 2023). Feedback provided by women who worked within TEP indicates a sense of renewed hope and an experience of care and growth arising in the context of their work within the program that contrasts notably with the usual experience of this workforce. Similarly, partnering therapists and referrers noted a sense of positivity, hopefulness, gratitude, and expansiveness in their experience of being able to partner and work collaboratively with TEP in support of female clients.

The feedback from one staff member who worked within TEP's social enterprise and in support of referred women was as follows:

"It was a great work environment, no nastiness. There was always support and I felt like coming to work was enjoyable. Everyone, from all walks of life, was welcome and received support. The staff always felt supported".

And the following comment from a partnering therapist and referrer also highlights this congruence between organisational values and the experience of all women involved:

"The program is modelled on the facilitators and staff beliefs in women, which allowed the women to believe in themselves. It is very unique in how nurturing it is and creates a beautiful sense of community. A sense of community and connection is prioritised over any sort of funding measures or "tick box policy" that you may see in large organisations".

The potential of positive impact of this unanticipated program effect is broad reaching including at a societal level given that women make up to 87% of this workforce (Victorian Government, 2021). It makes intuitive sense to nurture and nourish those who seek to nurture and nourish others, though it appears a difficult reality to enact through formal service provision. A further insight to the merit of this unanticipated positive "side effect" of TEP is presented in a personal statement provided by program founder Helen Dwyer in subsequent sections.

Adoption

Summary of key organisational and internal features to successful adoption of TEP

Thriving Futures was written and piloted by The EVE Project and is a novel program specifically developed to target gaps in service that are associated with incomplete trauma recovery and unfulfilled life-potential for female survivors of abuse. Consequently, the host organisation and contextual features within which TEP was adopted was an important tailoring of "standard" services and interventions offered to female survivors of abuse. Features essentially devised and implement for TEP included the following:

1. Two facilitators, both trained in trauma-informed practice and committed to the embodiment.
2. Skilled in de-escalation of risk and co-regulation of emotions to support psychological and other safety for all women present.
3. Safe dedicated space to run the program (i.e., if mixed gender service a designated women-only space).
4. Easily accessible by public transport.
5. Space that embodies the values of the program – worthiness, along with core values of equality, value, and empowerment in every element of service.
6. Commitment to a non-clinical approach and environment.
7. Relational focus; not teaching or telling but committed to a coaching / walking alongside mindset.
8. Agile, adaptive, and flexible service delivery systems and processes that allow open and responsive program adoption based on client needs.
9. Community-building mindset; fostering partnerships in the community.
10. Childcare located nearby or accessible for participants.

The following comment from participant J offered during interview reflects the impact of TEP's commitment to creating an environment and practices that reflect its core values:

"One thing that they always did was serve us on beautiful China cups and plates, and really made it feel special. We were sitting at a beautifully set table with soft lamps and candles. I remember being so surprised by this at the start, but I realise now it was all part of making us all feel valuable and worthy. It was the first time in my life I had felt like I was special and worth a special fuss".

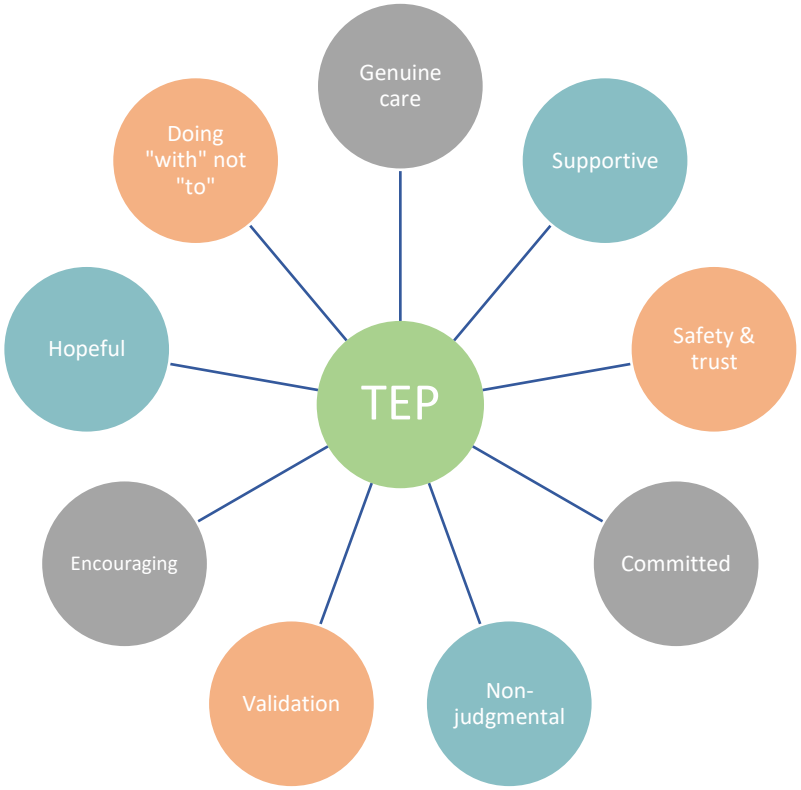
Aspects of TEP experienced as critical to adoption by participants

Feedback from participating women suggests the holistic nature of TEP promotes a sense that the program is balanced between "doing hard things" and feeling safe, supported, and connected.

"It always felt OK to come along even if I was struggling because I knew even if I was going to work on the hard stuff, I knew for at least part of it I would be having a laugh, sharing a meal or a cuppa. Sometimes it's just too much to be dragging up all the hard and painful things when you don't have the fun stuff to go along with it".

Quantitative feedback obtained from participants also reflected a sense that TEP is balanced in its orientation between "learning" and "doing". This feedback also identified that women who completed TEP experienced it as relevant and helpful. *Using a 5-five-point scale (1-5) with 1 = "not at all…" and 5 = "extremely", the feedback from 9 respondents revealed all found TEP relevant, helpful, and balanced.*

Other factors that supported participant adoption of TEP included a strong emphasis of the sense of genuine care, warmth and connection provided by the facilitators. Feedback from participants consistently described qualities and attributes as depicted in the figure below:



Factors fostering willingness to adopt TEP as described by participating women

The comment offered by E captures her perspective about why she engaged with TEP and how the facilitators made this possible:

"There was no sense the program was about money. It was just care and support and no judgment. Even though the program is finished, I still get support. They [facilitators] were always confidential but it was clear they were helping everyone, and they didn't share anyone's stories. Whenever I had a problem, they always came back with more information, never gave up on you or the problems I was facing. They are still awesome to me now".

Other features of TEP that promoted participant adoption included the duration of the program (i.e., 12 months) with several participants describing this as critical to the relational healing they experienced as well as decreasing pressure and intensity that they've experienced in trauma-focused therapy previously. Participants reported deeper, more

sustainable experiences of support within TEP than previously experienced and seemed to foster an intrinsic motivation for the healing process and resilience to continue even when growth was difficult or painful.

Overview of the attributes, skills, and abilities of those involved in delivering TEP
The program was primarily delivered by the pilot program founders who were the conceptual developers of TEP and each qualified in the course content or program aspect they delivered.

The primary role of founder Lisa was to run the Social Enterprise and onsite work experience components of TEP. Lisa also designed and delivered the course content related to nutrition, cooking and preparation including the facilitation of kitchen-based sessions to program participants that led to the preparation of food that also aimed to generate income for TEP. food related and hospitality-based work experience sessions within the program.

The main role of founder Helen was management of the program, including design, oversight, implementation, and coordination functions. Across the pilot period, Helen was responsible for the individual case management of participating women, program facilitation, coordination of group sessions and the involvement of complementary therapists, external study / work placements and other supports (e.g., referral to a job service provider).

Qualified specialist therapists who worked in trauma-informed ways were engaged to facilitate complementary therapy sessions and wellbeing workshops. The accredited part of the program was delivered offsite by a registered training organisation (RTO). Throughout the pilot it was determined that it is essential to form a relationship with an RTO that is sympathetic to TEP's aims and has both an understanding and a commitment to support women with learning or other challenges related to their trauma.

Essential skills, qualities, and attributes of those delivering TEP were identified as follows:

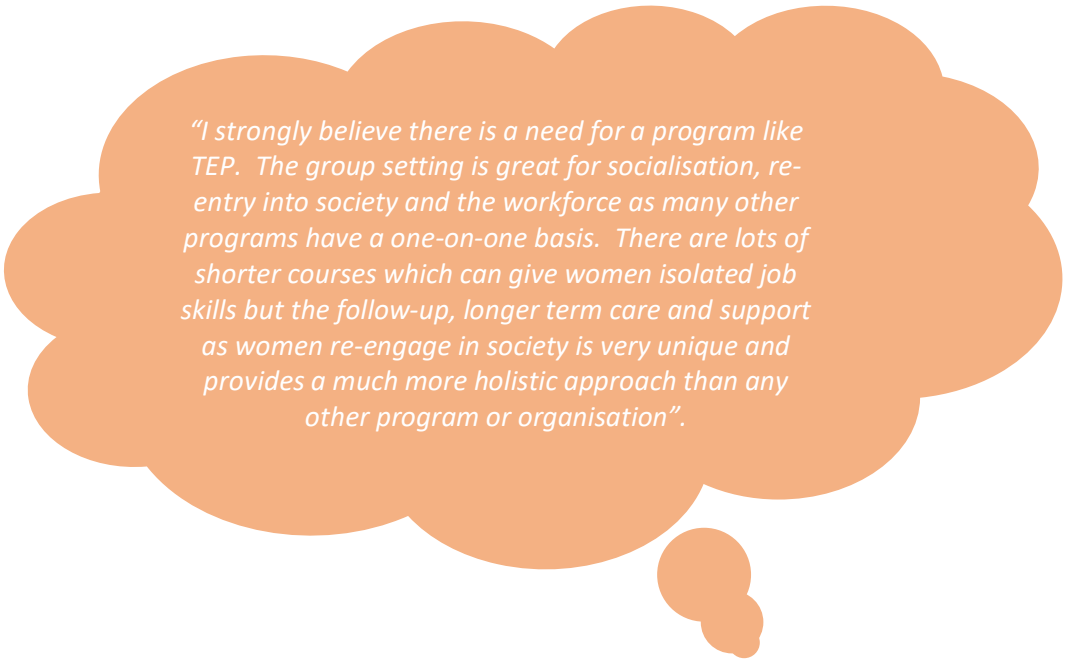
- Must be trained in providing trauma informed care and have appropriate qualifications to work in the community services sector.
- Experienced and / or committed to working with women that present with complex trauma impacts.
- Understanding the nature of abuse including domestic and family violence.
- Program facilitation and coordination skills.
- Nutrition and kitchen skills necessary for the life-skills element of TEP.
- Case management experience and a desire to undertake one on one case goal support processes with participants.
- Ability to work collaboratively with other therapists and to build relationships with complementary services / partners.

Participant factors associated with ideal adoption of TEP

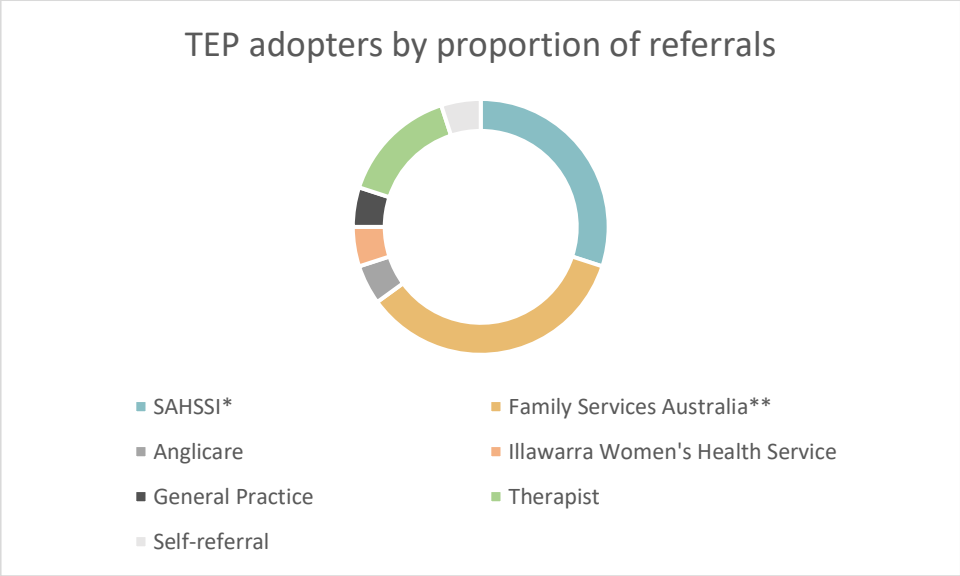
Participants who were able to engage with and adopt all program components engaged well and embraced the holistic opportunities available within TEP. Women that had at least one existent positive social connection that included emotional support and those who were open to and actively engaged in building a social support network (e.g., attending a support group, participating in program or other based group sessions, or engaging in regular activity in the community) also adopted the program fully. Those familiar with counselling and / or another form of mental health support (e.g., psychology) also adopted key aspects of TEP effectively particularly the group sessions and one-on-one case management support.

Level of adoption within the service community

Adoption of novel programs such as TEP by those who also deliver services in the sector is an important indicator of program impact. For TEP, key adopters in terms of referring agencies were local community organisations and practitioners already working with women who had experienced abuse, and particularly those who were survivors of domestic and family violence. Typically, these organisations were working with women in the provision of housing support or short-medium case management, and in home or foundational recovery support (e.g., connecting to community resources, implementing routines for family at home). Organisations practicing from a trauma-informed perspective and prepared to work medium to longer term with participants were the ideal referring agencies for TEP. Some job service providers and agencies involved in the return to work for female abuse survivors were able to work collaboratively alongside TEP via successful referrals. Feedback provided by referrers who adopted TEP as an option for women they were supporting indicated a resounding sense of need and merit in the program, as expressed by one referrer working in the family and domestic violence sector:



A total of 6 referrers from organisational, private practitioner and community managed settings were targeted as referrers to the program. Program adopters were engaged initially through direct contact by the program founders after they were identified in the research and development phase due to overlap in service specialisation and geographic proximity. Referral pathways were established through meetings and ongoing relationships between TEP and the external adopters after they confirmed a valid need for the program's offerings within the community. Referrals to TEP Thriving Futures pilot were received from all six of the targeted adopters and a standardised referral form was devised and implemented. Throughout the course of the pilot TEP also received direct referrals from women who had heard about the program and chose to self-refer to intake.
The figure below represents the key program adopters including the relative proportion of referrals generated to TEP.



* SAHSSI is a community managed supported housing scheme for women who are recovering from family and domestic violence
** Family Services Australia is a community managed organisation that works with women, children, and families to strengthen family relationship, functioning and health.

Strong relationships were formed with TEP referral network to enable clear communication and direct feedback regarding the program, ease of referral, unmet need and so on. Further measurement of the level of adoption was achieved through feedback surveys from referrers, internal monitoring of the number of referrals received, and the level of interaction with each agency/service. Willingness to refer to TEP was used as a strong indicator of program adoption. Feedback provided via semi-structured interviews for the

purpose of this evaluation indicated the following experiences and feedback from the referring program adopters:

"I thought the referral process ran very smoothly and clearly. Helen was very approachable. I really appreciated how TEP involved the referral organisation and participant though out the process and provided great information about the project. TEP was open with the client to provide the best support possible through the process. Staff were very transparent when a woman wasn't ready [for the program] and this was effectively communicated"

Features differentiating adopting referral agencies from non-adopters

Adopters from the community service and health service tended to be agencies or professionals who were agile and able to work from a person-centred, trauma-informed perspective and less bureaucratic in nature. Agencies who were unable or significantly less able to adopt TEP as a referral option tended to be government agencies or government-funded job service providers for whom TEP did not "tick the boxes". These agencies require services to be approved prior to making referrals which meant women who were otherwise ideal candidates for TEP were not able to be referred via these agencies / services. Feedback from TEP facilitator and case manager indicated this to be a critical barrier for future consideration, if (for example) there is scope for larger participant intakes:

"We understand the need for programs to be vetted but also acknowledge the bureaucratic nature of many systems that this cohort of women are exposed to serve as a further source of trauma. This inadvertently then results in worsening and perpetuating the very issues they are designed to remedy".

The pilot of TEP enabled a useful trial and test of the features that promote and impede adoption of a novel and potentially impactful intervention for female survivors of abuse. The following table summarises key supports and threats to the broader adoption of TEP as a service to meet the need of female survivors of abuse.

Factors affecting the broader adoption of TEP within the service landscape for female survivors of abuse

Supports	**Threats**
Program donors and sponsors willing to partner with program.	External threats (e.g., COVID 19 pandemic and resultant restrictions) impacting intake and all aspects of planned program delivery.
Provision of rent-free and then low rent space to launch.	Difficulty of securing funding as a start-up.
Government subsidies and payment schemes (included COVID-19 schemes) enabled pilot continuance.	Low and weak program referrals streams in start-up phase due to program being new / unfamiliar.
Board of Directors providing strong governance particularly through pandemic / significant external stressors.	Participant disengagement.
Established good working relationships with referral partners.	Loss of internal adopter support (e.g., personnel departing program) in the absence of exit strategy or capacity to replace.
Strong network of services, therapists & clinicians believing in TEP need and approach.	Insufficient resourcing including lack of access to recurrent funds well-suited for client and program combined needs.
Complementary therapists willing to partner.	Rigidity of established service system impeding referral or suitable / likely suitable participants.
Ability to secure a dedicated rental space that could be tailored to program needs.	

Implementation

The program was designed to run over four school terms, offering two intakes per year. Terms 1 and 2 were delivered onsite with a focus on trauma healing and building life skills. Term 3 and part of term 4 were delivered offsite, undertaking a course of choice which was a Certificate II or III in a course related to the field of employment for women who had identified an employment goal.

Design and format components essential to successful implementation

- Length of program, extended time compared to most programs (i.e., 12months minimum) to enable healing and behavioural change.
- Welcoming, homely environment purposefully non-clinical in design.
- Standard of excellence across every aspect of service reflective of foundational values and central aim (i.e., promote thriving and purposefulness) by conveying worthiness.
- Relational approach to content delivery with facilitator / case manager "walking alongside" participants rather than traditional power-imbalanced roles.
- One-to-one sessions in parallel / consecutively to group work with each prioritised as essential to holistic healing.

Review of program documentation and in-person discussion with the program facilitator and founder indicated the following essential theory, practical, relational, and therapeutic elements of TEP:

Theory modules:

- Trauma healing
- Nutrition
- Life & work skills

Practical units:

- Complementary Therapies
- Life skills e.g., cooking sessions

Socialisation:

- Team time – sharing a meal together

Case Management:

- Goal setting
- Support with achieving goals, behavioural change
- Advocacy

Work Experience/Community engagement:

- Support with securing work experience, volunteering or similar linked to goals
- Support to transition into medium to long-term choice i.e.: employment, volunteering, study, creative purpose etc

Accreditation

- Offsite study delivered by a partner organisation
- Certificate II or III

Measuring TEP implementation

TEP founders engaged in a range of purposeful actions to determine whether the program was delivered as intended, in accordance with the above. These actions were consolidated and reflected in case discussions and direct consultation by evaluation personnel with the TEP founders and revealed the program was delivered as intended except for disruptions arising from / amidst the COVID-19 pandemic. Restrictions impacting group gatherings and lockdowns were specific interruptions that TEP managed across the pilot period. The small number of participants involved in this pilot roll-out and the intimate involvement of program founders in facilitation and delivery ensured a high degree of program fidelity and integrity.

Fidelity and integrity of TEP was measured and tracked in the following ways:

- Informal and formal feedback from participants.
- Self-assessment, for example, regular reflection by the founders and facilitators via questions including "Are we abiding by the TEP values and standards of practice? Were the session goals and / or program main aims adhered to?"
- Formalisation / documentation of therapeutic sessions and skills sessions and post-session notetaking as a means of adherence tracking, reflection, and standardisation.
- Feedback from referrers and/or therapists working with participants to ensure TEP was being implemented in accordance with stated aims and values.

The above measures were sufficient for tracking and managing fidelity and integrity of the program as a pilot (i.e., small participant sample, founders' direct oversight and involvement). However, to protect program integrity and to ensure high-fidelity delivery in the future additional independent tracking measures providing that accountability should be added when considering program scale up.

Environmental and situational factors essential to TEP implementation

Physical local factors including easy access to public transport with both locations (Bulli and Wollongong) being very close to buses and trains. Secondly, a workspace that allowed the full range of program activities were essential to the successful implementation of TEP in its pilot phase. The space needed to cater for small therapeutic groups, one on one sessions as well as being fitted or potentially able to house a commercial kitchen for the skills-sessions and the social enterprise activities. For some participants, the multi-functionality of the workspace allowed for onsite work experience opportunities at later stages of the program. An early experience for the program was overcoming a significant potential intangible barrier arising from TEP being housed within a church-owned premises. While no discernible impediment to TEP's implementation arose, the founders were mindful and monitoring of the possibility that this may have been a barrier for potential participants. Subsequent relocation to an independent rental premises negated this concern in the

second year of the project. Adaptations to the environment to allow implementation included purposeful furnishing, decorating and arrangement of fixtures to create a warm, safe, relaxing, and non-clinical environment. Key considerations were establishing a sense of privacy and haven to promote healing and growth aligned with TEP values.

Cost of TEP implementation, challenges, and primary obstacles

The project founders commenced TEP as a start-up pilot program including a social enterprise which was a wholefoods based catering business. During the research phase of this project, founders undertook an incubator course for social entrepreneurs, which included consultation with successful Australian social enterprises. This delivered valuable insight into what would be required for implementation and the length of time we could reasonably expect it to take a program such as TEP to self-sustain. A business plan was developed in the start-up phase, which outlined the anticipated costs (monetary and other resources) required. The first stage (i.e., set up and piloting the program for 2 years) required a capital expenditure of $120 000 allocated to launch the Social Enterprise with the necessary resources, assets, and equipment. A further $50 000 was allocated to develop and launch the program itself. An in-kind contribution of 15 hours per week for the duration of the pilot was made by each of the founders to complement the 15 hours of paid work conducted in support of TEP. The total weekly (average) commitment of each founder across the TEP pilot was 30 hours per week. Small business grants associated with COVID-19 pandemic were utilised to assist across the period of disruption (approximately $20000).

The costs of implementation that were experienced but not anticipated included COVID-19 challenges (though at the same time allowed access to support schemes) and the non-financial weight of starting and maintaining a holistic, medium-longer term recovery focused program on founders. The personal commitment, responsibility and sacrifices required were not fully anticipated and perhaps are not able to be fully understood until they are experienced. The reality of what was required to design, establish, and run a program of this nature (especially during a pandemic) ultimately resulted in one founder needing to step away from the project. Program participants remained supported through this transition and steps have been made to ensure TEP can continue in pilot form with the support of Hopefield pending evaluation findings and future considerations.

Efficiency of resources required for ideal implementation of TEP

Government information indicates approximately 5.8% of Australians required welfare support to meet their core living needs in 2019/2020. The budget associated with social services (colloquially referred to as “Centrelink payments”) for the 2019/2020 year was around $191.5 Billion (AIHW, 2021). Across the 2-year period 2019 - 2020, TEP delivered comprehensive services to 10 women at a total estimated cost of $502 000 (including conversion of known “in kind” investments to a dollar-figure), equating to a per-person cost

of approximately $25 100 across the 2 years. Previous economic modelling has calculated a $7 return on investment for every $1 spent on early interventions that improve the mental health and related functioning of individuals (Access Economics, 2009). Based on this modelling, TEP generated a return on investment that exceeds $3.5M across the pilot program. In terms of resources saved from the community's welfare budget, at least 3 of the women participants moved off single-parent pensions after achieving an employment goal through the program. Even on the most simplistic measure of costs saved (i.e., ceasing 3 instances of an unemployment or single-parent payment), the cost-saving presented by TEP is $10 850 per year per participant.

From this perspective, there appears clear evidence that TEP can offer efficiencies in resource allocation despite the acknowledged limitations of identifying sustainable sources for this currently. The intangible benefits and efficiencies of TEP's potential to break transgenerational welfare dependence and to improve quality of life for female survivors and their children is obviously far greater than the crude measure adopted here. The broader cost-benefit analysis of TEP including the adoption of a comparison or normative sample is highlighted as an important consideration for future directions.

Maintenance

Information gathered during the evaluation process investigated whether positive impacts of TEP were sustained over the longer term (i.e., 12months or more post program) and whether they resulted in long-term change. Each of TEP's main aims includes a long-term or sustainable change element highlighting the critical importance of maintenance in the program concept and efforts to determine its effectiveness. Review of de-identified case management plan information provided during the evaluation process revealed significant changes across a range of variables identified as foundational to trauma-recovery and essential to severing trans (inter) generational trauma. From the facilitators' perspective, women who remained committed to the program for its duration and who were able to detect a lapse in their behaviours early enough to re-engage supports were most likely to maintain progress over time, as explained here:

> *"All of the participants showed some improvements in their relationship behaviours for example adopting self-protective boundaries in daily life and in the group. Those who stayed in the program tended to show longer term changes, compared to those who left earlier. Those who noticed their behaviours slipping and re-engaged were able to maintain progress towards their initial life goal and also healthy social connections".*

Participant positive impacts maintained over time

Measurement of post program impacts is not currently formalised and is an area for further consideration (e.g., formal follow up via questionnaire or interview at 12 and 24 months after program completion). The available DASS findings present positive trends in self-perceived psychological wellbeing that endure beyond the 12month (program completion) mark. Furthermore, TEP's commitment to "never close the door" on women who embrace the program has enabled an insight to the sustained, real-world change that has been achieved by past participants. Informal and participant led "catch-ups" are an example of the maintenance of key program approaches and impacts that have endured beyond the confines of the formal 12month program. Additionally, direct feedback provided by participating women generated evidence of sustained implementation of positive behaviour and coping skills developed during TEP and maintained at least 12 months after program completion. The participants who provided feedback to the evaluation described TEP as "life changing". Several women described a complete diversion of their life course from a downward trajectory of increasing distress, dysfunction, and disability towards an empowered, growthful, purposeful, and connected life course for both them and their children.

Comments from J describe the following profound and maintained post-program impacts:

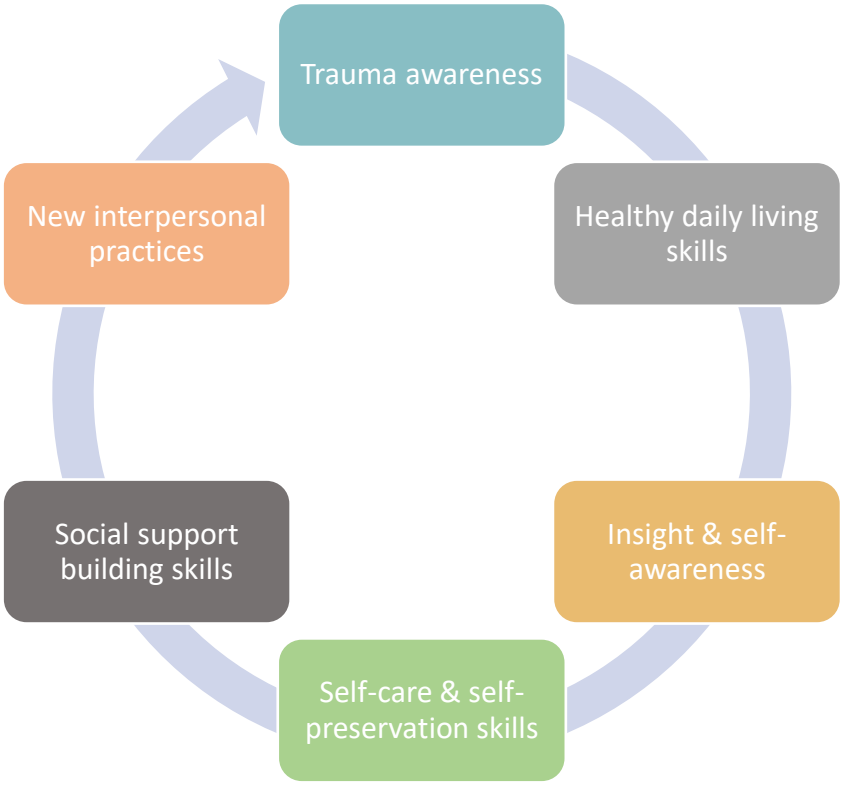
"The EVE Project changed my life! My goal was to be able to get out into society more enough to get a job. I am now permanent part time within school hours in early childcare. I'd been out of a job for eight years and never thought I could do it again. I couldn't even take care of myself well let alone other people! The program made me hopeful I could do something again even if I doubted it for a long time and now, I am".

Similarly, feedback from other women who completed TEP described profound and lasting impacts such as:

"I owe them my life. I could have gone and been a junkie again, but they guided me in the right way and now I have a future".

"Thank you. This program saved my life. The program gave me the support I needed, and I hope one day to sponsor this program, I will always be a supporter of it".

Analysis of the self-reported and described changes in former program participants revealed maintained impacts across multiple skills and practice domains. Some of the enduring changes include learned, adopted, and maintained changes in daily living skills and practices; for example, using a budget and preparing nutritious meals for oneself and family. Others involve changes to intra-personal skills and practices; for example, greater insight to own cycles of decline (triggers) and increased awareness of own negative self-talk. The range and scope of learned, adopted, and maintained post program impacts appears to align with the holistic conceptualisation of recovery and healing that TEP is based upon. The following figure depicts the categories and examples of post-program changes detected in the range of feedback presented in relation to women who completed TEP, which are described in the subsequent table:



Post program changes to behaviour, coping and living skills for TEP graduands

Table presenting categories of sustained change for TEP women and examples experienced.

Category	**Examples identified by participants** **"Compared to before TEP, participant is more able to…"**
Trauma awareness	• Understand traumatic impacts of prior abuse. • Identify how trauma shapes previous and current coping / predisposes towards certain patterns. • Speak about or share new understanding with relevant others.
Healthy daily living skills	• Adopt yoga, breathing practices, meditation, and other useful practices in daily life. • Implement positive habits such as healthy eating, preparation of nutritious meals. • Establish and use routine and structure to manage life demands effectively
Insight & self-awareness	• Notice negative self-talk and "call it out" before it drives unhelpful behaviour. • Identify personal triggers in the moment and respond before trigger is activated. • Proactively plan for high risk / triggering situations including access of support.
Self-care and self-preservation skills	• Identify personal health and wellbeing as a need. • Prioritise personal health and related needs as something valuable / worthy of attention. • Adopt appropriate self-preservation (e.g., saying no) when helpful.
Social support building skills	• Continued use of helpful / supportive social network developed in TEP. • Use experience to discern other supportive group / social opportunities. • Differentiate potentially supportive relationships from those that are not.
New interpersonal practices	• Implement a personal boundary in a potentially unhelpful social interaction (e.g., say no, leave situation). • Stand up for oneself appropriately when a risk to personal rights or wellbeing is detected. • Proactively avoid situations where personal needs and rights are at risk of being impinged.

Organisational requirements, supports, and infrastructure to sustain TEP long-term

Feedback from program founders indicated the development of sustainable funding models and pathways as the key organisational factor to ensure the maintenance of TEP and its benefits over time. Adoption of the social enterprise model within which TEP was established can serve multiple functions including income generation to sustain the service delivery elements of the program at the same time enabling onsite and real time vocational skill building and development of stronger ties to the host community. Strong relationships between lead community agencies including government departments will be a critical task if TEP is to scale-up across multiple communities of women. This may require accreditation of the program to be acceptable to bureaucratic organisations with stringent referral eligibility processes and will necessitate program manualisation and a standardised roll out to ensure capacity and fidelity aims are each met. The establishment of stronger working relationships with government agencies may also untap potential funding sources that promote maintenance of TEP as a program. Building strong relationships with suitable job providers who can make appropriate referrals to the program and place women in supportive work-placements (i.e., sensitive to the specific needs of women recovering from abuse) in term 2 of the program is a target for long term maintenance of the program.

Adaptations or modifications to sustain TEP into the future

A key learning discussed by TEP personnel is the need to train and support multiple personnel to ensure the sustainability of program delivery, management, and development over time. Having two facilitators available at each delivery session is also a learning generated through the TEP pilot to ensure facilitator wellbeing and to effectively manage group and case management processes. Devoting adequate time to the establishment of systems, processes, policies, a framework of care and the program manual would be necessary prior to attempts to reproduce TEP beyond the reach of current remaining founder and if scalability are objectives. This would also allow adopters to come from a variety of vetted and approved organisations with these structures and processes ensuring integrity and fidelity across settings. A “train the trainer” and ongoing supervision and coaching arising from the central knowledge base would be essential to successful scalability. The pilot program was purposefully kept small due to the limited capacity for service delivery and the risks associated with potentially high levels of unmet demand for a cohort of women already experiencing considerable stress and disadvantage. To sustain the program over time and when there is greater capacity to meet high levels of demand, purposeful marketing via relationship channels, digital and print media to ensure sufficient referrals and service wide adoption would be necessary.

Scope to support post-program maintenance of positive impacts for women

A key feature of TEP is the empowering treatment of program closure (sometimes referred to as termination or cessation of service). Participants who successfully complete components 1-4 across the 12-month period are celebrated and graduate from TEP, however, there is no push to close their referral or end their relationship with the TEP group of women. Most women who completed the program continue to maintain contact with one another and the founder (case manager and therapeutic group leader) via "coffee catch-ups" and informal episodic phone or written contact. For example, a coffee catch-up was hosted in a mutually agreed park in March 2023 and was attended by 6 women and their children. These postvention catch-ups provide a direct opportunity for participants to continue adoption of key skills developed in the program, including:

- Community engagement such as accessing public transport and attending local venues.
- Fostering positive social connection with safe and supportive peers who have shared life and developmental experiences and the use of healthy relationship skills and behaviours.
- Opportunity to demonstrate independent living and healthy living skills including preparing food for the gathering, in the moment parenting of children during the visit.

The post-program catch-ups also provide an indirect opportunity for reinforcement of post-program growth and consolidation of gains. For example, former participants celebrating the successes of one another and modelling to one another healthy ways of relating to peers and in the parent-child relationship. The following comment from TEP founder explains the rationale behind continued contact with program graduands in a facilitated but informal manner:

"Severing a relationship is one of the hardest things for people who have experienced trauma. So, I have always made a commitment that TEP don't close the door on people but instead remain present for ongoing connections (within boundaries). This is really lovely to watch – women are coming along for once-a-month coffee catchups and bringing their kids! That is kind of cool to see positive interaction not only for the mums but between the next generation, playing together and being cared for by this group of connected and supportive women. I would actually love to see a mentoring program for women who have successfully completed the program, and to see the post program catch-ups peer led one day".

Discussion, Conclusions and Future Directions

The EVE Project's Thriving Futures program (TEP) was created to address unmet needs within the existent services available to female survivors of abuse. Based firmly in its foundational values of Equality, Value and Empowerment, the pilot of the program featured an embedded social enterprise to enable income generation at the same time providing internal opportunities for women participants to target vocationally oriented life goals in a trauma-informed and familiar support environment. The desire for participants to experience a deep sense of equality through the restoration of their full inalienable human rights and to be empowered to seek and protect rights-affirming future life experiences shines through the stories and evidence that has been collected during this evaluation. While efficiency and financial returns were clearly not at the fore of the TEP approach, the program appears to offer potential returns on investment both from an early intervention perspective and in the form of reduced community welfare spendings. This is particularly the case when the intergenerational nature of complex trauma impacts is considered. First and foremost, female graduands report a sense of being and feeling valued through TEP both by the program facilitators and providers, and by other women participating in support of their own recovery and healing journeys. Those participants who were mothers at the time of course completion have reported profound changes in their capacity to parent and the sense of belief they have in being able to nurture and nourish their children's needs. In being valued, these TEP mothers have been able to transmit this sense of value to their children – the benefits of this will be realised for generations to come.

The profound changes experienced by women participants have been detailed across the five domains of the RE-AIM framework within this report and comprise qualitative, quantitative, informal, and formal source material. Key findings and issues for future focus, including limitations highlighted in the TEP pilot and recommendations, are presented hereafter. Taken together, the evaluation findings do provide evidence that TEP has met its program aims, including the aim to sever transgenerational trauma and promote cost-benefits to individual women and the broader society. Most (80%) of the participating women achieved their case management goals which were focused on life promoting targets including vocational re-engagement, social support building, changed parenting / family relationships, or increased community participation. Three TEP graduands moved off welfare and into self-sustaining and meaningful work over the course of the program with others entering study to retrain and prepare for future vocational self-sufficiency.
As the foreword to the final section of the evaluation report the reader will find the personal reflections of TEP co-founder, program coordinator and continued safe holder of the shared journey of all involved. Thank you to Helen Dwyer for offering her sincere thoughts, experiences, and impressions in response to the following prompts, thought to provide a relevant lens through which to read this final section of the evaluation report.

Letter from Helen Dwyer, program co-founder and enduring support to TEP

"Following a 24-year career in the Corporate Sector, I retrained as a Case Manager and have worked in the Not-For-Profit sector for 14 years. I have worked in both back office and frontline positions, and it was my frontline experience supporting women with complex trauma and abuse histories that lead me to develop the Thriving Futures Program as part of The EVE Project. Observing a service gap that existed, I was frustrated that there was nowhere to refer women that held/supported them long enough to allow them to heal from the trauma resulting from their experience of abuse. I observed women recovering from crisis to a point and then being plunged back into crisis when supports were removed prematurely (usually due to funding constraints), this resulted in re-traumatisation and solidifying negative beliefs they held about themselves. I believed there had to be a better way of supporting women which was respectful, holistic in approach and allowed sufficient time to heal.

My observations of existing supports, therapies and systems was that, for the most part, they are siloed and rarely work in a collaborative manner or address all aspects of a person's healing needs i.e.: physical, emotional, psychological, and spiritual. The EVE Project's program was birthed out of these observations and frustrations, it was not enough for me to think there must be a better way I needed to step into that gap and begin creating something despite my own fears of failure and inadequacy. The resulting program is a labour of love that is trauma informed and addresses healing in a holistic way, it is facilitated by a multi-disciplinary team of qualified professionals who work collaboratively to support each woman's healing journey.

One of the unique aspects of this program was the belief that the spaces we operate from should not feel clinical but should be welcoming and reflect the value and worth that we believe every individual deserves, therefore our spaces were beautifully furnished and felt like walking into a home. The creation and birthing of this program has been an incredibly rich experience, filled with highs and lows it has taken me way outside my comfort zone and stretched me as a person. The journey over the past five years, and specifically since launching the pilot program in 2019 has taught me a multitude of life lessons and provided me with the privilege to walk alongside some of the bravest women I have ever met. It is without doubt the most rewarding work I have been involved in.
An interesting and unexpected learning from the program is the potential benefits it brings to facilitators. The Program is designed to be delivered in a 'walking alongside of' style so when attending complementary therapies, the program facilitator participates with women; this not only reinforces the notion of 'walking alongside of' and demonstrates that I 'practice what I preach' but as a side benefit it provides a bonus of supporting the facilitators wellbeing whilst working in a complex environment.

Working with women in TEP over the past three years has enabled me to observe what I had dreamed of coming to fruition. When provided with the right blend of education, supports, environment, people and time, remarkable transformation occurs, and it is literally like watching people come back to life!

At the request of women interviewed during the research stage of The EVE Project, a support group was launched to enable women who were further along their healing journey and not in need of the full program to come together with women who had similar lived experience. An invitation to this group was extended to graduates of the full program who wished to remain connected with TEP and their cohort. This group meets for a monthly social catch up in a park to allow the women to bring their children, it has been an unexpected bonus to observe the children connecting with each other.

The program was piloted as part of a social enterprise over the past three years. When the other co-founder, who oversaw the business side of the organisation, announced she needed to step aside it

became clear that additional resourcing was needed for the program to grow, and I am grateful that Hopefield Services Inc captured the vision and have adopted TEP as part of their service offering.

TEP has the potential to be a 'game changer' in our sector, it can empower women to sever the generational dependence on welfare and the intergenerational transference of trauma. The medium-term goal, after running the revised program at Hopefield in 2023/24, is to scale TEP for roll out across our sector, and if I can be a part of leaving this legacy what an honour that would be".

Helen, 29/03/2023

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Conclusions and Future Directions

TEP reached its target audience (i.e., female survivors of abuse) within the limits associated with the program being in a pilot phase and supported 10 women in the achievement of personally meaningful goals. With regards to program reach, future consideration ought to be given to the capacity for a supported, stepwise roll out within a host agency or several appropriately vetted hosts to ensure sustainable and scalable expansion to reach more women in the target cohort. Training and ongoing support to new service providers would allow extension of program reach at the same time ensuring fidelity and integrity of TEP critical elements. Marketing to service providers or others who work with women in the target cohort (i.e., receiving government parenting payment with youngest child reaching school in age in the next 12months) is an area of specific priority as the proportion of completers in the pilot in this target group was relatively low (30%). Digital marketing and relationship building with job services providers and perhaps also contexts relevant to this group of women such as early childhood settings is recommended as an area for further consideration. Finally, further information sharing and support to potential providers to hone the appropriateness of women targeted and referred is an area for further focus.

TEP has shown considerable promise as a means of supporting female survivors of abuse towards meaningful life goals and in the development of a range of multi-faceted knowledge, skills and practices that underpin continued positive life outcomes. These noted program effects include changes in healthy living skills, social support building skills, trauma awareness, self-care and self-preservation skills, interpersonal skills, and insight / self-awareness which have been self-reported by participating women and observed by facilitators and their key supports. There is also evidence these meaningful real-world impacts attributed to TEP endure over time, and that the value of TEP experienced by participating women is actively maintained in a commitment to support and encourage one another as a group, towards sustained positive living.

The findings presented in the evaluation are positive though a recommendation for further consideration is the need to replicate these findings in a broader sample, and with a broader

range of quantitative measures. For example, further iterations of TEP may adopt assessment protocol during intake to measure aspects of daily functioning / impairment, relational quality (i.e., attachment style), and psychological factors such as tendency towards avoidant coping. Currently, positive program findings do not allow TEP program developers and facilitators to draw assertions about the mechanisms of change (i.e., what are the key ingredients of TEP that drive change?) which will be enabled through collection of process-related measures (e.g., attachment, coping style) and future more sophisticated data analysis techniques. If adopted, the use of a low-burden data collection method with participants that is electronic, safe and allows for near real-time sharing of assessment progress findings with participants and TEP personnel is recommended.

Key features of program adoption by the target audience that became clear during the pilot include the critical importance of location and specifically that it be accessible by public transport and close to childcare. Ongoing funding to ensure those who will benefit from the program are able to access it is an area for future consideration. It is hoped embedding TEP in a suitable host agency will unlock sustainable options in this regard as would the roll-out in a "train the trainer" manner across multiple suitable host organisations. Procurement of government funds to support participant engagement on a case-by-case basis or to assist with a specific aspect of program expansion may be areas for further consideration with the acknowledged risk that elements of TEP central to its adoption must not be lost. These have been described by participants as a range of largely intangible factors including genuine care, supportiveness, safety and trust, commitment, a non-judgmental, validating, encouraging and hopeful attitude-"doing with not to". Ideally, individual women who deem TEP to be the best fit for them would be able to access this support via a model that honours individual choice and autonomy akin to the model underpinning the NDIS. There may be scope for some women participants of the NDIS who are referred to TEP in the future (assuming continuance) to utilise their funds for capacity building goals given the evidence revealed in this evaluation.

Program implementation was well supported during the TEP pilot due to the intimate involvement of co-founders and their ongoing direct involvement. While this was an evident strength in the pilot, difficulties with sustainability of service delivery became evident and present obvious challenges to maintenance of this service as an offering to female survivors of abuse in the future. Manualisation of the program to capture all the current knowledge and learnings regarding the intake process, course content, skills, groupwork, individual case management processes and (perhaps most importantly) the relational fabric of TEP that appears to be the activating thread for positive impact is an essential priority. Areas for further consideration include the development of supervision and training structures that allow this "essence" to be experienced and worked with by new recruits to TEP, the development of formalised fidelity and integrity measurement and tracking processes. A further suggestion relates to the capacity for TEP to balance fidelity

needs with the individual needs of potential participants through the development of a "readiness to engage" measurement process. This may further expand the capacity for TEP to embody client-centredness by allowing women to "step in" to the program components where they feel most safe and ready at the time of referral.

Regarding the current pilot's embedded model of work-experience via the social enterprise, many strengths are acknowledged in this approach and some limitations. The efforts of TEP's program co-founders in managing the complex and competing demands of starting up a therapeutic, trauma-informed program at the same time a new commercial venture is commended. Further ventures may choose to stagger the start-up phases for each organisational arm to reduce the overall pressure. It is also acknowledged that TEP could work very successfully if strong community relationships can be established with trauma informed organisations that can provide work placements and vocational opportunities to program participants. Evolution of the peer-led aspects of TEP that have organically evolved across the past 12-18 months is an area for purposeful consideration. For example, successful program graduands may be provided formal training in peer-coaching or other relevant skills to be able to provide a peer-mentoring program or to co-facilitate certain aspects of TEP. Co-design of the program if it continues to develop by including participating women in this evolution is also strongly recommended.

Finally, TEP in its current form adopts broad inclusion criteria acknowledging abuse across a range of forms. Currently, the needs of women who are incarcerated, or for whom abuse is associated with sex work have not been conceptualised within TEP format. The applicability of TEP within the gender-diverse community is also an area that requires further consideration if the broader community of women abuse survivors is to be well catered for.

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