The Courage Project

Formative Evaluation

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Executive Summary

The Courage Project

The mental health of children and adolescents is an issue of particular concern across regional areas of Australia. The 2022-24 Needs Assessment conducted by the Northern Queensland Primary Health Network (NQPHN) has indicated that the adult NQPHN population experience high levels of psychological distress when compared with the broader state and national populations, and that levels of psychological distress are particularly high among young people in the region. Further, the results of research conducted by Mackay Women's Services to scope a collaborative model for the provision of childhood mental health services across the Mackay, Whitsunday, and Isaac region identified two significant sector needs. These were that there were many children across the region who have a mental health condition and need mental health services but are not accessing them; and that there is a need for timely access to appropriate mental health services across the region that are provided by suitably qualified practitioners.

In response to these identified needs, NQPHN released a Request for Tender and Bravehearts was contracted by the NQPHN in July 2020 to deliver these services to disadvantaged and disengaged children and young people who have experienced trauma related issues, and their families, through the Mackay, Whitsunday and Isaac Council Regions. The Courage Project provides therapeutic and advocacy supports to children and young people under the age of 14 who have experienced, or are at risk of experiencing, physical and/or sexual abuse and are at risk of self-harm.

The objectives of The Courage Project are to:

1. Deliver services to disadvantaged and disengaged children and young people (under the age of 14) that have experienced trauma related issues;
2. Improve access for children and their families to high quality appropriate mental health services for trauma related issues;
3. Encourage early intervention to reduce the incidence of mental health problems in later years;
4. Implement an integrated approach to prevention, early intervention, and treatment/management;
5. Increase the access and navigation of services available to children and families who are seeking support for trauma related issues;
6. Build children's and their family's mental health literacy; and
7. Build the capacity of the current and emerging children's mental health workforce.

This report outlines an initial evaluation of The Courage Project. As The Courage Project is in the early stage of its operation, a formative evaluation was undertaken to understand the successes and challenges faced in implementation, and the degree to which the program is meeting its intended purpose and outcomes.

Evaluation objectives

There were four key objectives for this evaluation research:

1. To assess whether The Courage Project is reaching intended clients and stakeholders.

2. To determine the ways in which program resources are contributing to effective program delivery.
3. To assess whether The Courage Project and its services are being delivered as intended.
4. To determine short term impact of engagement with The Courage Project on client outcomes.

Evaluation method

This formative evaluation employed a mixed-methods design, with multiple data collection points providing a comprehensive picture of program implementation and impact.

Client data, including referral and intake data, attendance records, and therapeutic assessment results, was analysed to understand program clients and their reasons for referral and engagement, levels of therapeutic completion, and short-term program impacts on trauma symptomology and emotional, behavioural, and relationship concerns.

A range of interviews were conducted with key groups, including client caregivers, program stakeholders, and program staff. Caregivers were contacted following cessation of their child's engagement to ask for their feedback about the program and their experience with the service. A range of program stakeholders, including local Youth Justice and Queensland Police Service (QPS) representatives, school-based guidance officers and principals, and representatives from other youth-serving organisations were consulted to gain feedback about their perceptions of The Courage Project, their experiences of engagement, and the client referral process. Finally, program staff interviews were conducted with Bravehearts' Director of Therapeutic Services, The Courage Project Practice Manager, as well as the two Clinicians, a Child & Family Advocate, and Reception and Intake Officer responsible for client-facing service delivery. Staff interviews were conducted to provide detailed background information regarding the program and its development, including barriers and key successes, and to explore their perspectives of program implementation and outcomes.

In addition to client data and interviews with key stakeholder groups, a review of program administrative data allowed analysis of specific program details including the number of program referrals, number of client sessions provided, and number of networking, engagement, and training activities undertaken by program staff.

Key findings

This formative evaluation showed seven key findings:

1. The Courage Project appears to be effectively reaching and being accessed by children under the age of 14 years who have experienced sexual abuse, physical violence, self-harm and suicidal ideation, and their families.

A total of 292 referrals were accepted to The Courage Project during the period October 2020 – March 2022. Most clients were found to be engaging because of an experience of child sexual abuse or an experience of physical violence. Referrals for sexual behaviour problems, particularly for males, and for suicidal ideation, particularly for females, were also common. Clients presented with a range of emotional and behavioural concerns, as well as

family relationship problems and significant trauma symptomology. Stakeholders commented that The Courage Project is both reaching and meeting the needs of children in the region.

2. The Courage Project has established effective partnerships and referral pathways throughout the region, with good sector awareness. An increase in public awareness may further facilitate access of the service by the many children in the region in need of trauma and mental health support.

The Courage Project has been well received by stakeholders in the region, as evidenced through many referrals accepted from a diverse range of sources. Stakeholders indicated that there is a high level of local service awareness for The Courage Project, and that strong partnerships had been formed with The Courage Project across the sector that have facilitated referral processes.

Despite the establishment of strong partnerships and community engagement however, some stakeholders did suggest that broader public awareness of The Courage Project could be strengthened. This was noted as a challenge for all sector services, and a focus on increasing public awareness could result in greater program reach.

3. The Courage Project is delivering and promoting a broad suite of services and engagement activities across the region, which is enabling it to meet program goals.

The Courage Project has provided counselling and advocacy/case management services to 90 clients under the age of 14 and their families, across more than 900 client-facing sessions in its first 22 months of operation. Alongside its central counselling and advocacy/case management services, The Courage Project is also actively involved in community and sector engagement, as well as training and awareness sessions, to promote mental health literacy, build sector capacity, and facilitate an early interventionist approach.

Additionally, through facilitating the integration of Bravehearts' broader suite of prevention, early intervention, and treatment programs across the region, The Courage Project has broadened the scope of its service provision to a truly integrated approach, that is able to foster prevention, early intervention, and targeted treatment to a broad range of young people, from early childhood through to late adolescence and adulthood.

4. Despite challenges faced in recruitment and geographical distance impacting on supervision and ongoing training, The Courage Project team is highly qualified, with a specialised skill set in child trauma and mental health that is supported by availability of effective program and organisational resources.

The Courage Project is implemented by a team of highly qualified staff that have developed specific expertise in complex trauma and trauma informed care. Staff have been able to access specialised training in child sexual abuse and complex trauma through Bravehearts, as well as via additional training and Professional Development opportunities. A focus on the maintenance of connections between Mackay and south-east Queensland-based staff has encouraged further development of staff knowledge and understanding of the Bravehearts' therapeutic and case management approach to working with children impacted by trauma and sexual abuse. The Courage Project staff are also well supported with therapeutic

resources that facilitate work with childhood trauma, and effective information technology systems and support.

5. The Courage Project is being delivered as intended, with local outreach services along with community and sector engagement activities enabling an early interventionist approach to the prevention and treatment of trauma-related mental health concerns across the region.

The implementation of The Courage Project in its initial 22 months of operation has adhered to the program schedule, with a total of 292 referrals accepted and 906 client sessions held over the period. Currently, there is capacity for 35-40 individual counselling sessions and up to 20 child and family advocacy client sessions each week.

Referrals have been accepted primarily from sector agencies, as well as individual families and police. Referral connections have been strengthened through The Courage Project team's focus on building partnerships and collaboration across the sector, and engagement and training activities initiated by The Courage Project have built workforce capacity for the treatment of trauma-related mental health concerns of children across the region.

6. The Courage Project stakeholders and clients perceive the service as meeting a critical need and have positive feedback regarding their experiences with The Courage Project team and the services provided.

The Courage Project is the first service in the region to provide a specialised therapeutic response to young children who have experienced sexual abuse and complex trauma. The specialised nature of the service has been noted by stakeholders as meeting a highly sought-after need across the region.

Caregivers of clients also report positive perceptions of and experience with The Courage Project, and state that the service has been a definite help for their child. Clients have indicated that the Courage Project is a welcoming environment and that the service focuses on engaging its young clients as well as their families to best meet their therapeutic needs.

7. While impact analysis is limited by the short evaluation timeframe and associated availability of client completion data, available data, client case studies and caregiver feedback show positive short-term outcomes and suggest promise for reducing longer-term mental health concerns.

The limited data available for clients from intake to cessation of counselling has indicated some short-term improvements in client outcomes. Individual client impact is also shown through four client Case Studies, which provide an in-depth view of client progress through The Courage Project treatment and allow an understanding of program impact on these individual clients and their families (see Appendix).

Caregiver feedback regarding changes observed in their children since engagement in The Courage Project has also been positive and suggest at least short-term impact for these young people and their families. Caregivers commented on changes in children's emotional responses, behaviours, and schooling, as well as improvements in communication in caregiver-child relationships and enhancement of relationship bonds.

Conclusion

Conclusions drawn from this formative evaluation include that:

1. There is evidence of short-term positive outcomes for clients that suggest the promise of The Courage Project in affecting longer-term impacts on the mental health and trauma-related concerns of young people in the Mackay, Whitsunday and Isaac regions.
2. The Courage Project appears to be effectively reaching and being accessed by intended clients throughout the region and is meeting initial program objectives. This has been facilitated by The Courage Project's highly qualified and specialised staff, and access to a broad range of effective organisational and program resources.
3. The collaborative engagement and capacity building approach undertaken across the region and with multiple sector partners and community organisations has enhanced regional capacity for trauma-related mental health care in children, and
4. The Courage Project's promotion and facilitation of access to Bravehearts' broader suite of services has allowed for the establishment of a comprehensive approach to prevention, early intervention, and treatment of childhood trauma across the Mackay, Whitsunday and Isaac Council areas.

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1. Background

1.1 Literature review

The mental health of children and adolescents is an issue of both national and international concern. The most recent Mission Australia youth mental health report shows that close to one quarter (24%) of young people aged 15-19 years report experiencing psychological distress (Hall, Fildes, Perrens, et al., 2019). Additionally, at any given point in time, one in seven young people aged 4–17 have met the clinical criteria for one or more mental disorders in the previous 12 months (Lawrence, Johnson, Hafekost, et al. 2015).

Correspondingly, the rates of young people who self-harm or are suicidal are high. Approximately one in thirteen (8%) 12–17-year-olds report having seriously considered attempting suicide in the previous 12 months. One in twenty (5%) report having made a plan, and one in forty (2%) have attempted suicide in the previous 12 months (Lawrence et al., 2015). Females aged 16-17 years also have the highest rates of self-harm within the Australian population, with 17% having harmed themselves in the previous 12 months (Lawrence et al., 2015).

While both males and females experience mental ill-health in childhood and adolescence, research has shown that females aged 16-24 years are twice as likely as same-aged males to report high or very high levels of psychological distress (Australian Institute of Health and Welfare, 2011). According to the most recent Mission Australia youth mental health report, the proportion of females with psychological distress has shown a marked increase - from 23% in 2012 to 30% in 2018. Comparatively, the proportion of males with psychological distress has shown a more modest increase over the same period, from 13% in 2012 to 16% in 2018 (Hall et al., 2019). Aboriginal and Torres Strait Islander youth are also at increased risk of mental ill-health: nearly one-third (32%) of Aboriginal and Torres Strait Islander youth are reported to experience psychological distress, as compared to 24% of non-Indigenous youth (Hall et al., 2019).

While there are many factors that contribute to psychological distress among young people, research has shown that adverse childhood experiences, including childhood experiences of abuse and neglect, are strongly associated with first onset of a wide variety of mental disorders (Kessler, McLaughlin, Greif Green, et al., 2010). A 2015 estimate indicated that the eradication of childhood abuse and neglect would lead to 26% less suicide and self-inflicted injuries, 20% less depressive disorders and 27% less anxiety disorders (Australian Institute of Health and Welfare, 2019). Victims of childhood sexual abuse have been found to be 18 times more likely to commit suicide than those in the general population (Cutajar, Mullen, Ogloff, et al., 2010).

As well as the direct experience of abuse, a child’s experience of domestic and family violence has been shown to impact on their mental health. For example, Kitzmann and colleagues (2003) found in their review of 118 studies that children who witness violence experience the same level of negative psychosocial outcomes as children who directly experience physical abuse. The Maternal Health study has shown that one in five women experience emotional and/or physical abuse by an intimate partner in the first 12 months after having their first child (Murdoch Children’s Research Institute, 2015). Many children then

go on to witness violence – 68% of women and 60% of men who reported experiencing violence from a previous partner said that children in their care had witnessed this violence (Australian Bureau of Statistics, 2017). A nationwide survey of Aboriginal and Torres Strait Islander people has also shown that one in four Indigenous women living with dependent children younger than 15 years have been victims of violence in the previous year (Cripps, Bennett, Gurrin & Studdert, 2009).

Children who are exposed to domestic and family violence are also at increased risk of experiencing other forms of maltreatment in the home (Campo, 2015). Interviews with 50 Australian mothers who had experienced the most severe forms of DFV found that 45 of these women explicitly referred to their children as having also been subjected to abuse by the DFV perpetrator. Psychological or emotional abuse was reported by 62% of the women, physical abuse was reported by 34%, and sexual abuse was reported by 10% (Kaspiew, Horsfall, Qu et al., 2017). Long term exposure to multiple forms of child maltreatment increases the risk of cumulative harm and complex trauma, which significantly impact on development and behavioural outcomes (Price-Roberston, Rush, Wall, & Higgins, 2013).

The Northern Queensland Primary Health Network has estimated that 17.3% of the adult NQPHN population self-report high or very high levels of psychological distress, compared with 13.8% of Queensland adults and 13% nationally (NQPHN, 2022). Levels of psychological distress are also particularly high among younger people in the NQPHN population (NQPHN, 2022). Research has also shown that suicide risk increases with distance from a major city (Ivancic, Cairns, Shuttleworth, et al., 2018). Traditionally, there has been a lack of available support services to meet the complex needs of young people experiencing significant mental health concerns in regional, rural and remote areas (Ivancic et al., 2018). According to the 2007 National Survey of Mental Health and Wellbeing, young people aged 16-24 years also do not access services for mental health problems as often as other age groups. Specifically, 23% of those aged 16–24 years with a 12-month mental disorder reported accessing health services in the preceding 12 months, compared with 38% for those aged 25 years and over (Australian Institute of Health & Welfare, 2011). The unmet need for professional help has been considerable: in the 2007 National Survey of Mental Health and Wellbeing, 52% of all young people who had a problem for which they needed professional help reported not seeking this type of help (Australian Institute of Health & Welfare, 2011).

1.2 Background to service development

In 2018, Mackay Women's Services (MWS, incorporating Domestic Violence Resource Service (Mackay and Region) and Mackay Women's Centre) conducted a Service System Mapping Project to identify therapeutic services for children and young people in the Mackay, Sarina and Isaac Coast region. The findings of this Mapping Project prompted the NQPHN to commission MWS to facilitate the development of a regional model for integrated child and adolescent mental health service delivery for the Whitsunday, Isaac and Mackay region.

The resulting research conducted by MWS aimed to scope a community-based, collaborative service model for the provision of mental health services for children under the age of 14 years. This includes children who identify as LGBTQI+, have or are experiencing sexual and/or physical abuse, or are at risk of self-harm within the Mackay, Whitsunday and

Isaac regions. The results of this research project identified two significant needs in the mental health sector across the Whitsunday, Isaac and Mackay region:

- Recognition of the many children across the region who have a mental condition and need mental health services but are not currently accessing them.
- Timely access to appropriate mental health services across the region, that are provided by suitably qualified practitioners.

The research conducted by MWS identified that these needs were further exacerbated by a lack of will and/or capacity for services to work collaboratively across the mental health sector, and across the region. MWS reported that children and families in the Whitsunday, Isaac and Mackay region, who were unable to access support services, were in need of the mental health sector undergoing a "paradigm shift", with services working collaboratively towards whole-of-sector goals.

1.3 The Courage Project

In July 2020, Bravehearts was contracted to deliver services to disadvantaged and disengaged children and young people who have experienced trauma-related issues, and their families. The Courage Project was established and funded by the NQPHN to deliver mental health services through the Mackay, Whitsunday and Isaac Council Regions. The Courage Project provides therapeutic and advocacy supports to children and young people who have experienced or are at risk of experiencing, physical and/or sexual abuse and are at risk of self-harm.

The Courage Project provides targeted services to:

- Children and young people (under the age of 14) who are at risk of developing a mental health illness or who already have a diagnosed mental health illness in the Mackay, Whitsunday and Isaac Regional Council areas.
- Children and young people (under the age of 14) who have experienced or are at risk of experiencing child sexual abuse and/or physical violence which may precipitate a mental health illness.
- Non-offending adult family members including parents, partners, siblings, and others.

The objectives of The Courage Project are to:

1. Deliver services to disadvantaged and disengaged children and young people (under the age of 14) that have experienced trauma related issues;
2. Improve access for children and their families to high quality appropriate mental health services for trauma related issues;
3. Encourage early intervention to reduce the incidence of mental health problems in later years;
4. Implement an integrated approach to prevention, early intervention, and treatment/management;
5. Increase the access and navigation of services available to children and families who are seeking support for trauma related issues;
6. Build children's and their family's mental health literacy; and
7. Build the capacity of the current and emerging children's mental health workforce.

1.4 Scope of the evaluation

At the time of completing this evaluation, The Courage Project had been operating for 22 months (July 2020 – April 2022). A formative evaluation was therefore considered to be the most appropriate means of understanding the successes and challenges faced in implementation of The Courage Project, and the degree to which the program is meeting its intended purpose and outcomes.

Formative evaluation, defined as a "rigorous assessment process designed to identify potential and actual influences on the progress and effectiveness of implementation efforts" has been used to assess whether programs or interventions are addressing a significant need, to obtain ongoing input for short-term program adjustments, to understand the extent/dose, consistency, usefulness, context, and quality of an intervention's implementation, and systematically detect and monitor unanticipated events (Stetler, Legro, Wallace, et al., 2006).

A formative evaluation will enable an in depth understanding of The Courage Project's reach and implementation progress, including the ways in which program resources and inputs are impacting on implementation success.

A key objective of a formative evaluation is to review whether a program is being delivered as intended (i.e., implementation fidelity). Program fidelity has been measured in five ways – though assessment of adherence (whether program components are being delivered as prescribed), dose (whether the number and types of services are being delivered as prescribed), quality of program delivery, participant responsiveness, and program differentiation (whether the program meets a specific need, and differs from other available programs) (Dusenbury, Brannigan, Falco & Hansen, 2003). An assessment of The Courage Project's implementation fidelity will enable an understanding of factors that are impeding or facilitating program success and efficacy.

This evaluation will also examine initial program impacts for clients who have engaged in The Courage Project in its 22 months of operation. As data availability is limited due to the short timeframe of operation, program impacts will be examined through analysis of both client assessment data over time (where available), as well as caregiver and stakeholder feedback regarding program outcomes. At this early and formative evaluation stage, it is important to consider also whether a program is having any unintended consequences or harmful outcomes, in order that changes may be made to program delivery.

2. Evaluation Objectives

The current evaluation of The Courage Project is focused on providing an insight into:

a) the engagement of clients and stakeholders,
b) identification of factors (enablers and barriers) that are affecting the successful delivery of services, and
c) the initial impact of the program.

There were four key objectives for this evaluation project. Each objective had several associated research questions.

Objective 1: To assess whether The Courage Project is reaching intended clients and stakeholders.

- Research Question 1: Is the service reaching and being accessed by intended clients and stakeholders?
- Research Question 2: What barriers and challenges is The Courage Project facing in accessing intended clients and stakeholders?

Objective 2: To determine the ways in which program resources are contributing to effective program delivery.

- Research Question 3: Are the services provided by The Courage Project sufficient in range, availability, and accessibility, to meet overall program objectives?
- Research Question 4: Are program staff being recruited, trained, supervised and supported to the degree required for effective program delivery?
- Research Question 5: Have program resources been developed that are accessible, culturally inclusive, and that further enable program objectives to be met?
- Research Question 6: Are organisational structures and supports in place that enable staff to meet program objectives?

Objective 3: To assess whether The Courage Project and its services are being delivered as intended.

- Research Question 7: Are core program components being delivered as prescribed? *(Adherence)*
- Research Question 8: Are the appropriate number and types of services being delivered as prescribed? *(Dose)*
- Research Question 9: Do program staff have the appropriate level of expertise for effective service delivery? *(Quality)*
- Research Question 10: How do clients respond to program services? *(Participant responsiveness)*
- Research Question 11: Does the program meet a specific need, and does it differ from other available programs? *(Program differentiation)*

Objective 4: To determine short term impact of engagement with The Courage Project on client outcomes.

- Research Question 12: Is the program and its services having promising impacts on clients and stakeholders?
- Research Question 13: Is the program creating any unintended consequences or harmful outcomes?

3. Research Design and Methods

This evaluation research employed a mixed-methods design, with multiple data collection points providing a comprehensive picture of program implementation and impact.

3.1 Measures

3.1.1 Client measures

Client data (e.g., demographics, living arrangements, referral source and reason, abuse details, relevant trauma and presenting issues) is collected as part of the routine intake process undertaken by The Courage Project staff. Child and Family Advocacy clients also complete a Child and Caregiver Needs Assessment, which provides an understanding of additional supports that the family may require.

At intake, parents or guardians of all child clients are asked to sign a research consent form if they agree to their child's de-identified data being used for research and evaluation purposes. Only clients for whom this consent form has been signed are included in this evaluation. Research consent was provided for 71% of the child clients who completed the intake process.

3.1.2 Attendance records

The Courage Project Clinicians and Child and Family Advocates record attendance details on each client's electronic file throughout their engagement with the service. Attendance records indicate commencement and cessation dates, number of sessions completed, and reasons for cessation (including treatment completion).

3.1.3 Assessment tools

Several assessment tools have been used as part of The Courage Project to track client symptomology and progress (see Table 1).

Table 1. Client assessment tools

Name	Administration	Purpose	Scales and Scoring
Strengths and Difficulties Questionnaire (Goodman, 2001; SDQ)	All clients (carer or child to complete). Conducted at beginning and end of treatment.	Brief emotional and behavioural screening questionnaire for children and young people.	The 25 items in the SDQ comprise 5 scales of 5 items each. The scales include: 1) Emotional symptoms 2) Conduct problems 3) Hyperactivity/inattention 4) Peer relationships problem 5) Prosocial behaviour Each item is rated on a 0-2 point scale (0 – Not true; 1 – Somewhat true; 2 – Certainly true). Total scores for each scale indicate likelihood of clinically significant problems in that area.
Trauma Symptom Checklist for Children (Briere, 1996; TSCC)	All clients (child to complete). Conducted at beginning and end of treatment.	Self-report measure of post-traumatic stress and related psychological symptomatology in children ages 8-16 years who have experienced traumatic events.	The 54 items in the TSCC comprise 2 validity scales and 6 clinical scales: 1) Anxiety 2) Depression 3) Anger 4) Post-traumatic stress 5) Dissociation 6) Sexual concerns.

			Each item is rated on a 0-3 point scale (0 – Never; 1 – Sometimes; 2 – Lots of times; 3 – Almost all of the time). Standardised scores for each clinical scale indicate level of clinical significance in that area.
Trauma Symptom Checklist for Young Children (TSCYC)	All clients (carer to complete). Conducted at beginning and end of treatment.	Caretaker-report measure of post-traumatic stress and related psychological symptomatology in children ages 3-12 years who have experienced traumatic events.	The 90 items in the TSCYC comprises validity scales and 6 clinical scales: 1) Anxiety 2) Depression 3) Anger/Aggression 4) Post-traumatic stress-Intrusion 5) Post-traumatic stress-Avoidance 6) Post-traumatic stress-Arousal 7) Dissociation 8) Sexual concerns. Each item is rated on a 1-4 point scale (1 – Not at all; 1 – Sometimes; 2 – Often; 3 – Very often). Standardised scores for each clinical scale indicate level of clinical significance in that area,
BASC-3 Parenting Relationship Questionnaire (Kamphaus & Reynolds, 2015; BASC-3 PRQ)	All clients (carer to complete). Conducted at beginning and end of treatment.	Designed to capture a parent's perspective on the parent-child relationship.	The 87 items in the BASC-3 PRQ comprise 7 scales: 1) Attachment 2) Communication 3) Discipline practices 4) Involvement 5) Parenting confidence 6) Satisfaction with school 7) Relational frustration. Each item is rated on a 1-4 point scale (1 – Never; 2 – Sometimes; 3 – Often; 4 – Almost always). Standardised scores for each scale indicate areas where significant relationship problems may exist or where potential relationship problems may be developing.

3.1.4 Client feedback interviews

Caregivers of clients who had recently ceased their engagement were contacted by The Courage Project staff to ask whether they would be interested in providing feedback about the program and their experience with the service. Importantly, caregivers were contacted by staff members who did not directly work with that person or their child. Caregivers were also assured that their feedback would be de-identified, and not directly passed on to staff members they worked with.

Six caregivers participated in feedback interviews. Interview questions included:

1. How would you describe your overall experience with The Courage Project?
2. Do you feel that the service has helped your child?
    a. *If yes:* Can you describe the ways in which you feel the service has helped your child?
    b. *If no:* Why do you think the service was not helpful for your child?
3. Did you see any changes in your child as a result of their engagement in The Courage Project? This could be in terms of: their behaviour, their emotional wellbeing, their mood, their close relationships, or their wider social relationships?

   a. *If yes:* Can you describe the changes you have seen in your child?
   b. *If no:* Why do you think the service did not result in any changes for your child?
4. Do you feel that the service helped you, either personally or in your relationship with your child?
   a. *If yes:* Can you describe the ways in which you feel the service has helped you personally or in your relationship with your child?
   b. *If no:* Why do you think the service was not helpful for you, or in your relationship with your child?
5. What do you think works well at The Courage Project?
6. What improvements do you think could be made to The Courage Project to best serve future clients?
7. Do you have any other comments you would like to make about The Courage Project?

3.1.5 Program staff interviews

The Courage Project is overseen by Bravehearts' Director of Therapeutic Services and is coordinated at a local level by The Courage Project Practice Manager. Two Clinicians, one Child and Family Advocate, and one Reception and Intake Officer are responsible for client-facing service delivery. Each of these six staff members were interviewed individually by Bravehearts research staff, to provide detailed background information regarding the program and its development, including barriers and key successes, and to explore their perspectives of program implementation and outcomes. Interview questions included:

For the Director of Therapeutic Services:

1. What issues or challenges were faced in implementing the Program Schedule? Did The Courage Project develop as per that schedule, or were changes made? How were challenges overcome?
2. Were there any challenges faced regarding budgeting and funding in the development of The Courage Project? What were these challenges and how were they overcome?
3. In what ways has The Courage Project worked to bridge the gap in services that are available in the region?
4. What challenges were there in recruitment of appropriately trained staff for The Courage Project? What has been the experience in regard to turnover of staff and how has this been managed?
5. What specialised training or personal development have staff needed? How have these needs been met?
6. Were there any barriers in engaging the community, organisations, schools, and others in the program region? What were these and how were they overcome? How has the program been received?
7. Are there any improvements you would like to suggest regarding the inception and delivery of The Courage Project? What would you do differently in the future?

For The Courage Project Practice Manager:

1. Program details:

a. On average, how many clients are seen each week?
b. How many networking activities or stakeholder meetings have The Courage Project staff been involved in since its inception?
c. Approximately what proportion of networking activities and stakeholder meetings have been for:
    i. Client-related issues
    ii. Promote awareness of TCP
    iii. Formal training (by TCP staff)
    iv. Professional development (for TCP staff)
    v. Other
d. On average, how many hours a week do you spend on:
    i. program development?
    ii. coordination/administration duties?
    iii. networking and stakeholder engagement?

2. Have you faced any barriers in engaging the community, organisations, schools, and others in the program region? What were these and how were they overcome?
3. How has the program been received by stakeholders in the region? Are you receiving referrals from all relevant sources?
4. In what ways has The Courage Project worked to bridge a gap in services that are available in the region?
5. What challenges have been faced in regards to capturing and recording client progress through follow up client assessments? How do you think these challenges might be overcome?
6. Do you feel that you are provided with adequate and efficient computer systems, data systems and IT support when needed?
    a. *If no:* What difficulties do you face in regard to computer systems, data systems and IT support? How could these be improved?
7. Do you feel that you receive adequate professional development and training to perform your duties to the best of your ability?
    a. *If no:* What professional development and training do you feel that you require for your role?
8. Do you feel that you receive adequate supervision and support to perform your duties to the best of your ability?
    a. *If no:* What type of supervision and support do you feel that you require for your role?
9. Have you been involved in developing any program resources?
    a. *If yes:* What type of resources have you been involved in developing? Who were these for? What format were these in? How were they distributed or made available?
10. Regarding the resources that are provided to clients, do you feel that they are readily available and appropriate for clients and family members?
    a. *If no:* What other resources or changes to current resources do you feel are needed?
11. Do you have any further comments about The Courage Project? In regard to what it does well or how it could be improved?

For Clinicians, Child & Family Advocate, and Reception/Intake Officer:

1. What types of services do you provide in your role? What frameworks, principles or techniques do you use to provide these services?
2. On average, how many hours a week do you spend on:
    a. Client sessions?
    b. Program development?
    c. Administration duties?
3. Do you feel that you are provided with adequate and efficient computer systems, data systems and IT support when needed?
    a. *If no:* What difficulties do you face in regard to computer systems, data systems and IT support? How could these be improved?
4. Do you feel that you receive adequate professional development and training to perform your duties to the best of your ability?
    a. *If no:* What professional development and training do you feel that you require for your role?
5. Do you feel that you receive adequate supervision and support to perform your duties to the best of your ability?
    a. *If no:* What type of supervision and support do you feel that you require for your role?
6. Have you been involved in developing any program resources?
    a. *If yes:* What type of resources have you been involved in developing? Who were these for? What format were these in? How were they distributed or made available?
7. Regarding the resources that are provided to clients, do you feel that they are readily available and appropriate for clients and family members?
    a. *If no:* What other resources or changes to current resources do you feel are needed?
8. Do you have any further comments about The Courage Project? In regard to what it does well or how it could be improved?

3.1.6 Stakeholder interviews

A range of stakeholders from the Mackay, Whitsunday and Isaac Regional Council areas were consulted for the current evaluation research. These include local Youth Justice and QPS representatives, school-based guidance officers and principals, and representatives from other youth-serving organisations, including those providing mental health related services. Seven stakeholders across the region participated in interviews. Interview questions included:

1. How did your organisation hear about The Courage Project, or become involved in a collaboration with The Courage Project?
2. Do you think The Courage Project is well known in the region by those who may need to access the service? Do you have any comments on how we may better reach potential partner organisations or clients?
3. Do you feel that The Courage Project is filling a gap or meeting a particular need in the area? Why or why not?

Where would you refer clients to if The Courage project did not exist?

4. Do you feel that The Courage Project was easy and accessible to refer a client to?
    a. *If yes:* In what ways was the service easy to refer to?
    b. *If no:* What difficulties did you have referring a client to The Courage Project? How do you think the referral process could be improved?
5. Do you feel that The Courage Project engages well with your organisation? Are there any improvements you would want to suggest in the way The Courage Project communicates with partner organisations?
6. Are you able to comment on any outcomes you have seen among clients that have been referred to The Courage Project?
    a. *If yes:* What changes have you seen in clients that have been referred to The Courage Project?
7. Do you have any other comments you would like to make about The Courage Project or your involvement with the service?

3.1.7 Administrative program records

Through both consultation with The Courage Project Practice Manager and review of program records, the following information was collated:

- Number of program referrals
- Number of client sessions provided
- Number and type of staff training or professional development activities
- Number of networking activities and stakeholder meetings held.

3.2 Procedure

Client and program data was collated by the Bravehearts Research team. Program staff and stakeholder interviews were conducted individually, either face to face or via telephone, by the Bravehearts Research team. Client feedback interviews were conducted individually over the phone by The Courage Project staff who did not directly work with that client. Client interviews were forwarded by The Courage Project staff member directly to the Bravehearts Research team, who de-identified all interview data and conducted thematic and descriptive analysis of responses.

The de-identified client dataset was saved as an SPSS file for descriptive and impact analysis. Due to limited evaluation timeframe and therefore low client numbers for impact analyses, the Research team also developed four individual client Case Studies, which illustrate the types of referrals received by The Courage Project, the therapeutic activities undertaken, and program impact and outcomes (see Appendix).

Each data source was used to answer several of the Research Questions. Table 2 shows the overall evaluation objectives and associated research questions mapped to each of the relevant sources from which data was obtained.

Table 2. Evaluation objectives and research questions mapped to data sources.

	Client measures	Attendance records	Assessment tools	Client feedback interviews	Program staff interviews	Stakeholder interviews	Administrative program records
Objective 1: To assess whether The Courage Project is reaching intended clients and stakeholders.							
RQ1: Is the service reaching and being accessed by intended clients and stakeholders?	✓				✓	✓	✓
RQ2: What barriers and challenges is The Courage Project facing in accessing intended clients and stakeholders?	✓				✓	✓	✓
Objective 2: To determine the ways in which program resources are contributing to effective program delivery.							
RQ3: Are the services provided by The Courage Project sufficient in range, availability, and accessibility, to meet overall program objectives?					✓	✓	✓
RQ4: Are program staff being recruited, trained, supervised and supported to the degree required for effective program delivery?					✓		✓
RQ5: Have program resources been developed that are accessible, culturally inclusive, and that further enable program objectives to be met?				✓	✓	✓	
RQ6: Are organisational structures and supports in place that enable staff to meet program objectives?					✓		✓
Objective 3: To assess whether The Courage Project and its services are being delivered as intended.							
RQ7: Are core program components being delivered as prescribed? (Adherence)					✓		✓
RQ8: Are the appropriate number and types of services being delivered as prescribed? (Dose)					✓		✓
RQ9: Do program staff have the appropriate level of expertise for effective service delivery? (Quality)					✓		✓
RQ10: How do clients respond to program services? (Participant responsiveness)				✓		✓	
RQ11: Does the program meet a specific need, and does it differ from other available programs? (Program differentiation)					✓		✓
Objective 4: To determine short term impact of engagement with The Courage Project on client outcomes.							
RQ12: Is the program and its services having promising impacts on clients and stakeholders?		✓	✓	✓	✓	✓	
RQ13: Is the program creating any unintended consequences or harmful outcomes?		✓	✓	✓	✓	✓	

4. Key Findings

The key findings of the evaluation are structured according to the four overarching evaluation objectives.

4.1. To assess whether The Courage Project is reaching intended clients and stakeholders

Key finding 1: The Courage Project appears to be effectively reaching and being accessed by children under the age of 14 years who have experienced sexual abuse, physical violence, self-harm and suicidal ideation, and their families.

Key finding 2: The Courage Project has established effective partnerships and referral pathways throughout the region, with good sector awareness. An increase in public awareness may further facilitate access of the service by the many children in the region in need of trauma and mental health support.

4.1.1 Referral pathways

A total of 292 referrals were accepted to The Courage Project during the period October 2020 – March 2022 (204 from Mackay, 25 from Whitsunday, and 63 from Isaac Regional Council Areas). Of these referrals, 150 were for individual child clients (under the age of 14), and 90 progressed beyond intake to engagement as a counselling or advocacy client.

Analysis of client data showed that referrals were received primarily from other agencies in the sector (53%), followed by parents and caregivers themselves (20%), and police (17%; see Figure 1).

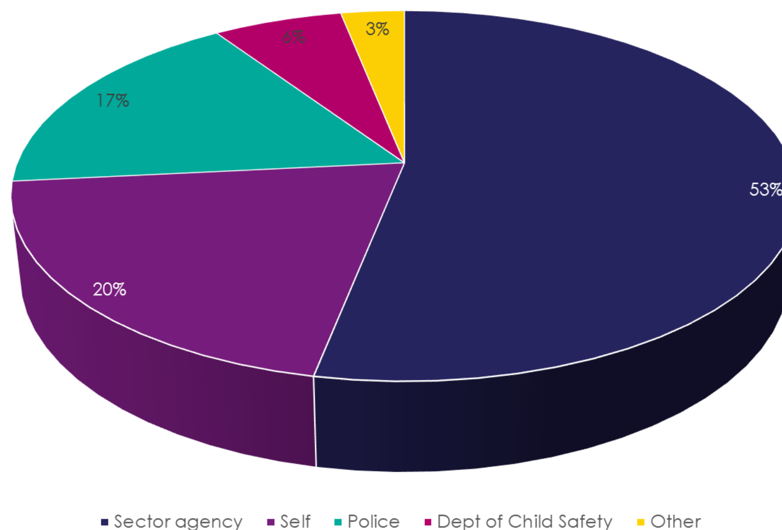

Figure 1. Client referral source

Stakeholder consultations revealed that referral pathways were primarily established following The Courage Project staff members' networking and community engagement outreach and events. For example, a school guidance officer indicated that they became aware of The Courage Project when the Practice Manager *"visited our school and spoke about the project and referral process"*. Additionally, a sector agency representative stated that following their engagement in a Community Alliance Meeting, *"information was passed on from the meeting to a colleague and a referral was made"*.

Stakeholder consultations indicated that while The Courage Project is currently reaching intended clients through a high level of local service awareness, broader community awareness could be further developed. For example, one sector agency representative stated that *"the local services who engage with persons experiencing these issues are aware of the program, however I do not believe the community is aware of the program as it is often news to them when we provide The Courage Project as a support option"*. A school guidance officer further reported that *"most children and families go to their GP, who then refers them to NaviCare for mental health support"*.

Broad community awareness was considered a challenge by one sector agency representative *"for all organisations, not just (for) The Courage Project"*. This stakeholder suggested that *"the use of cross promotion via other organisations, communication through newsletters and other information put out by the schools and also use of the local radio station are all great avenues for ensuring the people who need to know actually hear about your services"*. The Courage Project referral data indicates that currently, 20% of referrals come directly from individual families. It is possible that there are families in need of the service who remain unaware, and therefore an increase in public awareness could result in broader program reach.

Since its inception, The Courage Project has established particularly strong connections with police, with QPS representatives stating that *"within the QPS community The Courage Project is very well known due to the service being so busy and having a very long waitlist."* QPS representatives further indicated that *"CPIU and GPs have been overwhelmed and inundated with referrals"*, and *"The Courage Project is known in the region…and there is information about the project for clients (that is) easily accessible"*.

A primary barrier to engagement and subsequent reach of intended clients and stakeholders, as identified by the Bravehearts Director of Therapeutic Services is that *"the geographic coverage of this program is enormous"*. However, as the Director of Therapeutic Services further noted, *"Once we got to (the) location there were no issues with engagement. Everyone wanted to engage; (the) primary issue brought up by community was 'will you keep coming?'"*. Barriers to reaching geographically distant clients were overcome through additional funding received from mining companies specifically for travel costs, allowing The Courage Project to continue accessing remote communities. The Courage Project Practice Manager also noted that engagement with the Isaac region presented a particular challenge, in that *"the services that already existed were very hesitant as previous services tend to come for three months and then leave."* Focus was paid to overcoming this barrier, with the Practice Manager making *"a commitment to go every fortnight regardless of if we had clients, just to show them our commitment"*.

The Courage Project Practice Manager was also noted as fostering strong connections with community groups through engagement in community events, including the LGBTQI+ event for Pride Week, and engaging with the regional network and committee for NAIDOC week as the only non-Indigenous group in that network. The Practice Manager further noted that the program has been well received by stakeholders in the region, as evidenced through referrals received from Child Safety, the Domestic Violence High-Risk Team, QPS, ATSI services, school guidance officers and principals, and from individual families, as well as letters of support and additional funding received from the corporate sector.

4.1.2 Client profile

A total of 64 child clients (n=42, 66% female; n=22, 34% male) engaged with the service and had research consent provided for them during the first 22 months of The Courage Project's operation. Just over half (53%) were engaged as clinical (counselling) clients, 13% engaged for Child and Family Advocacy support, and the remaining 34% engaged as both clinical and advocacy clients.

One in five (20%) clients identified as Aboriginal, while 69% were non-Indigenous and 11% did not state an answer to this question. At the time of referral to The Courage Project, the average client age was 7.98 years (median = 7yrs; SD = 2.91; range = 3-14). Figure 2 shows the clients' distribution of ages by gender.

Most clients lived with at least one of their biological parents (83%), while 14% were in kinship or foster care and 3% lived with other relatives (Figure 3).

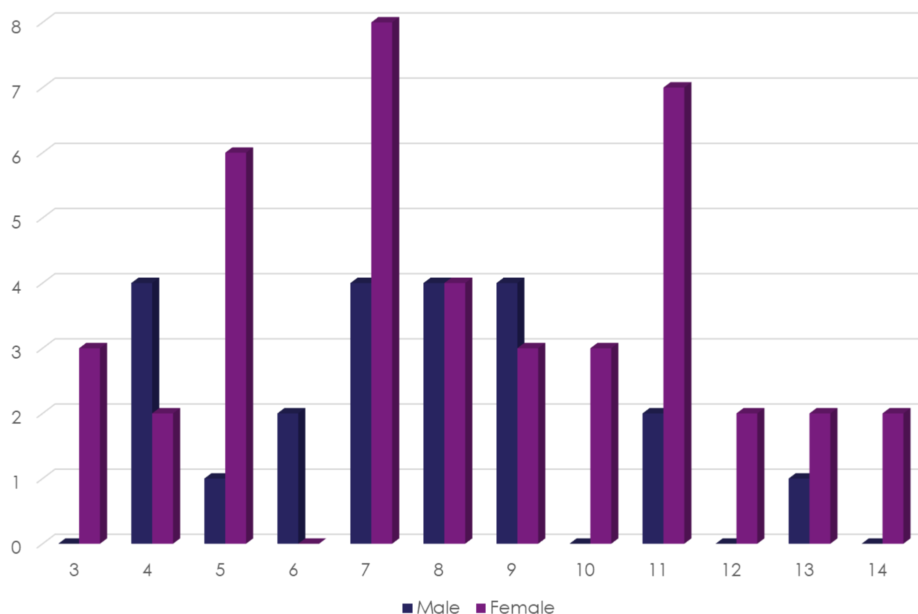

Figure 2. Client profile by age and gender

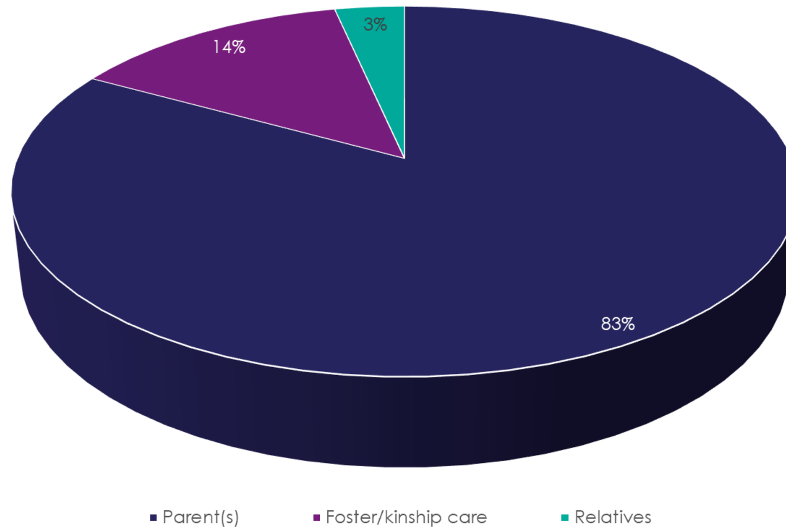

Figure 3. Client living arrangements

4.1.3 Reasons for referral

Figure 4 shows the primary reason for client referral, by gender. Referrals for female clients were most commonly for child sexual abuse (74%), followed by experience of physical violence (31%), and sexual behaviour problems (17%). One in ten female clients were referred for suicidal ideation.

Referrals for male clients meanwhile were most commonly for experiences of physical violence (50%), followed by child sexual abuse (46%). Almost one quarter (23%) of male clients were referred for sexual behaviour problems.

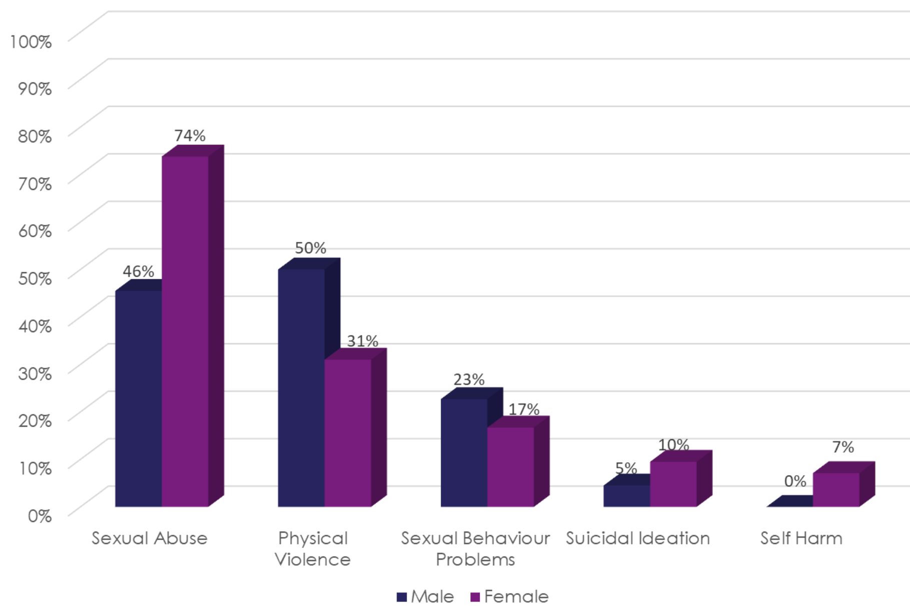

Figure 4. Primary referral reason by gender

Figure 5 shows additional concerns that were reported at referral, by gender. Most referrals indicated that clients had been exposed to domestic and family violence, with 86% of female clients and 53% of male clients having had this noted as an additional referral concern. Experience of emotional and verbal abuse were also reported for between one-third and one-half of clients, and self-harm was indicated as an additional concern for almost one in five (17%) female clients.

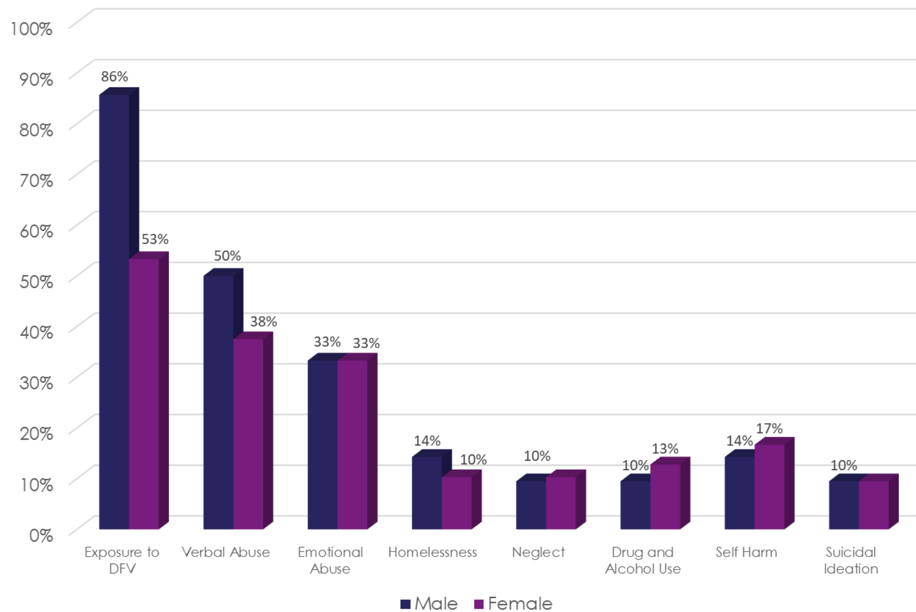

Figure 5. Additional concerns at referral, by gender

4.1.4 Presenting symptomology

Client assessment data was collected at intake or first counselling session, and then again at the completion of treatment. Figure 6 shows client assessment scores on the Strengths and Difficulties Questionnaire at intake or the client's first session. More than three quarters (78%) of clients scored in the High Range on their Total Difficulties score, indicating that overall, there was a substantial risk of clinically significant problems or concerns for these clients. More than two thirds (68%) of clients scored in the High Range for emotional difficulties, conduct difficulties and/or hyperactivity, suggesting particular concerns in these areas. Additionally, almost three quarters (74%) of clients presented with a substantial risk of clinically significant concerns around prosocial behaviour.

Figure 7 shows client assessment scores on the Trauma Symptom Checklist and the Trauma Symptom Checklist for Young Children at intake or first session. More than two thirds of clients were presenting with clinically significant levels of post-traumatic stress symptomology, and approximately half of clients were presenting with symptoms of depression and/or anxiety.

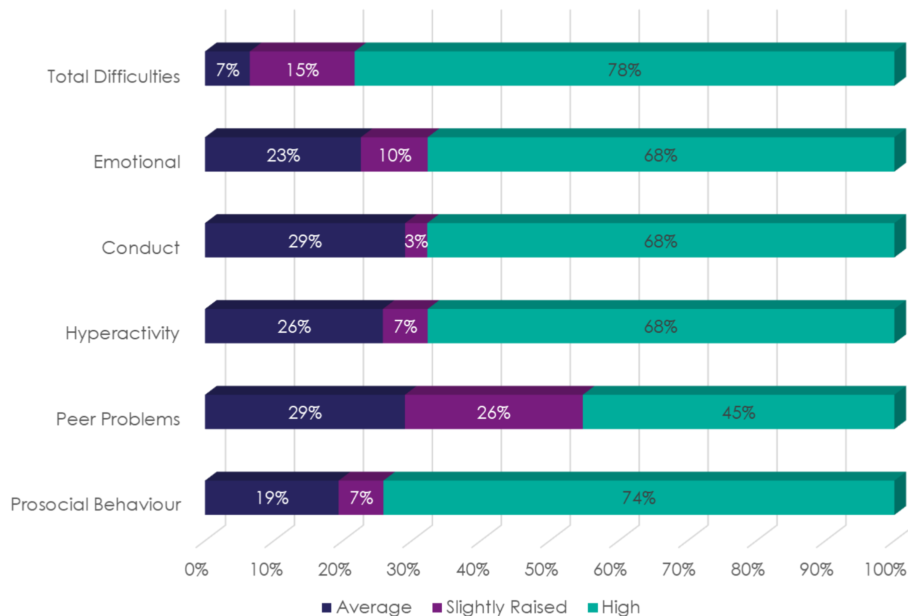

Figure 6. Client SDQ profile at intake or first counselling session.
Note: High scores on the Prosocial Behaviour scale indicate more positive behaviour.

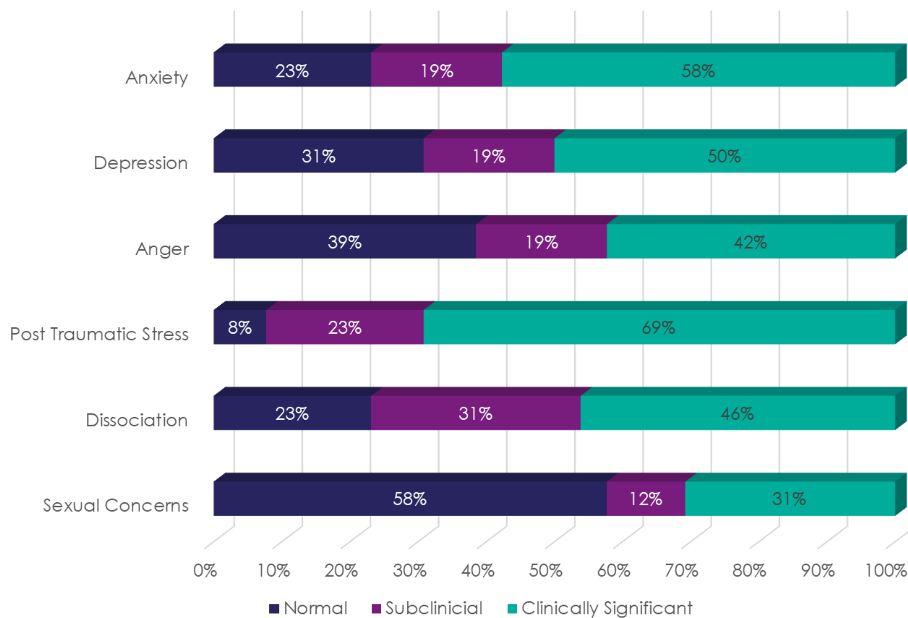

Figure 7. Client TSCC/TSCYC profile at intake or first counselling session

Clients' caregivers also completed the Parenting Relationship Questionnaire at intake or their child's first counselling session, giving the caregiver's perspective on the carer-child relationship. Figure 8 shows client scoring profiles on the PRQ at intake or initial session. Greater than 50% of clients scored in the lower extreme or significantly below average ranges for communication, suggesting that this is a particular area where significant relationship problems exist or may be developing for clients and their families.

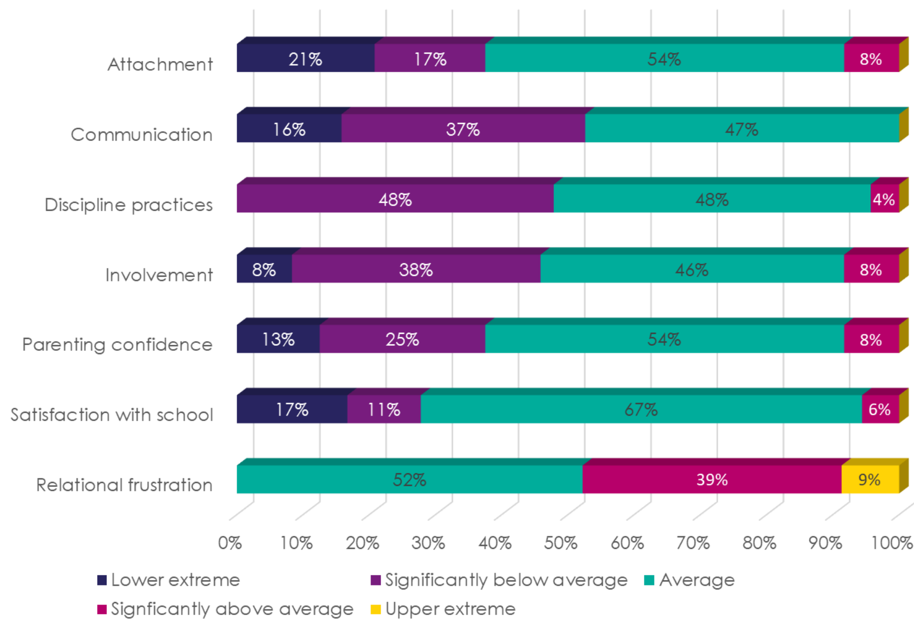

Figure 8. Client PRQ profile at intake or first counselling session

4.2 To determine the ways in which program resources are contributing to effective program delivery

Key finding 3: The Courage Project is delivering and promoting a broad suite of services and engagement activities across the region, which is enabling it to meet program goals.

Key finding 4: Despite challenges faced in recruitment and geographical distance impacting on supervision and ongoing training, The Courage Project team is highly qualified, with a specialised skill set in child trauma and mental health that is supported by availability of effective program and organisational resources.

4.2.1 Program services

Alongside its central counselling and advocacy/case management services provided both through The Courage Project's Mackay office and regular outreach services to more remote communities, The Courage Project is also actively involved in community and sector engagement, mental health workforce capacity building, and enhancement of children and family's mental health literacy in the region.

Through concentrated delivery of these program services, The Courage Project is actively meeting its original program objectives. For example, the delivery of community awareness sessions, conducted in collaboration with other organisations throughout the Mackay, Whitsunday, and Isaac regions, has enabled the improved access of communities to mental health services for childhood trauma, as well as promoted the importance of partnership building and collaboration within the sector. The Courage Project team has also delivered training to organisations and schools throughout the regions about childhood trauma and mental health, enabling schools and other services to implement trauma-informed

approaches within their daily activities. Community engagement and awareness sessions have also focused on early indications of child and youth mental health concerns, to encourage early intervention for childhood trauma.

The Courage Project also implements an integrated approach to prevention, early intervention, and treatment, through its facilitation of the awareness and use of Bravehearts' suite of prevention and intervention services throughout the region. For example, Bravehearts' Ditto Keep Safe Adventure early years prevention program has been delivered across the region, and Bravehearts' Turning Corners program (for young people aged 12-17 who have been engaged in harmful sexual behaviours) has been promoted, resulting in several referrals for remote service delivery. The Courage Project team has also seen Bravehearts' Parent Information Packs made available to the officers of the Mackay CPIU for parents who complete a 93A interview following an allegation of child sexual abuse, which has also worked to build families' mental health literacy and subsequent service engagement. The Courage Project team has also worked collaboratively with stakeholders and conducted stakeholder multiple training sessions (e.g., facilitation of 3-day Masterclasses, training with local IFS and FIS workers) to build capacity of the region's child mental health workforce.

4.2.2 Program staffing

The Courage Project is currently staffed by a Practice Manager, two Clinicians, one Child and Family Advocate, and one Reception and Intake Officer. Despite some initial staff vacancies in the clinical role, two full-time Clinicians are now actively seeing clients. All staff are at minimum bachelor-degree qualitied, and all have completed further training, for example in counselling, sensory integration, DV court advocacy, and community service work.

As an organisation, Bravehearts sets high benchmarks for the qualifications required for clinicians and case management staff. As the Director of Therapeutic Services states, the recruitment of staff that had sufficient expertise for effective program delivery posed specific challenges in the initial stages of The Courage Project. Particularly, it was *"difficult to find staff with specific experience in trauma informed care and complex trauma"*. While initial program staff were appropriately qualified, "*expectations weren't aligned, and (some) applicants weren't experienced in trauma-informed care*". The limited staffing pool in Mackay also presented a barrier to program staffing, and to meet this challenge some staff members were recruited from outside of the region.

All staff have been trained in the Bravehearts approach to working with children impacted by trauma and sexual abuse. While early training was very procedurally driven, staff members have been able to access professional development throughout their employment (for example, a staff member qualified as an Occupational Therapist was able to access professional development in complex trauma and sensory work). Mackay-based staff have been able to maintain geographical connections with southeast Queensland-based Bravehearts staff, with visits to other offices and remote connections encouraging further development and an understanding of therapeutic and case management teams' operation across the organisation.

The Practice Manager, who has been with The Courage Project since its inception, was previously employed with Mackay Women's Services, and so has extensive knowledge of and connections within the Mackay region. This has been particularly advantageous for this role, which sees a large proportion of time devoted to stakeholder engagement and building community awareness of and promoting access to The Courage Project throughout the region.

The success of The Courage Project staff engagement with stakeholders and acknowledgement of their ability to build sector capacity was evident in the feedback provided in stakeholder interviews. As one sector agency representative stated, *"The Courage Project engages regularly with our organisation. (They) follow up on referrals promptly and notify of any changes to service delivery. The Courage Project shares all their training opportunities with external providers"*. A representative of another sector agency commented that "*(our) relationships have been strong, respectful and have had a common goal which falls in the best interest of the client and their family",* while a QPS representative also noted that *"whenever new staff for The Courage Project would come on board, (the Practice Manager) would always introduce them to us. We have a great relationship with the staff from the project".*

As the Director of Therapeutic Services notes, when moving into the next phase it will be important to meet the challenge of attracting and retaining qualified staff within the region, that have, or have the opportunity to further develop, the expertise required for effective delivery of The Courage Project's services.

4.2.3 Program resources

In the interviews with The Courage Project staff, several questions focused on whether appropriate organisational structures are in place and sufficient resources are available to enable the ongoing effective performance of their roles.

Initially, staff access to adequate supervision and support was discussed. Client-facing staff currently all have access to weekly supervision sessions with the Bravehearts Practice Supervisor. While these sessions were recognised as critically important to role performance, supervision to The Courage Project staff is provided largely online (with monthly face-to-face visits), which one staff member noted as "*creating a barrier*". A dedicated face-to-face supervisor, who may be external to the service, was noted as potentially *"beneficial in offering a safe place for reflection and growth*".

Some staff also noted their preference for supervision within their chosen discipline or field, as they felt that the supervision, as well as the training and professional development, currently available is particularly focused on the fields of social work and psychology. The specific subset of clients seen through The Courage Project, who commonly come from backgrounds characterised by domestic and family violence, also prompted one staff member to indicate that supervision specifically focused on issues relating to DFV would enable more effective *"planning for and seeking advice regarding these clients"*. Other staff also commented that they would welcome more feedback through their supervision, both positive and critical, *"to ensure (their) ongoing improvement"*.

Professional development was noted by staff as having been particularly encouraged within the organisation, however the geographical remoteness of The Courage Project to Bravehearts was noted as limiting access to some further training. Staff members commented that they have in some cases sought external training themselves, and suggested that "*linking in with other services, and joining in on professional training they may be offering to their counsellors if trainers are being brought up from the city may open options for face-to-face training*". Staff members are currently able to connect remotely to monthly Professional Development days coordinated by the Bravehearts Practice Supervisor for the Therapeutic Services department of the organisation. While Professional Development days are seen as important, The Courage Project staff indicated that training that is tailored specifically to be relevant to the needs of The Courage Project would be particularly welcomed and useful to the effective performance of their roles.

Finally, information technology resources were discussed by staff, who overall indicated that they are provided with adequate computer systems, data systems and IT support when needed. The only issues raised were related to time consuming aspects of some of the data systems that are currently in place, and the administrative time that is required to maintain records in these systems.

The Courage Project staff were also asked about the resources developed for access and use by clients and stakeholder groups. A large body of client resources have been developed, particularly that support the therapeutic work that is done with children engaged with counselling at The Courage Project. Staff members consider the resources for clients overall to be appropriate and readily accessible, particularly for younger clients, however one staff member indicated that "*it would be helpful if we had information for parents with older children on child sexual abuse and protective behaviours – particularly online safety*". The Courage Project staff have also been involved in developing resources for community information and training sessions, resources for parents, and resources and training for schools, all of which are considered to have been well received by clients and stakeholders.

4.3 To assess whether The Courage Project and its services are being delivered as intended.

Key finding 5: The Courage Project is being delivered as intended, with local and outreach services along with community and sector engagement activities enabling an early interventionist approach to the prevention and treatment of trauma-related mental health concerns across the region.

Key finding 6: The Courage Project stakeholders and clients perceive the service as meeting a critical need and have positive feedback regarding their experiences with The Courage Project team and the services provided.

4.3.1 Adherence

A total of 906 client sessions have been held since the inception of The Courage Project in 2020. The Courage Project Practice Manager estimates that on a weekly basis, 35-40

individual counselling session can be held across the two Clinicians, and up to 20 advocacy clients can be seen by the Child and Family Advocate (on an as-needs basis). Clients engaging with the service are children up to the age of 14 years (and their families), who have experienced primarily sexual abuse but also physical abuse, and some who are reporting suicidal ideation and self-harm. These children and families are frequently presenting in the context of a background of domestic and family violence, as well as verbal and emotional abuse, and other issues including homelessness and drug and alcohol use.

In addition to the core counselling and advocacy/case management services provided both in Mackay and via outreach, The Courage Project staff are also actively and regularly involved in community forums, engagement events, training, and stakeholder and network meetings. Table 3 outlines the various engagement and training activities undertaken, on a quarterly basis, since the period Oct-Dec 2020 through to Jan-Mar 2022.

An interview with the Director of Therapeutic Services highlighted the challenges faced in implementing The Courage Project as per the program schedule. As the Director of TS stated, it was a "*brand new office so (it) had to be set up from scratch. It's remote from head office and everything had to be done over Teams or required travel to head up there. (The) Pandemic (was also) playing in the background.*" The funding received allowed for implementation of The Courage Project services in line with the original program schedule, despite these challenges faced.

Table 3. Program outreach

Name	Oct-Dec 2020	Jan-Mar 2021	Apr-Jun 2021	July-Sep 2021	Oct-Dec 2021	Jan-Mar 2022
Forums			Two completed: Mackay daycare providers, foster carers & parents	Two completed: One service specific	Six scheduled; two completed	One completed
Community engagement				- Library sessions - Child Protection Week - Radio initiatives	- Zonta presentation (Whitsunday) - Talking Families - Jingle Jail	- NAIDOC planning - Cultural Capability art competition
Training		Masterclass: MWS	Supporting Hands program: three counsellors from Isaac	- Protective Behaviour Introduction: Churches of Christ Care - Impact of Trauma: Wellways Youth Workers		Development of Parent Group: to be implemented in next quarter
Stakeholder meetings	- Mini tours held - BHP/Anglo support CIB, MDSS, GO's		- 18 individual services - 5 Network meetings	- 11 individual services - 6 Network meetings	- 7 individual services	- 9 individual services - 11 Network meetings

4.3.2 Dose

A total of 292 referrals were accepted to The Courage Project during the period October 2020 – March 2022 (204 from Mackay, 25 from Whitsunday, and 63 from Isaac Regional Council Areas). Of these referrals, 150 were for individual child clients (under the age of 14), and 90 progressed beyond intake to engagement as a counselling or advocacy client.

A total of 906 client sessions have been held since the inception of The Courage Project in 2020. The Courage Project Practice Manager estimates that on a weekly basis, 35-40 individual counselling session are held, and up to 20 advocacy clients are seen.

Referrals continue to be made from a wide range of stakeholders, including Child Safety, the DV High Risk Team, QPS, ATSI services, schools, and individual families. Additional financial support has also enabled the service to provide continued outreach to families in remote communities. This outreach has been particularly welcomed, with one sector agency commenting that *"The Courage Project is meeting the needs of the Isaac region. Within the Isaac region there has been limited access to specialised services. One service that was limited was counselling services for children and young people under the age of 14 who have experienced or are at risk of experiencing child sexual assault, and physical violence. It is great that The Courage Project offers an outreach service as it allows everyone the opportunity to access the service. Previously, children and young people under the age of 14 who have experienced or are at risk of experiencing child sexual assault and physical violence were referred to the Women's Centre or private psychologist but were unable to access face-to-face counselling due to increased barriers like lack of transport, and cost of service"*. More broadly, another sector agency representative commented on how The Courage Project is meeting the needs of the broader region: *"There is a number of families that could benefit by engaging with this service. The waitlist for this service should be testament for the high level of demand for this service"*.

4.3.3 Service quality

As noted in section 4.2.2, Bravehearts sets high benchmarks for the qualifications required for clinicians and case management staff, and as such, all client-facing staff are at minimum bachelor-degree qualitied, and all have completed further training. All staff have been trained in the Bravehearts' approach to working with children impacted by trauma and sexual abuse, and receive ongoing professional development and training, as well as supervision to further their expertise and enable them to meet the need for a high quality of service delivery.

During stakeholder interviews, comments were made regarding the accessibility and quality of service delivery at referral: *"From my experience it has been an easy experience to refer a client…the referral form is straight forward and a follow up call on receipt of a referral was often received to discuss prioritisation for families and any further support ideas for the family"*, as well as the quality of support provided to clients and their families: *"Other than the waitlist, we and our clients have had nothing but positive experiences with service The Courage Project provides and are certainly in support of any possible extension of their service in the Mackay Region/Whitsunday Region"*.

4.3.4 Participant responsiveness

Interviews conducted with caregivers of clients following cessation of their engagement with the service suggested that their overall experience of The Courage Project was positive. Comments received regarding overall experience included:

- *"We had a great experience with The Courage Project. My Daughter always felt that she was welcomed into the office and overall, we had a positive experience"*.

- *"I absolutely loved our time at The Courage Project. I feel that it has given my daughter so much more confidence and I would recommend the service to anyone that I knew".*
- *"It was a really great experience. The Counsellors were great, and I felt like I could always re-schedule the appointments if need be. Our appointments were always at the end of the day, and if we arrived early, we would always be seen early, which was great".*

Caregivers were similarly positive regarding the way in which their children were welcomed to and engaged with the clinicians and the service as a whole. Five of the six caregivers interviewed stated that their engagement with the service had helped their child, for example:

- *"It has helped my son. I have been able to see this every day and I'm so glad we were able to get the help".*
- *"My Daughter enjoyed coming to The Courage Project and working with the counsellor. She is a hard to kid to read and the counsellors did a good job at helping her open up. The Counsellors were really helpful".*
- *"It has helped us all drastically. She loved coming to the appointments and always had a very welcoming response out the front".*

A sixth caregiver was unsure about whether the service overall had helped their child but noted: *"I know that a lot of other factors of (child's) life were happening at the one time, so I'm not sure if it's just The Courage Project. It was definitely a help, but we did have a lot of other changes happening as well".*

The welcoming atmosphere and consistency in service provision were noted as factors that work particularly well at The Courage Project:

- *"Everything that I saw worked well at The Courage Project. We loved coming in for appointments and were always welcomed so well. I can't think of anything to say that is negative".*
- *"Having consistent appointments, set days and times each week worked well. She understood what was happening each week and didn't have to be worry about not knowing when the appointments were going to be".*
- *"When I did come to the appointments, I always felt welcomed. The Counsellors were always really nice and helpful".*

When asked about possible improvements to The Courage Project, caregivers commented on primarily the need for wider availability of the service (in terms of appointment times and locations), and stability in clinical staffing, as well as practical office-related issues. Comments included:

- *"We just found it difficult to get to the appointments within the opening hours. It can be difficult for shift workers to attend normal office hours for appointments".*
- *"I just think it's a shame that our area doesn't get serviced. I'm hoping that one day Clermont will have more resources and access to services like Moranbah does".*
- *"My son had to change counsellors several times. He found this difficult when trying to meet the new counsellors. I found that was difficult for us both".*

- *"I found that the front door buzzer doesn't work very well. I found it hard to be standing outside the front door in the heat and waiting for the door to be unlocked. That's the only thing that I can think of, for improvements"*.

4.3.5 Program differentiation

The Courage Project, as the first service in the Mackay, Whitsunday and Isaac Council regions to work specifically with children who have experienced sexual abuse, has bridged a vital gap in service delivery in the region. As a dedicated and specific service for trauma-related issues for children under the age of 14 years, The Courage Project is also building an integrated approach to prevention, early intervention and treatment for mental health and trauma-related concerns in the greater Mackay region.

Interviews with stakeholders have highlighted the way in which The Courage Project differs from existing services in the region and is meeting specific and critical needs of children and young people in the Mackay, Whitsunday and Isaac regions. For example, a school guidance officer commented that *"(The Courage Project is) absolutely filling a gap as it provides very specialised support. Particularly for students who have suffered through DV or child sexual abuse. It would be very hard to find a suitable service if The Courage Project did not exist"*, and a QPS representative stated that *"there is nothing else like it in this region. Without this service I don't know where I would refer victims/survivors to"*.

A sector agency representative meanwhile indicated that *"The Courage Project meets a highly sought-after need for children within the Mackay community experiencing or having experienced sexual abuse and/or exposure to domestic and family violence"*, and another QPS representative concluded that *"It is a really necessary and vital service. It has been excellent having it during the past two years"*.

4.4 To determine short term impact of engagement with The Courage Project on client outcomes

Key finding 7: While impact analysis is limited by the short evaluation timeframe and associated availability of client completion data, available data, client case studies and caregiver feedback show positives short-term outcomes and suggest promise for reducing longer-term mental health concerns.

4.4.1 Client engagement and completion

At the time of this analysis, 49 clients for whom research consent was provided (77%) had ceased their engagement with The Courage Project, while 15 (23%) were still actively engaged.

Among those clients who had ceased their engagement, 42 (86%) had been engaged in counselling, while the remaining seven clients had engaged as Child & Family Advocate clients. The mean number of counselling sessions completed by the 42 counselling clients was 6.6 sessions (SD=8.78, Range=0-39).

Figure 9 shows the reasons for ceasing engagement among the 42 counselling clients. Just over one quarter (26%) of counselling clients engaged to completion of their therapeutic treatment. Among clients who completed treatment, the mean number of sessions completed was 15.5 sessions (SD=10.84, Range=3-39).

Among the seven Child & Family Advocate clients, four ceased their engagement with no reason stated, two were transferred to another service provider, and one ceased due to non-attendance.

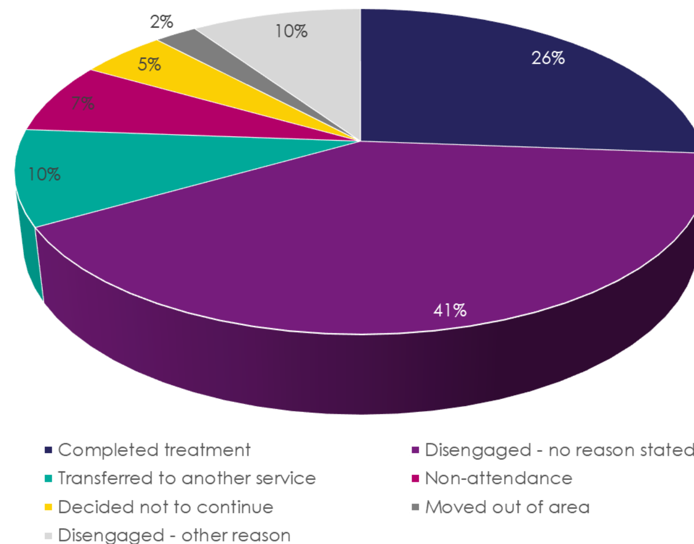

Figure 9. Reason for ceasing engagement, Counselling clients

4.4.2 Client impact analysis

Client impact analysis is limited by the small number of clients during the research period who have engaged to completion of their therapeutic treatment (n=11).

Six of the 11 clients who completed therapeutic treatment had a parent or caregiver compete the SDQ both before and following their engagement. Figure 10 shows the Total Difficulties score classifications of these clients at both pre and post assessment. Prior to counselling, three of the six clients scored in the High range on their Total Difficulties score, suggesting a substantial risk of clinically significant problems. A further two clients scored in the Slightly Raised range, which may also be reflective of clinically significant problems. Just one client scored in the Average range prior to engagement in counselling.

Following counselling, four of the six clients were found to score in the Average range on the total difficulties score of the SDQ. Just two clients, meanwhile, continued to score in the High range.

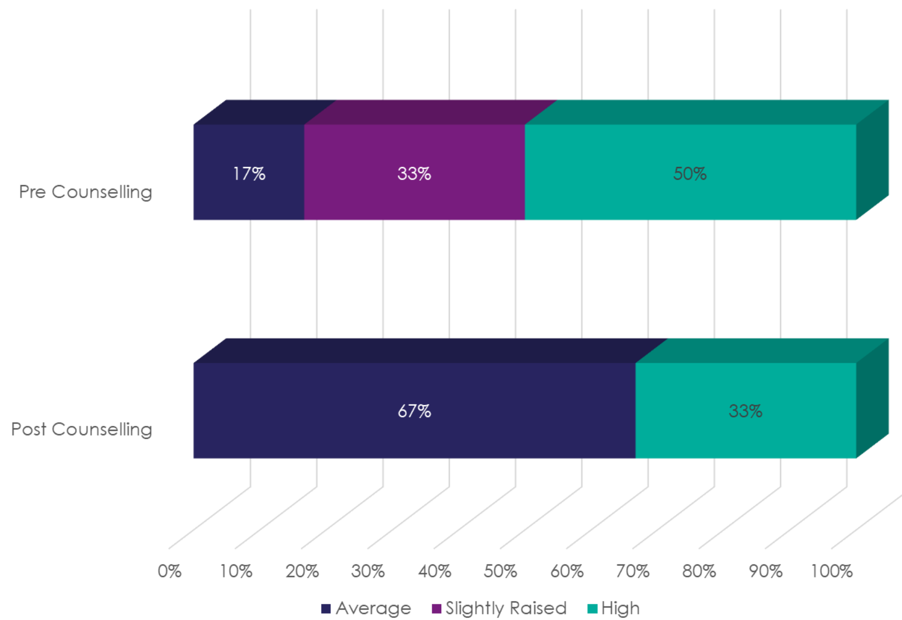

Figure 10. Total Difficulties Score, SDQ, pre and post counselling

Two of the 11 clients who completed therapeutic treatment had a parent or caregiver compete the TSCYC both before and following their engagement. Figure 11 shows the TSCYC scoring profile for these two clients at both pre and post assessment. Both Client A and Client B showed an improvement in scores from pre to post counselling. Client A showed particular improvements, with their scores for the Depression, Anger and Sexual Concerns subscales improving from clinically significant or subclinical ranges to a normative range following their counselling treatment.

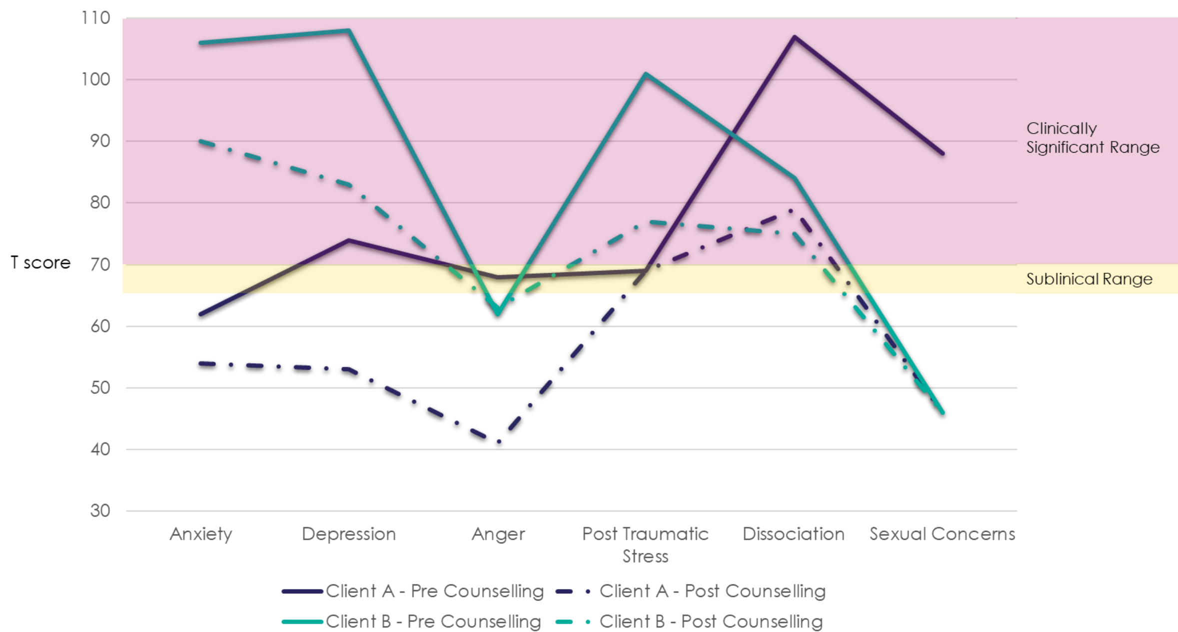

Figure 11. TSCYC scoring profile for Client A and Client B, Pre to post counselling

4.4.3 Case studies

Due to the limited number of clients who have engaged to treatment completion during this short-term evaluation period, and subsequent low numbers of assessments available for analysis, four client Case Studies have been undertaken to give a more complete and descriptive account of client experience of and outcomes from their engagement in counselling (see Appendix).

These Case Studies outline the demographic and referral information received, presenting issues reported, and therapeutic approach taken with four clients who have recently engaged with the service, along with their assessment outcomes recorded following cessation of service delivery and caregiver feedback relating to their engagement, if relevant.

4.4.4 Client and stakeholder outcome reports

Alongside client assessment data, caregivers of child clients were asked in interviews whether they had observed any changes in their child because of their engagement with The Courage Project. Five of the six caregivers indicated that they had seen definite changes, while the sixth reported some slight changes. The comments received regarding changes observed in child clients by their caregivers include:

- *"I have even noticed (changes) with his schooling and his relationship with his siblings. He seems to be a lot happier. It's been a really big change".*
- *"I feel that I have a closer relationship with my daughter, and we can now understand what she has gone through. I'm hoping its reduced some of the guilt that she has been feeling".*
- *"I've seen this with her interactions with other kids and parents at school. We were part of The Courage Project for about 12 months, and it did take my daughter some time to get to know the clinician, but it has helped so much".*
- *"I know that during her time at The Courage Project, her mood improved drastically. I've found that I am more aware and understanding of this now as well".*
- *"Our daughter has started thinking about boundaries in her relationships both at school and within our home. She seems to be in a better place now than beforehand".*
- *"I feel that he was given some really great tools to work with when talking about his emotions".*

Further, caregivers were asked whether they felt their engagement with The Courage Project had helped them personally, or in terms of their relationship with their child. Four of the six caregivers noted definite improvements for themselves or their relationship with their child, while two indicated that they were unsure if their relationships had changed. Comments received included:

- *"We loved our time at The Courage Project. I think we ended up coming for about 12 months, and really can't fault it. It helped all our relationships and has definitely brought us closer together".*

- *"I feel like our relationship has improved. I have found that I am more patient, and more open to having general discussions around the topics that she is into. I do feel that we have a better relationship now".*
- *"I've actually got my child back and I'm loving it. I feel that we have such a great relationship that she can come to me and just have a chat".*
- *I have found that being involved with The Courage Project has helped us. I have found that it has made her open up to me about what she is going through.*
- *I'm not really sure on how The Courage Project has helped our relationship. I think it's just a work in progress for us".*

Stakeholders who had referred clients to The Courage Project were also asked to comment, if they could, on any changes they had observed in the child following their engagement with the service. Most stakeholders felt they could not comment, as they had not had further involvement with the child, however representatives from QPS stated that "*as the majority of policing is reactive, an outcome from the Courage Project is not usually observed; however (among) those who have been referred, police have not had any repeat calls for service, (which) would suggest there has been a positive impact from the referral to The Courage Project*", and "*I am not able to comment personally, but within QPS the service has been very successful in helping victims*".

4.4.4 Unintended project impacts

Analysis of client assessment data and caregiver reports of changes observed did not indicate any unintended consequences or harmful outcomes occurring as a result of client engagement in The Courage Project.

5. Summary and Conclusions

The Courage Project was established and funded by the NQPHN in 2020 to deliver therapeutic and advocacy supports to children and young people who have experienced sexual or physical abuse, or are at risk of suicide or self-harm, through the Mackay, Whitsunday and Isaac Council Regions. The current evaluation was conducted to examine the implementation and initial impact of The Courage Project, through consultations with program staff, stakeholders and clients, and through analysis of client intake, engagement, and assessment data.

At the time of completing this evaluation, The Courage Project had been operating for 22 months, and as such, a formative evaluation was undertaken to understand the successes and challenges faced in implementation, and the degree to which the program is meeting its intended purpose and outcomes. Through this formative evaluation, examination was undertaken of implementation fidelity, as well as program reach and implementation processes, including the ways in which program resources are affecting implementation success. Additionally, this evaluation aimed to examine initial program impacts for clients who have engaged in The Courage Project in its initial 22 months of operation.

The four specific evaluation objectives were to examine 1) program reach; 2) program resources and their contribution to implementation success; 3) implementation fidelity; and 4) initial program impact.

5.1 Program reach

Key finding 1: The Courage Project appears to be effectively reaching and being accessed by children under the age of 14 years who have experienced sexual abuse, physical violence, self-harm and suicidal ideation, and their families.

A total of 292 referrals were accepted to The Courage Project during the period October 2020 – March 2022. Of these referrals, 150 were for individual child clients, and 90 progressed beyond intake to engagement as a counselling or advocacy client. Analysis of referral and intake data indicated that most clients were engaging because of an experience of child sexual abuse (74% of females; 46% of males), or an experience of physical violence (31% of females, 50% of males). Almost one quarter (23%) of male clients were referred for sexual behaviour problems, and one in ten female clients were referred for suicidal ideation.

Alongside these primary reasons for referral, many clients reported additional issues of concern at intake that have the potential to impact on both short and long-term trauma and mental-health related outcomes. Most of the clients referred to the service had been exposed to domestic and family violence, and experiences of emotional and verbal abuse were also commonly reported.

Within this context of vulnerability, clients presented with a range of emotional and behavioural concerns, as well as family relationship problems and significant trauma symptomology. Stakeholders commented that The Courage Project is both reaching and meeting the needs of children in the region. These stakeholders noted that prior to The Courage Project, children in the area did not have local access to a specialised service targeting their age group and focusing on child sexual abuse and complex trauma.

Stakeholders also commented on the accessibility of the program to youth in remote communities within the service regions, through The Courage Project's commitment to regular outreach to these areas.

Key finding 2: The Courage Project has established effective partnerships and referral pathways throughout the region, with good sector awareness. An increase in public awareness may further facilitate access of the service by the many children in the region in need of trauma and mental health support.

Analysis of client referral and intake data found that more than half of The Courage Project referrals come from other sector agencies, with almost one in five coming from police. The Courage Project staff have noted that the program has been well received by stakeholders in the region, as evidenced through referrals received from a range of sources including Child Safety, the Domestic Violence High-Risk Team, ATSI services, and school guidance officers and principals.

Stakeholders indicated that there is a high level of local service awareness for The Courage Project, and that strong partnerships had been formed with The Courage Project across the sector that have facilitated referral processes. Police are particularly noted to have formed an effective and collaborative relationship with The Courage Project team, and QPS representatives commented on the program's high degree of visibility within the QPS and particularly the CPIU, associated with the high level of demand that they see for the service and the large number of referrals they have passed through to The Courage Project.

Despite barriers faced in establishing connections throughout a geographically dispersed service region, particular focus was paid to providing regular outreach services to remote communities, and additional funding was secured from the corporate sector for the purpose of outreach travel.

Despite the establishment of strong partnerships and community engagement through participation in community-based events, some stakeholders did suggest that broader public awareness of The Courage Project could be strengthened. This was noted as a challenge for all sector services, and even though 20% of referrals to The Courage Project have come directly from individual families, it may be that a focus on increasing public awareness could result in greater program reach.

5.2 Program resources

Key finding 3: The Courage Project is delivering and promoting a broad suite of services and engagement activities across the region, which is enabling it to meet program goals.

On its inception, The Courage Project was tasked with meeting seven primary objectives:

1. Deliver services to disadvantaged and disengaged children and young people (under the age of 14) that have experienced trauma related issues;
2. Improve access for children and their families to high quality appropriate mental health services for trauma related issues;
3. Encourage early intervention to reduce the incidence of mental health problems in later years;

4. Implement an integrated approach to prevention, early intervention, and treatment/management;
5. Increase the access and navigation of services available to children and families who are seeking support for trauma related issues;
6. Build children's and their family's mental health literacy; and
7. Build the capacity of the current and emerging children's mental health workforce.

The Courage Project has provided its central counselling and advocacy/case management services to 90 clients under the age of 14 and their families, across more than 900 client-facing sessions in its first 22 months of operation. These services have reached the needs of children facing trauma-related and mental health concerns resulting from experiences of sexual and physical abuse, as well as domestic and family violence, and emotional and verbal abuse.

Alongside its central counselling and advocacy/case management services, The Courage Project is also actively involved in community and sector engagement, which has facilitated access to services for families seeking trauma-related support and promoted partnerships and sector collaborations. The Courage Project team has also delivered multiple training and community awareness sessions, to promote mental health literacy within the community and facilitate early intervention for children who may be at risk of developing mental health concerns. Multiple training sessions for service providers across the sector have also enabled capacity building within the region's mental health workforce in working with children affected by trauma.

Importantly, through facilitating the integration of Bravehearts' broader suite of prevention, early intervention and treatment programs across the region, The Courage Project has broadened the scope of its service provision to a truly integrated approach, that is able to foster prevention in the early years, as well as early intervention, and a more focused treatment approach for young people as they progress toward adulthood.

Key finding 4: Despite challenges faced in recruitment and geographical distance impacting on supervision and ongoing training, The Courage Project team is highly qualified, with a specialised skill set in child trauma and mental health that is supported by availability of effective program and organisational resources.

The Courage Project, despite facing recruitment challenges, has been able to retain highly qualified staff that have developed specific expertise in complex trauma and trauma informed care. Staff have been able to access specialised training in child sexual abuse and complex trauma through Bravehearts, as well as via additional training and Professional Development opportunities. A particular advantage has been the extensive regional knowledge and professional connections held by The Courage Project Practice Manager, who has been able to promote awareness of and access to The Courage Project services throughout the region and within specific organisations and community groups.

Maintaining connections between Mackay and south-east Queensland-based staff has been an important aspect of The Courage Project's operation and has encouraged further development of staff knowledge and understanding of the Bravehearts' approach across its therapeutic and case management teams to working with children impacted by trauma and sexual abuse. Despite a focus on maintaining connections across geographical

distance, however, some challenges have been faced for The Courage Project staff regarding primarily remote access to practice supervision and limited availability of face-to-face training opportunities that meet the specific needs of The Courage Project clients. The Courage Project staff are however well supported with therapeutic resources that facilitate work with childhood trauma, as well as with effective information technology systems and support.

5.3 Implementation fidelity

Key finding 5: The Courage Project is being delivered as intended, with local and outreach services along with community and sector engagement activities enabling an early interventionist approach to the prevention and treatment of trauma-related mental health concerns across the region.

The implementation of The Courage Project in its initial 22 months of operation has adhered closely to the initial program schedule, with a total of 292 referrals accepted and 906 client sessions held over the period. Currently, approximately 35-40 individual counselling sessions can be held and up to 20 child and family advocacy clients can be seen each week. Analysis of client data has indicated that The Courage Project is reaching intended clients, providing an early interventionist approach to children aged up to 14 years who have primarily experienced sexual and/or physical abuse, as well as those reporting suicidal ideation and self-harm, domestic and family violence, emotional and verbal abuse and other concerns including homelessness and drug and alcohol use.

Referrals have been accepted primarily from sector agencies, as well as individual families and police. Referrals have come from a diverse range of stakeholders, including Child Safety, the DV High Risk Team, QPS, ATSI services, as well as schools throughout the region. Referral connections have been strengthened through The Courage Project team's extensive involvement in community forums, engagement events, training, and stakeholder and network meetings held throughout the 22 months of operation. As well as building partnerships and collaboration across the sector, these activities have increased awareness of and workforce capacity for the trauma-related mental health concerns that young children are facing across the Mackay, Whitsunday and Isaac Council areas.

Key finding 6: The Courage Project stakeholders and clients perceive the service as meeting a critical need and have positive feedback regarding their experiences with The Courage Project team and the services provided.

The Courage Project is bridging a gap in the previously available service provision in the Mackay, Whitsunday and Isaac Council regions, and meeting a need in these communities that stakeholders and clients view as vitally important. The Courage Project is the first service in the region to provide a specialised therapeutic response to young children who have experienced sexual abuse and complex trauma. The specialised nature of the service has been highlighted by stakeholders as a particular advantage, in that it meets a highly sought-after need across the region.

The demand for this service is highlighted by the number of referrals accepted since The Courage Project began operation and has been particularly noted by police who indicate

that they have been "*overwhelmed and inundated with referrals*". Stakeholders have provided positive feedback regarding the way in which The Courage Project has met these needs, referring to is as a "*necessary and vital service*" that they would like to see continue and expand.

Caregivers of clients also report positive perceptions of and experience with The Courage Project services. Clients have indicated that the service provides a welcoming atmosphere that focuses on engaging its young clients as well as their families to best meet the therapeutic needs of the child. Most caregivers indicate that the service has been a definite help for their child, which they have been able to see continue in their daily lives outside of therapeutic engagement. Caregivers provided few suggestions for improvements to the service, and primarily commented on the need for wider availability of services outside of traditional office hours and across a more diverse range of community locations.

5.4 Initial program impact

Key finding 7: While impact analysis is limited by the short evaluation timeframe and associated availability of client completion data, available data, client case studies and caregiver feedback show positives short-term outcomes and suggest promise for reducing longer-term mental health concerns.

Client impact analysis was limited by the short timeframe set by this early formative evaluation, with just a small number of clients during the research period being seen to engage to completion of their therapeutic treatment. Among the counselling clients who had ceased their engagement during the initial 22 months of service operation, 26% were noted as engaging through to treatment completion. No reason for disengagement was noted for most clients who disengaged prior to completion, and primarily in these cases The Courage Project staff have been unable to contact the disengaged family. As The Courage Project moves forward, it will be important to ensure that, to the extent it is possible, data is collected regarding reasons for premature disengagement from the service, to introduce strategies that may increase treatment completion rates.

The limited data available for clients from intake to cessation of counselling has however indicated some short-term improvements in client outcomes. For example, fewer clients scored in the High range on the Total Difficulties scale of the SDQ following counselling than did so at intake. Additionally, the clients for whom trauma symptom data was available showed some improvements in trauma symptom scores from pre to post counselling. Individual client impact is shown particularly, however, in the Case Studies presented in the Appendix. These Case Studies have enabled an in-depth view of client progress through The Courage Project treatment and allow an understanding of program impact on these individual clients and their families.

Caregiver feedback regarding changes observed in their children since engagement in The Courage Project have also been positive and suggest at least short-term impact for these young people and their families. Five of six families reported definite changes in their child, and four noted personal improvements or positive changes in their relationships with their children. Caregivers commented on changes in children's emotional responses, behaviours,

and schooling, as well as improvements in communication in caregiver-child relationships and enhancement of relationship bonds.

Importantly, the analyses conducted for the current evaluation did not indicate any unintended consequences or harmful outcomes occurring because of client engagement in The Courage Project.

5.5 Conclusion

Despite limitations to impact analyses associated with the short timeframe and resultant small client base available for analysis, the findings contained in this formative evaluation indicate that:

1. There is evidence of short-term positive outcomes for clients that suggest the promise of The Courage Project in affecting longer-term impacts on the mental health and trauma-related concerns of young people in the Mackay, Whitsunday and Isaac regions.
2. The Courage Project appears to be effectively reaching and being accessed by intended clients throughout the region and is meeting initial program objectives. This has been facilitated by The Courage Project's highly qualified and specialised staff, and access to a broad range of effective organisational and program resources.
3. The collaborative engagement and capacity building approach undertaken across the region and with multiple sector partners and community organisations has enhanced regional capacity for trauma-related mental health care in children, and
4. The Courage Project's promotion and facilitation of access to Bravehearts' broader suite of service has allowed for the establishment of a comprehensive approach to prevention, early intervention, and treatment of childhood trauma across the Mackay, Whitsunday and Isaac Council areas.

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Appendix: Case Studies

Case Study 1: Isabella

Name: Isabella* (not real name)

Gender identification: Female

Age: 13 years at time of referral

Cultural Background: Neither Aboriginal nor Torres Strait Islander

Living arrangements: Lives with father and stepmother

Referral Source: Sector agency - Mental health care service

Primary reason for referral: Child sexual abuse

Service engagement: Counselling

Time frame of engagement: September 2020 – December 2021

Reason for Cessation: Treatment completed

Total Number of Sessions: 27

Information from Referral Process

Isabella was referred to The Courage Project by a mental health care service after disclosing child sexual abuse to her father.

While Isabella was residing with her biological mother, she regularly visited her friend, whose father allegedly sexually assaulted her and his own three daughters. Her friend's father would allegedly provide them with alcohol, taking photos while they were naked, wrestle with them while they were naked and get them to dress in lingerie. Isabella reported it to her father, who brought her to live with him and his partner. Isabella reported it to the police and made a statement, and the offender had been charged.

Isabella has struggled with her transition and moving cities from her mother's to her father's residence, as she did not wish to move. After she moved, she experienced suicidal ideation.

Presenting Issues

Isabella presented with risk-taking behaviour with male peers, including sending naked photos, and difficulties in regulating her emotions. A history of self-harm was reported, although this was not current at the time of referral. Historic expression of suicidal ideation was also reported, again not current at the time of referral. Both self-harm and suicidal ideation concerns were previously treated at the youth mental health service.

Overview of Therapeutic Process

During the initial stages of intervention parent sessions were offered to Isabella's stepmother and father. Isabella's stepmother attended weekly to learn about survival responses, developing relationships and setting age-appropriate boundaries within the home.

A risk assessment throughout the intervention indicated that there were no current concerns relating to suicidal ideation.

Sessions with Isabella initially focused on her family dynamics due to challenges in relationships with her stepmother and father. Isabella was also assisted to develop insight into patterns within her peer relationships, and as sessions progressed, was able to comment on how sending photos of herself was seeking connection, however this method did not achieve the type of connection she was seeking.

Psychoeducation was provided to support Isabella's understanding of survival responses, and for these discussions she was observed to develop insights into how her previous experiences were influencing her current behaviour. "Anger" became a focus of sessions, particularly after Isabella returned from visiting her biological mother. Isabella was supported to develop deeper insight into where this anger may be stemming from. Isabella was also able to develop insight into her own survival responses when in conflict at home or with her peers. She participated in developing a coping toolbox to place various sensory and grounding strategies to use when feeling alone or she became triggered.

During the intervention, Isabella experienced a significant loss in the family and her mental state was observed to decline. The use of regulating activities, such as the swing for vestibular input to up-regulate, was beneficial in supporting discussion during this time.

Outcome Assessment

Isabella completed the TSCC at her fourth counselling session, and again at her 22nd session (see Figure A). At her fourth session, Isabella scored in the Normal/Average range for most of the trauma symptom subscales, however scored in the Clinically Significant range for sexual concerns. At the 22nd session, Isabella's score on the sexual concern subscale had significantly improved to a score within the Normal/Average range.

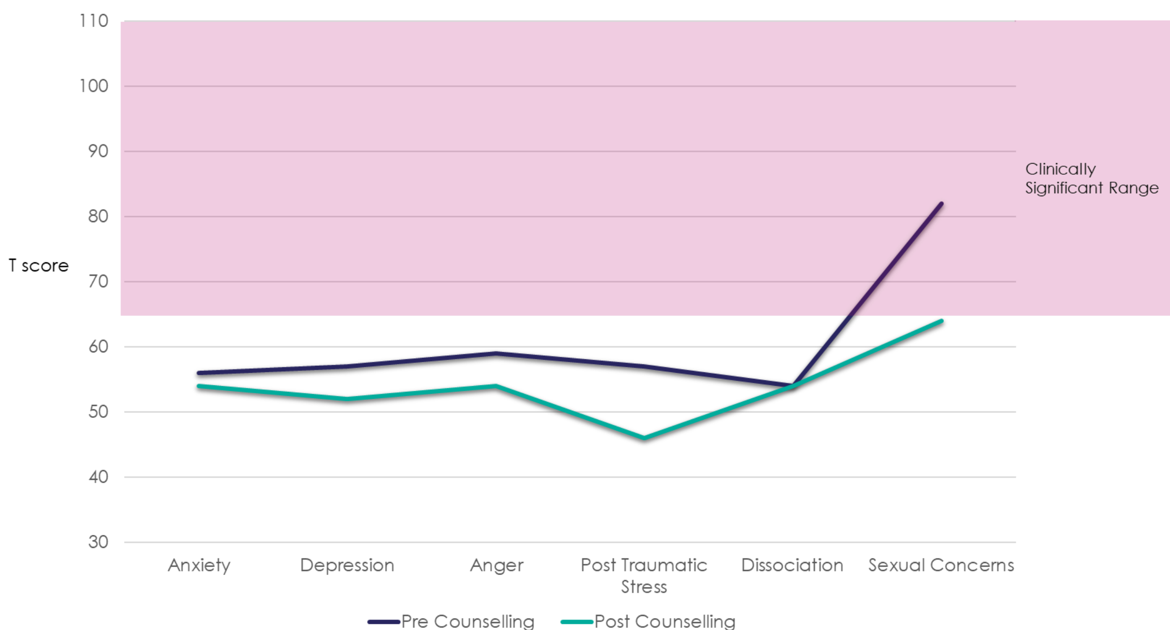

Figure A. Isabella's TSCC scoring profile, Pre to post counselling

Isabella's stepmother completed the SDQ at an initial intake and assessment session, and again at Isabella's 16th session. At the initial intake session, Isabella had a "total difficulties" score of 13, which is in the Normal/Average range. At her 16th session, Isabella's "total difficulties" score was 12, remaining in the Normal/Average range. Specific subscale scores on the SDQ (see Figure B) showed that Isabella's scores had improved in terms of conduct difficulties by her 16th session, but that she was still experiencing some issues in regard to peer difficulties and prosocial behaviour.

The follow up SDQ asks caregivers to rate the degree to which the client's problems have changed, and whether the service has been helpful in other ways. Isabella's stepmother indicated that her problems are "a bit better" since coming to the service, and that the service has been "quite a lot" helpful in other ways.

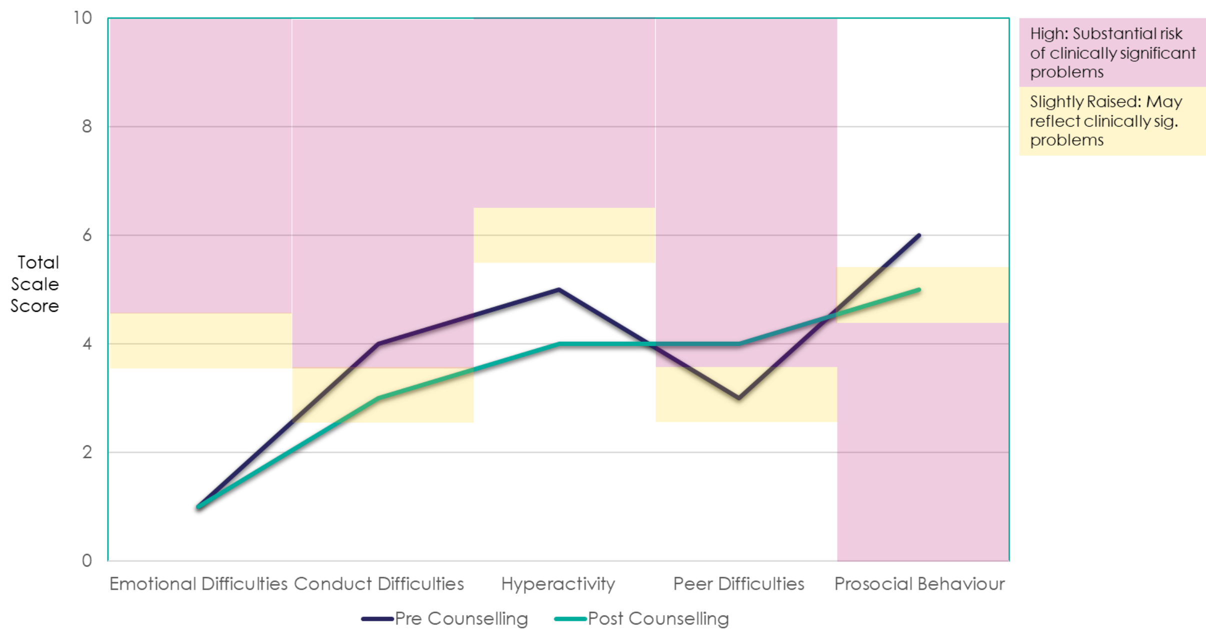

Figure B. Isabella's SDQ scoring profile, Pre to post counselling

Parent Feedback

Following ceasing their engagement with the service, Isabella's stepmother indicated that overall, their involvement with The Courage Project *"was a really great experience. The counsellors were great, and I felt like I could always re-schedule the appointments if need be. Our appointments were always at the end of the day, and if we arrived early, we would always be seen early, which was great"*.

When asked if they felt their engagement with The Courage Project had helped Isabella, Isabella's stepmother stated that *"it has helped us all drastically. She loved coming to the appointments and always had a very welcoming response out the front"*. Isabella's stepmother also indicated that their engagement had helped the family as a whole, particularly in that *"it has made her (Isabella) open up to me about what she is going through"*.

When asked if they had observed any changes in Isabella as a result of her engagement in The Courage Project, Isabella's stepmother stated that *"during her time at The Courage Project, her mood improved drastically. I've found that I am more aware and understanding of this now as well"*.

Case Study 2: Thomas

Name: Thomas* (not real name)

Gender identification: Male

Age: 8 years at time of referral

Cultural Background: Aboriginal

Living arrangements: Lives with Kinship carer

Referral source: Department of Child Safety

Primary reason for referral: Child sexual abuse

Service engagement: Counselling

Time frame of engagement: April 2021- November 2021

Reason for Cessation: Treatment completed

Total Number of Sessions: 13

Information from Referral Process

Thomas was referred to The Courage Project by the Department of Child Safety after disclosing to his kinship carer that a teacher at school had touched his penis. This was reported to police. Thomas made a statement, and the alleged offender has been charged.

Thomas was reporting as having experienced many changes to his home environment over the years. When Thomas lived with his biological parents he was exposed to domestic and family violence, and the family relocated frequently. His kinship carer reported that when Thomas and his siblings came into her care, they needed to be taught how to clean themselves. Thomas's biological father has been incarcerated, however recently released, and has fortnightly contact with Thomas and his siblings. Thomas's biological mother is unable to be contacted.

Presenting Issues

At referral, Thomas was struggling with emotional dysregulation, expressing anger towards his family and reduced confidence. Thomas's teacher had also noticed changes in his behaviours at school in the period following disclosure about the alleged sexual abuse. The teacher reported a lack of self-confidence, reluctance to write, use of inappropriate behaviours when expressing big feelings, and difficulties advocating for himself when issues arose. Thomas had no reported self-harm or suicidal ideation.

Overview of Therapeutic Process

Carer sessions occurred to support understanding of protective behaviours at home, as well as supporting coregulation.

A play-based approach was largely used to develop rapport with Thomas, as he was able to express himself through play however initially appeared reluctant to engage in conversation.

Sessions frequently involved the use of army men and The Avengers to play out a battle between good versus evil. Thomas would create a world using the toys and often The Avengers were out to save the wild animals. It was during this play that the clinician supported Thomas to consider various characters' emotions and behaviours, and the different choices available (e.g., how can we help Hulk to calm when he is feeling so angry).

The play gradually progressed to discussing Thomas's emotions in the form of a storm, as he likened his confusing big emotions to the different aspects of a storm (clouds, lightening and rain). Thomas was able to identify different scenarios and situations in which he may feel the different emotions he was describing. Breathing and grounding strategies were explored together during sessions.

Outcome Assessment

Thomas's carer completed the SDQ at an initial intake and assessment session, and again at Thomas's 7th session. At the initial intake session, Thomas had a "total difficulties" score of 24, which is in the High range, suggesting that there is substantial risk of clinically significant problems overall. At his 7th session, Thomas's "total difficulties" score was 19, which while somewhat reduced, remained in the High range. Specific subscale scores on the SDQ (see Figure C) showed that Thomas's scores had improved in terms of emotional, conduct and peer difficulties by his 7th session, but that he was still experiencing significant issues in regard to hyperactivity.

The follow up SDQ asks caregivers to rate the degree to which the client's problems have changed, and whether the service has been helpful in other ways. Thomas's carer indicated that his problems are "much better" since coming to the service, and that the service has been "quite a lot" helpful in other ways.

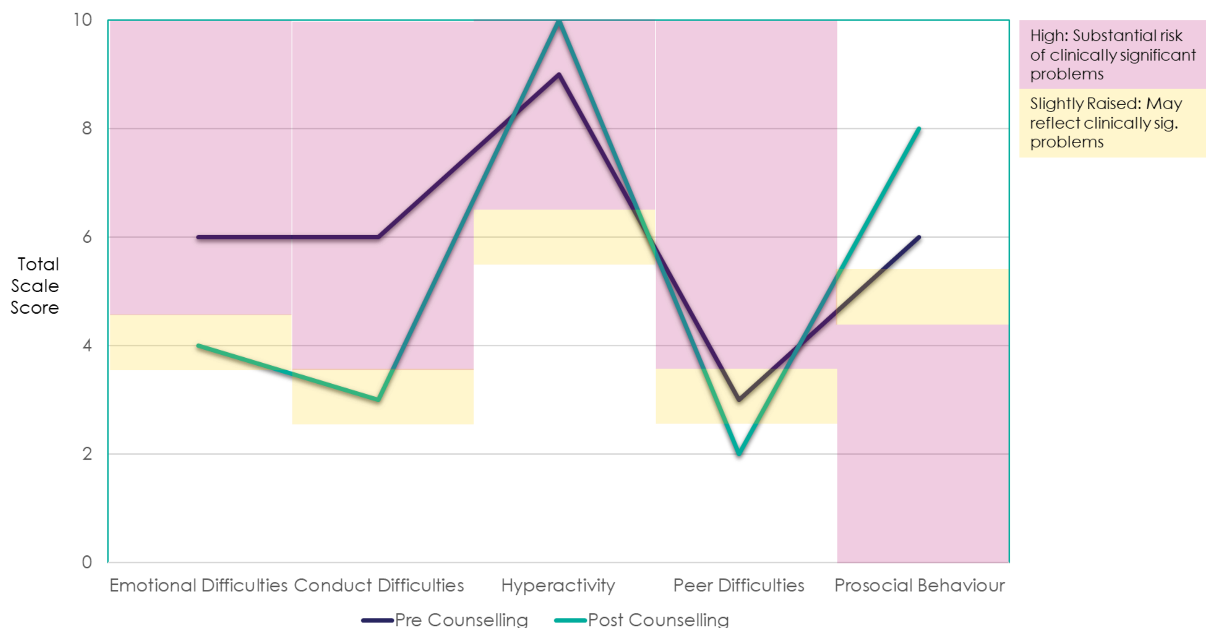

Figure C. Thomas's SDQ scoring profile, Pre to post counselling
Note: High scores on the Prosocial Behaviour scale indicate more positive behaviour.

Parent Feedback

Following ceasing their engagement with the service, Thomas's carer indicated that they *"had a great time when we were coming to see (clinician's name). She was always so lovely to us both"*.

When asked if they felt their engagement with The Courage Project had helped Thomas, Thomas's carer stated that *"yes, it has helped … I have been able to see this every day and I'm so glad we were able to get the help"*. Specifically, in regard to changes she had observed in Thomas, Thomas's carer stated that *"I have even noticed this with his schooling and his relationship with his siblings. He seems to be a lot happier. It's been a really big change"*.

Thomas's carer also indicated that the service had helped herself and the family as a whole: *"…we loved out time at The Courage Project. I think we ended up coming for about 12 months, and really can't fault it. It has helped all of our relationships and has definitely brought us closer together"*.

Case Study 3: Lily

Name: Lily* (not real name)

Gender identification: Female

Age: 7 years at time of referral

Cultural Background: Aboriginal

Living arrangements: Foster care placement

Referral Source: Department of Child Safety

Primary reason for referral: Child sexual abuse

Service engagement: Counselling

Time frame of engagement: November 2020 – March 2022

Reason for Cessation: Treatment completed

Total Number of Sessions: 24

Information from Referral Process

Lily was referred to The Courage Project by the Department of Child Safety after sexualised behaviours were reported in her new foster care placement, and disclosures were made about previous sexual abuse. The Department of Child Safety reported two periods of sexual abuse: Lily's older siblings were allegedly sexually abused by their mother's ex-partner when living with their biological mother. It is unknown if Lily was harmed at that time time. The Department of Child Safety also reports allegations that Lily and her younger brother were sexually abused by a foster carer's son in a previous foster care placement. Lily and her brother referred to this as "playing the mums and dads game."

Lily was reportedly removed from her mother's care when she was approximately 2 years old and has since had multiple foster care placements. Lily was exposed to significant domestic violence while residing with her mother and is suspected to have been exposed to verbal abuse during this time as well.

Presenting Issues

At referral, Lily was reported to be exhibiting sexualised play with her brother, dissociation, and emotional dysregulation. Historic reports of suicidal ideation were indicated, however this was not current. No self-harm was reported.

Overview of Therapeutic Process

Safety/supervision planning was initially completed with Lily's foster carer. Lily's foster carer was very proactive and was able to manage identified risks in a positive way. During the intervention there were no more reports of sexualised play. Psychoeducation was also provided to the carer on survival responses and supporting a sense of safety within the home

and relationships. Lily's carer was able to incorporate regulating activities within their routine as well as establishing positive and safe relationship with Lily and her brother.

Parent sessions also occurred with Lily's biological mother due to reports of increased contact. These sessions mostly occurred over the phone and included exploring connecting activities to offer during contacts to support the mother's relationship with Lily.

Therapy sessions with Lily initially focused on developing rapport and establishing safe, consistent boundaries within the therapy environment. Lily was observed to play out various scenarios that were familiar to her using the toys available.

As Lily became more comfortable, the clinician incorporated sensory and somatic strategies to support her connection with her body and therefore capacity to identify emotions and increase regulation. Lily benefited from establishing a routine within sessions, for instance by finishing each session making slime. While exploring strategies, Lily appeared to benefit from deep pressure activities using the exercise ball, play-doh as well as movement using dance, animal walks and yoga poses. Body scanning activities were used to help Lily identify where in her body she experiences different emotions or feelings.

At the end of intervention court proceedings were taking place with Child Safety, resulting in interviews with Lily. While this increased stress for Lily, she was able to seek out her carers as needed and use regulating activities.

Outcome Assessment

Lily's foster carer completed the TSCYC at an initial intake and assessment session, and again at Lily's 24th counselling session (see Figure D). At intake, Lily scored in the clinically significant or subclinical range for all trauma symptom domains, excepting anxiety. At her 24th session, Lily's scores had shown a significant improvement in most domains, and particularly in regards to depression, anger, and sexual concerns.

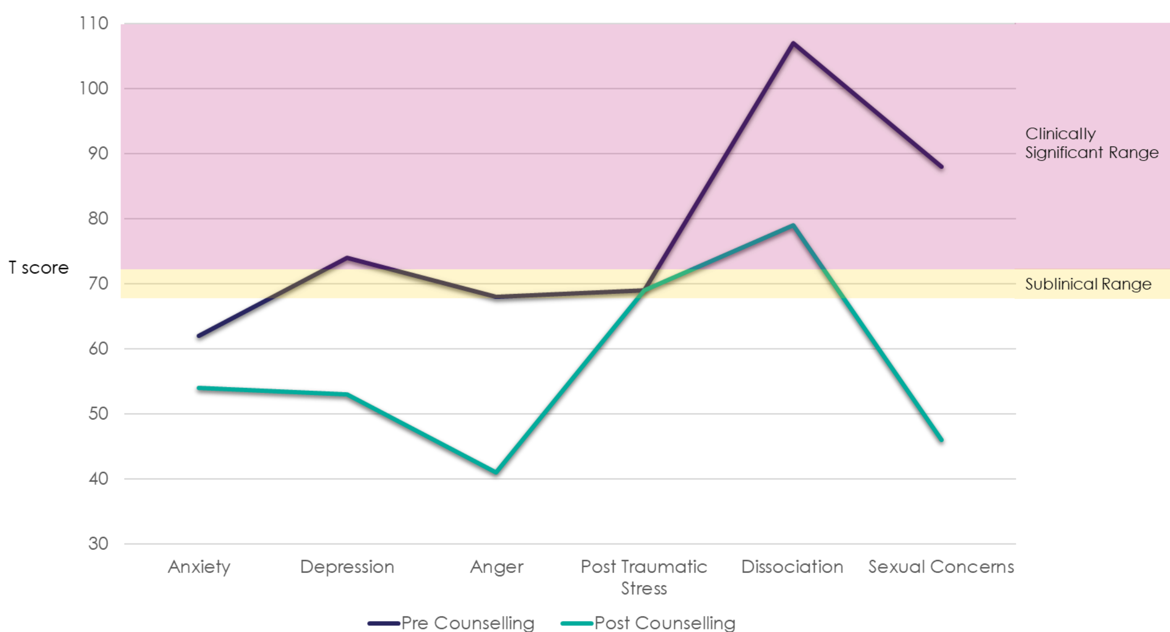

Figure D. Lily's TSCYC scoring profile, Pre to post counselling

Lily's foster carer also completed the SDQ at the initial intake and assessment session, and again at Lily's 24th counselling session. At the initial intake session, Lily had a "total difficulties" score of 16, which is in the Slightly Raised range, and potentially reflective of clinically significant problems. At her 24th session, Lily's "total difficulties" score was 13, which was in the Normal/Average range. Specific subscale scores on the SDQ (see Figure E) showed that Lily's scores had improved in terms of conduct difficulties at her 24th counselling session, but that she was still experiencing significant issues in regard to hyperactivity.

The follow up SDQ asks caregivers to rate the degree to which the client's problems have changed, and whether the service has been helpful in other ways. Lily's foster carer indicated that her problems are "much better" since coming to the service, and that the service has been "a great deal" helpful in other ways.

Figure E. Lily's SDQ scoring profile, Pre to post counselling
Note: High scores on the Prosocial Behaviour scale indicate more positive behaviour.

Case Study 4: Ben

Name: Ben* (not real name)

Gender identification: Male

Age: 8 years at time of referral

Cultural Background: Neither Aboriginal nor Torres Strait Islander

Living arrangements: Single parent; parents separated

Referral source: Sector agency

Primary reason for referral: Physical abuse

Service engagement: Counselling and Child & Family Advocacy

Time frame of engagement: September 2020 – February 2022

Reason for Cessation: Transferred to another service

Total Number of Sessions: 23

Information from Referral Process

At referral, Ben was reported as having experienced significant emotional, verbal and physical abuse. During his mother's previous relationships, Ben was reported as having often been the target of emotional and verbal abuse. Ben's father struggled with him when he was a toddler and reportedly had no patience and yelled at him if he cried. Ben has also witnessed and been subjected to domestic violence, with multiple abusive relationships being reported. Ben's mother reported one relationship which involved physical violence where Ben was hurt and witnessed his mother being physically harmed. His mother was engaged with the high risk DV team upon ending her most recent relationship, due to ongoing aggressive and stalking behaviours perpetrated by the ex-partner. This ex-partner is currently incarcerated, and a domestic violence order is in place listing the mother and her children. No sexual abuse has been reported.

Ben has also been reported as having experienced bullying at a previous school, which involved physical incidents. A group of boys at this school reportedly told Ben to kill himself, would take his belongings and reportedly tried to smash his head against a rock. Ben would "shut down" or "freeze" when going to school. Ben also reportedly wet his pants one day, which was out of character for him. Following this experience of bullying and due to the DV present in his maternal home, Ben was sent to live with his father for a period. Soon after this move, Ben's mother found out that his father was using drugs, and he was relocated back to live with his mother.

Presenting Issues

Ben presented with high levels of anxiety, reactivity, and avoidance of triggers, along with reports that he would "shut down". Ben was reported as having multiple triggers for a "freeze" or "shut down" response. When in the presence of the police and even after settling with his mum, Ben was reported as continuing to ask his mum if they were safe. Ben's mother

noted a particular increase in this behaviour following the attendance of the police at their house looking for previous tenants. Ben was also reported as becoming fearful if the wind was blowing, causing doors or windows to produce sounds. When Ben heard tapping noises, he would flee and hide in his room or under the couch. This behaviour has also increased since the police attended the house. Ben was reported as becoming very alert when he heard ambulance sirens close to the house, and as often seeking out his mum to ask if everything was okay.

Ben also presented with risk-taking behaviour and had difficulties regulating his emotions. As the older child, he appeared to take a role in looking after his siblings. Developmental delays were observed. There were no reports of self-harm or suicidal ideation.

Overview of Therapeutic Process

Weekly parent sessions occurred with Ben's mother to support her understanding of survival responses at home and encouraging consistent boundaries. Child and Family Advocate intervention also occurred throughout the intervention. During the intervention, therapy sessions with Ben were paused due to ongoing safety concerns with domestic violence occurring at home, the mother being pregnant and need for ongoing crisis intervention. Ongoing parent support and CFA intervention occurred during this period.

During the initial phase of therapy sessions with Ben, sessions focused on establishing Ben's sense of safety within the therapy room and with the clinician. Ben appeared to struggle with separating from his mother, and time was spent increasing his comfort levels with being in a separate room from her. Ben's interests, such The Avengers and comfort plush toys, were used to create a sense of safety and in the room. For example, the Avengers would be added to obstacle courses, or hidden in the counselling room to assist him get to know the space. Play with the Avengers appeared to be focused on the theme of "protecting". The clinician introduced a range of movement and tactile sensations to support his arousal state within the session (e.g. shaving foam).

When Ben returned to therapy, his mental and emotional state had declined. Ben had not been going to school and appeared to be playing large amounts of video games, such as Fortnite. Ben was able to engage in sessions when discussing Pokémon characters and their attributes, as well as when discussing his role as a big brother for the newborn baby.

Intervention ended due to family needs being prioritized.

Overview of Child & Family Advocacy Support

Case management and Child & Family Advocacy support that was provided to Ben and his family during the intervention period included:

- Initial liaison with neighbourhood centre worker before they closed.
- Referral/liaison with HRT due to safety concerns related to domestic violence
- Referral to counselling services including MWS
- Advocacy for emergency relief food/funds
- Funding and liaison to install safety cameras around the house

- Organisation and facilitation of stakeholder meetings with HRT, MWS, school, and Child Safety.
- Liaison and meetings with guidance officer at school, as well as the school principal
- Referrals to IFS (denied)
- Referral and clinical support letter to paediatrician
- Reports to Child Safety and eventually liaison with Child Safety workers and handover to FIS.

Review Assessment

Ben's mother completed the TSCYC at an initial intake and assessment session, and again at Ben's 13th counselling session, prior to transferring to another service (see Figure F). At intake, Ben scored in the clinically significant or subclinical range for all trauma symptom domains, excepting anger and sexual concerns. By his 13th session, Ben's scores had shown some improvement, however still remained in the clinically significant range for these subscales.

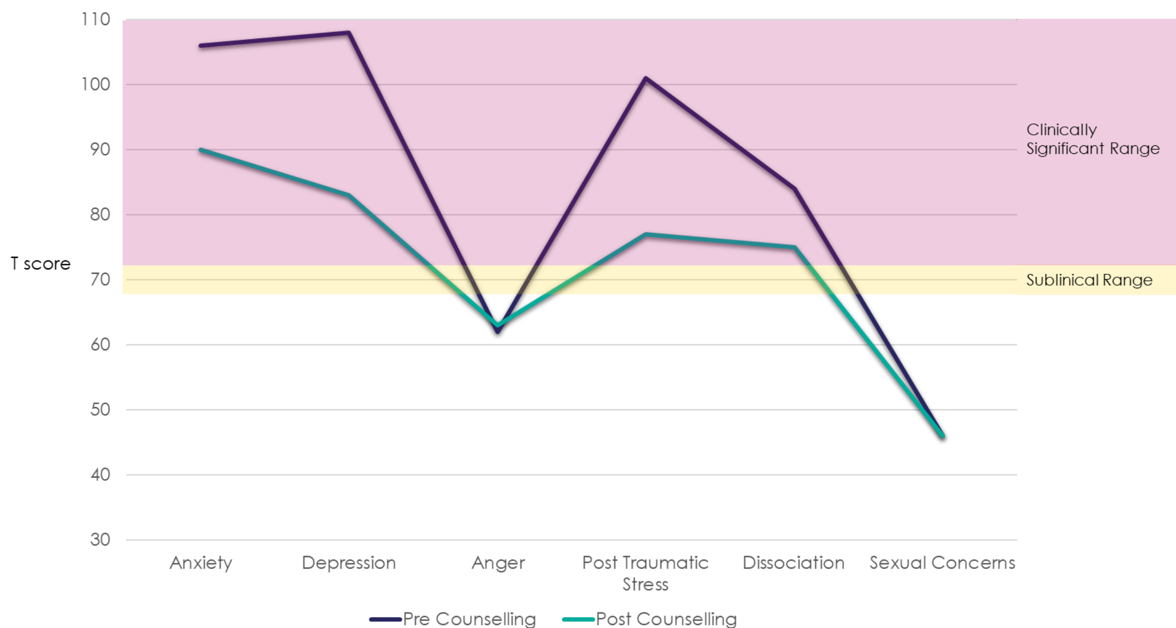

Figure F. Ben's TSCYC scoring profile, Pre to post counselling

Ben's mother also completed the SDQ at the initial intake and assessment session, and again at Ben's 13th counselling session. At the initial intake session, Ben had a "total difficulties" score of 26, which is in the High range, suggesting that there is substantial risk of clinically significant problems overall. At his 13th session, Ben's "total difficulties" score was 19, which while somewhat reduced, remained in the High range. Specific subscale scores on the SDQ (see Figure G) showed that Ben's scores had improved in terms of peer difficulties by his 13th counselling session, but that he was still experiencing some issues in regard to emotional and conduct difficulties, and hyperactivity.

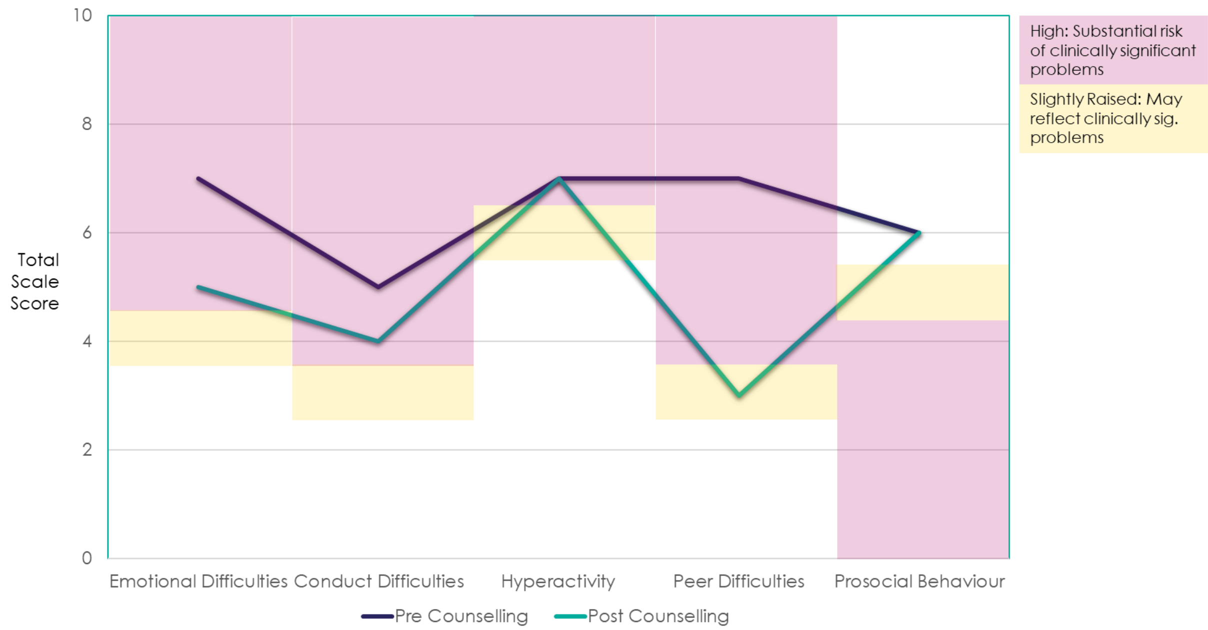

Figure G. Ben's SDQ scoring profile, Pre to post counselling

Note: High scores on the Prosocial Behaviour scale indicate more positive behaviour.