Evaluation of the All Children Being Safe Tamworth pilot

Prepared for the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), as part of the Family Support Program Evaluation 2011–14

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Executive summary

Background

The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) commissioned the Social Policy Research Centre (SPRC) at the University of New South Wales, with a sub-contract to the Australian Institute of Family Studies (AIFS), to undertake components of the Family Support Program Evaluation 2011–14. AIFS was responsible for the evaluation of one component of the Family Support Program Evaluation 2011–14—the All Children Being Safe (ACBS) program pilot, as implemented in the Tamworth region by Centacare New England North West (Centacare NENW).

ACBS is an early primary school protective behaviours program that uses animal stories, dance, activities and craft to help students aged 5 to 8 years to identify safe and unsafe feelings, safe places and safe people.

This is the report of the AIFS evaluation of the ACBS Tamworth program pilot.

Aims of the evaluation

The aims of the ACBS Tamworth pilot evaluation were as follows:
1. to examine the effectiveness of the ACBS program in teaching protective behaviours to children in the Tamworth region
2. to identify the strengths and limitations of the ACBS program administration and implementation in the Tamworth region
3. to discuss the extent to which the ACBS program, as implemented in the Tamworth region, supports the aims of FaHCSIA’s Family Support Program.

Methodology

The evaluation used a mixed-methods, pre- and post-test evaluation design.

Data were derived from a variety of stakeholders, using a number of data collection methods:
- pre- and post-program child questionnaires—designed to test children’s knowledge of protective behaviours (n = 1,411)
- post-program teacher surveys—completed by teachers involved in the program implementation (n = 18)
- semi-structured interviews—conducted with school principals (n = 4), an assistant principal (n = 1) and parents of children who participated in the program (n = 2)
- focus groups—conducted with schoolteachers (2 focus groups, total n = 11) and Centacare NENW staff (1 focus group, n = 7).

Findings

In order to maximise the utility of the evaluation, the findings were structured around five basic evaluation questions rather than around a particular method of data collection. In many cases, different forms of data (e.g., quantitative and qualitative), from a variety of stakeholders, were used to answer a single evaluation question.
Does the ACBS program increase children’s knowledge of protective behaviours? (Aim 1)

- Data from pre- and post-program child questionnaires suggest that the ACBS program was associated with marked short-term increases in children’s knowledge of protective behaviours.
- The children themselves appeared to believe that the program was effective, with 99 per cent of those who participated rating it as either “excellent” or “good”, and 91 per cent agreeing that it “was important for other kids to learn about protective behaviours”.
- In general, principals, parents and teachers believed that the ACBS program was effective in teaching children about protective behaviours.

Does the ACBS program lead to changes in children’s behaviours? (Aim 1)

- Most principals, teachers and parents had not noticed any changes in children’s behaviours as a result of the program. However, this does not mean that they thought the program was having no effect. Rather, they considered it to be very difficult to determine a single cause for changes in children’s behaviour.
- The evaluation findings suggest that objective measures of behaviours (e.g., number of referrals to school counsellors, amount of contact between “buddies”) would be helpful in ascertaining the ultimate effectiveness of the ACBS program.

What are the strengths and limitations of the way in which the ACBS program is implemented? (Aim 2)

- In general, all principals, teachers, parents and Centacare NENW staff were highly supportive of the ACBS program. More specifically, three strengths of the program were reiterated by a number of the interviewees: the program (a) was very engaging for children; (b) skilfully covered sensitive content material; and (c) was inclusive of children with cultural or special needs.
- Four main limitations were raised during the evaluation: (a) in general, principals, teachers, parents and Centacare NENW staff agreed that there was not enough follow-up with schools after the conclusion of the program; (b) a number of teachers and Centacare NENW staff noted that the program content did not specifically relate back to children’s own experiences; (c) some principals and teachers thought that parents were not sufficiently involved in the program, although this point was not supported by everyone; and (d) some principals and teachers thought that the one-day implementation of the program was rushed, although again there were differing opinions on this point.
- Centacare NENW staff agreed with many of the limitations raised during the evaluation but also noted that their decisions regarding program implementation were made within the context of the funding agreement between Centacare NENW and FaHCSIA.

Does the ACBS program integrate with the school curriculum and culture? (Aim 2)

- All principals and teachers agreed that the ACBS program integrated well with the school curriculum. Specifically, the ACBS program aligned with components of the child protection content that Early Stage 1, Stage 1 and Stage 2 teachers are expected to teach as part of the Personal Development, Health and Physical Education (PDHPE K–6) component of the New South Wales curriculum.
Centacare NENW staff believed that this alignment with the school curriculum was one of the reasons almost all government primary schools in the Tamworth region accepted the program so readily.

A number of the principals noted that the ACBS program supported other initiatives they were implementing in their schools, such as the You Can Do It! program, which aims to create a school environment that promotes student achievement and wellbeing.

Does the ACBS program support the objectives of the Family Support Program? (Aim 3)

The ACBS program, as implemented in the Tamworth region by Centacare NENW, was closely aligned with two of the six objectives of the Family Support Program Evaluation 2011–14. That is, it contributed to “child wellbeing and development, safety and family functioning” through increased knowledge of protective behaviours, and was “accessible and flexible, including for vulnerable and disadvantaged children and families (including Aboriginal and Torres Strait Islander peoples)”. Unlike the majority of programs funded by the Family Support Program, however, ACBS did not directly support families or build capacity for activities that provide family support.

Limitations of the evaluation

The evaluation was subject to three main methodological limitations: (a) shortcomings of the pre- and post-program questionnaire data; (b) small sample sizes for qualitative data; and (c) lack of access to objective measures of behaviour change. Along with the fact that Centacare NENW modified parts of the ACBS program, these limitations restrict the extent to which this evaluation can be seen to apply to the ACBS program in general rather than to the more specific circumstances of Centacare NENW’s pilot of the ACBS program in the Tamworth region in 2011–12.
Introduction

The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) commissioned the Social Policy Research Centre (SPRC) at the University of New South Wales and the Australian Institute of Family Studies (AIFS) to undertake components of the Family Support Program Evaluation 2011–14.

AIFS was responsible for evaluating one component of the Family Support Program—the All Children Being Safe (ACBS) program pilot, as implemented in the Tamworth region by Centacare New England North West (Centacare NENW).

The ACBS is a protective behaviours program that was designed to educate children to identify and therefore protect themselves from situations that could possibly lead to maltreatment. Such programs are most effective when they are developmentally appropriate for the targeted age group, address general victimisation rather than particular forms of maltreatment (e.g., sexual abuse), and are embedded within a whole school/community framework (Flood, Fergus & Herman, 2009; Staiger, Wallace & Higgins, 1997).

This is the report of the AIFS evaluation of the ACBS Tamworth program pilot.

The All Children Being Safe program

ACBS is an early primary school protective behaviours program developed by the National Association for Prevention of Child Abuse and Neglect (NAPCAN) to provide early primary school students (aged 5 to 8 years) with non-threatening ways in which to feel strong and stay safe in their communities.

The ACBS program is conducted in the classroom setting and explores safety messages with students using bush animal stories. For example, stories about the kangaroo, echidna, kookaburra, koala and king parrot are told and supported by dance, activities and craft.

The program aims to increase children’s protective behaviours by educating them to be better able to identify feelings, people and places that can protect them from harm and encouraging them to talk with trusted and supportive people if they are experiencing difficulties.

Specifically, NAPCAN states that the ACBS program aims to:

- help children demonstrate an awareness of the concepts of safe and unsafe living through the ability to:
  - identify safe and unsafe feelings and that every child has the right to feel safe
  - identify people in their community who keep them safe
  - feel safe, secure and supported
  - develop the language to communicate safe or unsafe behaviours/situations
  - identify people who can help them if they have been hurt
  - interact in relation to others with care, empathy and respect
  - develop a sense of belonging to groups and communities (A. Walsh, personal communication, 2 July 2012).1

1 These aims are based on a pre-school adaptation of the ACBS program that is currently being developed in a community consultation in the Kempsey region.
For detailed information on the ACBS program, see the NAPCAN website: 

**The All Children Being Safe Tamworth pilot**

As part of the Family Support Program, Centacare NENW implemented a one-year pilot of the ACBS program in the Tamworth region of New South Wales. The pilot involved 1,950 students from 15 local public primary schools.  

NAPCAN staff played a supportive role in this pilot, including helping Centacare NENW to adapt the ACBS program to suit their resourcing constraints and to cater for the specific needs of children in the region. These adaptations included:

- delivering the program over one day rather than over six one-hour sessions in consecutive weeks
- taking primary responsibility for program facilitation rather than adopting a more collaborative model of facilitation
- reworking the program content to reflect local environmental and cultural contexts.

See Appendix 2 for a detailed description of these modifications.

The majority of Centacare NENW staff involved in ACBS program implementation were either clinical psychologists or qualified counsellors. The program was normally delivered to one class at a time and facilitated by two Centacare NENW staff, with the class teacher assisting. At the conclusion of implementation of the ACBS program at a particular school, Centacare NENW would conduct a school assembly where the year levels that participated in the program (i.e., kindergarten to Year 3) would share their experiences and artifacts (e.g., pictures and murals that they created during the program) with the rest of the school and, in many cases, parents.

**Tamworth’s socio-demographic profile**

Analysis of household income levels in the Tamworth region based on 2006 Census data demonstrated that, compared to the rest of New South Wales, Tamworth has a smaller proportion of high-income households (those earning $1,700 per week or more) and a larger proportion of low-income households (those earning less than $500 per week). Overall, 24 per cent of households in Tamworth were classified as low-income households, compared to 20 per cent for the entire state (Australian Bureau of Statistics [ABS], 2006a).

Analysis of the educational qualifications of the population in the Tamworth region showed that, compared to the New South Wales average, there was a smaller proportion of people holding formal qualifications and a larger proportion of people without formal qualifications. Overall, 52 per cent of the population held no formal qualifications, compared to 46 per cent for New South Wales (ABS, 2006a).

Compared to the whole of New South Wales, a much higher proportion of the population of the Tamworth region is Indigenous (2% vs 8%) (ABS, 2006a).

The Socio-Economic Indexes for Areas (SEIFA) summarise different aspects of the socio-economic conditions of specific locations in Australia. These data have been used to calculate the SEIFA Index of Relative Socio-Economic Disadvantage. The index is derived from attributes such as low income, low educational attainment, high unemployment, jobs in relatively unskilled occupations and variables that reflect

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2 Although 1,950 children were involved in the pilot, only 1,411 participated in the evaluation. This is because Centacare NENW delivered the program to a number of schools after the cut-off date for inclusion of data in this evaluation.
disadvantage rather than measuring specific aspects of disadvantage (e.g., Indigenous or relationship status) (ABS, 2006b). Low scores on the index occur when the area has many low-income families and a population with little training and/or working in unskilled occupations. The 2006 SEIFA index of disadvantage score for Tamworth was 972.1, compared to a state average of 1,000 (ABS, 2006b).
Methodology

Aims and evaluation questions

The aims of the ABCS Tamworth pilot evaluation were as follows:
1. to examine the effectiveness of the ACBS program in teaching protective behaviours to children in the Tamworth region;
2. to identify the strengths and limitations of the ACBS program administration and implementation in the Tamworth region; and
3. to discuss the extent to which the ACBS program, as implemented in the Tamworth region, supports the aims of FaHCSIA’s Family Support Program.

The above aims were achieved by asking five specific evaluation questions:

- Does the ACBS program increase children’s knowledge of protective behaviours? (Aim 1)
- Does the ACBS program lead to changes in children’s behaviours? (Aim 1)
- What are the strengths and limitations of the way in which the ACBS program is implemented? (Aim 2)
- Does the ACBS program integrate with the school curriculum and culture? (Aim 2)
- Does the ACBS program support the objectives of the Family Support Program? (Aim 3)

The first two evaluation questions relate to the different aspects of effectiveness in protective behaviour education; that is, effectiveness in imparting knowledge to the target group; and effectiveness in changing the target groups’ behaviours. The third evaluation question examines the more specific strengths and limitations of the way in which the ACBS program has been implemented in the Tamworth region, while the fourth investigates whether the program implementation has integrated effectively with the broader educational environment of the region. The fifth evaluation question examines the extent to which the ACBS program aligns with the objectives of FaHCSIA’s Family Support Program.

Participant schools

Eight public primary schools in the Tamworth region were involved in the evaluation: Hillvue Public School, Kootingal Public School, Manilla Central School, Nemingha Public School, Oxley Vale Public School, Tamworth South Public School, Tamworth West Public School and Westdale Public School. From these schools, 1,411 students (from kindergarten to Year 3) participated in the ACBS program and completed pre- and post-program classroom questionnaires. Additionally, the teachers in these schools were invited to complete post-program questionnaires.

While questionnaire and survey data were collected from eight schools, only four of those schools participated in the semi-structured interviews and focus groups (described below). For those four schools, the ACBS program was conducted in Term 1 of 2012 and the interviews and focus groups were conducted in Term 2 of 2012. To maintain the anonymity of those involved in the evaluation (especially school

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3 As mentioned in the Introduction, 15 schools were involved in the ACBS Tamworth pilot. However, seven of these schools participated in the pilot in Term 2 of 2012, after data collection for the evaluation had occurred, and therefore are not included in this analysis. The other eight schools, which are included in the evaluation, participated in the pilot in Term 2 of 2011 or Term 1 of 2012.

4 The scope of this evaluation only permitted the inclusion of four schools in the interview / focus group component of the analysis. These four schools participated in the pilot in Term 1 of 2012.
principals, who would be easily identifiable), those four schools are not specifically identified.

**Data collection and participants**

Data were derived from a variety of sources using a number of data collection methods:

- **pre- and post-program child questionnaires**—designed to test children's knowledge of protective behaviours (see Appendix 1, Instrument 1). Centacare NENW staff collected these data from 1,411 students (kindergarten to Year 3) from eight public schools in the Tamworth region. The questionnaires involved students being asked to raise their hands to indicate their understanding of the different aspects of protective behaviours, as taught by the ACBS program. For instance, at the beginning, and then again at the conclusion of the program, students were asked to “Raise your hand if you can name two unsafe feelings” or to “Keep your hand raised if you can name three unsafe feelings.”

- **post-program teacher surveys**—completed by teachers involved in the program implementation (see Appendix 1, Instrument 2). An optional survey was left with all teachers whose classes participated in the program, of whom 18 completed and returned the form to Centacare NENW.

- **semi-structured interviews**—conducted in four public schools in the Tamworth region. In Term 2 of 2012, AIFS staff conducted interviews with four school principals, an assistant principal and two parents of children who participated in the program.

- **focus groups**—conducted in the four schools mentioned above. In Term 2 of 2012, AIFS staff conducted focus groups with schoolteachers (2 focus groups, total n = 11) and Centacare NENW staff (1 focus group, n = 7).

**Evaluation design**

The current evaluation used a mixed-methods, pre- and post-test evaluation design. In many cases, different forms of data (e.g., quantitative and qualitative), from a variety of stakeholders, were used to answer a single evaluation question (see Table 1).

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5 The breakdown of numbers were: Hillvue Public School (n = 121), Kootingal Public School (n = 114), Manilla Central School (n = 114), Nemingha Public School (n = 111), Oxley Vale Public School (n = 198), Tamworth South Public School (n = 408), Tamworth West Public School (n = 130), and Westdale Public School (n = 215).

6 The limitations of this method of data collection are described in detail in the Limitations of the evaluation section of this report.

7 The total number of teachers who were involved in the program implementation is unknown.
### Table 1: Forms of data used to answer evaluation questions

<table>
<thead>
<tr>
<th>Evaluation questions</th>
<th>Data source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the ACBS program increase children’s knowledge of protective behaviours? (Aim 1)</td>
<td>Pre- and post-program child questionnaires, post-program teacher surveys, semi-structured interviews and focus groups</td>
</tr>
<tr>
<td>Does the ACBS program lead to changes in children’s behaviours? (Aim 1)</td>
<td>Semi-structured interviews and focus groups</td>
</tr>
<tr>
<td>What are the strengths and limitations of the way in which the ACBS program is implemented? (Aim 2)</td>
<td>Semi-structured interviews and focus groups</td>
</tr>
<tr>
<td>Does the ACBS program integrate with the school curriculum and culture? (Aim 2)</td>
<td>Post-program teacher surveys, semi-structured interviews and focus groups</td>
</tr>
<tr>
<td>Does the ACBS program support the objectives of the Family Support Program? (Aim 3)</td>
<td>Professional judgement informed by both quantitative and qualitative data analysis</td>
</tr>
</tbody>
</table>
Findings

In order to maximise the utility of the evaluation, the findings were structured around the five evaluation questions (see Methodology section) rather than around a particular method of data collection. In many cases, different forms of data (e.g., quantitative and qualitative), from a variety of stakeholders, were used to answer a single evaluation question (see Table 1).

Does the ACBS program increase children’s knowledge of protective behaviours? (Aim 1)

The ACBS program aims to increase children’s knowledge of protective behaviours by educating them to be better able to identify feelings, people, and places that can protect them from harm and encouraging them to talk with trusted and supportive people if they are experiencing difficulties. In this section, pre- and post-program survey data collected by Centacare NENW, along with qualitative data collected by AIFS, are used to identify whether, and to what extent, this aim was achieved during the ACBS Tamworth pilot.

It is important to note that all changes in children’s knowledge identified in this section were short-term. It was not within the scope of the current evaluation to collect data on children’s long-term retention of the knowledge they acquired from the ACBS program.

Pre- and post-program survey data

In order to most effectively display the trends in the data, the following discussion displays the data in aggregated form.

Table 2 aggregates children across all year levels into two groups: those who indicated that they could name three or fewer safe and unsafe feelings, or safe people or places; and those who indicated they could name more than three safe and unsafe feelings, or safe people or places. See Table 2 (detail) in Appendix 3 for a display of the data in a disaggregated form.
As demonstrated in Table 2, participation in the ACBS program was associated with a marked increase in children’s knowledge of protective behaviours (i.e., safe and unsafe feelings, safe people and safe places). In particular, children’s ability to identify safe feelings showed an increase, with 15 per cent of children able to identify three or more of such feelings pre-program compared to 72 per cent being able to do so post-program. There was a difference in children’s pre-program knowledge of safe and unsafe feelings compared to their pre-program knowledge of safe people and places. For instance, while between 15 per cent and 32 per cent of children could identify more than three safe or unsafe feelings before they participated in the program, a much greater proportion of children (between 53% and 56%) could identify more than three safe people or places pre-program. Figure 1 also shows these patterns.

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Pre-program</th>
<th>Post-program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>≤ 3 safe feelings</td>
<td>1,194</td>
<td>85</td>
</tr>
<tr>
<td>&gt; 3 safe feelings</td>
<td>217</td>
<td>15</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>1,411</strong></td>
<td><strong>100</strong></td>
</tr>
<tr>
<td>≤ 3 unsafe feelings</td>
<td>957</td>
<td>68</td>
</tr>
<tr>
<td>&gt; 3 unsafe feelings</td>
<td>454</td>
<td>32</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>1,411</strong></td>
<td><strong>100</strong></td>
</tr>
<tr>
<td>≤ 3 safe people</td>
<td>627</td>
<td>44</td>
</tr>
<tr>
<td>&gt; 3 safe people</td>
<td>784</td>
<td>56</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>1,411</strong></td>
<td><strong>100</strong></td>
</tr>
<tr>
<td>≤ 3 safe places</td>
<td>660</td>
<td>47</td>
</tr>
<tr>
<td>&gt; 3 safe places</td>
<td>751</td>
<td>53</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>1,411</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Note: n = 1,411.

Source: Centacare NENW
Table 3 reports the differences in children’s pre- and post-program knowledge of protective behaviours by year level (i.e., from kindergarten to Year 3). Table 3 (detail) in Appendix 3 shows the data in disaggregated form. The level of pre- and post-program knowledge tended to be greater at each increasing year level. An exception to this trend was in the area of knowledge of safe feelings, where kindergarten children were able to name more safe feelings pre-program (18%) than the Year 3 children (12%). Overall, however, the results indicate that, although children in different year levels may have had differing levels of knowledge pre-program, the levels of post-program knowledge were quite similar for all year levels (ranging between 61% and 91%).

Table 3: Children’s pre- and post-program knowledge of protective behaviours (kindergarten to Year 3)

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Kindergarten</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-program</td>
<td>Post-program</td>
<td>Pre-program</td>
<td>Post-program</td>
</tr>
<tr>
<td>n</td>
<td>%</td>
<td>n</td>
<td>n</td>
<td>n</td>
</tr>
<tr>
<td>Name &gt; 3 safe feelings</td>
<td>67 18 221 61</td>
<td>14 7 154 79</td>
<td>29 13 172 79</td>
<td>25 12 181 87</td>
</tr>
<tr>
<td>Name &gt; 3 unsafe feelings</td>
<td>93 26 227 63</td>
<td>54 28 157 81</td>
<td>83 38 177 82</td>
<td>100 48 176 85</td>
</tr>
<tr>
<td>Name &gt; 3 safe people</td>
<td>158 44 265 73</td>
<td>93 48 170 87</td>
<td>146 67 187 86</td>
<td>169 81 190 91</td>
</tr>
<tr>
<td>Name &gt; 3 safe places</td>
<td>145 40 254 70</td>
<td>98 50 166 85</td>
<td>143 66 189 87</td>
<td>162 78 188 90</td>
</tr>
</tbody>
</table>

Notes: n = 983. To maintain the statistical integrity of year level variances, data for composite classes were not included in the year level analysis.

Source: Centacare NENW
Once the program had been completed, children were asked a series of questions to assess their perceptions of the program. As shown in Table 4, of the 1,054 completed evaluations, 80 per cent rated the program as “excellent” and 19 per cent rated the program as “good”. The overall satisfaction with the program was very high (99%) and a large majority of children (91%) thought it was “important for other kids” to learn about protective behaviours.8

Table 4: Children’s evaluation of the ACBS program

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed evaluations</td>
<td>1,054</td>
<td>97</td>
</tr>
<tr>
<td>Rated program as excellent</td>
<td>844</td>
<td>80</td>
</tr>
<tr>
<td>Rated program as good</td>
<td>195</td>
<td>19</td>
</tr>
<tr>
<td>Rated program as not good</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>Satisfied with program (excellent or good)</td>
<td>1,039</td>
<td>99</td>
</tr>
<tr>
<td>Important for other kids to learn about being safe</td>
<td>956</td>
<td>91</td>
</tr>
</tbody>
</table>

Note: n = 1,054. Data for Kootingal and Westdale Primary Schools were not provided. Of the remaining 1,082 students, 1,054 completed evaluations. It is likely that most students who did not complete evaluations left the class before the conclusion of the program.

Source: Centacare NENW

Stakeholders’ perspectives

All of the principals and teachers who took part in the evaluation believed that the ACBS program had been effective in teaching children about protective behaviours. One principal noted:

> It was very obvious to me that the program was effective because they all participated, they all enjoyed it and they were all able to show little artefacts that they took away with them.

Similarly, an assistant principal, who is also a teacher, believed that one mark of the program’s effectiveness in teaching children about protective behaviours was the fact that the children were still talking about the program content some months after its implementation:

> The kids still even talk about it: “When they came out here”, and “When we did this”, and “I remember that the echidna has spikes and the kangaroo has its pouch to protect”. So they’re still recalling what they learnt from those girls.

Finally, the parents believed that the ACBS program worked primarily to reinforce knowledge that they had already taught their children at home. One parent did recognise, however, that the program might be some children’s first exposure to protective behaviour concepts:

> There are parents out there who aren’t … There are bad people out there, and they’re not teaching their kids enough. And if they [the children] are

8 Note that the Standard Funding Agreement Schedule between FaHCSIA and Centacare NENW contained the following performance indicators for the ACBS Tamworth Pilot: (1) proportion and number of participants satisfied with services provided (target 80%; sample 50%); (2) proportion and number of participants reporting increased knowledge and skills (target 80%; sample 50%); and (3) participation in an evaluation of this activity, including provision of information to support the evaluation. As demonstrated in Table 4, performance indicators (1) and (2) were met.
learning it at school, it helps them to be able to understand what’s right and wrong, and who they can go to if they need to go to anyone.

Key messages

- Data from pre- and post-program child questionnaires suggest that the ACBS program is associated with marked short-term increases in children’s knowledge of protective behaviours.
- The children themselves appeared to believe that the program was effective, with 99 per cent of those who participated rating it as either “excellent” or “good”, and 91 per cent agreeing that it “was important for other kids to learn about protective behaviours”.
- In general, principals, parents and teachers believed that the ACBS program had been effective in teaching children about protective behaviours.

Does the ACBS program lead to changes in children’s behaviours? (Aim 1)

The effectiveness of any prevention program needs to be considered in terms of not only knowledge acquired by the target group (in this case, primary school students) but also whether those cognitive acquisitions can be translated into real-life action. For example, when considering parenting programs, one criticism of knowledge-based programs (as opposed to skills-based / practice-based programs) is that parents might have an understanding about child development and ideal parenting behaviours but may then fail to implement them when faced with a challenging parenting situation (Holzer, Higgins, Bromfield, Richardson & Higgins, 2006). In particular, without outcome measures of behaviours (e.g., the number of reports of child maltreatment before the program and after), it is hard to know whether the effects of the program (i.e., the benefits exhibited concerning improved knowledge and skills) translate to a reduction in the prevalence of child maltreatment (Holzer et al., 2006).

Most principals, teachers and parents had not noticed any changes in children’s behaviour that could be directly attributed to the ACBS program. However, this does not mean that they thought the program was having no effect on children’s behaviours. A number of interviewees concluded that it was very difficult to determine a single cause for changes in children’s behaviour, as their knowledge of subjects such as protective behaviours are informed by numerous sources. One principal’s statement represents this view succinctly:

One of the things that we’ve got to remember is that behaviour doesn’t change overnight. I think it’s one of those things where a child or an adult will take little bits from all different aspects of their life and they will learn from that and it will be assimilated into something that they want in terms of their own ideals and their own social context.

Similarly, one parent thought that the ACBS program worked to reinforce behaviours that had already been instilled in her children:

With my girls … we teach them about “stranger danger” and about their body—it’s their body. So they didn’t change too much [as a result of the program] because it’s stuff we’ve actually taught them at home. So the program is reinforcing, but it makes it more fun, too; if it’s through song and that, then it’s more fun for the kids.
In contrast to the majority of interviewees, one principal noted that the ACBS program appeared to have had an effect on children's behaviour through their use of a peer mediation (or “buddy”) program:

We do have a peer mediation program going, where the younger kids can … talk to Year six children … We’ve noticed there’s been a slight increase in that contact with their buddies. So we could put that down to this [ACBS] program.

The evaluation findings suggest that objective measures of behaviours (e.g., number of referrals to school counsellor, amount of contact between “buddies”) would be helpful in ascertaining the ultimate effectiveness of the ACBS program.

### Key messages

- Most principals, teachers and parents had not noticed any changes in children's behaviours as a result of the program. However, this does not mean that they thought the program was having no effect. Rather, they considered it to be very difficult to determine a single cause for changes in children's behaviour.

- The evaluation findings suggest that objective measures of behaviours (e.g., number of referrals to school counsellor, amount of contact between “buddies”) would be helpful in ascertaining the ultimate effectiveness of the ACBS program.

### What are the strengths and limitations of the way in which the ACBS program is implemented? (Aim 2)

This section outlines the key strengths and limitations of the ACBS program implementation by Centacare NENW in the Tamworth region.

It is interesting to note that Centacare NENW staff agreed with many of the limitations outlined in this section but added that their decisions regarding program implementation were made within the context of the funding agreement between Centacare NENW and FaHCSIA. As one staff member said:

What we found challenging was the expectation of running the program for at least 1,800 students in one year. Given the time and the funding we received, it was never going to be possible to spend as much time as we wanted to be involved in community engagement, and more actively involving other organisations. Had the student numbers been smaller, we would have been able to devote more time to this process. Like any funding arrangement, we had to make a trade-off between what was expected of us and what we could realistically do.

### Strengths of the ACBS program implementation

In general, all principals, teachers, parents, and Centacare NENW staff were highly supportive of the ACBS program. The overall impression of the program can perhaps best be summed up with the following comment from a principal:

The people that implemented the program were fantastic; they were well organised, the resources they used were great. The overall response from staff was fabulous—very keen, very motivated.

However, three specific strengths of the program were reiterated by a number of interviewees, who felt that the ACBS program:
• was very engaging for children
• skilfully covered sensitive content material
• was inclusive of children with cultural or special needs.

These are discussed in more detail below.

The program was very engaging for children

All principals, teachers, and parents emphasised that the children who participated in the ACBS program found it very engaging. In fact, “engaging” was a word used again and again by interviewees:

The people delivering it were great. They were engaging, and they were terrific with the kids and really nice to work with. (Principal)

Engagement-wise, I don’t think there was a child who wasn’t engaged. They were all really willingly participating in it. (Teacher)

When I was in the room, the kids were very engaged. (Teacher)

In particular, the principals, teachers, and parents thought that the animal stories, the props used by Centacare NENW staff, the craft activities and the movement and singing were all very effective in keeping children engaged and attentive:

The kids were focused the whole time because they did listening activities, and then they went off and did craft activities, or they did movement, or something. It was brilliant. (Assistant principal)

Yeah, the singing and the dancing; they loved that … I think it’s the singing and the dancing that sticks better than anything else, rather than just standing there and “yap, yap, yap”. (Parent)

The program skilfully covered sensitive content material

A number of interviewees indicated that the program skilfully engaged both children and teachers in conversations about topics that can be uncomfortable to discuss—child maltreatment and protective behaviours. One group of teachers saw the use of animal stories as being a particularly effective way to introduce children to these difficult topics:

I think it’s good, too, because it tells the kids about what’s happening but it takes the onus off them … because they’re using the different characters, the animals. I think that’s a good thing because … that encourages the kids to talk about things in a safe way because there’s not the pressure on them.

Additionally, when Centacare NENW staff were asked about what they saw as the key strengths of the ACBS program, they indicated that they were particularly impressed with the way in which the program gave teachers support and a framework with which to cover difficult topics:

We do start a conversation that could sometimes be awkward or not approached appropriately … Especially for some of the male teachers, it’s a very hard topic to talk about … Having a conversation with the teacher, too, about some of their concerns, and sort of empowering the teacher to feel okay about that topic—it’s been really rewarding.
The program was inclusive of children with cultural or special needs

A number of principals and teachers noted that the program was appropriate for a diversity of children, including those for whom particular cultural sensitivities may be required as well as children with developmental delays or learning disabilities.

Many of the schools involved in the current evaluation had a large proportion of Aboriginal and/or Torres Strait Islander students; indeed, 90% of the students in one school were Indigenous. Although the ACBS program was generally designed to be culturally appropriate for Indigenous children, Centacare NENW went further and adapted the program content to incorporate the language and stories of the local Kamilaroi (or Gamilaraay) people. (See Appendix 2 for more details on these modifications to the program.) As such, a number of principals and teachers believed that the program was culturally appropriate for the Indigenous children at their schools:

The animals [used in the ACBS program] are quite significant totems in the different [Indigenous] nations for our kids, particularly here locally for our Kamilaroi kids. (Principal)

Two teachers involved in the current evaluation taught special needs classes for children with developmental delays, intellectual disabilities or behavioural disorders. Both of these teachers indicated that the program catered very well for the children from their classes:

We have children that have other disabilities—with Asperger’s [syndrome] and behaviour disorders, and things like that—and they were really, really engaged by it. I think because there was so much going on: there was the Indigenous story, then they had a little bit of movement, or the dress-ups, then they went back and they made something, then it was back onto the floor and time to listen again.

[The children from the special needs class] were able to cope and manage with the program very well. They thoroughly enjoyed it.

Limitations of the ACBS program implementation

While all principals, teachers, parents and Centacare NENW staff were supportive of the ACBS program, there were four specific areas where some interviewees believed the program could be improved:

- there was not enough follow-up with schools after the conclusion of the program
- the program content did not explicitly relate back to children’s own experiences
- parents were not sufficiently involved in the program
- the one-day implementation of the program was rushed.

These four limitations are discussed in more detail below.

There was not enough follow-up with schools after the conclusion of the program

A number of principals, teachers and parents felt that the program would benefit from further follow-up and reinforcement of the material covered. For instance, one principal remarked that the lack of follow-up prevented the program from becoming a fully integrated part of school life and reiterated the necessity of reinforcing new knowledge and skills:

Any child is only going to pick up 20 per cent of what is said in one day … To sustain anything it needs to be reinforced by teachers quite regularly. So there needs to be some follow-up, I believe, with the program so that the lessons, or what is taught, can be reinforced for a significant period of time over those sessions.
Several teachers echoed this sentiment:

Maybe keep the first day [of the ACBS program] all good fun, and then coming back for a quick one-hour session of “Remember the echidna, how he was feeling?” Or even a simple program for us to do that. It would come from the teacher, maybe, because we’re their safe person, and these two presenters are strangers— [the children are] not really going to confide in them.

One parent was also concerned that without follow-up the children would not benefit as much from the program:

It needs to be reinforced 12-monthly, or 6-monthly, or whatever. It’s not gonna sink in the first time ’round. How long does it take them to learn the alphabet? It’s a cumulative thing; it’s something that’s gotta be done all the time.

**The program content did not explicitly relate back to children’s own experiences**

Some teachers expressed concerns that the children did not fully understand how the program applied to their own lives:

I don’t know whether [the children] fully understood the fact that it was about them being safe. A lot of them were actually bringing up different comments, so obviously some were aware that it was actually about them. Whereas others were sort of going: “This is a really fun thing and we’re learning about animals”.

I didn’t know how many were actually getting the fact that it was about them and not about the animals.

Another teacher felt that the animal stories could have been more effectively and explicitly linked to the children’s own experiences:

I thought that, at the end of the day, they just needed a really short session … [where they] link it to the animals: “The echidna was feeling uncomfortable and scared, so he rolled up into a ball. What sort of things would maybe make us feel uncomfortable?” … And if [the children] were feeling uncomfortable, if they were feeling unsafe or scared like the animals, what sorts of things would make them feel like that … That needs to be a part of the program.

Centacare NENW staff acknowledged that some children might have difficulty understanding that the animal stories are about their own lives. However, they explained that they try to ensure that the stories are linked to the children’s own experiences as much as possible:

It’s one of the things where we try to ameliorate that as much as possible … Often you find the kids will give examples … that you can sort of translate into a story that is more meaningful for them as humans.

As facilitators we have to think on our feet and come up with examples, because … it’s not actually sitting in the program. It’s more up to us to think on our feet and come up with something.

**Parents were not sufficiently involved in the program**

Some principals and teachers thought that the parents of children who participated in the program could have been more closely involved in its implementation. For instance, one principal suggested that:
An open meeting before would be really nice; you know, a couple of weeks before [Centacare] were going to come. They could come and talk with my Parents and Citizens Association … So the parents could at least say “Okay, we’ve been consulted; we had the opportunity to go along to the meeting if we wanted to”.

However, a roughly equal number of principals and teachers believed that the parents were adequately involved in the program implementation, as another principal noted:

At the [Parents and Citizens] meeting, I sort of go over things that have been happening and I talked about it [ACBS] and they were positive about it—just saying that they thought it was a really good program and it was good to have that sort of thing happening at the school.

As this last quote indicates, the level of parental involvement in the program seemed to depend on the degree to which school principals involved parents: whether the principals talked about the program at Parents and Citizens Association meetings, whether they sent parents information on the program, whether they encouraged parents to attend the final ACBS assembly at the school and so on.

When Centacare NENW staff were asked whether they believed they could be more inclusive of program parents, they raised an interesting issue; that is, there may be good reasons not to involve parents too closely in the implementation of the ACBS program. As one Centacare NENW staff member explained:

If you come from an idealistic perspective, you'll think “Great, let’s get the parents involved”. That's assuming the parents are genuine and aren’t abusing their children. Because, unfortunately, if they’re too well-informed and they are abusive parents, that could enable coaxing of the children—“Don’t say anything”. You just have to be aware of that.

Or, as another Centacare NENW staff member suggested:

If you are engaging parents where the child is in an unsupported environment at home, then the child might not attend school on the days that the program is running. If they’ve got their suspicions about their own parenting or about the environment they’re putting their own children in, then they might not send them to school on those days.

Although it appears that it is appropriate to keep Parents and Citizens groups abreast of any plans to implement protective behaviours programs such as ACBS, there is some question of how closely parents should be involved in the actual running of the program or even whether they should be made aware of exactly when it will be running.

The one-day implementation of the program was rushed

As outlined in Appendix 2 of this evaluation, one of the changes Centacare NENW made to NAPCAN’s ACBS program was implementing the program in one day rather than over six separate sessions on consecutive weeks. While this allowed Centacare NENW more flexibility in delivering the program and allowed them to deliver the program to a greater number of children, it was, according to around half of the principals and teachers, too rushed:

The day became very long. The kids were exhausted by the end of it. (Teacher)

Perhaps if it was done in smaller pieces over a length of time and each time you come to a new part, you reinforce—so last time we did this, now we’re going to look at this. (Teacher)
As with the above limitation, however, an almost equal number of principals and parents held the opposite opinion and did not think that the one-day program implementation was too rushed:

Being with the younger end of the school, we were a little concerned that it may be too long—taking a whole day. But the girls were just brilliant. The kids were focused the whole time, because they did the listening activities and then they went off and did craft activities, or they did movement, or something. It was brilliant. (Teacher)

Centacare NENW staff adopted a pragmatic view, agreeing that implementing the program over a number of weeks may be preferable but adding that their decision to implement the program in one day was made in a context of very limited resources:

Sure, you might be able to do it ideally over six weeks if you had one school and only kindy [kindergarten] to year two. But I think it’s far more beneficial to plant as many seeds as you can and, I guess, just hope the teachers will refer back to it and continue doing some of the good work.

Key messages

- In general, all principals, teachers, parents and Centacare NENW staff were highly supportive of the ACBS program. More specifically, three strengths of the program were reiterated by a number of interviewees: the program (a) was very engaging for children; (b) skilfully covered sensitive content material; and (c) was inclusive of children with cultural or special needs.

- There were four main limitations raised during the evaluation: (a) in general, principals, teachers, parents and Centacare NENW staff agreed that there was not enough follow-up with schools after the conclusion of the program; (b) a number of teachers and Centacare NENW staff noted that the program content did not specifically relate back to children’s own experiences; (c) some principals and teachers thought that parents were not sufficiently included in the program, although this point was not supported by everyone; and (d) some principals and teachers thought that the one-day implementation of the program was rushed—although, again, there were differing opinions on this point.

- Centacare NENW staff agreed with many of the limitations raised during the evaluation but also noted that their decisions regarding program implementation were made within the context of the funding agreement between Centacare NENW and FaHCSIA.

Does the ACBS program integrate with the school curriculum and culture? (Aim 2)

For school-based programs relating to child safety and wellbeing to be effective, researchers and educators are increasingly recognising the importance of program aims not being “siloed” (Flood et al., 2009; Higgins, King & Witthaus, 2001). Instead, the information and principles need to be integrated into the school curriculum and culture. In addition, for greatest effectiveness, messages ought to be reinforced at home in the family context as well (e.g., parents reinforcing messages through their conversations and the attitudes they convey, and through specific actions that reflect and build on the messages being promoted at school). This is particularly the case with a protective behaviours program, where other influences on a child’s attitudes and
behaviours could easily undermine what a program facilitator has to say within a
prescribed number of sessions.

Within a school, a protective behaviours program should be seen as being part of a
school-wide commitment to child safety. As outlined in Beyer, Higgins and Bromfield
(2005) and Irenyi, Bromfield, Beyer and Higgins (2006), adoption of child-safe policies
in schools and other organisations is a critical step in creating an organisational
environment that limits opportunities for children to be maltreated. However, such
policies need to be supported by demonstrable leadership commitment to them and
active support of their implementation. This often requires a whole-of-organisation
approach. For example, in a related policy area, the importance of having a whole-of-
school approach to address homophobia in schools has been documented. Similarly,
in the Australian Government’s National Safe Schools Framework, whole-of-school
approaches to address issues such as bullying are emphasised (for more information,
see Ministerial Council on Education, Early Childhood Development and Youth Affairs
[MCEECDYA], 2011).

All of the principals and teachers who were interviewed indicated that the ACBS
program integrated well with the school curriculum; that it reinforced, and was
reinforced, by other classroom activities:

It did really reinforce what we do in the classroom. (Teacher)

Specifically, the principals and teachers noted that the ACBS program aligned with
components of the child protection content that Early Stage 1, Stage 1 and Stage 29
teachers are expected to teach as part of the PDHPE K–6 component of the New
South Wales curriculum. Specifically, the content of the ACBS program covers the
“Safe Living” outcomes of the Early Stage 110 and Stage 111 PDHPE K–6 curriculum.
(For detailed information on the PDHPE K–6 curriculum, see Board of Studies NSW,
2007.)

[The child protection component of the school curriculum] uses the same
language that they use—safe people, safe places—so that will build on the
[ACBS] program. (Teacher)

As I said to staff at the time, this [ACBS program] just fits perfectly into your
PDHPE. (Principal)

Indeed, Centacare NENW staff believed that one of the reasons almost all government
primary schools in the Tamworth region accepted the program so readily was that it
covered a small part of the mandated curriculum:

Because it sits in the curriculum, it’s not such a hard sell. Because they
know their time’s not being wasted—this is something they’d have to do
anyway.

One principal went further, suggesting that the ACBS program would be more effective
if it were written into the PDHPE K–6 curriculum:

Education can’t happen in a day. There needs to be some sort of follow-up.
It needs to be integrated into the NSW curriculum soon so that it becomes

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9 Early Stage 1, Stage 1, and Stage 2 are education-based terms referring to the stage of
learning/development of a student. Early Stage 1 refers to students in kindergarten, Stage 1 refers to
students in Years 1 and 2, and Stage 2 covers students in Years 3 and 4 (Board of Studies NSW,
2007).

10 That is, “SLES1.13 Demonstrates an emerging awareness of the concepts of safe and unsafe living”
(Board of Studies NSW, 2007, p. 19).

11 That is, “SLS1.13 Recognises that their safety depends on the environment and the behaviour of
themselves and others” (Board of Studies NSW, 2007, p. 19).
Additionally, three of the four schools involved in the qualitative component of the current evaluation were implementing the You Can Do It! program—a social and emotional learning program for promoting student achievement and wellbeing. The three principals of these schools indicated that the ACBS program was complementary to the You Can Do It! program, with each of the programs ultimately designed to increase the safety and resilience of participants.

Finally, there was some evidence that parents were reinforcing the messages of the ACBS program at home with their children:

> With my girls … we teach them about “stranger danger” and about their body—it’s their body. So they didn’t change too much [as a result of the program] because it’s stuff we’ve actually taught them at home. So the program is reinforcing, but it makes it more fun, too; if it’s through song and that, then it’s more fun for the kids. (Parent)

### Key messages

- All principals and teachers agreed that the ACBS program integrated well with the school curriculum. Specifically, the ACBS program aligned with components of the child protection content that Early Stage 1, Stage 1 and Stage 2 teachers are expected to teach as part of the PDHPE K–6 component of the New South Wales curriculum.

- Centacare NENW staff believed that this alignment with the school curriculum was one of the reasons almost all government primary schools in the Tamworth region accepted the program so readily.

- A number of the principals noted that the ACBS program supported other initiatives they were implementing in their schools, such as the You Can Do It! program, which aims to create a school environment that promotes student achievement and wellbeing.

### Does the ACBS program support the objectives of the Family Support Program? (Aim 3)

Other sections of this report discuss the effectiveness of the ACBS program in providing children with protective behaviour education and the specific strengths and limitations of the way in which the ACBS program has been implemented in the Tamworth region. This section examines the extent to which the ACBS program aligns with the objectives of FaHCSIA’s Family Support Program.

It is important to note that this section considers the utility of the ACBS program from the perspective of FaHCSIA’s objectives as articulated in the Family Support Program. It does not attempt to comment on the overall utility of the ACBS program or the extent to which it aligns with or complements any other initiatives or policies, including other FaHCSIA policies. Thus, it may well be the case that this program aligns more closely with policy initiatives other than the Family Support Program.

As outlined in the introduction, this report comprises one component of the Family Support Program Evaluation 2011–14, the objectives of which were to determine if, and how (as relevant):

- the Family Support Program contributes to social and economic participation—the current evaluation produced no evidence to determine whether or not the ACBS
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program directly contributed to the social and economic participation of people in the Tamworth region. This was not stated as an objective of the ACBS program;

- **the Family Support Program contributes to child wellbeing and development, safety and family functioning**—the current evaluation suggests that the ACBS program contributed to children’s wellbeing, development and safety through their increased knowledge and awareness of protective behaviours. Although there is little evidence that this increased knowledge translated into changes in children’s safety behaviours, it should be noted that measuring such behavioural change—and especially measuring it with the degree of rigour that would allow strong correlational or causal attributions to the ACBS program—was beyond the scope of the current evaluation. Due to the very small number of parents involved in the evaluation, it was difficult to determine the extent to which the ACBS program contributed to family functioning;

- **Family Support Program services work together and with other agencies, and the extent to which collaboration occurs**—Centacare NENW collaborated with NAPCAN to make modifications to the ACBS program, and they implemented the program in, and with the involvement and assistance of, a number of public primary schools in the Tamworth region. However, the majority of program implementation was conducted by Centacare NENW and did not involve other Family Support Program service providers or other agencies;

- **collaboration with Family Support Program services and other agencies supports better outcomes for families, particularly families with complex issues**—see previous objective;

- **Family Support Program services work together and with other agencies to support better outcomes for families**—see previous objective; and

- **Family Support Program services are accessible and flexible, including for vulnerable and disadvantaged children and families (including Aboriginal and Torres Strait Islander peoples)**—as noted earlier, one of the key strengths of the ACBS program identified in the current evaluation was the program’s inclusiveness of children with cultural or special needs. A number of principals and teachers noted that the program was appropriate for a diversity of children, including the large number of Aboriginal and Torres Strait Islander children at many of the schools, as well as children with developmental delays or learning disabilities. The ACBS program was designed to be accessible and culturally appropriate, especially for Aboriginal and Torres Strait Islander children. In the Tamworth region, this accessibility and flexibility appears to have been enhanced by some of Centacare NENW’s changes to the ACBS program, including the re-working of the program content to reflect the local environmental and cultural contexts. For instance, Centacare NENW modified the program content to incorporate the language of the Kamilaroi people—the traditional inhabitants of the Tamworth area. (For more detail on these changes, see Appendix 2.)

It can be concluded that the ACBS program, as implemented in the Tamworth region by Centacare NENW, was closely aligned to two of the six Family Support Program objectives—that is, it contributed “to child wellbeing and development, safety and family functioning” and was “accessible and flexible, including for vulnerable and disadvantaged children and families (including Aboriginal and Torres Strait Islander peoples)”. Unlike the majority of programs funded by the Family Support Program, the ACBS did not directly support families or build capacity for activities that provide family support. Because ACBS is a school-based program aimed at children, it was not directly relevant to the other objectives listed above. Although, ultimately, children who are better able to protect themselves from harm may participate more fully in social and
economic domains, and although their families could have better outcomes, the scope of the evaluation did not allow the measurement of such effects.

Key messages

- The ACBS program, as implemented in the Tamworth region by Centacare NENW, was closely aligned with two of the six objectives of the Family Support Program Evaluation 2011–14—that is, it contributed to “child wellbeing and development, safety and family functioning” through increased knowledge of protective behaviours, and was “accessible and flexible, including for vulnerable and disadvantaged children and families (including Aboriginal and Torres Strait Islander peoples)”.

- Unlike the majority of programs funded by the Family Support Program, however, ACBS did not directly support families or build capacity for activities that provide family support.
Limitations of the current evaluation

The current evaluation was subject to three main methodological limitations. Along with the fact that Centacare NENW modified parts of the ACBS program, these limitations restrict the extent to which this evaluation can be seen to apply to the ACBS program in general rather than to the more specific circumstances of Centacare NENW’s pilot of the ACBS program in the Tamworth region in 2011–12.

Shortcomings of pre- and post-program questionnaire data

There were shortcomings in the data derived from the pre- and post-program questionnaires administered by Centacare NENW staff. As described earlier, these questionnaires involved students being asked to raise their hands to indicate their understanding of the different aspects of protective behaviours, as taught by the ACBS program (e.g., "Raise your hand if you can name two unsafe feelings", “Keep your hand raised if you can name three unsafe feelings"). It is likely that there were some biases in this method of data collection, where children raised or lowered their hands to conform to the class norm. As one Centacare NENW staff member explained: “I think sometimes the kids—particularly in the kindergarten class—you ask them something and everyone puts their hand up … [but] I don’t really think they completely comprehend what they’re being asked; one person puts their hand up, so everyone else does as well”. However, as this group-effect bias would have been present in both the pre-program and post-program measurements, it seems safe to conclude that the changes in children’s knowledge observed in the current evaluation do reflect actual changes in their knowledge of protective behaviours.

The method of data collection described above did not include testing of the accuracy of children’s self-reported knowledge. While some form of objective measure of children’s knowledge would have provided evidence of the reliability of the class-level data, it should be added that this would have involved its own difficulties (e.g., the program may go from being fun and engaging to being a source of performance anxiety or competition among students), as well as a significant investment of Centacare NENW resources.

Additionally, the smallest unit of analysis produced by this method of data collection was a total figure for an individual class (e.g., “12 of 15 students could name > 3 unsafe feelings”) rather than the level of knowledge of individual students. This meant it was only possible to perform descriptive analyses of the data as opposed to inferential analyses (where it would have been possible to report on statistical significance, for example).

Finally, it should be mentioned that NAPCAN’s ACBS program manual includes an “evaluation activity sheet”, which is administered to children at the conclusion of the program and could possibly provide an objective measure of children’s knowledge of protective behaviours. However, after consulting with Centacare NENW staff, it was decided that the validity of the data generated by these activity sheets precluded its use in the current evaluation. As one Centacare NENW staff member explained: “the evaluation sheets become a test of their [the children’s] written ability, rather than their actual knowledge. It’s a good wrap-up of the day, but I don’t think it’s a particularly valid measure of their knowledge”.

Small sample sizes for qualitative data

In general, there were small sample sizes for the different types of participant involved in the interviews and focus groups conducted by AIFS (i.e., principals, teachers, parents and Centacare NENW staff). This was especially true of parents of children.
who participated in the program; despite the fact that attempts were made to recruit parents from the four schools that participated in the interviews and focus groups (i.e., recruitment letters were included in school newsletters and some principals personally encouraged parents to participate), only two parents responded. Clearly, the statements and views of these two parents cannot be taken as being representative of all parents of children who participated in the ACBS Tamworth pilot.

Lack of access to objective measures of behaviour change

One of the questions the current study attempted to answer was: “Does the ACBS program lead to changes in children’s behaviours?” This question was considered important because, as described earlier, the effectiveness of any protective behaviours program is ideally considered in terms of not only knowledge acquired by the target group but also whether those cognitive acquisitions were translated into real-life safety behaviours.

It is difficult to determine what an appropriate “outcome” measure would be for a school-based protective behaviours program. There are a range of different levels at which one would anticipate there may be effects on outcomes:

- students’ knowledge (e.g., of concerning behaviours; who are “safe people”, etc.)
- students’ skills in being able to take action (e.g., making contact with a “safe person” to discuss a concern)
- the knowledge, attitudes and skills to respond to disclosures by teachers, principals, and others in the school community
- the numbers of “reports” of concerns by students
- the outcomes of those concerns being raised (are students now safer?)
- ultimately, a reduction in the rate of child maltreatment in the school and/or community.

The current review was largely restricted to the first of these possible outcomes. Unfortunately, AIFS largely did not have access to valid data from objective measures of behaviour change. Thus, one finding to emerge from this evaluation is the need for measures of behavioural change to be included in the implementation and evaluation plans of protective behaviours programs, such as ACBS. While it may be naïve to assume that programs such as ACBS will automatically lead to reductions in the rates of notifications and/or substantiations of child maltreatment, this evaluation has highlighted the need for other objective measures of children’s safety-related behaviours, such as the number of referrals to school counsellors or the amount of contact between school “buddies”.
Implications for future evaluations

In a comprehensive guide for best practice in violence prevention and respectful relationships education in Australian secondary schools, Flood et al. (2009) suggested that protective behaviours programs should involve a process of evaluation that, at a minimum:

- reflects the program framework and logic
- includes evaluation of impact or outcomes, through:
  - pre- and post-intervention assessment
  - long-term follow-up
  - use of standard measures or portions of them
  - measures of both attitudes and behaviours
- includes a process for dissemination of program findings in the violence prevention field (p. 89).

Flood et al. (2009) also suggested that protective behaviours programs should ideally include:

- longitudinal evaluation, including lengthy follow-up at six months or longer
- examination of processes of change and their mediators
- process evaluation of program implementation and fidelity
- measures of school culture and context
- experimental or quasi-experimental design incorporating control or comparison schools, students or groups (p. 89).

While the current evaluation achieved many of these suggestions, others were not achievable within the scope of the evaluation (e.g., long-term follow-up, use of standardised measures, examination of process of change and their mediators).

It is suggested that those involved in planning future iterations of the ACBS program or similar protective behaviours programs take note of the above list before implementation of the program, ensuring that the program design itself includes an inbuilt capacity for rigorous evaluation.12

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12 For further information on recent approaches to protective behaviours and abuse prevention programs, see the special issue on Preventing Childhood Sexual Abuse: A Range of Strategies in *Journal of Child Sexual Abuse*, Vol. 21, No. 4.
References


## Appendix 1  Evaluation tools

### Instrument 1: Pre- and post-program child questionnaire

The questionnaire was designed by Centacare NENW.

School: ___________________________  Date: ___________________________

Class: ______________________________

Teacher: ___________________________

Total number of students present: ________________________________________

<table>
<thead>
<tr>
<th>Questions</th>
<th>Pre-response</th>
<th>Post-response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A safe feeling is something we feel when we feel good. An example of a safe feeling is happy.</strong> (a) Raise your hand if you can name 2 safe feelings? (b) Keep your hand up if you can name 3 safe feelings? (c) Keep your hand up if you can name &gt; 3 safe feelings?</td>
<td>(a)</td>
<td>(a)</td>
</tr>
<tr>
<td><strong>An unsafe feeling is something we feel when we feel bad. An example of an unsafe feeling is scared.</strong> (a) Raise your hand if you can name 2 unsafe feelings? (b) Keep your hand up if you can name 3 unsafe feelings? (c) Keep your hand up if you can name &gt; 3 unsafe feelings?</td>
<td>(a)</td>
<td>(a)</td>
</tr>
<tr>
<td><strong>A safe person is someone we trust, like an adult we know very well, feel comfortable with and can talk to.</strong> (a) Raise your hand if you can name 2 safe people? (b) Keep your hand up if you can name 3 safe people? (c) Keep your hand up if you can name &gt; 3 safe people?</td>
<td>(a)</td>
<td>(a)</td>
</tr>
<tr>
<td><strong>A safe place is somewhere we feel comfortable and protected, like a place we have been to before, know well and enjoy being there.</strong> (a) Raise your hand if you can name 2 safe places? (b) Keep your hand up if you can name 3 safe places? (c) Keep your hand up if you can name &gt; 3 safe places?</td>
<td>(a)</td>
<td>(a)</td>
</tr>
<tr>
<td><strong>Post-question only:</strong> Raise your hand if you think it’s important for other kids to learn about keeping safe?</td>
<td>T =</td>
<td></td>
</tr>
</tbody>
</table>
**Instrument 2: Post-program staff survey**

The survey was designed by Centacare NENW.

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**Staff Survey – Centacare New England North West facilitation of the 'All Children Being Safe' Protective Behaviours Program.**

1. Were you satisfied with the following elements of the program:

   a. Program content? [ ] Yes [ ] No
   b. Program delivery? [ ] Yes [ ] No
   c. School assembly/celebration day? [ ] Yes [ ] No
   d. Take home and in-class student resources? [ ] Yes [ ] No

   Comments:

   __________________________________________
   __________________________________________
   __________________________________________

2. What was done particularly well in the delivery of the program?

   __________________________________________
   __________________________________________
   __________________________________________

3. What could be improved upon?

   __________________________________________
   __________________________________________
   __________________________________________

4. Would you be supportive of and encourage further implementation of this program in the school for new students (e.g., those enrolled after 2011-2012) and students in additional grades (e.g., a program tailored to Years 4-6)?

   __________________________________________
   __________________________________________
   __________________________________________

5. Please add any additional comments or suggestions regarding the program in the space provided below:

   __________________________________________
   __________________________________________
   __________________________________________

---

Thank you for taking the time to fill out this survey - your input is greatly appreciated and will be used to improve program delivery.

Prepared by Vicki Breen  Centacare NENW  February 2012
Appendix 2  Centacare NENW’s modifications to the ACBS program

In order to make the ACBS program as relevant and effective as possible to communities in the Tamworth region, Centacare NENW made a number of adaptations to NAPCAN’s original program and implementation designs. NAPCAN were involved in both training Centacare NENW staff to implement the program and supporting the adaptation of the program to the Tamworth context.

The main changes Centacare NENW made to the ACBS program were:

- **delivering the program over one day rather than over six weeks**—NAPCAN originally designed the ACBS program to be implemented over six one-hour sessions on consecutive weeks. In order to meet the deliverables of the funding agreement with FaHCSIA under the Family Support Program, Centacare NENW implemented all six sessions successively in a single day. (In Term 2 of 2012, however, they implemented the program over six weeks in four smaller schools in the Tamworth region. These schools were not included in the current evaluation.)

- **taking primary responsibility for program facilitation rather than adopting a more collaborative model of facilitation**—the program was designed to be co-facilitated in the classroom by counsellors, health and community workers, teachers and community elders. While Centacare NENW encouraged class teachers, school counsellors and community elders to be actively involved in the running of the program, the Centcare NENW staff themselves facilitated the majority of program content. Although teachers were normally still present in the classroom when Centacare NENW staff facilitated the program, they did not receive the teacher training session that NAPCAN recommends, which aims to foster collaboration between teachers and program providers.

- **reworking the program content to reflect local environmental and cultural contexts**—the ACBS program was developed in participation with children from Greenhill Public School in Kempsey, NSW, and much of the program content was designed to be culturally appropriate for the large number of Indigenous students in that area. Centacare NENW slightly modified the program content to reflect the Tamworth area (i.e., they changed the Kempsey-based landmarks to Tamworth-based landmarks – e.g., Macleay River to Peel River) and the language of the Kamilaroi people (the traditional inhabitants of the Tamworth area). None of these changes modified the intent of any of the stories or activities in the program.
Appendix 3   Additional statistical tables

In order to most effectively display the trends in the data, Table 2 and Table 3 of the “Findings” section of this report presented data in an aggregated form. In this section, the same data are presented in a disaggregated form.

Table 2 (detail): Children’s pre- and post-program knowledge of protective behaviours (kindergarten to Year 3)

<table>
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<tr>
<th>Knowledge</th>
<th>Pre-program</th>
<th>Post-program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Name 0–1 safe feelings</td>
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<td>72</td>
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<td>Name 2 safe feelings</td>
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<td>8</td>
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<tr>
<td>Name 3 safe feelings</td>
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Note:  n = 1,411. Percentages may not total exactly 100.0% due to rounding.

Source: Centacare NENW
### Table 3 (detail): Children’s pre- and post-program knowledge of protective behaviours (kindergarten to Year 3)

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<th>Knowledge</th>
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<td>Post-program</td>
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<td>Post-program</td>
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<td>Name 0–1 feelings</td>
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<td>104</td>
<td>29</td>
<td>158</td>
<td>81</td>
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<td>28</td>
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<td>12</td>
<td>6</td>
<td>7</td>
<td>4</td>
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<td>3</td>
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<td>6</td>
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<td>Name &gt; 3 feelings</td>
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<td><strong>Safe places</strong></td>
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<td>Name 0–1 people</td>
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</tbody>
</table>

Notes: $n = 983$. The total number of students responses calculated by year level excludes data from composite classes. Percentages may not total exactly 100.0% due to rounding.

Source: Centacare NENW