Australian Government
Australian Institute of Criminology

Evaluation of the Living Safe Together Intervention Program

Prepared by the Australian Institute of Criminology for the Department of Home Affairs Countering Violent Extremism Centre

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Acronyms

ACT	Australian Capital Territory
AFP	Australian Federal Police
AIC	Australian Institute of Criminology
CVE	Countering violent extremism
DHA	Department of Home Affairs
ESP	Engagement and Support Program
LSTIP	Living Safe Together Intervention Program
NDG	National Disruption Group
NSW	New South Wales
NT	Northern Territory
Qld	Queensland
REA	Rapid evidence assessment
SA	South Australia
Tas	Tasmania
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Vic	Victoria
WA	Western Australia

Executive summary

In response to growing concerns about the number of individuals, including young Australians, who have become susceptible to the influence of violent extremists, the Countering Violent Extremism (CVE) Centre of the Department of Home Affairs implemented the Living Safe Together Intervention Program (LSTIP). The LSTIP is a national program, delivered locally by state and territory government agencies, which aims to reduce the risk of violent extremist incidents by providing support, referral and diversion services to identify and assist individuals to disengage from behaviours that may lead to violent extremism.

The Australian Institute of Criminology (AIC) was engaged to conduct a process and outcome evaluation of the LSTIP. The focus of the evaluation was on reviewing the different models that have been implemented in each jurisdiction, the underlying theory of change, and early indicators of positive outcomes for at-risk or radicalised individuals. The evaluation involved two principle methods—a rapid evidence assessment of effective CVE interventions, and an extensive, national consultation process with stakeholders involved in the program.

There is an established, recognised and agreed need for the program

When the LSTIP commenced, there was some uncertainty as to the scope of the problem and degree to which a dedicated intervention program was required. There is, however, an established, recognised and agreed need for the program. While at-risk individuals referred to the program share many of the needs and risk factors present in other vulnerable populations who come into contact with government and non-government services, the potential threat and harm posed by these individuals (were they to become radicalised) requires a specialised response. The steady stream of referrals to the program in certain states and territories is also indicative of the need for the program.

The program has become embedded within broader counter-terrorism response with level of intervention activity commensurate to relative threat level and demand

An intervention program has now been implemented by each state and territory with funding provided by the LSTIP. The programs are embedded as part of the broader counter-terrorism response in each jurisdiction, providing a viable alternative to arresting and monitoring at-risk individuals. All of the Intervention Coordinators have the capacity to case manage clients who are referred to the program. The number of clients who have been engaged in the intervention program differs between the states and territories, but appears to broadly reflect the threat level and demand in each jurisdiction. Intervention Coordinators in the states and territories with smaller caseloads have prioritised efforts to build the capacity of agencies and the community to support the LSTIP by making referrals and providing services to engaged clients.

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Intervention Coordinators have developed expertise and knowledge which has enabled them to reach and support clients

There was broad agreement that the CVE Intervention Coordinators are committed and highly skilled individuals who have been effective in establishing and monitoring the various processes necessary for the operation of the program. The ability of Coordinators to form relationships with other agencies to develop referral pathways and deliver services to clients was noted as being particularly well developed. They are proactive in identifying implementation barriers, but have at times had limited capacity to overcome these issues.

CVE intervention programs are based on best practice

The LSTIP is consistent with all but two of the best practice principles identified through the rapid evidence assessment. The program is locally driven within nationally-determined governance structures; service delivery involves partnerships between government and non-government agencies; risk assessment tools and frameworks are to guide decisions around risk and, to a lesser extent, case planning; case plans are tailored to individual needs; interventions focus on positive community integration and participation with a view to building clients' social and emotional resilience to extremist ideologies and introducing positive influences into their social network; and access is provided to mental health services that address issues with psychopathology and antisocial traits.

However, interventions focusing on the development of critical thinking and empathic skills, and those specifically focused on countering extremist ideological messaging in some way, are not being used. Questions remain as to whether services are delivered by individuals who may be perceived as legitimate and trustworthy. Further, there is evidence that clients who participate in the intervention program are also subjected to law enforcement responses involving investigation and intelligence gathering, which may undermine efforts to positively change behaviour.

Importantly, there are several examples of promising practice that have emerged and which may be replicated in other locations, s. 47B(b)

There is promising evidence of positive outcomes for at-risk individuals

There are limited data available on the impact of the intervention program on at-risk and radicalised individuals. Anecdotal information from Case Managers provides some preliminary evidence as to the changes that have occurred in the lives of (primarily young) people who have engaged in the intervention program. This includes improved access to mental health services and improved confidence and self-worth, the formation of prosocial relationships with peers, enhanced social and independent living skills, increased employability and improved access to various government and non-government support services. There are positive signs of attitudinal change among young people with extremist views, but mixed evidence in relation to changes in behaviour and how these attitudes had manifested.

Several factors were identified as being associated with positive outcomes for at-risk individuals, including the importance of establishing rapport with service providers, allowing clients ownership of their case plan goals, adopting a strengths-based approach, rather than focusing solely on risk and need, and linking clients to mental health services and conducting a mental health assessment to identify potential barriers to engagement.

There are barriers to effective practice which need be addressed

Unsurprisingly, given the LSTIP represents an innovative approach to a new and emerging problem, at least within an Australian context, there are barriers to effective practice which need to be addressed. They are divided into two groups—those that are high impact and immediate priorities for action, and those that have less of an impact and are therefore lower priorities for action.

Among the most pressing issues are the absence of appropriate, consistent and formalised case management processes, different opinions about who should be included in the program, concerns about the suitability of the s. 47E(d) tool, barriers to information sharing, the lack of consistent agreement about the aim of the program and definition of success, unanswered questions regarding the need for an intervention component, and concerns about the longer-term sustainability of the LSTIP.

The timing is right to be able to respond to these issues. The LSTIP has reached a stage of implementation maturity whereby the initial uncertainty as to the need and feasibility of the model has largely been surpassed. The operational requirements of the intervention program are much clearer, and there is also a clearer picture emerging of the nature, characteristics and risk factors among at-risk individuals coming into contact with the program. The CVE Centre and Intervention Coordinators are well-placed work collaboratively to develop solutions that can overcome the challenges identified in this report.

Introduction

There has been growing concern in recent years about the number of individuals, including young Australians, who have become susceptible to the influence of violent extremists. The online environment in particular is being exploited by violent extremists to spread propaganda and recruit and motivate at-risk individuals, while other risks are present within communities. The evolving nature of the terrorism threat means it is not possible to respond through traditional counter-terrorism approaches alone. Prevention strategies are required to address the many factors that increase the risk that individuals will become open to violent extremism, before law enforcement becomes the only option.

Countering violent extremism (CVE) refers to the range of measures that aim to reduce the risk of terrorism by focusing on the prevention of violent extremism, and involves early intervention with at-risk individuals. Australia's CVE policies and programs lie between broad-based social cohesion activities and traditional counter-terrorism responses. Australia's Counter-Terrorism Strategy 2015 recognises the critical importance of prevention, including challenging terrorist propaganda, to support efforts in reducing the risk of terrorism, as well as building community and agency capacity to identify and respond appropriately to risk.

Living Safe Together Intervention Program

The Living Safe Together Intervention Program (LSTIP) is a national program that aims to reduce the risk of violent extremist incidents occurring in Australia by providing support, referral and diversion services to identify and assist individuals to disengage from behaviours that may lead to violent extremism. The program also involves the delivery of capacity building activities to assist communities and government and non-government agencies to identify and respond to risk. The LSTIP is administered by the CVE Centre located within the Department of Home Affairs. The CVE Centre works closely with the Australian Federal Police (AFP) National Disruption Group – Diversion (NDG) to administer the LSTIP at the national level.

The CVE Centre provides funding to the states and territories to develop and implement interventions that are adapted to suit the local context. Some jurisdictions have established new activities and processes with Commonwealth funds, or have made enhancements to existing intervention programs, funded by state and territory governments. This means that there are a variety of activities in each jurisdiction. This includes awareness and education campaigns (including cultural awareness training) and interventions targeted at individuals identified as being at risk of becoming involved in violent extremism.

In each jurisdiction, there is a dedicated CVE Intervention Coordinator who is responsible for overseeing the development and implementation of the intervention program. Coordinators are situated across various agencies in each jurisdiction s. 47B(a) The delivery of strategies implemented as part of the LSTIP is undertaken by a range of government and non-government support services.

Evaluation methodology

The CVE Centre engaged the Australian Institute of Criminology (AIC) to conduct a process and outcome evaluation of the LSTIP. The purpose of the evaluation was to:

- review whether the underlying 'theory of change' for the LSTIP is sound and aligns with the stated outcomes for the program;
- review the different structures, systems, models, elements and processes that have been established to implement the LSTIP across all jurisdiction; and

- examine if and how the positive outcomes for at-risk or radicalised individuals are achieved by participation in the LSTIP.

The evaluation examined the national coordination and administration of the LSTIP by the CVE Centre and the development and delivery of the LSTIP in each jurisdiction. Importantly, the evaluation did not involve the direct comparison of the different states and territories.

Given the short timeframe available for the evaluation, the timing of the evaluation (ie retrospective), the sensitivities associated with the subject matter, and the relatively small number of individuals who have participated in the program, the evaluation has involved two principle methods—a rapid evidence assessment of effective CVE interventions, and an extensive, national consultation process with stakeholders involved in the program.

Rapid evidence assessment

The AIC conducted a rapid evidence assessment (REA) of empirical research relating to risk factors and responses to young people (adolescents and young adults) at high risk of violent extremism, with a focus on interventions and service delivery models relevant to the LSTIP. This drew on Australian and international literature and included both academic and practice-focused resources.

Literature searches were conducted in accordance with a search protocol developed by the AIC with input from the CVE Centre. Findings from the rapid evidence assessment were supplemented by existing reviews on best practice for intervention programs targeting young people at risk of violence more broadly. The findings from the rapid evidence assessment—described in detail in a report to the CVE Centre—are summarised briefly in this report. The rapid evidence assessment formed the basis of an assessment of the LSTIP in terms of consistency with best practice in program design and implementation.

Stakeholder interviews

Interviews were conducted with a large number of key stakeholders involved in the delivery and implementation of the LSTIP at both the national level and in each of the states and territories. This included, at a minimum, representatives from the CVE Centre and the agencies funded to deliver activities as part of the LSTIP s. 47B(a) Interviews were conducted face-to-face, or via teleconference facilities.

Interviews were conducted in two stages. Stage 1 focused on the design, implementation and operation of the LSTIP, both at the Commonwealth and state and territory levels. The evaluation of capacity building and awareness raising activities was limited to the intersection of these activities with the intervention program; specifically, the impact in terms of improving capacity among stakeholders to identify, work with and deliver services to at-risk individuals. Stage 2 focused on the impact of the LSTIP, and the outcomes achieved by the program for participating communities, families and individuals. The second stage involved a smaller number of targeted interviews with people who have direct contact with clients and are in the best position to comment on the impact of the program on individuals

As shown in s. 47B(a) during Stage 1 the AIC approached 107 stakeholders from across the nine jurisdictions, and interviewed 74—a 69 percent response rate. In Stage 2, 15 stakeholders were contacted, with nine participating in an interview—a 60 percent response rate.

Response rates differed between the jurisdictions, ranging from 55 to 100 percent. Importantly, the majority of key representatives from each of the sites—central to the functioning of the program, based on the advice of the Coordinators and CVE Centre—were interviewed as part of the evaluation. The notable exception to this is s. 47B(a) Despite numerous attempts by the AIC, it was

not possible for the research team to conduct an interview with a representative from the s. 47B(a)

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Ethical research

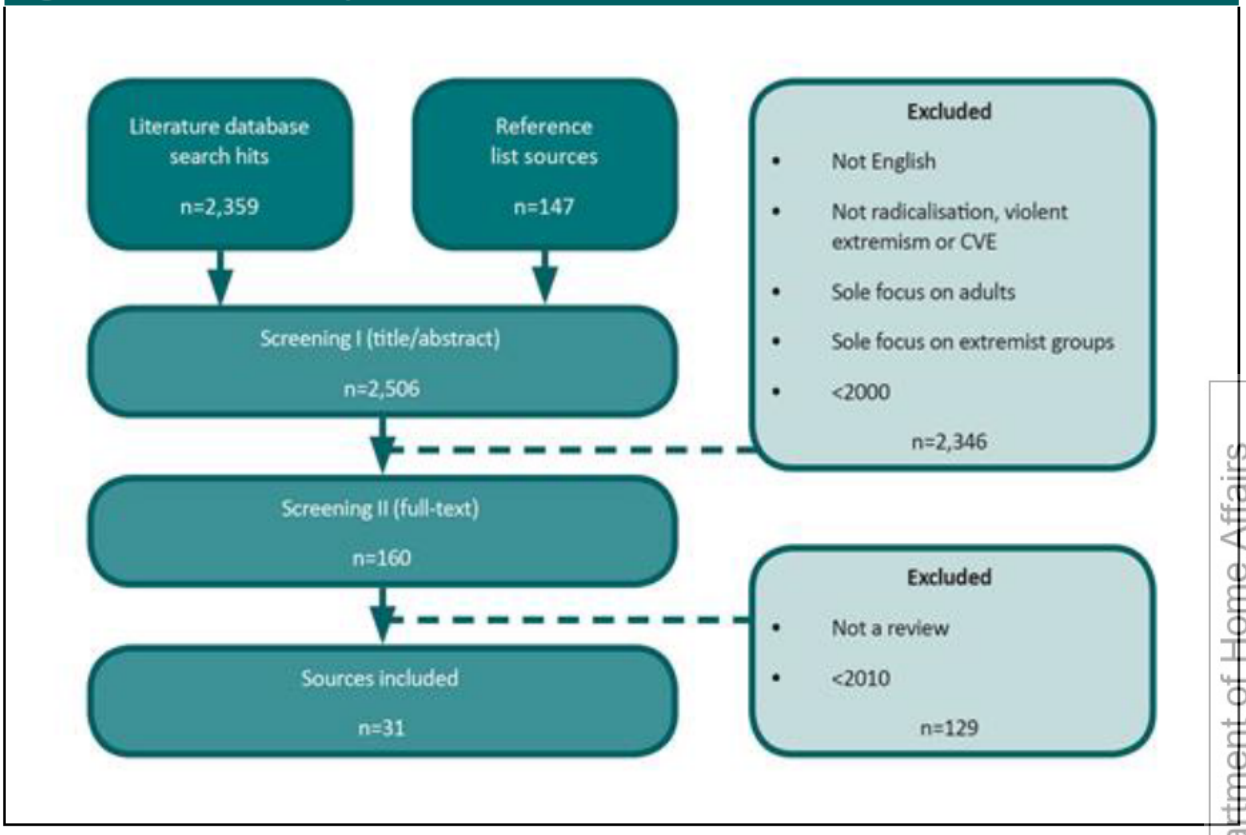
All research conducted by the AIC involving human participants is subject to clearance by the AIC Human Research Ethics Committee (HREC). This ensures that all research involving human research participants complies with the National Health and Medical Research Council (NHMRC) National Statement on Ethical Conduct in Human Research, evaluation projects are consistent with Australian Evaluation Society Guidelines for the Ethical Conduct of Evaluations. The evaluation received approval from the AIC HREC in January 2018 (PO277).

What works in countering violent extremism?

A REA was undertaken to systematically review research on the risk factors for violent extremism and countering violent extremism (CVE) responses. Findings were used to develop a series of research-informed best practice principles for CVE with young people who are radicalised or at risk of radicalising to violent extremism. These principles form a benchmark against which the design and implementation of the LSTIP has been compared to determine the extent to which the program, and underlying theory of change, is consistent with the current research evidence base, contributing to the first of the evaluation aims specified in the terms of reference.

Seven academic and grey literature databases were searched by AIC librarians as part of the REA using standard search terms pertaining to violent extremism, CVE programs and interventions, and young people (Figure 1). Follow-up searches were also carried out of the reference lists for three forthcoming Campbell Collaboration systematic reviews of radicalisation and CVE research. Peer-reviewed and 'grey' studies proposing or reviewing theories, describing CVE programs and interventions, and reporting or reviewing quantitative and/or qualitative empirical findings were eligible for inclusion. As there are such a large number of existing reviews of research on violent extremism risk factors and CVE, the decision was made to limit inclusion in the REA to these theoretical and empirical research reviews. As such, this REA is a 'review of reviews'. Thirty-one reviews were identified for final inclusion in the REA.

Figure 1: Literature search process

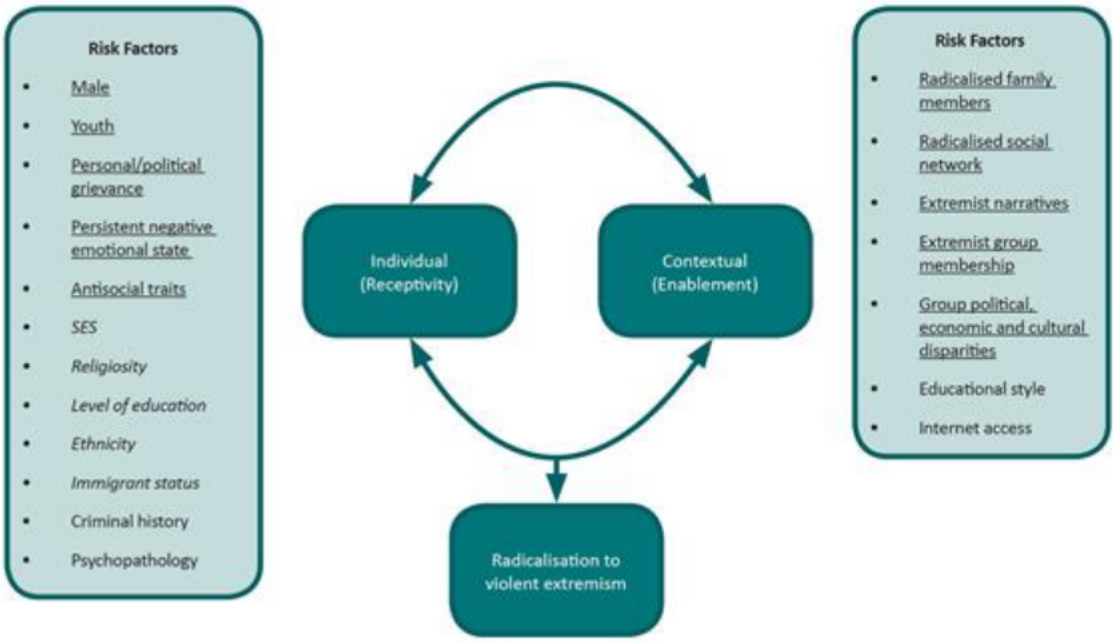


Risk factors for violent extremism

There is an emerging consensus in the literature that radicalisation to violent extremism is a complicated, non-linear and highly variable process involving multiple interactions of individual and contextual risk factors (Figure 2). Specifically, individual risk factors increase a young person's

vulnerability or receptivity to extremist ideology, while contextual risk factors enable this process through the provision of materials, opportunities, contacts and experiences. Contextual risk factors can exacerbate the receptivity of young people to extremism (eg ongoing experiences of discrimination), while young people in turn can actively manipulate their contexts to make them more enabling and reinforcing of radicalisation to violent extremism (eg choosing to associate more often with radicalised individuals). Individual and contextual characteristics that have received the strongest empirical support as risk factors for violent extremism include being young and male, and familial or social connections with other extremist individuals. Individual grievances linked to actual, perceived or vicarious inequalities and disadvantages, a generalised inclination towards criminal and antisocial behaviour, and to a lesser extent mental health issues have also emerged as important. Critically, a number of other factors widely considered to be associated with violent extremism (eg SES, religiosity, internet access) have received no or inconsistent empirical support.

Figure 2: Cyclical model of radicalisation to violent extremism



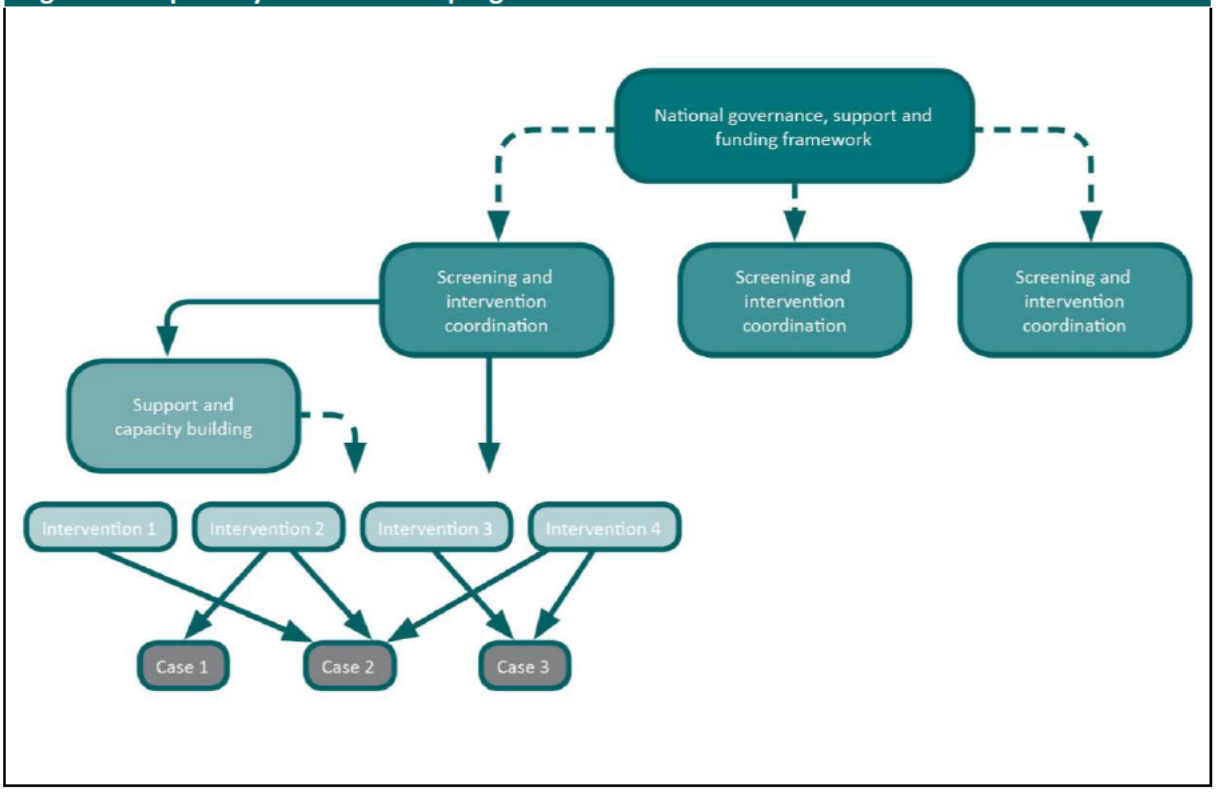
CVE programs and interventions

Research on CVE has examined the broader structures, administration and processes of CVE programs, along with the design and delivery of specific interventions encompassed within these programs (Figure 3).

There is empirical support for the adoption of a bottom-up CVE program structure in which partnerships of local-level government and (particularly) non-government service providers tailor and deliver interventions within a nationally- or centrally-determined governance, support and funding framework. These arrangements promote individual and community engagement with CVE programs, foster perceptions of legitimacy and trust among program recipients, and facilitate multidisciplinary interventions. There is also evidence that the concurrent use of 'hard' CVE interventions that emphasise enforcement and intelligence-based measures, and 'soft' preventative interventions that emphasise influence and persuasion with the same young person can be counter-productive in achieving these outcomes.

With regards to interventions, empirical research suggests the use of structured professional judgment (SPJ) tools over actuarial tools in the assessment of risk and the screening of young people for referral into CVE programs. There is also support for individually tailored and multifaceted intervention plans that account for the risk factors and characteristics unique to individual young people, and leverage off their existing familial and social networks as much as possible. Further, certain intervention approaches, namely those that develop critical thinking skills, and foster social integration and participation, appear to be effective in preventing many young people from radicalising to violent extremism, or de-radicalising those who already have.

Figure 3: Empirically-informed CVE program model



Best practice principles for CVE

The following best practice principles for CVE with young people have been distilled from the REA;

- Principle 1: The implementation of CVE programs for at-risk young people should be locally-driven within a nationally- or centrally-determined governance, support and funding framework.
- Principle 2: National/central governments should take an indirect role in the delivery of CVE interventions for at-risk young people.
- Principle 3: CVE programs for at-risk young people should ensure that interventions are delivered by partnerships of local-level government and non-government service providers.
- Principle 4: The screening and referral of at-risk young people into CVE programs should draw on SPJ as opposed to actuarial risk assessment.

- Principle 5: CVE intervention delivery should be undertaken by those perceived by at-risk young people as legitimate and trustworthy, and include members of their existing familial and social networks where possible.
- Principle 6: CVE programs for at-risk young people should encompass tailored intervention plans to address the risk factors for radicalisation to violent extremism unique to each young person.
- Principle 7: CVE programs for at-risk young people should emphasise interventions that foster the development of critical thinking and empathic skills.
- Principle 8: CVE programs for at-risk young people should emphasise interventions that foster sustained positive social integration and participation.
- Principle 9: CVE programs for at-risk young people should consider the use of interventions that address issues with psychopathology and antisocial traits.

Additionally, findings have highlighted several CVE practices that appear to be ineffective or counter-productive, including:

- the delivery of CVE interventions directly and solely by (particularly national/central) governments;
- the screening and referral of at-risk young people into CVE programs based primarily on actuarial risk assessments;
- the combined implementation of 'soft' and 'hard' CVE interventions with the same at-risk young person, and;
- the implementation of standardised CVE interventions.

What are the structures, processes, systems and models underpinning the intervention program?

At a national level, the LSTIP is overseen by the CVE Centre. Program implementation guidelines were developed by the Centre to support the states and territories to implement the LSTIP, and to guide its delivery.

These guidelines set out the role of Intervention Coordinators, which have been appointed in each state and territory, along with reporting requirements, funding arrangements and high-level program aims. The guidelines also provide some guidance about the activities that should be delivered as part of the program. First, activities that aim to support at-risk individuals who are involved in the intervention or support service component of the program. Second, activities that 'identify and build the capacity of non-government, community and local government organisations or initiatives to complement the delivery of intervention activities'. This includes efforts to build the capacity of agencies to identify violent extremism risk, make referrals to the program, establish services to address intervention gaps and increase the capacity of existing services to provide this support.

These guidelines are intentionally brief, non-prescriptive and high-level. Stakeholders agreed this was necessary during the early stages of program implementation. It has allowed each state and territory to deliver services that are tailored to the local context, facilitate testing of innovative approaches to CVE and to build on existing intervention services.

Given this flexibility, a focus of the evaluation has been to identify the structures, processes, systems and models underpinning the intervention program in each state and territory. Common features, and areas of divergence, are identified.

Current focus of the intervention program in each state and territory

Intervention program implementation was assessed in each state and territory. There are three basic stages of implementation:

- Level 1: Prioritises awareness raising and capacity building activities and have minimal capacity for engaging directly with clients.
- Level 2: Prioritises awareness raising and capacity building activities, but have established processes so that they have capacity to engage with a small number of clients if appropriate referrals are made to the program.
- Level 3: Prioritises active case management of clients, while also conducting awareness raising and capacity building activities.

s. 47B(a)

Implementation model, case load and referral source

There are differences between the states and territories in terms of where the intervention program is located within existing government structures; s. 47B(a)

The number of clients who have been engaged in the intervention program differs between the states and territories, but appears to broadly reflect the threat level and demand in each jurisdiction. Intervention Coordinators in the states and territories with smaller caseloads s. 47B(a) have prioritised efforts to build the capacity of agencies and the community to support the LSTIP by making referrals and providing services to engaged clients.

All of the states and territories currently receive referrals from s. 47B(a) as well as from s. 47B(a) . Other referral sources include:

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Features of the Living Safe Together Intervention Program

Overall, a single, largely consistent intervention model has emerged, despite the flexible approach set out in the program implementation guidelines. While there remain important differences between the states and territories, several consistent program features have emerged, including:

- the role of Intervention Coordinators;
- intelligence processes for referrals;
- risk assessment processes for prospective clients;
- the identification of strengths, needs and vulnerabilities of clients;
- individualised case management;
- s. 47B(a)
- policy, governance, service provision and referral partnerships; and
- a focus on life skills, education and training, health and community integration.

Intervention Coordinators

Each state and territory has a CVE Intervention Coordinator, whose role it is to oversee and manage the intervention program in their jurisdiction. s. 47B(a)

s. 47B(a)

According to the program implementation guidelines, the role of Coordinators in the intervention program is to:

- establish and maintain assessment, triage and case management processes;
- establish and maintain relationships between various parties involved in the delivery of services that support diversion and disengagement from violent extremism;
- manage risks associated with clients by ensuring timely referrals;
- liaise with the CVE Centre about intervention activities; and
- report to the CVE Centre via quarterly reports and forward work plans.

This is broadly consistent with what was observed as part of the evaluation. s. 47B(a)

There was broad agreement that the CVE Intervention Coordinators were committed and highly skilled individuals who had been effective in establishing and monitoring the various processes necessary as part of the program. The ability of Coordinators to form relationships with other agencies to develop referral pathways and deliver services to clients appears particularly well developed. They are proactive in identifying implementation barriers, but have at times had limited capacity to overcome these issues. For example, several Coordinators reported barriers to sharing information between agencies, but indicated they did not have the necessary legal expertise to identify solutions. There has also been some duplication of effort; Coordinators have spent considerable time developing localised program guidelines and related materials, including case management tools and consent forms to use with prospective clients.

Intelligence processes for referrals

Individuals referred to the program in each state and territory typically go through some form of intelligence process. This assists Coordinators to better understand the risk associated with prospective clients by looking at their criminal history, family members and known associates; and to identify any potential deconfliction issues (ie is the person or anyone in their family the subject of current and ongoing investigations). Once collected, this intelligence is communicated to the CVE Coordinator or other LSTIP service providers and used to make an assessment as to whether an individual is suitable for the program.

As shown in s. 47B(a) the point at which referrals are subject to intelligence checks depends on the jurisdiction, the referral source and the agency in which the Coordinator position is located. In some jurisdictions, the collation of intelligence about prospective clients is a routine process that occurs without any input from the program. s. 47B(a) . Conversely, intelligence checks may be undertaken at the request of program staff. s. 47B(a) or where referrals are from external sources s. 47B(a)
s. 47B(a)

s. 47B(a)

Risk assessment processes for prospective clients

Consistent with the program implementation guidelines, each state and territory uses some form of risk assessment process. The purpose of these risk assessment processes is to determine suitability for the intervention program and, to a lesser extent, inform the development of case plans for clients accepted into the program.

The primary tool used by the sites is the s. 47E(d) developed by the CVE Centre for use as part of the LSTIP. However, there are perceived limitations with this tool, which are discussed in detail later in this report. The s. 47E(d) tool has been:

- adapted to better suit the operational needs of LSTIP service providers;
- used as a guide, rather than completed in full, or used to confirm the professional judgement of Intervention Coordinators and partner agencies; and/or
- used in conjunction with other assessment tools.

Other tools that are used to supplement the s. 47E(d)

The exact timing and responsibility for risk assessment differs between the states and territories. Risk assessment is usually undertaken at the time of receiving a referral and the necessary intelligence, and is conducted by the Intervention Coordinator or other LSTIP service providers.

Overall, there was limited involvement of external government and non-governments agencies in the completion of the s. 47E(d), and risk assessment processes more broadly. Notable exceptions to this were the s. 47B(a) Intervention Panels. In these jurisdictions, there are formalised processes that involve representatives from external government agencies meeting to share information about clients and complete the s. 47E(d) tool. s. 47B(a) has also been working towards developing a similar process. The benefit of this approach is that it promotes multi-disciplinary practice and ensures that a wider range of factors and issues are taken into account.

Identification of strengths, needs and vulnerabilities of clients

While it is not a consistent or formalised step in the assessment or case management process, service providers in every state and territory undertake some type of process that involves identifying the strengths, vulnerabilities and needs of prospective clients referred to the program.

This process may be undertaken at the same time as any risk assessment processes—which is encouraged within certain sections of the s. 47E(d) tool—however, the focus extends beyond simply assessing the violent extremism threat or risk posed by an individual. The identification of client strengths, vulnerabilities and needs may be undertaken by the Case Manager or Coordinator in isolation, or with support from other agencies and professionals.

This process is an important step in the development of case plans, and ensures that interventions are tailored to the individual circumstances of each client. In some jurisdictions, this process also informs suitability assessments. For example, stakeholders from the s. 47B(a)

Individualised case management

Responsibility for case management differs between jurisdictions, and depends on where the CVE Coordinator position is located, the source of referrals and existing partnership arrangements. In a number of jurisdictions, case management is primarily the responsibility of s. 47B(a)

s. 47B(a)

Conversely, one of the main benefits associated with non-government led models—like the model in s. 47B(a), where case management responsibility rests with the s. 47B(a) —is that the people approaching prospective clients have greater legitimacy and are more likely to be viewed as trustworthy, which may translate into higher engagement rates. However, non-government models may be negatively impacted by information-sharing barriers, while Case Managers may not have received the necessary training to identify immediate or changing risk associated with individuals. Both of these issues impact on responsivity.

This suggests that any decision made about responsibility for case management should be supported by appropriate training, as well as streamlining of information-sharing processes.

s. 47B(a)

Irrespective of the case management model, all of the intervention programs that actively engage with clients are following the principles of individualised case management. This means that case management practices are tailored to the individual client, and case plans reflect the specific needs and strengths of the person.

This approach is supported by stakeholders involved in the program. While there are common risk factors shared by clients referred to the program (eg high needs, come from dysfunctional families), their strengths, needs and vulnerabilities are different. There are also important differences in the demographic profile and living circumstances of clients. For example, while many clients engaged in the program are second-generation young males, the program also receives referrals for women with children returning from conflict zones and elderly men.

Addressing the risk associated with this diverse group of individuals requires flexible and responsive case management processes that can not only respond to their needs as they are assessed and present initially, but also respond on an ongoing basis. Importantly, individualised case management processes are consistently identified as best practice for a wide range of programs working with diverse and vulnerable populations (Disley et al. 2012; Gielen 2017; Romaniuk 2015).

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Focus on life skills, education and training, health and community integration

Although case management processes are tailored to the individual needs, strengths, vulnerabilities and risk factors of clients, most of the activities delivered to clients fall into the following four categories:

- life skills— eg driving lessons, accessing Centrelink payments and government services;
- education and training—facilitating client attendance and engagement in school, or alternative education pathways;
- health and mental health assessment and support; and
- community integration—eg joining gyms, volunteer work, linking young clients with positive role models.

Consistent with the findings from the REA, stakeholders emphasised the importance of both mental health interventions and activities that facilitate community integration, such as joining gyms and sport teams. Many people referred to the program have unmet mental health needs, and are socially isolated and disconnected from their communities. Social isolation was exacerbated in situations where the client had mental health issues and had disengaged from education or employment.

In some jurisdictions, the intervention program has attempted to link clients to some form of religious training or mentorship with respected and trusted religious and community leaders in the

community. s. 47B(a) [redacted]

Importantly, rather than delivering activities as part of the intervention program, CVE Coordinators and Case Managers refer clients to other agencies and services that can provide access to these activities. This has required them to develop relationships with other agencies, both government and non-government. Some reported having difficulty initially identifying services that were willing to work with clients. This was primarily attributed to negative misconceptions held by agencies about the risk associated with individuals in the program. In some locations these issues are ongoing, whereas others have achieved some success after changing their engagement approach. This has included working directly with service providers to improve their understanding of both violent extremism and the program and, in particular, addressing some of the misconceptions associated with violent extremism. As one stakeholder observed, once they had 'demystified' who was in the program, and been able to demonstrate that many of the underlying drivers of risk are consistent with other vulnerable populations, services felt more comfortable working with clients.

Overall, activities delivered as part of the intervention program in each state and territory are focused on addressing the underlying susceptibility of clients to extremist ideologies, rather than critiquing or discrediting the ideologies themselves. In other words, the intervention program supports clients to address areas of need in their lives, rather than deliver an intervention that directly challenges ideologies that are supportive of violent extremism. As discussed in the REA, this intervention could involve mental health professionals working with individuals to develop their capacity for critical thinking, perspective-taking and, potentially, internet and media literacy (Gielen 2017; International Centre for the Prevention of Crime (ICPC) 2015; Nasser-Edine, Garnham, Agostino & Caluya 2011; Pels & De Ruyter 2012; Romanuiuk 2015).

Policy, governance, service provision and referral partnerships

The delivery of the intervention program has required Intervention Coordinators to establish partnerships with a range of agencies. These positive working relationships have assisted in developing policy, governance arrangements, service provision and identifying referrals. It has been particularly important for increasing and maintaining referrals into the program, and ensuring that clients could access different services.

s. 47B(a) [redacted]

s. 47B(a)

Most of the external agency representatives who participated in the evaluation reported positive working relationships with LSTIP staff, which they attributed in part to the skill of Intervention Coordinators. Overall, relationships are typically ad-hoc and reliant on existing working relationships between current staff. s. 47B(a)

How consistent is the underlying theory of change with best practice for countering violence extremism?

To assess the consistency of the theory of change underpinning the LSTIP with best practice, the intervention program has been compared with the principles identified through the REA. s. 47B(a)

s. 47B(a)

There is at least some evidence to suggest that, nationally, the LSTIP is consistent with all but two of the best practice principles identified through the REA. The CVE Centre has developed a broad and highly flexible governance framework that allows each jurisdiction a significant degree of freedom in how they design and implement the program. Critically, this governance framework has allowed each jurisdiction to independently tailor the LSTIP to specific jurisdiction-level problems, prioritise specific activities and develop unique jurisdictional-level governance structures.

While assessments and interventions are predominantly undertaken by government agencies and departments s. 47B(a) and service providers are also involved in the delivery of the program in each state and territory, usually as service providers delivering activities to clients engaged in the program, or through capacity-building activities (both as recipients and providers). While highly varied, these s. 47B(a)

Further, there was evidence that stakeholders involved in the delivery of the intervention program in each state and territory uses risk assessment tools and frameworks to guide decisions around risk, and to a lesser extent, case planning. The most commonly identified tool was the s. 47E(d), although some jurisdictions supplemented this with other tools like s. 47E(d). There was also strong evidence that interventions are tailored to the individual circumstances of clients.

In terms of actual intervention activities, those aiming to increase community integration and participation are consistently being used. This includes supporting clients to join gyms, local community groups and sporting teams, and to engage in education and employment. In short, intervention programs delivered as part of the LSTIP have prioritised increasing the social and emotional resilience of its clients to the influence of extremist ideologies, and introducing positive influences into their familial and broader networks. Specifically, by increasing clients' connections with prosocial groups, institutions and activities (particularly those they have expressed some interest in), the program is aiming to alleviate the generalised grievances and feelings of isolation and anger that make them vulnerable to extremist messaging. These connections also introduce informal social controls around clients that limit their opportunities for contact with extremist ideology, and restrain them from violently expressing any extremist views they may already hold. The facilitation of services for mental health issues experienced by LSTIP is also evident across jurisdictions.

s. 47B(a)

However, s. 47B(a) Some stakeholders argued that these services are inconsistent with their early intervention focus, which emphasises addressing the vulnerabilities that make people susceptible to extremist ideologies before they can become immersed in them. Others indicated that they have not yet encountered a client who has been radicalised to the point of requiring these interventions, but would consider providing access to these interventions if deemed necessary.

Further, there was considerable variation across jurisdictions in the degree to which service delivery is undertaken by those deemed legitimate and trustworthy by at-risk individuals. Consistency with this principle is difficult to gauge given that the perceived legitimacy and trustworthiness of service providers will often depend on factors outside of their control and be different for every client.

s. 47B(a)

s. 47B(a)

To maximise the level of trust that clients have with service providers, some jurisdictions try to leverage off existing case management arrangements and relationships with service providers where present, and enlist members of familial, social or community/cultural networks to facilitate the delivery of services and assistance. s. 47B(a)

Tension between 'hard' and 'soft' responses

As noted in the REA, empirical research has identified issues with the concurrent use of 'soft' CVE responses like the LSTIP and 'hard' or s. 47B(a) CVE responses involving investigation and intelligence gathering against the same individual. The combination of these two approaches can exacerbate any pre-existing distrust of government an individual may have and generate feelings of stigmatisation or persecution, particularly if they have not committed or planned to commit any offences (Gielen 2017; ICPC 2015; Romaniuk 2015). In turn, this can have negative implications for both initial engagement of clients, and the maintenance of their involvement in a CVE program like the LSTIP. It can even have the counter-productive effect of increasing clients' susceptibility to extremist ideologies.

S. 47B(a)

s. 47B(a)

Emerging promising practice

Importantly, there are several examples of promising practice that have emerged and which may be replicated in other locations, including:

s. 47B(a)

Multi-agency and multi-disciplinary approach to assessment and case management

While there is a high degree of partnership working between government and non-government agencies in each state and territory, formalised processes have been established in s. 47B(a) to engage external agencies at key stages, particularly assessment and case management. During the early stages of program implementation, the site established two panels—s. 47B(a) Agencies represented on the Panels include the s. 47B(a)

Although membership is fairly consistent across both Panels, they perform different functions. The Assessment Panel is convened every time a referral is made to the program to allow representatives to consider their suitability for inclusion. This process involves sharing of information between the agencies and completing the s. 47E(d). The Intervention Panel is tasked with informing the case plan for the client, providing advice about the different activities that the client should be engaged in, and also facilitating client access to services. The Intervention Panel meets on an ongoing basis to monitor client progress.

These Panels provide an invaluable opportunity for professionals with different experience, knowledge, training and foci to discuss the individual and their needs with the group. Multi-disciplinary practice ensures that a range of different factors and information are considered and insulates against the prioritisation of any one agency's concerns or interests over another (Gielen 2017; ICPC 2015; Korn 2016; Nasser-Eddine, Garnham, Agostino & Caluya 2011). s. 47B(a)

Other benefits include increased awareness of the program, increased referrals s. 47B(a) intervention program has received referrals from most agencies on the Panel) and increased access to information about at-risk individuals and services. Fewer barriers to information sharing were

reported in s. 47B(a) than in other jurisdictions. More recently, there has been a focus on formalising these partnership arrangements through MoUs between agencies involved in the Panels.

s. 47B(a)

Flexible engagement model

Engaging at-risk individuals in the intervention program was a common problem in each state and territory. Various measures to increase engagement have been developed, including leveraging off family members, s. 47B(a)

The s. 47B(a) ; however, a flexible model for engaging with prospective clients has been established. This process is overseen by the CVE Intervention Coordinator, who uses the information provided to them by the s. 47B(a) to assess which Case Manager should make the initial approach. Although there are only a small number of Case Managers, they are from diverse backgrounds. Case Managers can be matched with clients on the basis they are s. 47B(a) This is seen as being very important for maximising engagement. s. 47B(a)

Although engagement rates are still relatively low in s. 47B(a) they have a larger caseload than other jurisdictions. Further, it is consistent with case management best practice to match clients with service providers on the basis of demographic characteristics (Cherney 2017; Christmann 2012; Disley et al 2012; Gielen 2017; Romaniuk 2015; Sewell & Hulusi 2016; Spalek 2016).

Triage assessment model

While the s. 47B(a) intervention program has only recently formally signed on as part of the LSTIP, the intervention program and governance arrangements have been in place for a number of years. There is a core group of stakeholders who have been involved in the program since its inception, and who have formed strong partnerships.

These partnerships have facilitated the development of a triage assessment model, whereby agencies that refer at-risk individuals to the program—most notably, the s. 47B(a) —are responsible for making an initial assessment as to the suitability of the young person for the intervention program.

Agency representatives who sit on the Steering Group for the intervention program have worked with the Intervention Coordinator to upskill a small group central agency staff to review referrals made by regional staff, prior to being referred to the Intervention Coordinator for a more detailed assessment. The s. 47E(d) tool has been used as a guide to identify risk factors for radicalisation (but is not used to assess referrals until they reach the Intervention Coordinator), and resources have been developed to support this process.

This triage process has reportedly helped to reduce the number of unsuitable referrals to the Intervention Coordinator, and assisted agency partners to identify young people who may be at-risk, but not at-risk of radicalisation. When this occurs, it is possible for the agency to determine an alternative course of action that does not escalate the matter to a CVE response.

Involvement of a religious authority to deliver intervention services

The intervention program in s. 47B(a) has been established as a s. 47B(a) support service strongly focused on Islamic ideological extremism. The service delivery component of the s. 47B(a) intervention program is through the s. 47B(a)

The s. 47B(a) intervention program has developed a sound, connected and individualised engagement strategy that reflects the demographic and cultural characteristics of those posing the greatest threats of violent extremism to the people of s. 47B(a) has developed a strong model of supported case management in association with the s. 47B(a). The model provides for robust, flexible and engaged individual case management that overcomes potential barriers of s. 47B(a) and assists participants to address their issues within a familiar and supportive community setting.

What outcomes have been achieved for at-risk and radicalised individuals?

An assessment was made as to the short-term impact of the intervention program on at-risk and radicalised individuals who have participated in the LSTIP. This assessment is largely based on anecdotal information provided by intervention program staff, including CVE Intervention Coordinators, who have had direct contact with clients. More robust assessment data were not available, while the relative infancy of the program and small number of participants prohibits a more detailed assessment of change over time. While these data are anecdotal, they do provide some preliminary evidence as to the changes that have occurred in the lives of (primarily young) people who have engaged in the intervention program. Overall, nine stakeholders from five jurisdictions were interviewed and provided information about individual-level outcomes.

Results show there have been some modest but important improvements across a number of domains, including:

- mental health and wellbeing;
- community and social engagement;
- social and independent living skills;
- employment and education;
- access to services;
- attitudinal change; and
- behaviour change.

Examples of these changes, including several case studies, are described below.

Mental health and wellbeing

Many of the clients who participate in the intervention program complete a mental health assessment. For some, this represents the first time they have been diagnosed with a mental health problem (for a previously undiagnosed condition) and received a mental health plan and access to treatment. Program staff have observed improvements in clients' mental health symptoms, which increased their ability to engage in the program, as well as day to day functioning. For example, the ability of clients (with anxiety-related conditions) to manage their anxiety had improved, which had led some to seek out employment opportunities and to develop social relationships.

Clients have also demonstrated an increased understanding of mental illness and the importance of looking after their mental health. This has enabled clients to overcome negative perceptions of mental illness and mental health treatment, sometimes influenced by their cultural background and family attitudes, leading to increased participation in mental health treatment.

There have also been improvements in clients' confidence and self-esteem. Employment was observed as having a significant impact on self-worth, as have activities that aligned with clients' strengths and interests. This included activities like art and sports, or makeup and beauty classes. This illustrates the importance of a strengths-based approach. This is highlighted in s. 47F(1)

Community and social engagement

Another important focus of the intervention program is developing pro-social relationships outside of the family. This may result from participants joining gyms, community groups and sport teams, engaging in volunteer work and gaining employment. Program staff have observed clients becoming better integrated within their local community, and having greater access to informal sources of support (and control).

The development of pro-social relationships outside of the family was seen as important for a number of reasons. Many clients come from dysfunctional families, and their attitudes are influenced by the attitudes of their parents, extended families and older siblings. There have been examples whereby the clients' families were supportive of their beliefs and behaviours, and had even been involved in concealing their participation in criminal activities s. 47F(1) In other situations, the family may not have been supportive of the extremist beliefs, but were abusive and negative towards the young person, contributing to their feelings of social isolation.

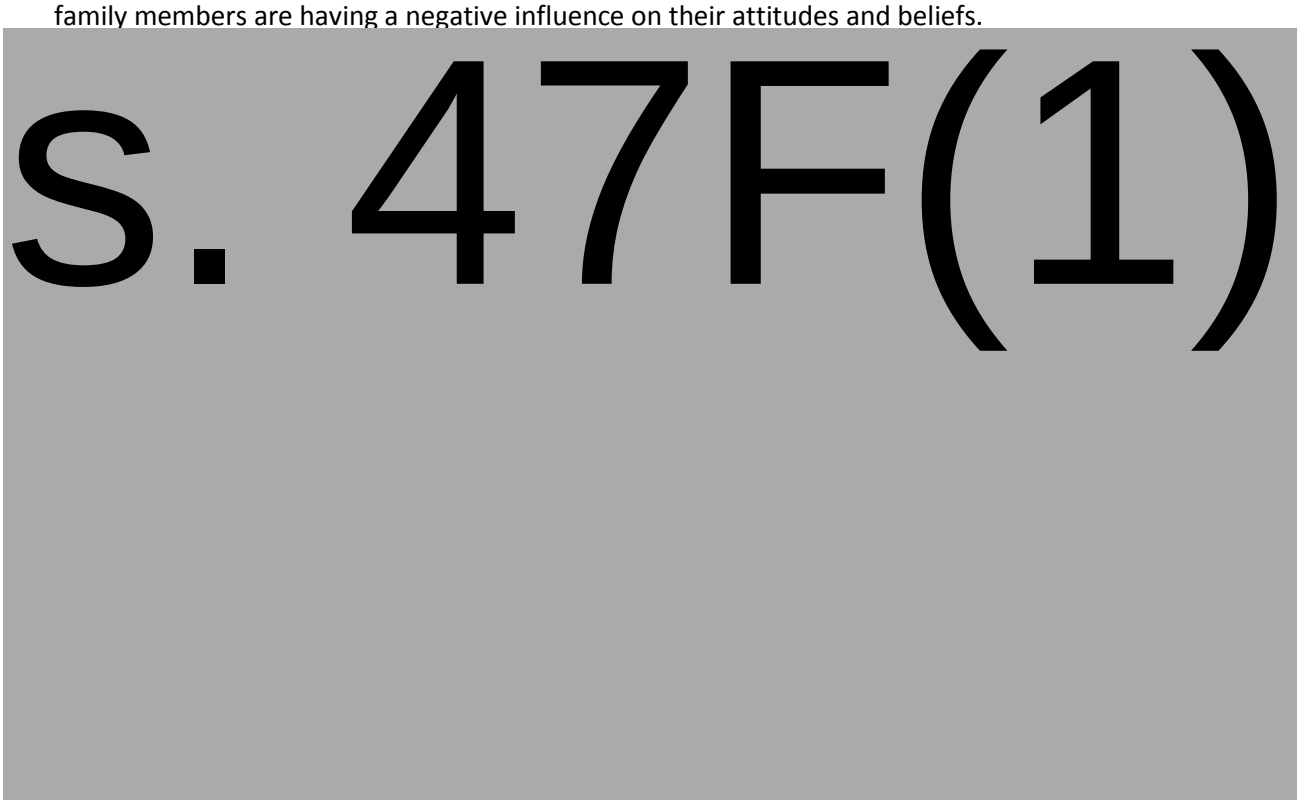
Social and independent living skills

Program staff also provided examples of the intervention program having had a positive impact on the independent living skills of clients. This includes clients:

- receiving their driver's licenses;
- finding and maintaining accommodation;
- applying for and accessing welfare services and payments;
- setting up bank accounts, Tax File Numbers and receiving birth certificates; and
- beginning to use public transport.

Although seemingly minor achievements, there are important flow-on benefits s. 47F(1) These skills can lead to increased confidence and overall well-being. They enable clients to engage in

employment, pro-social activities, and attend regular appointments (eg mental health). Finally, it can make it possible for a young person to live independently from their families, particularly where family members are having a negative influence on their attitudes and beliefs.



Social skills have also reportedly improved. Poor social skills included the lack of eye-contact, poor personal hygiene, not shaking hands with new acquaintances and being rude or non-communicative. Clients are encouraged to think about how others would perceive them, provided with feedback and provided with opportunities to interact with different people. This can be difficult when clients experience social anxiety. Nevertheless, it can increase employment opportunities and assist clients to establish positive social relationships.

In one example, the client had been unable to maintain eye contact with their Case Manager, did not shake their hand and dressed exclusively in black clothes and hoodies. When the Case Manager set up a meeting between the client and a potential employer, they asked them to put themselves in the employer's shoes and to think about what kind of first impression they would be making. During the meeting, the client made eye contact, shook the employer's hand and was wearing clothes appropriate for a job interview.

Employment and education

Another positive outcome has been increased employment and employability. Clients are often referred to employment services or connected to employers directly. Contact with mental health services has also resulted in increased employment opportunities for some clients. Clients who have received a mental health diagnosis have become eligible for additional employment support or have gained employment through disability services.

Clients have also received support to update their resumes, participate in and complete vocational training and improve their social and interview skills.

Program staff have also observed increased engagement with education among school-aged clients. However, given the age of clients, the priority has tended to be on gaining employment. In those cases in which there has been a focus on schooling, education departments have played a significant

role, encouraging attendance and identifying after-school services and activities. For example, one young client was on the path to being excluded from school when their Case Manager identified an after-school martial arts class. The client formed a close relationship with the teacher in this class, who encouraged him to continue attending school. He recently graduated Year 12.

Improving education and employment is important because it facilitates the development of independent living skills, social skills and pro-social relationships, and as shown in s. 47F(1) provides clients with opportunities to be exposed to people from backgrounds different to theirs, and a range of views. This can be important for improving critical thinking skills, as well as addressing negative attitudes towards and misconceptions about contemporary Australian society.

Accessing services

There was consistent evidence that the program has assisted clients to access a range of government and non-government services. This includes Centrelink and mental health, housing and employment services. Many clients had experienced barriers accessing these services in the past, because of limited experience and knowledge of the system and language and literacy barriers. Importantly, once clients had been shown how to contact and access these services, the majority were able to do so more regularly without support from the program.

Attitudinal change

The evaluation identified a small number of cases where clients had changed their attitudes towards the use of violence and/or society as a result of their participation in LSTIP. This was particularly noticeable for clients who came to the attention of the program because of their engagement with extremist Islamic ideologies. For example, the s. 47B(a) LSTIP had caused some clients to accept interpretations of the Qur'an and Hadiths and the nature of jihad that are not supportive of the use of violence. The influence of respected Islamic authorities had been important in helping some of these clients reach an understanding that they could continue to follow their faith devoutly but also peacefully.

In some instances part of the attitudinal change had come with gradually accepting the s. 47B(a) authority, rather than an agent of the state or as expressing 'illegitimate' views on Islam. In other instances clients had learned to accept the different lifestyles and views of others as part of living in a diverse society. A small number of clients reported a shift from wanting to die for their beliefs to now believing they did have something to live for. Some had developed a desire to draw

on their experiences and the changes they had experienced in positive ways, such as mentoring others who might be at risk of engaging with violent extremism.

An important element of the attitudinal change reported for some clients, was that it did not necessarily change their behaviours, but led to those behaviours manifesting in positive ways. For example, some Islamic clients had continued to express strong fundamentalist religious views in group meetings or on social media, but were doing so to encourage the faith and practice of others in ways that no longer advocated the use of violence.

More broadly, stakeholders reported that a number of clients engaged in the program had become more hopeful about the future, and recognised that they had control over their actions. This was observed for not only Islamic clients, but also those from the far-right as well. This appeared to be particularly important for clients who were leaving correctional facilities and felt like they had no control over their lives and had nothing to live for.

Behaviour change

Program staff reported a decrease in some of the behavioural issues that had brought clients to the attention of the LSTIP in the first place. Positive changes were observed in relation to:

- criminal offending;
- viewing extremist online content;
- producing extremist content (eg drawings and text); and
- talking positively about acts of violent extremism.

This is an important finding—it suggests that, by addressing a range of risk factors associated with violent extremism, the program may have had an impact on the behaviour of at least some clients. For other clients, problematic behaviours had persisted. For example, Case Managers have reported the need for ongoing conversations with some clients about accessing extremist online content. Further, there have been a small number of cases where the risk associated with clients had escalated and required the involvement of law enforcement.

Factors associated with effectiveness

Several factors were identified as being associated with positive outcomes for at-risk individuals:

- establishing rapport with service providers, noting that this is often a case of trial and error;
- allowing clients ownership of their case plan goals;
- adopting a strengths-based approach, rather than focusing solely on risk and need; and
- linking clients to mental health services and conducting a mental health assessment to identify potential barriers to engagement.

These are only preliminary outcomes—additional factors related to effectiveness are likely to emerge over time. However, there is a clear need to develop mechanisms for monitoring the progress of clients and measuring the impact of the intervention program across relevant outcome domains.

Where to from here?

With the implementation of the LSTIP, there has been significant progress towards embedding CVE as part of the overall response to violent extremism in Australia. Intervention programs are now well established in each state and territory. There is an established, recognised and agreed need for a CVE intervention that provides a viable alternative to more punitive CT responses. The alternative, as described by several stakeholders, is to 'arrest and monitor' at-risk individuals, which is resource intensive.

Because there is little precedent for this type of program in Australia, and to promote innovative and locally tailored responses, each state and territory has been given significant freedom in how they have designed, implemented and managed their intervention program. Despite this flexibility, a single, consistent intervention model has emerged. This model is largely consistent with evidence of best practice in CVE intervention. There is a level of intervention activity in each state and territory that appears commensurate to the relative threat level and demand for CVE interventions.

Positive working relationships have been established between Coordinators and agency partners that support the intervention program. Case Managers have developed expertise and knowledge which has enabled them to reach and support clients from a range of backgrounds. There is preliminary and largely anecdotal evidence of positive changes in the lives of at-risk individuals who have participated in the LSTIP. There is also a culture of continuous improvement—there is already a high degree of communication and information sharing between several of the jurisdictions, which facilitate the sharing of ideas.

Nevertheless, challenges remain. There are barriers to effective practice which need to be addressed. The LSTIP has reached a stage of implementation maturity whereby the initial uncertainty as to the need and feasibility of the model has largely been surpassed. The operational requirements of the intervention program are much clearer, and there is also a clearer picture emerging of the nature, characteristics and risk factors among at-risk individuals coming into contact with the program.

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