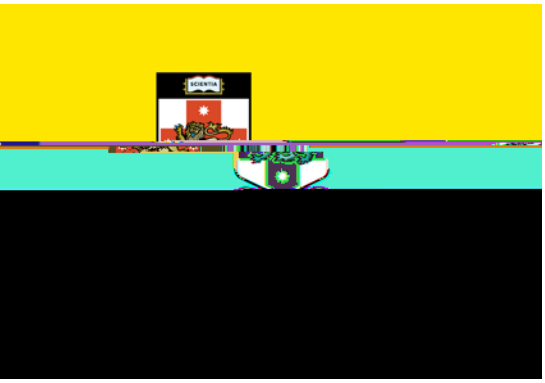

Evaluation of the Integrated Domestic and Family Violence Service Program

Final report

Prepared for:

NSW Department of Family & Community Services

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Fredrick Zmudzki, Jan Breckenridge, BJ Newton, Marie Delaney and kylie valentine

Acknowledgements

The evaluation team would like to thank the IDFVS management team for assisting with this research, and the managers, staff and clients of IDFVS and partner services

Tables

1 Executive Summary

This is the final report from the evaluation of the Integrated Domestic and Family Violence Service program (IDFVS), which was commissioned by the NSW Department of Family and Community Services (FACS). Researchers from the Gendered Violence Research Network (GVRN) and the Social Policy Research Centre (SPRC), both at UNSW Sydney, conducted the evaluation.

IDFVS provides a multi-agency, integrated and coordinated response to domestic and family violence (DFV) among high-risk target groups and in targeted communities. The program intervenes following the identification of DFV in a family. Identification usually occurs via Police, health services, child protection agencies, and/or support services such as family support programs. IDFVS provides adult, young people and child victims (male and female) with support to escape and recover from the abuse. The program provides ongoing practical and emotional support to both victims who remain in a relationship with the perpetrator, and victims who have ended the relationship. Child clients of IDFVS are considered as clients in their own right and direct services are provided to children. Direct services to children are negotiated and agreed by the parent client of the service (FACS 2016). Some IDFVS sites also provide interventions to perpetrators.

The purpose of this evaluation is to:

- strengthen the service model by documenting good practice across all projects
- provide strategic guidance for ongoing implementation and contribute to evidence in the area
- assess the value and critical elements for success of the integrated approach taken by IDFVS
- make recommendations on potential approaches to improve the program
- increase understanding of user needs, assess outcomes for clients, identify any gaps in creating partnerships and note where integrated service provision is lacking.

This is a mixed-method inquiry combining a synthesis of service monitoring data, validated scales and measures, as well as qualitative interviews and focus groups. The quantitative evaluation component is a retrospective data analysis based on program service delivery (portal) data for 24 months from July 2015 to June 2017 covering two complete financial years 2015-16 and 2016-17.

Service delivery and client profiles

- During the two-year study period the IDFVS program supported 4,907 clients at a relatively similar level (2,470 in 2015-16, 2,437 in 2016-17)

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effect for the population demographic. This requires improved consistency in the recording of external service referral and potentially website development.

Recommendation Four: *That consideration be given to funding specific workers with practice skills in working with children affected by DFV.*

Recommendation Five: *That FACS develop clearer guidelines to determine whether a case remains open or is closed, thereby allowing greater transparency of active client numbers.*

Recommendation Six: *That FACS develop clear guidelines on the component of brokerage in the funding allocation and brokerage use. This does not preclude projects leveraging other brokerage opportunities provided through local partnerships.*

Recommendation Seven: *That priority be given to employing Aboriginal workers as well as providing training on cultural safety and competency to other staff.*

Recommendation Eight: *That community education activities be properly resourced and strengthened to allow IDFVS projects to undertake more comprehensive community education with local partners and in the local community.*

Recommendation Nine: *That an IDFVS workforce development plan be developed to ensure the ongoing professional development of IDFVS service providers and managers.*

Recommendation Ten: *That FACS review procedures for recording IDFVS financial transactions in the corporate finance system to improve accuracy of funding provided to individual projects.*

A key element of the *It Stops Here* reforms is Safer Pathway, which outlines a new approach to victim safety assessment, referrals and service coordination. Under Safer Pathway, services are expected to work together to create a coordinated, holistic response to victims and their children.

Safer Pathway aims to position the safety of the victim and their children at the centre of the response. Victims are offered tailored support to meet their immediate and longer term safety, health and wellbeing needs. Victims have a single contact point, a specialised domestic and family violence worker, who links them with the

Despite the optimism of these results, few of the evaluations had robust outcome measures and none were designed to assess the relative impact of specific components, so it was not possible to draw conclusions from the evaluation evidence on the effectiveness of program components or service models. A further limitation was that most of the evaluations did not analyse experiences or outcomes for diverse population groups including those from mainly non-English speaking backgrounds, women living with disabilities, or those living in rural and or remote geographical locations.

An important finding of the meta-analysis of evaluations was that the measurement of integration has been impeded by four key factors:

- The term integration is often applied loosely to describe networks or partnerships of a variety of types. It is not well defined.
- Where services or models have been specifically formulated and designed with the framework of integration as the centrepiece, evaluation commonly has focused on the success or otherwise of one or more of its program components, rather than on the effectiveness of integration itself.
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The key feature of services funded through this program is integration. This is achieved by coordinating the responses of different government agencies and non-government organisations, including the Police, courts, child protection workers, women's refuges, men's education and behaviour change programs, health and domestic violence support services.

Most of the individual IDFVS services have developed from pre-existing DFV services and all have different auspice arrangements providing different wrap-around services to IDFVS clients. The local context determines IDFVS partnerships and all these factors directly influence the way in which each IDFVS project has evolved.

IDFVS intervenes following the identification of DFV in a family. Identification usually occurs via Police, health services, child protection agencies, and/or support services such as family support programs. The IDFVS program provides adult, young people and child victims (male and female) with support to escape and recover from the abuse. The program provides ongoing practical and emotional support to both

- Clients meet their case plan goals
- Perpetrators are referred to domestic violence behaviour change programs that meet the minimum standards, where available
- The local community's understanding of and response to domestic and family violence improves
- The local community is informed about domestic and family violence, including legislation, rights and reporting (FACS 2016, p.10).

IDFVS delivery is intended to be provided in a way that is 'seamless' to the client. The core service provided through the IDFVS program is integrated case management. Case managers work with the client to assess needs and risk by u n d Tsing the Do (o r ' a) t 2 2 . 2 6 - 6 (. s 6) - (2 e d ( ) e 1 a

3 Methodology

This is a mixed-method inquiry combining a synthesis of service monitoring data, validated scales and measures, as well as qualitative interviews and focus groups.

The setting and scope of this evaluation reflects the overarching perspective for the IDFVS program, the broader NSW government strategy and coordination with related blueprint initiatives. In terms of quantitative data, this evaluation focuses on interim outcomes and available program data sources for the two-year study period July 2015 – June 2017. It reports on specified interim client and program outcomes and the implicit contribution the program is making towards longer term client and systemwide endpoints.

An application for approval from the UNSW Human Research Ethics Committee (HREC) was submitted in November 2016. Approval was granted on 13 Dec 2016, for a period of five years (HC16967).

Assessment of the impact of the IDFVS in the context of the broader strategy requires an evaluation perspective and framework to assess the diverse client pathways throughout the service system, the interrelationships with other agencies, related resource usage, and wider sector effectiveness and related cost effectiveness. From a scale and funding perspective, the NSW government more than doubled the investment in specialist domestic violence initiatives in 2016-17 to $300 million over 4 years to 2019-20. Of this total investment in coordinated services the IDFVS program represents $3.7 million per year, around 5 percent of total annual funding for blueprint programs. This wider longer-term assessment is incorporated in the blueprint strategy objectives to develop system wide performance metrics and data collection mechanisms across the service system and to embed evaluation into all NSW Government funded domestic and family violence services.

3.1 Evaluation scope: client outcomes

The evaluation of client outcomes aligns with available IDFVS program datasets over the two-year study period from July 2015 to June 2017, and the program interim outcomes across client target groups. There are implicit interrelationships between the current evaluation of IDFVS, other related FACS DFV programs, and the longer-term endpoints established in the overarching FACS reform blueprint (Figure 1). The black dotted area of the figure highlights the focus of the IDFVS evaluation positioned within the wider NSW blueprint strategy and longer-term outcomes of lowering community tolerance subject to longitudinal evaluation.

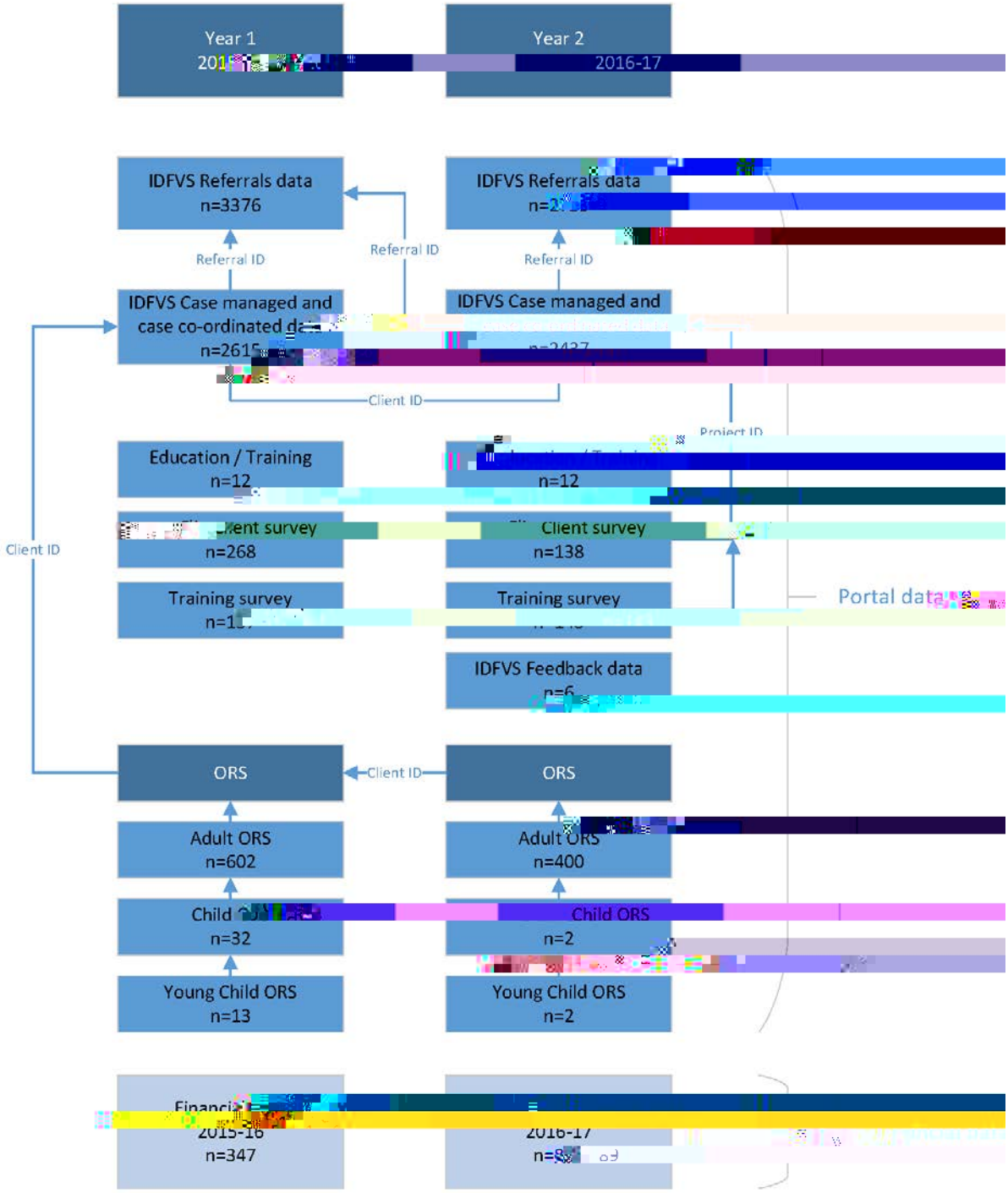
Figure 1: IDFVS data perspective and scope

Source: FACS DFV Reform Blueprint 2016-2021, portal datasets, IDFVS program guideline. Black dotted area reflects focus of the IDFVS evaluation.

In line with the wider blueprint perspective the evaluation aimed to identify aspects which would support improved data content in the

sources incorporate all available IDFVS portal content including program activity and ORS client wellbeing with program financial data to develop the core linked dataset for the program analysis.

Figure 2: IDFVS data structure and sample sizes



Source: FACS IDFVS portal datasets, ORS datasets, FACS Corporate finance.

are made that influence existing and prior client data. This is because the portal data is compiled in reports based on a number of records and various dates, which when updated will result in records being included or excluded from the previous run figures, even if they are run for the same timeframe.

Specific data content is described in the service provider portal guidelines version (NSW Department of Family and Community Services, 2014).

Outcome Rating Scale (ORS)

Client wellbeing is assessed through the Outcome Rating Scale (ORS) questionnaire which is a formally validated and internationally accepted client outcome tool based on the work of Miller, Duncan et al (Miller, Duncan, Brown, Sparks, & Claud, 2003). The ORS assesses self-reported client outcome information including changes to client wellbeing across four dimensions:

Personal distress and individual functioning (personal well-being)
Interpersonal well-being (how well a client is faring in important relationships)
Social Role (satisfaction with work or school and relationships outside the home)
Overall self-assessment of client's general sense of well-being

It is recommended that the ORS tool should be administered by workers with their clients at service entry and exit, as well as at regular intervals in between or at the workers' discretion (every 3 months or after a critical incident). Additionally, a similar versio

- people who have received support from a service funded through the IDFVS program
- people who have received support in the past 6 months,
- people who have sought but were declined support because of waiting lists or other capacity shortfalls.

Note: we did not interview anyone who had been declined support as services indicated that they supported all requests for assistance at least with information and referral.

Interviews and focus groups were undertaken with IDFVS managers, service providers and key jurisdictional stakeholders. Service providers included workers (aged 18 and over) who provide IDFVS to clients and their managers, and select stakeholders from other agencies which provide support to IDFVS clients. Inclusion criteria are staff/managers working at an IDFVS service, or a service that provides support to people experiencing domestic and family violence in a community where an IDFVS service is located.

We interviewed 45 clients, 36 IDFVS staff and 21 stakeholders (Table 2).

Table 2: interview sample 13

	Staff	Clients	Stakeholders	Total
Bondi Beach Cottage	3	4	3	10
Eastlakes	6	5	4	15
Green Valley Liverpool DFVS Bankstown	5	5	3	13

3.4 Limitations

As for all program evaluations the IDFVS program analysis includes several limitations:

Program portal datasets

The portal data include variation across source datasets including reporting gaps and blank responses and therefore accuracy and quality are difficult to evaluate. Variation may also result from interpretation of classifications and or reporting errors as well as variation of reporting practice across projects, for example the process for exiting clients from the program. This is understood to reflect routine client pathways and process and is only identified as a limitation in terms of some responses having low sample sizes and therefore a correspondingly low statistical significance. For this reason, response sample sizes are included on all relevant result tables for reference.

Examples of reporting variation are presented where identified as potential items for system review, reporting guideline development or potential areas of training.

The portal was established as an interim reporting mechanism and there has been identified variation across projects with portal reporting practices and consistency.

Evaluation scope

The evaluation scope did not include consideration of a comparison group for potential matching and control of program outcomes. This absence of a counterfactual and variations in the service network between project areas mean that it is not possible to assess the extent to which client outcomes are driven by the IDFVS and how important IDFVS is to referrals and service use.

The evaluation focuses on interim outcomes for the study period with longer term system wide outcomes subject to longitudinal validation. There are certain caveats that need to be considered when reviewing the data and proposed outcomes:

- There is no visibility of the intensity of support provided by IDFVS across case coordinated or case managed clients. The data does not show the complexity of certain cases or monitor the number of hours of support received per client.
- The evaluation scope does not include assessment of the number, type and availability of support and partner services in each region and the related interim outcomes of coordinated support may reflect limitations of the service network in the particular geographic area. The interview data suggest

Qualitative data

All worker and client participants were genuine volunteers and client interviews were arranged through each IDFVS to ensure the safety and confidentiality of the client and to enable immediate support on site should the interviews trigger distress. While there are obvious ethical benefits of this type of recruitment it is unlikely that client participants would represent the service experience of clients who were dissatisfied or whose needs were not met by the IDFVS. We were not able to interview all key stakeholders for each IDFVS service, as a number of potential participants were unavailable during the data collection period.

Table 4 Client gender 2015-16 and 2016-17

Gender	2015-16		2016-17		Total	
	Clients n	%	Clients	%	Clients n	%
Female	2,379	96.9	2,320	96.2	4,699	96.6
Male	76	3.1	91	3.8	167	3.4
Total	2,455	100.0	2,411	100.0	4,866	100.0

Source: FACS IDFVS portal datasets 2015-16 to 2016-17

Relationship to perpetrator

The perpetrator relationships to IDFVS clients at the time the violence occurred are predominantly a current intimate partner 46.5% (n=507), former or ex partners 33.8% (n=368) or other family members 15.1% (n=165), Table 5. Each relationship group was relatively consistent across each year with an increase in former or ex partners from 31.9% (n=174) in 2015-16 to 35.6% (n=194) in 2016-17.

Table 5: Relationship between perpetrator and victim 2015-16 and 2016-17

Relationship	2015-16		2016-17		Total	
	Clients n	%	Clients n	%	Clients n	%
Intimate partner	253	46.4	254	46.6%	507	46.5
Former or ex-partner	174	31.9	194	35.6%	368	33.8
Other family member	83	15.2	82	15.0%	165	15.1
Other	35	6.4	15	2.8%	50	4.6
Total	545	100.0	545	100.0%	1,090	100.0

children supported through Cabramatta, Liverpool, Eastlakes, Mt Druitt and Nowra. Again, the qualitative data suggest that IDFVS vary in the support provided to children: some have services for children offered via their auspice organisation, others have partners in the geographic area who speci

substantially higher number of children than the total program group with an average number of children per client of 2.3 compared to 1.4 for the total study group.[4]

Table 8 Aboriginal clients by project 2015-16 to 2016-17

Project	Yes

Project	2015-16		2016-17		Total	
	Children n	%	Children n	%	Children n	%
Total	398	100.0	482	100.0	880	100.0

Source: FACS IDFVS portal datasets 2015-16 to 2016-17
Note: Port Macquarie Hastings includes Port Macquarie, Kempsey and Taree

Victims affected by socio-economic disadvantage

High levels of clients indicate they are affected by socio-economic disadvantage.

11). The highest proportions were reported at Cabramatta with 87.5% of clients (n=701) and Bankstown 59.3% (n=144) with these two projects representing half of all clients speaking a language other than English at home. Somewhat high proportions were also reported in Liverpool, Eastlakes, and Mt Druitt with around a third of clients in each speaking a language other than English at home. Bondi Beach also included around a quarter of its clients in this group.

Table 11: Language other than English spoken at home

Project	Yes		No		Total	
	Clients n	%	Clients n	%	Clients n	%
Cabramatta	701	87.5	85	10.6	801	100.0
Bankstown	144	59.3	86	35.4	243	100.0
Liverpool	246	36.9	303	45.4	667	100.0
Eastlakes	194	33.1	342	58.4	586	100.0
Mt Druitt	170	29.4	409	70.6	579	100.0
Bondi Beach	76	24.4	183	58.8	311	100.0
Central Coast	71	13.3	354	66.4	533	100.0
Mullumbimby	16	11.6	121	87.7	138	100.0
Nowra	20	3.8	539	96.1	561	100.0
Port Macquarie / Hastings	11	3.2	332	95.4	348	100.0
Catholic Care		0.0	55	100	55	100.0
Total	1,649	34.2	2,809	58.3	4,822	100.0

Source: FACS IDFVS portal datasets 2015-16 to 2016-17
Note: Minor differences between yes, no and total represents unknown response
Port Macquarie Hastings includes Port Macquarie, Kempsey and Taree

Victims affected by social exclusion

IDFVS clients also report being affected by high levels of social exclusion with 34.0% (n=1,615) overall (Table 12). The level of exclusion is consistently high across almost all projects with most above one third of clients, Port Macquarie / Hastings and Cabramatta above 40% and Catholic Care the highest aiictj ects .002 Tc 0.435 00Td [(ac

Project	Yes		No		Total	
	Clients n	%	Clients n	%	Clients n	%
Port Macquarie / Hastings	141	41.3	200	58.7	341	100.0
Nowra	214	38.5	342	61.5	556	100.0
Eastlakes	219	37.3	368	62.7	587	100.0
Bankstown	89	36.9	152	63.1	241	100.0
Mt Druitt	211	36.4	368	63.6	579	100.0
Mullumbimby	48	34.5	91	65.5	139	100.0
Liverpool	208	31.7	449	68.3	657	100.0
Bondi Beach	66	21.2	245	78.8	311	100.0
Central Coast	24	4.4	526	95.6	550	100.0
Total	**1,615**	**34.0**	**3,140**	**66.0**	**4,755**	**100.0**

Additional referral sources include NSW Health (2.1%, n=132) which include both physical and mental health, Child Wellbeing Units, Specialist Homelessness Services (SHS), family networks, housing and legal system contacts. Referral

Referral source	2015-16		2016-17		Total	
	Clients n	%	Clients n	%	Clients n	%
Legal advice and representation	89	4.3	74	3.5	163	3.9
Housing NSW/ Community housing	63	3.0	63	3.0	126	3.0
Perpetrator program	52	2.5	53	2.5	105	2.5
WDFVCAS	60	2.9	32	1.5	92	2.2
Other NGO	35	1.7	46	2.2	81	1.9
Staying Home Leaving Violence	16	0.8	57	2.7	73	1.7
Centrelink	31	1.5	23	1.1	54	1.3
D&FV Group work sessions	12	0.6	38	1.8	50	1.2
	3,707	**100.0**	**3,273**	**100.0**	**6,980**	**100.0**

Source: FACS IDFVS portal datasets 2015-16 to 2016-17
Notes: Percentages do not necessarily sum to 100% as respondents could select more than one response. There were 3,376 clients referred in 2015-16 and 2,739 in 2016-17.

Others include NSW Health, Strengthening Families NGO, Other government agency, ADHC (Ageing, Disability and Home Care), Child Protection Helpline, Fewer than 1% of referrals were to educational institutions over the two-year period.

Services referred to, by project

On program exit, details are reported for external agencies the client was referred to during the support period that were known to actually have supported the client, Table 17. This may partially reflect service availability across projects with variation potentially related to local service capacity. As these details are only collected when clients are formally exited from the program, part of the variation also reflects patterns and proportions and timing of clients exited, discussed further in the following section examining duration in the program.

The high variation between projects provides a basis to investigate capacity building in those areas or to examine program management for improved consistency in the recording of external service referral.

management. All other projects are above the overall average with Port Macquarie Hastings 87.9% (n=319) and Central Coast 88.2% (n=485) reporting a majority of their clients as having exited.

The average duration in

5 Client outcomes

The IDFVS program guidelines (FACS, 2016) specifies that the program aims to improve outcomes for its target population over the long-term, and that in order to achieve these, the program focuses on achieving the following interim results:

- clients are empowered to keep themselves and their family safe
-

Table 18: Service provided by project

Source: FACS IDFVS datasets 2015-16 and 2016-17
Notes: Includes multiple services of individual clients, Port Macquarie Hastings includes Port

service delivery reach and mix. Nowra services were not reported in the available portal datasets.

In addition to services provided to clients the IDFVS program delivers services for client's children (Table 19). The figures show substantial variation across projects in line with local service capacity and the relative proportion of clients with children. Safety planning and security equipment indicates a core support across most projects with referral and provision of child specific counselling and group work also provided with variation across projects.

Table 19: Services provided to client's children

	Bondi Beach	Mt Druitt	Mullumbimby	The Deli	Central Coast	Cabramatta	Bankstown	Catholic Care	Port Macquarie	Nowra	Liverpool	Total
Not applicable (no children)	19	314	13	12	74	2	21		48		59	**562**
Safety planning / security equipment	24	7	28	2								

Source: FACS IDFVS datasets 2015-16 and 2016-17
Note: Port Macquarie Hastings includes Port Macquarie, Kempsey and Taree

Services for clients' children also covered limited support including brokerage, advocacy for family law cases and liaison with schools and childcare. The support reported through 'other' include liaison with FACS, group work, court support and a range of social, advocacy and safety related activities. It is also worth noting that auspice organizations may well provide services not recorded against IDFVS services provided.

The services all commenced at different times and in different service contexts so the way the IDFVS developed has been dependent on the nature and types of services funded in the local geographic area. Their auspice agency (and the services they provide as wrap-around) and where they are co-located also influences the way in which the integrated service develops and the philosophical underpinnings of a particular IDFVS project.

While all IDFVS projects acknowledge their routine provision of referral, case coordination and case management, the way in which these services are provided and the mix of local partners and services combine to provide a unique service opportunity within the local geographic context. 12 74 Tj 0.57 341 16.32 55.T0.0-1 Tc -0.01 Tw 8.16 -0

Service providers and managers were also able to detail very specific types of services that their IDFVS offered. Examples include: advocacy work with other service providers on behalf of the client and their children, information sessions in schools, education groups with adults and information sessions to other services, and court support.

The extent to which an IDFVS service would provide more than assessment and crisis counselling varies. A few of the IDFVS services do not claim to provide counselling, a few primarily offer therapeutic interventions and other IDFVS are somewhere on the continuum between these two positions.

Another pertinent factor in the type of services provided is the make-up of IDFVS staff. At different points staff may have different practice preferences and different disciplinary backgrounds. This can lead to a practice preference for counselling as opposed to crisis work or case management. For example, one service manager reported: 'Right at this moment, I would say that we probably have more case coordination than what we would normally have because of the current staff makeup'.

5.2 Brokerage

Brokerage funding is highly variable across projects with around a quarter of the total brokerage provided through Central coast while Eastlakes did not report providing any brokerage support. The majority of IDFVS reported having brokerage set aside in their budget and were able to specify the various ways in which they administered it. One provider indicated the diversity of uses to which brokerage funding is put: within their own program examples include store cards, removalist's costs, locksmith costs when locks need to be changed and school uniforms.

Another service described their brokerage system as an 'escape fund' which pooled brokerage funding, community donations and brokerage funding from other programs.

The services also talked about the way they leverage other forms of financial and material assistance in their local community contexts via food vouchers and even

service the Manager additionally stated that brokerage imposed too great an administrative burden to be worthwhile.

5.3 Partner agencies and partner agency support

Assessing the integrated nature of the IDFVS program includes examining the engagements with partner agencies across projects. Program portal data reports partner agencies that worked with each project to support clients, defined as having had multiple discussions about the client to plan or coordinate services, that is, excluding minor partner agency contact.

Previous annual portal reporting has indicated ongoing improvements in partnerships with other organisations including increased referrals through Safer Pathways, self-referrals and other partnerships, creating new relationships with non-government organisations in their local community, stronger relationship with government agencies, NSW Police, Housing services, and local Health services (ARTD Consultants, 2017).

The combined portal datasets merged during the evaluation confirm the composition of partner agency support during the two-year study period (Table 20). From the highest number of partner agency support, top to bottom, the close relationship with police is consistent across projects. The high number of police cases for Central Coast relate to the project being provided through the local police service.

Table 20: Partner agency engagements supporting IDFVS clients by projectiii clTablbp wiablb [(l17.

Health is a consistent partner agency providing physical and mental health support including community health services.

Housing support is also a core program integration point with partnering agencies across projects through Housing NSW and Community Housing NGO providers. The partner agencies grouped within h(a)10.5 (g)e(hi)2.6 (i)2.6 (a)12healludie Bton p4.2 (h)10.5 ((e)10

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5.4 Support service composition and coordination

The previous sections confirm that although there is variation in client need and service delivery across projects, there is consistent coordination of core services and established relationships with partner support agencies. To examine program integration and coordination at a client level the number of services provided to each client were calculated to assess the proportion of cases that were receiving multiple, integrated support (Table 21).

The figures indicate a substantial proportion of clients are receiving more than one support service with substantial numbers receiving up to 5 coordinated services and some clients supported by more than 5 types of service where necessary. Around half the clients are receiving no services, i.e. information and referral only. As for service figures presented in section 5.1, support provided by the Nowra service was not reported in the portal datasets.

Table 21: Services per client by project

partner agencies. The figures include the merged two-year study period with the relatively low contacts for Catholic Care due to the project commencing operation in 2016-17, year 2 of the study timeframe.

Table 22: Partner agencies per client by project

Source: FACS IDFVS datasets 2015-16 and 2016-17
Note: Port MacVt

interim outcomes, there are established considerations specific to Aboriginal communities.

Previous research has reported the levels of Aboriginal family violence are likely to be under-reported due to local primary health responses, significant under-reporting to police by victims, and inconsistent data collection of perpetrators' cultural backgrounds (Closing the Gap Clearinghouse (AIHW & AIFS), 2016). These aspects may also influence IDFVS engagement and reporting by Aboriginal clients, however the support services provided across projects indicate the program is reaching Aboriginal clients, Table 23.

Table 23: Proportion of clients

5.7 DVSAT results at program entry and exit

The Domestic Violence Safety Assessment Tool (DVSAT) is routinely used as the standard program assessment instrument. The assessment is undertaken at entry to the program and clients are reassessed using the tool on exit from the program.

The variation in the proportion of clients not formally exiting the program as discussed in section 1.13 may mean that clients are not routinely reassessed or that the results of this re-assessment are not entered in the portal because the client has not been formally exited. Other DVSAT assessment points are optional and the DVSAT may be implemented following a significant episode, or at a specified number of months in the program, however these additional assessment points reported relatively small groups of clients.

A high proportion of clients are assessed on entry to the program (n=3,203) and results indicate fairly consistent levels of reported threat across each study year, 2015-16 and 2016-17 (Table 24). The majority of around 85% of clients are assessed as being at threat with around one third of clients (32.6%, n=1,044) reporting as being at serious threat.

Table 24 initial DVSAT results at program entry 2015-16 to 2016-17

Threat level	2015-16		2016-17		Total	
	Clients n	%	Clients n	%	Clients n	%
Serious threat	520	33.2	524	32.0	1,044	32.6
At threat	817	52.2	886	54.1	1,703	53.2
No threat	228	14.6	228	13.9	456	14.2
Total	1,565	100.0	1,638	100.0	3,203	100.0

Source: FACS IDFVS portal datasets 2015-16 to 2016-17

Around 14% of clients reported a DVSAT level of no threat. DVSAT reassessment was undertaken prior to exit from the program for approximately a third of clients that exited the program (32.7%, n=729), Table 25. The DVSAT scores on exit indicate a reduced proportion of clients reporting serious threat levels from 32.6% at entry to 25.9% at exit. Most clients reducing from 'serious threat' level continued to report ongoing DVSAT level 'at threat', resulting in the at threat proportion of clients increasing by a corresponding proportion. The DVSAT scores are a broad tool to identify significant threat levels and guide appropriate responses in developing client case management plans. It is not surprising that high levels of clients remain in fear of their circumstances, even if at reduced levels.

It is also the case that perpetrators may continue to be violent and harass their partners after the relationship has finished. Equally, given that just under half the clients [46.6%] were still in a relationship with the perpetrator it is not surprising that

despite sometimes multiple interventions, no matter how effective, that a woman may remain at risk of further violence and abuse.

Table 25 Re-assessment DVSAT results at program exit 2015-16 to 2016-17

Threat level	2015-16		2016-17		Total	
	Clients n	%	Clients n	%	Clients n	%
Serious threat	120	31.8	69	19.6	189	25.9
At threat	217	57.6	225	63.9	442	60.6
No threat	40	10.6	58	16.5	98	13.4
Total	377	100.0	352	100.0	729	100.0

Source: FACS IDFVS portal datasets 2015-16 to 2016-17

On exit there was notably higher variation between DVSAT levels during each study period year, compared to entry scores that were consistent across years. This may be partly due to consistency of exit procedures across projects and the composition of the exit DVSAT score sample (n=729), representing a third of total exited clients (n= 2,226). It is not possible to ascertain whether the number of exited clients is responsible for the variation in DVSAT

wellbeing ORS scores. Sample sizes were also insufficient to examine client target groups, including Aboriginal women and women with a disability, who may report lower ORS scores at entry.

Due to the small number of child ORS scores collected (n=34) it was not possible to assess the program influence on children's feelings of wellbeing and safety.

5.9 Client Survey

A separate client survey is offered to clients on exit from the program of which 406 responses were received during the two-year study timeframe. The client survey responses are provided anonymously and are therefore not linked directly to other client data. The client survey questions are provided in Appendix A and the client survey results for each question in Appendix B.

The client survey indicates consistently positive feedback with around 80% of clients responding they agree or mostly agree with each survey question (Figure 5). This group of survey questions from 1 to 12 cover helpfulness of the program, accessibility to case workers, feeling treated with respect, clients feeling they and their children feel safer, and overall happiness with the program.

Figure 5: Client survey responses by survey question

Source: FACS IDFVS datasets 2015-16 and 2016-17, n~400

6 IDFVS service model

The current evidence base indicates that both victims and perpetrators of domestic, family and sexual violence have diverse and complex needs, frequently requiring multiple interventions provided by a range of community-based services to better ensure immediate and ongoing safety for women (Rees & Silove, 2014). Government and professional recognition of the complexity of these women's needs has acted as a catalyst for the growth in what is referred to in many global Western jurisdictions as 'integrated responses' (Coy et al., 2008). Indeed, this intention is echoed nationally in 'The National Plan to Reduce Violence against Women and their Children 2010-2022' (the National Plan) which states that its success "hinges on the success of the sixth outcome area – that the entire system join seamlessly and all its parts work together" (2009, p.15). At the State level, NSW launched its DFV Reform Package in 2014 – 'It Stops Here: Standing together to end domestic and family violence' which is premised on integrated service provision.

'Integration' is a term that continues to be used interchangeably with others including 'multi-agency', 'interagency', 'partnership', 'collaboration' and 'coordinated response' (Healey et al., 2013; Wilcox, 2010), although definitions vary in different contexts (Dowling et al.52004; Wilcox, 2010). Healey et al. note that "partnerships can range from those with loose networks of interagency update meetings, through streamlined referral systems to more tightly woven, single integrated systems across a range of sub-unit services" (2013, p. 2). However, the literature generally accepts that integration most often requires acknowledged partnerships between agencies and the explicit sharing of service provision principles and approaches at the local level. 6 (y)8.9 7.8 (i)2.6 91cTj EMC /P05 (os)-2 (t-)-2 (pons)-2 1tt. .trviincovsk1cTj EM.6 ( )]TJa

- minimisation of secondary victimisation.

These stated benefits are evident in the provision of the IDFVS program and the following discussion focuses on core program elements and local adaptions to more closely explore the implementation of the program.

6.1 Core program elements and local adaptations

The strongest program elements shared by all IDFVS programs are integration based on collaboration and coordination, and flexible client-centred responses.

Integration based on collaboration

The current evidence on just what constitutes an integrated service provision is contested and there is no one definition or understanding of what integration means in practice (Breckenridge, Rees, valentine and Murray 2015). Clients who have experienced DFV may experience a range of effects including but not limited to physical and mental health concerns, financial insecurity, homelessness and precarious tenancies, difficulties with children, ongoing legal concerns related to their safety and family court matters. It would be difficult for one service to comprehensively provide for all needs. Therefore, partnerships with other organisations provide the most comprehensive response to an individual's needs. One service provider encapsulated this in an interview, stating

> It's the collaboration. You do have different kind of services however, one service cannot do it on their own. You need the specific key players, who the women choose to work within their lives, key players to do it together service provider)

The importance of local context was stressed by all participants as being critical to shaping the nature of integrated service provision.

> I certainly see us as part of broader integrated system. We don't see it as being just a little extra something that our organisation offers. I wouldn't view it as a project within our organisation, but a project within community (service manager)

> Integration meaning that we form part of a community service network that's going to I guess share the risk around clients and share the service provision to clients and not just that. That's the practical aspects of it" (service provider)

While all IDFVS projects stressed the importance of strong and effective local partnerships, some noted that their understanding of integration also encompassed different services offered within the same overarching organisation

> It's an integrated service because we provide counselling and casework. That's a big part of it. So we have those two hats on. It's also because of the

> fact that we use playgroup in terms of supporting the women and also as a soft entry point, (service manager)

Another IDFVS manager noted the helpfulness of their location within a more comprehensive DFV service

> For instance, if we look at specifically our own organisation, we've got different service streams. we've got outreach services, we've got our crisis accommodation, transitional housing, which goes under SHS, so Specialised Housing Services, our service program. In our organisation, having those different service streams, it also broadens and provides different opportunities for women (service manager)

The ways in which the IDFVS describe integrated service provision is not consistent between each project which is not a surprise because there is little guidance in the current literature describing how an integrated DFV service should be offered. Definitions of integrated service provision in the literature are contested and various terms such as partnerships, collaborative arrangements, one stop shops are used interchangeably with integrated service provision. In fact, the diversity characterising IDFVS actually reflects the diversity noted in the current evidence base.

Flexible responses

The balance of activities undertaken by each IDFVS are driven by perceptions of the needs and opportunities of the local context. As already noted each of the IDFVS projects provides information, support, referrals, and case coordination and/or case management. Aside from these core components, there are substantive differences between the sites in terms of services provided, co-location and auspice arrangements, use of brokerage, and provision of support to children and family members, and perpetrators.

The descriptions of each service indicate this flexibility (Table 29).

Table 29 Service descriptions

Service	Description
The Deli Women & Children's Centre	We are a specialist domestic violence family support service, delivering these services through 2 service streams – Children's Services and Therapeutic Services. We offer trauma specialist Counselling, Casework and Groupwork as well as Supported Playgroups with a trauma informed domestic violence support and assessment focus, parenting groups and parenting support. Our holistic model includes a variety of soft and direct entry points for clients to engage with our services. Each service stream cross pollinates with referrals and offers support to each set of clients. We also host external services where possible including currently a Legal Aid Family Law Clinic and in the past Housing Caseworkers and Child Therapists, as well as the Education Centre Against Violence. Our Children's Services team are in great demand by other services and we have a 6 year relationship with a local Aboriginal young mums group. We provide Counselling and Casework Outreach in the local Aboriginal

7 Client experiences of support

To report on clients' experiences of support, this section draws on interviews conducted with clients from each of the IDFVS services.

7.1 Types of support received

All of the clients we interviewed received various forms of practical support from the IDFVS and other service providers.

Clients reported being provided with funds to pay for groceries, petrol, utilities, school fees, children's toys and other day to day items. IDFVS workers also helped clients access financial support from other agencies, including vouchers and rental subsidies (Start Safely) and some clients received funds for removalists and to address safety concerns in their homes through installing cameras and other equipment.

Practical support also included accompanying clients to appointments, help with filling in forms, referral to other relevant services (see below).

Counselling was a common form of emotional support, and clients valued the opportunity to speak about domestic violence and its impact on them and their children from counsellors who understood domestic violence, and to receive relevant advice and information and referral to other counsellors for themselves and, in some cases, their children.

> I feel like if it wasn't for her [IDFVS worker] noticing how broken and scared I was, to say you need to go here, you need to go to a safe place - because you're not okay. If it wasn't for her saying that, I'm not sure I would - I think I would have just gone back home, and get dealing with it. So or even still I might have found a place and moved out, and then that would have just gone really bad, because he would just have turned up on my door, and it would have just been messy. (client)

A small number of clients said that they received only counselling from the IDFVS, though many received multiple types of support. An important point about counselling made by two clients was that it may not be sufficient for victims of domestic violence, with one client describing how she spent years in counselling learning to cope with the violence, instead of leaving it. For these clients, it was a combination of counselling, education and legal action that helped.

> I guess the main help is developing my sort of confidence and ability to deal with a very domineering and aggressive ex-partner, and really the strategies how to support my kids and help all of us through that, and for me to get myself to a safe place and be able to deal with different situations, because they constantly occur in regard to my ex-partner. So, I've gone to individual

> counselling, I've done group counselling, I have done workshops with mindfulness, and been guided into parenting workshops as well. (client)

Many clients said they also received information and education about domestic violence that helped them identify and understand their situation and learn about the trauma and other impacts of violence on them and their children, and taught them strategies for staying safe.

The referral and advocacy provided by the IDFVS was also very helpful to clients. Client feedback is that IDFVS workers effectively advocated to Housing NSW, Victims Services, Centrelink and the police to obtain the relevant services and support required by their clients. They appreciated the workers' persistence with services.

> I keep telling [IDFVS worker] everything, everything that happens, and she used to ask or even in the housing she called and she helped, she gave my phone number and everything. I didn't know anything about my case with Housing and she keeps supporting me there until they approved. (client)

Yes, I was very lucky too and I think that's a big part of - all of the services are connected. So

pathways across the NSW government reform framework including Start Safely rental subsidy support, men's behaviour change programs, SHLV, and increased capacity of SHS to respond to women and children escaping domestic and family violence.

8.2 Program costs

Program cost data for the evaluation was provided from FACS corporate finance systems including block transfer payments to service providers, generally monthly, as well as head office costs for staff and other expenses. The aggregate figures confirm the IDFVS program has operated within budgeted funding of $3.7 million per year.

The aggregate program costs have been aligned with program activity to the level the data allow. Most projects are operated by non-government service providers with the exception of Mt Druitt which is operated directly by FACS and has overlapping costs with head office and program management, and Central Coast which has been operated by NSW Police.

Total cost of program services and average cost per client

The aggregate program funding data have been aligned by the number of case coordinated and case managed clients for each study period year. This provides an overall estimated average cost per client based on available aggregate funding and the total number of clients (combined case coordinated and case managed) reported for each funding year.

As described in the methodology there are inherent limitations with estimating average client cost including the aggregation of periodic cost transfers, the timing of client intake and program exit, and the variation in intensity of support for case coordinated or managed clients. For these reasons average cost estimates could not be developed on a

coordinated (n=789) support. The overall average cost per client

related to relative proportions of case coordinated and case managed clients, which are not recorded in the program datasets. Without details of client hours and intensity of support average unit costs cannot meaningfully be derived further.

8.3 Program outcomes

As outlined in the methodology, specialist human service programs such as IDFVS are characterized by a spectrum or outcomes, often with a variable lag from the point of support and commonly diffused across a wide range of longer term endpoints. The scope of this evaluation focuses on measurable, interim outcomes achieved during the study period. The program has demonstrated positive results across the specified outcomes as presented throughout this report.

The program is likely to be generating additional outcomes and benefits outside the scope of this evaluation. This provides the context for the program costs and interim outcomes for assessment of program effectiveness and related cost effectiveness in broad terms.

8.4 Cost effectiveness

In health and human services evaluation, the term ‘cost effectiveness’ is often used in a general sense to refer to any comparison of program costs against program or client outcomes. In health economics and the economic evaluation of human service programs, related methodologies are more clearly defined as Cost Benefit Analysis (CBA), Cost Effectiveness Analysis (CEA) or Cost Utility Analysis (CUA). These methods are not within the scope of this evaluation but provide useful context for the evaluation perspective presented in this section, as well as reference to the limited economic research that has been undertaken into domestic and family violence programs.

The scale and economic cost of domestic violence

Internationally and in Australia there is growing evidence of the impact of DFV on victims as well as their dependent children across multiple sectors including physical and mental health, justice, welfare, education and employment, and across multiple perspectives for individuals, families, communities and society. The World Health Organisation (WHO) world report on violence and health outlined a strong case for violence prevention concluding that violence prevention was complex, but possible. (Krug et al., 2002).

Subsequent WHO

prevention programs (Waters et al., 2004). These reports identified the most commonly reported costs as medical care, judicial system, policing and incarceration and noted deeper far reaching costs related to psychological costs and life pathways.

These WHO reports emphasised the scale of the problem, and the substantial gaps in information related to interpersonal violence, but identified preliminary evidence that programs aimed at reducing and preventing this type of intimate partner violence were cost effective. This work also established the variation in methods to assess interpersonal violence and the importance of incorporating multiple perspectives including societal viewpoints. The complexity of individual cases and the coordinated responses require appropriate broad perspectives and methodologies to evaluate client pathways and longer-term outcomes.

In Australia, more recent research has continued to examine the substantial burden of intimate partner violence to individuals, families and governments and the need to develop the evidence base through increased economic evaluation to inform policy including through experimental randomized control trials as well as economic modelling methods (Gold et al., 2011).

The cost of domestic violence in Australia

The impact of domestic and family violence affects not only individuals but the broader community, with a reported substantial burden on services, hospitals, assaults, homicides and the criminal justice system AIHW (Australian Institute of Health and Welfare, 2015). Collectively these costs in Australia, including sexual

9 Conclusion and recommendations

The purpose of the IDFVS evaluation is to strengthen the service model by documenting common elements of good practice across all projects and make recommendations on potential approaches to improve the program, strengthen outcomes for clients and facilitating improved management of the program. The following summaries of key findings, and recommendations, provide strategic guidance for ongoing implementation of IDFVS and contribute to evidence of the effectiveness of the IDFVS response.

Recommendation One: *That FACS continue to review the extent and difficulty of data entry with the introduction of CIMs as well as the requirement for additional data entry imposed by auspice agencies*

Analysis of the monitoring and outcome data suggest that recording of client and service data on the portal is not consistent. Examples of reporting variation have been presented as potential items for review, including changes to reporting or potential areas of training. The high variation between projects provides a basis to investigate capacity building in those areas or to examine program management for improved consistency in the recording of external service referral. In addition, IDFVS workers unanimously noted the onerous nature of reporting requirements with many having to report on 2 or more data systems with different reporting requirements.

Recommendation Two: *That a round of Outcome Rating Scale (ORS) training is provided to IDFVS service providers ensuring greater understanding of the tool and its implementation in practice. It may also provide an opportunity for service providers to share other ouexte8 (i)2.6 TJ 0 Tc 0 th3s.196 -1.37 Td .6 9 (e pr)-u.4 (i)2(not)4.3 (e)]TJ impl pyiTh(o)10.5 (g)-11.e(t)-6.6 (a)10.5 (i)2.6 (up[(I)4.3 2 (r)-6 or)-5.9 (kt)-6.67(f)-17.5 oin tO-6.6e to(y)*

IDFVS projects. While some IDFVS projects offer services to children via their auspice organization, or through referral, this is potentially an area of unmet need.

Recommendation Five: *That FACS develop clearer guidelines to determine whether a case remains open or is closed, thereby allowing greater transparency of active client numbers.* Program duration is a strength of the IDFVS model and there is no suggesti

10 Appendix A – Client Survey Questions

Q1 I was treated with respect by staff of the service
Q2 The service has helped me find out about other services to help me and/or my family
Q3 Since attending the service I have started using another service to help me and/or my family
Q4 Since attending the service I am more likely to share feelings or seek advice on dealing with problems
Q5 Other services I was referred to were useful to me
Q6 The staff and I discussed options for me to stay in my own home or move to different accommodation
Q7 I have improved my knowledge about dealing with domestic and family violence
Q8 I was able to contact my caseworker when I needed to during business hours
Q9 The service supported me through legal processes (e.g. exclusion orders, family court, property settlement) related to domestic and family violence
Q10 Because of the assistance I received I feel safer
Q11 Because of the service I feel my children are safer
Q12 I am happy with the service I have received

Q12

Question 4: Since attending the service I am more likely to share feelings or seek advice on dealing with problems

Response	2015-16		2016-17		Total	
	Clients	%	Clients	%	Clients	%
Agree	212	79.1%	117	84.8%	329	81.0%
Mostly agree						

Question 7: I have improved my knowledge about dealing with domestic and family violence

Response	2015-16		2016-17		Total	
	Clients	%	Clients	%	Clients	%
Agree	209	78.0%	121	87.7%		

Question 10: Because of the assistance I received I feel safer

Response	2015-16		2016-17		Total	
	Clients	%	Clients	%	Clients	%
Agree	203	75.7%	121	87.7%	324	79.8%
Mostly agree	44	16.4%	10	7.2%	54	13.3%
Not an issue	13	4.9%	5	3.6%	18	4.4%
Mostly disagree	4	1.5%	1	0.7%	5	1.2%
Blank	3	1.1%	1	0.7%	4	1.0%
Disagree	1	0.4%		0.0%	1	0.2%
Total	268	100.0%				

Question 13: Are you living in safe long-term accommodation?

Response	2015-16		2016-17		Total	
	Clients	%	Clients	%	Clients	%
Yes	214	79.9%	121	87.7%	335	82.5%

12 Appendix C – SAM locations and launch dates

It is important to note that workers were not able to choose an option for SAM involvement as it was not provided in the Portal. This combined with some SAMs not being operational at the same time across all areas may have resulted in under-reporting of SAMs as a possible response.

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