I’m Safe, I’m Home

Domestic Violence Support, Western Sydney Service

A Process Evaluation

By Gillian E. Cohen, MPH
Biography of the author

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Executive Summary

The following report, Domestic Violence Support Western Sydney Service: A Process Evaluation, provides a detailed overview of the DVS WSS program and judges how well it has been implemented to meet specific program goals. It also analyses how well it addresses explicit policy goals of both the NSW and Australian Governments as stated in, among other reports, the “A Way Home: Reducing Homelessness in NSW: NSW Homelessness Action Plan 2009-2014”, “The Road Home: A National Approach to Reducing Homelessness” and the NSW Auditor General’s report, “Responding to Domestic and Family Violence”.

Independent Evaluation
An independent specialist was contracted to conduct an evaluation eighteen months into the first three years of the program. The evaluation process was completed over one year between October 2011 and September 2012, and followed the US Centre for Disease Control's six-stage Program Evaluation Framework, a gold standard methodology to evaluate public health interventions for over twenty years. The full details can be found in the “Evaluation Methods” section of the report.

Stakeholder Input
Evaluation began with a stakeholder engagement strategy, where Government, NGO services and staff engaged in delivering the program were consulted about the program and what they would like to find out from an evaluation.

Describing the Program
A logic model has been developed to describe the reasoning behind the program activities and expected outcomes. To complete the logic model, significant research was conducted into the background of the program, theories of behaviour change, and changes to Government policies and programs in domestic violence and homelessness. One of the beautiful things about a logic model is that they are visual snapshots summarising a complete program including activities, theories and expected outcomes, into a single page. There are two versions of the logic model and both can be found in the section called “The logic model for the DVS WSS program”.

Evaluation Goals
Only after these two stages were completed was it confirmed that a process evaluation would be the focus of this research, and three broad evaluation goals set.

1. From the stakeholder consultation, five research questions were identified:
   - How the program was implemented (was the logic model short and medium term goals met?)
   - Are there regional differences (as the program was run across 12 local government areas and by 5 different Regional Coordination Groups, was it working consistently? And what was making it work given contextual differences?)
   - Is the Coordination of Services likely to continue if the program is not continued?
   - What is the need for the program and how well is the program reaching the intended audience?
   - If the program is to be disseminated, what is necessary to make it work? (What were the key factors in ensuring the short and medium term goals were met?)

2. From the logic model, which represents the short, medium and long term program deliverables, the evaluation asked:
   Are these activities working to meet the short and medium deliverables? How is the program different to how it was originally intended? What is necessary to run the program effectively? What are the barriers that have been encountered and how have they been addressed?

   This evaluation goal can be differentiated from the stakeholder research questions and policy analysis because it is very process-oriented and designed to provide detailed answers on program delivery to assist with replication and dissemination of the intervention. The section of the report, called “The Program in Detail” ends with program recommendations for each program activity.
3. From a policy perspective, the evaluation asked: is this program consistent with current stated policy goals? What can the Government learn from this program? Should Government(s) extend the funding for the program? Should the program be expanded to other areas? Can the program, in full or in part, be replicated? How can this program be used to meet other policy goals?

Research Methodology and Conclusions
A mix of qualitative and quantitative methods was used to collect and analyse data. In addition to thematic analysis from qualitative data collected in interviews and focus groups, quantitative analysis of program statistics described client numbers, cost and regional differences. A discourse analysis of Australian and NSW State Government policy documents as it relates to Homelessness and Domestic Violence and the DVS WSS program was undertaken to understand the contextual background to the program and make recommendations about how the program can be used to meet stated policy directions.

Analysis and Recommendations
DVS WSS has been successful in moving away from crisis driven to long term support to prevent homelessness and repeat domestic violence; demonstrated flexibility to tailor assistance to meet individual client needs; and achieved greater collaboration between disparate services and between NGOs and Government. The full recommendations can be found in the conclusion of the report, however, they can be summarised into five broad areas:

Extend the program for a further three years; replicate the program and/or elements of the program into new areas and other interventions designed to prevent homelessness; use the network of Regional Coordination Groups to achieve specific government priorities including improved capacity development and introduction of a National Service Framework, and as a testing ground to trial new programs.

The program has been wildly successful and inexpensive and can be leveraged to achieve even more.

• The DVS WSS program aimed to provide assistance to 30 women per year. In the first two years since the program began it has exceeded the target by assisting 282 women or 4.7 times as many women as intended. When including the number of children accompanying women, the number of people assisted rises to 659, or 11 times the target for this time period.

• In the first two years, Brokerage payments ranged from a minimum of $25 to a maximum of $4,979, with the majority of payments below $1500 (30/21 payments respectively). The three most popular brokerage categories were Home Establishment; Financial Assistance; and Education, demonstrating that women escaping domestic violence often need practical assistance to recover and focus on establishing future employment opportunities. In the majority of case to date, costs associated with psychological assistance have usually been able to be met through services already covered by Medicare.

• Given that the cost of DV to the economy is extremely high – direct and indirect costs to society were estimated to be $13.6 billion in 2009, this is an extremely inexpensive program. DV is not just the major cause of homelessness in women, it is the usually the first cause of homelessness in children. Childhood homelessness is often a precursor to adult homelessness. In the short term alone, this program also saves the Government significant amounts of money in Community Services and Foster Care by allowing 282 families to stay together and escape homelessness.

• Program capacity has increased over time, demonstrating the need for time to allow the program to establish. As much of the initial work has been done to establish the Regional Coordination Groups, and overcome specific barriers, continuing to develop this infrastructure and using it to launch new services makes financial as well as strategic sense.

• The evaluation has shown the key success factors for this program to work include a dedicated full time Program Coordinator, support for Services to be members of the Regional Coordination Groups; individual tailoring of services; and brokerage for clients; and sufficient time for the program to establish and barriers to be overcome.

• The program, using the Program Coordinator and the Regional Coordination Groups, provides an opportunity to simultaneously deliver national quality standards and capacity building across 12 Local government areas; and to continue the replication and trialling of new programs.
**Future programs must properly fund an external Program Coordinator and Coordination Office.**
The role of Coordination Officer/Office is an essential element for the DVS WSS program to work effectively. The position is required to complete significant establishment and ongoing functions, including Secretariat; Reporting; Finance and Administration and Governance; and Troubleshooting barriers. The evaluation also shows that the position is essential for Regional Coordination Group operation, which faces numerous structural impediments. It has filled an unmet need within the broader welfare sector by providing significant education on Domestic Violence to Services; and providing a mentoring and capacity development functions to Regional Coordination Group staff. Client services are improved by the role played in reducing gaps between client contact and access to support; seamless transfer of clients between regions; and the development and dissemination of new programs between regions.

**Future programs must include Brokerage, which is essential to entice and reward services to take on non-core function to their already busy deliverables and to facilitate individually tailored services.**
Brokerage enables Services to pay for staff time that is not otherwise funded, and along with the support of the Program Coordinator, it helps to mitigate the substantial costs of collaboration.

A case plan alone isn’t enough to ensure a woman will succeed in escaping homelessness. It is notoriously difficult to break habits and learn new skills. The DVS WSS Brokerage program fills a gap that has been missing in the welfare sector. It helps women achieve short and long term goals, helps build trust between support workers and clients and encourage continuation of new behaviours because of the support from quick wins and the idea that someone cares about their future. Providing a new home is not enough if women have to sleep on the floor, can’t draw curtains or cannot feed their children. At the minimum assistance to establish a liveable home that provides a sense of security is essential for women and children escaping domestic violence. Brokerage helps to make the transition less difficult, and therefore enables clients to concentrate on building a future with education and employment.

**Greater collaboration to prevent domestic violence is necessary. DV is not only a major cause of homelessness, but the leading cause of preventable death, injury and illness in women.** Existing expertise should be used to simultaneously address primary, secondary and tertiary domestic violence to maximise outcomes and reduce costs of prevention.
This program represents a significant shift in how domestic violence and homelessness is addressed, and provides an opportunity for greater collaboration between key stakeholders to maximise impact. This program represents an opportunity for Housing NSW to capitalise on the knowledge base existing in Refuges, and to work more closely with the Ministry of Health, Community Services and the Women NSW to address the issue of Domestic Violence collaboratively.

**Make the decision to extend the program earlier rather than later, or risk disruption to services and loss of key personnel.**
Time is an essential factor in program implementation. Don’t risk losing momentum by having to duplicate the time already spent in establishing the program. The Regional Coordination Groups will not continue without external funding.

**Limitations**
As a process evaluation, this report does not comment on client outcomes in any detail, and instead focuses on identifying the key elements of the intervention to enable wider dissemination of the program, and program components.

**How to read the report**
This report been designed in modular form to enable users to choose the areas that they are most interested in rather than reading it from cover to cover. In the Introduction, there is a section called “how to use this report”, this summarises what is included in each section. For those wanting the bare minimum information, read the Executive Summary, the Introduction, look at the Logic Models and read the recommendations in the Conclusion.
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Introduction

Domestic Violence Support Western Sydney Service is a three year pilot project, funded by the NSW Homelessness Action Plan to prevent homelessness in women and women with children escaping domestic violence. It was initially funded for three calendar years, 2009 to 2012, however, funding didn’t start until April 2009 and the program has been extended for six months, and is due to conclude at the end of June 2013.

This report documents the Domestic Violence Support Western Sydney Service (DVS WSS) program and undertakes a process evaluation of the program. The evaluation began when the program had been running for 18 months, or half way through the initial funding period. Because the program is half way through its planned lifecycle, process evaluation was selected as the most appropriate type of evaluation.

The aims of this evaluation are to

- Compare the program outcomes against targets set in the initial program specifications and the program logic model.
- Review the data collected by the DVS WSS program, which includes exit surveys, and descriptive program statistics.
- Analyse the program within the context of current policy directions for homelessness and domestic violence and make policy recommendations.
- Answer five research questions set in stakeholder consultations, these are:
  1. How has the program been implemented?
  2. Are there any regional differences in implementation and outcomes?
  3. Is the coordination of support services likely to continue following the end of the program?
  4. What is the need for this program and how well has it reached the target population?
  5. If this program was to be more widely disseminated, what is necessary for its successful delivery?

Before the process evaluation could begin, it was necessary to document the program. A logic model was developed to describe the activities, policy and program goals, and theories. This expanded the aims of this evaluation to also include a:

- Description of the program through the use of a program logic model and a detailed analysis of each component to allow it to be better understood and replicated.

This report is written for

- The organisations delivering DVS WSS. This report provides an analysis of their program and recommendations to ensure ongoing success.
- The funders of the program, and governments in general, as it provides specific information on how to deliver this program. This information is essential for dissemination of the program to other areas (it also provides reasons why this program should be continued and more widely adopted).
- NGOs looking for detailed descriptions of successful programs that can be replicated or adapted for different audiences.
- Academics and students, of welfare and program evaluation. This evaluation fills a gap in the literature on detailed program delivery.

How to use this report

This report follows a logical structure and is in separate stand-alone sections.
• **The Logic Model for the DVS WSS program**
  In this section you’ll find the program specifics, including short medium and long term goals; two visual models, called Program Logic Models, which summarise the program into single pages; definitions of domestic violence and homelessness; and a discussion of the theoretical underpinnings of the program.

• **The Contextual Background**
  In this section you’ll find a detailed analysis of the context the program occurs within, including a description of the national and state policies behind program funding; detailed analysis of coordination of services, which is a commonly called for but little understood; detailed description of domestic violence, including changed policy and societal attitudes and analysis of the work that has been done to analyse the size of domestic violence and the costs of domestic violence. Finally, an attempt is made to describe the size of the target population in the geographic areas covered by this program, greater Western Sydney.

• **The Program in Detail**
  In this section you’ll find a detailed description of the six major program activities, the Coordination Officer; the Regional Coordination Groups; Case Management; Brokerage; Supported Referral and Group Programs. Each sub section describes how each activity functions in practice and how they have evolved since the program began to overcome barriers. Each section ends with recommendations for successful delivery of these activities.

• **Program Statistics**
  In this section you’ll find tables and graphs describing program delivery between the establishment of the program and the end of June 2012. These include: details of how the program is exceeding client targets; regional differences in delivery; brokerage and short term client outcomes.

• **Evaluation Methods**
  This is the methodology section of the report. In this section you’ll find a justification and description of evaluation methods. This evaluation employed gold standard methods including the Planning and Evaluation Model and the six-stage Program Evaluation Framework. Descriptions of the stakeholder engagement strategy; development of the logic model and program details; the evaluation design; how evidence was gathered (focus groups with support services delivering the program and unstructured interviews with stakeholders and program management); how interpretation of evidence and conclusions were made; and the limitations of the evaluation.

• **Conclusion and Recommendations**
  In the report conclusion you’ll find analysis and discussion on the strengths and weaknesses of the program including:
  o Answers to the five research questions
  o Progress towards achieving program goals as defined by the program logic model
  o Summary of the recommendations for program delivery found in the Program Strategies section
  o Policy recommendations on how this program can be used to meet policy goals

The detailed table of contents can be used to jump to the sections of the report that most interest you.
The Logic Model for the DVS WSS Program

Following is a discussion of the logic model behind the Domestic Violence Support – Western Sydney Service Program (DVS WSS). It summarises the problem, provides definitions of homelessness and domestic violence; discusses the theoretical basis for the intervention; briefly summarises the intervention components/activities and outlines the expected short and medium term impacts and long term outcomes for the program delivery services and the clients.

This logic model is pictorially presented (in two ways) for ease of viewing. Model one is a summary, model two provides more detail about the links between individual inputs and expected results.

**Program Name**
Domestic Violence Support Western Sydney Service

**The Problem**
Domestic and Family Violence is the main cause of homelessness among women and children, with profound long term personal and societal consequences. Children who experience homelessness are at a much greater risk of repeat homelessness and intractable social problems later in life. The Domestic Violence Support – Western Sydney Service (DVS WSS) program aims to prevent women and children ever becoming homeless as a result of domestic violence and to provide long term support to address any of the complex needs associated with domestic violence that play a role in contributing to risk of homelessness.

**Target Population**
The program is aimed at adult women and women with children in their care, experiencing domestic violence, who are at risk of homelessness because of domestic violence. It is open to women regardless of sexual orientation and cultural background. Economically, the women must be eligible for one of two housing programs, either Social Housing or Start Safely. Both of these programs preclude home ownership and incomes above limits set annually by Housing NSW, (see table 1), however, leeway is given if financial assets are tied up in divorce proceedings and the client cannot access them to pay for accommodation.

**Household member types and current weekly income allowance**

<table>
<thead>
<tr>
<th>Household members (regardless of relationship)</th>
<th>Gross weekly income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single adult</td>
<td>$525</td>
</tr>
<tr>
<td>Each additional adult (18 years or over)</td>
<td>Add $200 to the income limit</td>
</tr>
<tr>
<td>First child (under 18 years)</td>
<td>Add $260</td>
</tr>
<tr>
<td>Each additional child (under 18 years)</td>
<td>Add $85</td>
</tr>
</tbody>
</table>

The Homelessness Action Plan and the Service Specifications for the DVS WSS program do not give an estimated size of the target population, however, the program is funded to provide a wrap-around service to 30 women (and accompanying children) per year, or ninety in total over three years. An attempt at estimating a size of the target population for future research is included later in this report.

**Program Vision**
DVSWSS aims to address strategic direction 1 of the NSW Homelessness Action Plan 2009-14, Preventing Homelessness: women and children never become homeless because of domestic violence.

**Goal**
It aims to provide safe, appropriate long term support to people experiencing domestic and family violence, relationship and family breakdown at key transitions points.
DVS WSS Logic Model – short form

Program Description for Domestic Violence Support Western Sydney Service

Domestic Violence Support – Western Sydney Service (DVS WSS) is a multi-site, complex intervention to prevent homelessness and housed homelessness in women and women with children escaping domestic violence (DV). The target group were chosen because domestic violence is the primary cause of homelessness in women and children, and the program works at both primary and tertiary intervention levels, breaking the twin cycles of homelessness and domestic violence. Using a housing first model, women are prevented from homelessness because of DV, and supported by a client centred Wrap-Around Service comprising Case Management and Brokerage to improve self-efficacy, self-esteem, resilience and create new connections with the community to ensure they have the capacity to maintain tenancies into the future. The program is delivered with an emphasis on respect for each client’s self-defined needs, (as opposed to the imposition of external views); with non-judgemental openness (the “doors always open” attitude); and to addresses the multiple complexities of domestic violence and homelessness.

The program framework is supported by three theories: the Trans-theoretical Model of Change, Social Cognitive Theory, and Collaboration Theory. The Trans-Theoretical Model of Change recognises that engagement with the wrap around service will be cyclical and depend on which of six stages of readiness to change the women are in and respectfully moving women towards action. Social Cognitive Theory addresses the context of the women’s lives, increasing opportunities for social observation, establishment of new networks to reduce isolation, and improving self-efficacy through behavioural contracting. Collaboration Theory drives the program delivery, improving the coordination of multiple services across large geographic areas and improving the connections between NGOs and Government with the aim of improved client outcomes. The primary objectives of the DVS WSS program are to increase women’s self-efficacy, self-respect and knowledge to: enable them to maintain a tenancy; avoid housed homelessness (returning to the perpetrator or another relationship characterised by domestic violence); increase their connections within the community; and over time, broaden their individual goals to establish lasting independence. Simultaneously, it aims to improve collaboration and information sharing between services, and thus improve the client satisfaction and outcomes.

The DVS WSS logic model is below:

<table>
<thead>
<tr>
<th>INPUTS</th>
<th>IMMEDIATE IMPACTS</th>
<th>MEDIUM TERM IMPACTS</th>
<th>LONG TERM OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. By establishing Regional Coordination Groups and a central Coordination Office to deliver and report on the program, administrative and governance systems will be established, which will......</td>
<td>lead to an improvement in data collection and reporting; strengthening of relationships and information sharing between services; and improving the ability to address systematic barriers to service delivery, which will ...</td>
<td>lead to better integration of support services for DV/ Homelessness in GWS; better relationships between Services and between NGO and Government; better data on the problem; greater awareness of available support/ programs and gaps; improved information sharing; opportunities for more joint professional development; and strategies to overcome barriers identified, which will......</td>
<td>in the long term lead to a mature self-sustaining network of specialist DV and homelessness services; with greater capacity and standards; the implementation of cross agency assessment and case management; and comprehensive baseline data for future research/ program planning.</td>
</tr>
<tr>
<td>2. An individually tailored Wrap-Around Service, comprising Case Management and Brokerage, will ...</td>
<td>establish strength based case management contracts with clients; provide clients with access to a wider range of services; be supported by brokerage funds to pay for products/ services necessary to help the client maintain a tenancy, which will ...</td>
<td>assist clients to maintain tenancies and implement changes to maintain tenancy post program; improve awareness of support services (Government and NGO); lead to increased self-efficacy, skills, and social connection, which will lead to greater resilience in the face of crises, improved life skills, and self-esteem, which will ...</td>
<td>in the long term allow graduates of the program to maintain tenancies and escape the cycle of homelessness and housed-homelessness associated with DV; demonstrate improved health and emotional resilience; and improve the expected lifetime outcomes for Children of DV.</td>
</tr>
</tbody>
</table>

Objectives

The original project brief named seven objectives:

1. Improve women and children’s safety.
2. Reduce the length of time families who have experienced domestic violence spend in crisis accommodation services.
3. Increase housing options for women and children who have experienced domestic violence by providing integrated support services to women to improve their ability to access the private rental market and maintain their tenancies.
4. Increase social housing options for women and children who have experience domestic violence by providing integrate support services to women to improve their ability to maintain social housing tenancies.
5. Increase collaborative service delivery across government agencies in responding to homelessness.
6. Identify and resolve impediments to the effective provision of tenancy support services and make recommendations to reform the existing service system in the longer term.
7. Reduce turn away rates from domestic violence crisis accommodation services.

The program objectives link with the following priority actions within the NSW Homelessness Action Plan 2009-14:

3.12 Provide long term accommodation and support for women and children experiencing domestic and family violence.
3.13 Assist women escaping domestic violence to maintain tenancies by providing support services and increase housing options for women and children who have experienced domestic and family violence by giving them better access to the private rental market.
3.14 Assist approximately 213 (State wide) women escaping domestic and family violence gain access to the private rental market through the Safe Start Rental Subsidy Scheme. (This program offers participants access to wrap around services alongside the 12 month accommodation subsidy in 12 Local Government Areas of Western and South Sydney only, and specifies that 30 women are to be supported).
3.15 Provide accommodation and intensive support services linked to education, training and employment for young people.
3.2 Roll out of Staying Home Leaving Violence. (One of the regions this program runs in offers a similar program before becoming a new SHLV region in 2012).
3.6 Legal services to people at risk of eviction as a result of financial stressors. (The individual case plans and or brokerage can be used to pay for these services if they are considered something that will help the client maintain their tenancy).
3.8 Women’s Domestic Violence Court Advocacy Program. (CAS is a partner in the DVS WSS program in two regions).
3.9 Development and implement the NSW Domestic and Family Violence Strategic Framework.

**Strategies**
The program follows two main strategies:
1. Service Coordination strategy
2. Wrap Around Service strategy

**Activities**
Under the first strategy: Service Coordination, there are two main activities:

1.1 Coordination Officer. This role coordinates the entire program; provides secretariat to the five coordination groups; reviews case work; reports statistics and other issues to funding body; manages budget and brokerage; provides mentoring/ training; raises awareness of the program; recruitment of new Services; and troubleshooting.

1.2 Regional Coordination Groups, which meet quarterly, with the purpose of coordinating the support recipients within each region. A standard agenda includes updates on Start Safely; Community Housing; and each Service; discussion of problems; updates/ changes to Housing policy; and new group activities on offer are also advertised. These groups also hold Regional Allocation Meetings, to nominate and prioritise clients as new properties become available or as high need clients are nominated by Social Housing providers.

Under the second strategy: Wrap-Around Service. This program offers an individually tailored wrap around service that may compose brokerage and or case management for 30 women with or without children (10 high needs women in social housing; and 20 low needs women receiving the Start Safely subsidy) annually for three years.
2.1 Case Management: Through case management, clients are provided with a 12 month ‘strength based’, individually tailored case management plan, which helps women identify and prioritise needs, develop and action strategies to re-establish themselves post domestic violence and ensure they can maintain a tenancy post program. The case management aims to raise awareness of and provide access to a range of services.

2.2 Brokerage: Individually tailored brokerage that assists the client with their case plan is available to support Case Management in a wide range of areas, with the main criteria being if the payments will assistance support the client in sustaining her tenancy. The eight broad categories of brokerage for all three activities under this program are: Financial assistance; Medical/ Dental; Mental Health; Legal; Education/ Training; Home Establishment; Childcare; and Other..

2.3 Supported Referral: provides one off brokerage without additional or ongoing case management. This is for low needs Start Safely clients, who choose to opt out of participating in the wrap around support but who still require some financial assistance following leaving a domestic violence situation. In December 2011 the decision was taken to leave the option of case management open for women receiving supported referral in recognition that the circumstances could change and because a larger number of requests for one off brokerage were being received that did not specify if DV was involved or how the brokerage would assist the client.

2.4 Group activities that were developed or selected from already developed programs to be offered to the participants as a group based on widespread need. The group activities that have been run so far include: The 123 Drive Program; Safety and Security Program; Handy Women’s Maintenance Program; Awareness raising with Real Estate Agents; In Charge of My Money - Financial literacy and budgeting program.

**Short Term Impacts of the Program**

The expected short term impacts of the program if it is implemented perfectly include:

**Immediate Impacts 1.1: Coordination Officer**

Establish administrative functions; collect and report on project data; establish communication mechanisms between network members; establish protocols for brokerage payments and audits to manage brokerage budget. Escalate systematic barriers of service delivery to relevant areas. Provide leadership to network.

**Immediate Impacts 1.2: Regional Coordination and Allocation Groups**

Establish coordination groups; hold regular meetings; share information between group members; regular attendance of all members; draw clients form bigger pool; collective priority based allocation; easy transfer of client within group if required.

**Immediate Impacts 2.1: Individualised Support (Case Management)**

Development of a strength based case management contract with client. Provide clients with access to a wider range of services and programs; record keeping of case management; enable transfer of case management between agencies; Share information on clients to improve outcomes.

Note: there has been confusion since the program started as to the actual number of women who should be supported. Housing NSW believed it was 30 for all three years; Community Services believed it was 30 women per year. The Service Specifications were unclear. As one third of these women were to be provided houses from Social Housing providers, it was important to know the numbers as the number of properties available dictated the number of Social Housing clients who could be assisted. DVS WSS decided to interpret this as 30 women per year, and have had to work hard to get the additional social housing properties to meet the number of high needs social housing clients.
Immediate Impacts 2.2: Individually Tailored Brokerage
Brokerage assists with managing immediate crises and support case management and client to maintain tenancy. Brokerage is available for 8 broad categories: Financial; Training/ Education; Health/ Dental; Mental Health; Child Care; Home Establishment; Legal and Other.

Immediate Impacts 2.3: Supported Referral
One off Brokerage assists client to maintain tenancy without ongoing case management. A case management plan describes need for brokerage and supports follow up to ensure ongoing support plan can change based on changed circumstances.

Immediate Impacts 2.4: Group Based Programs
These vary depending on the course. Enrolment in courses demonstrates engagement in program and establishment of new goals. Participation in course clients begins to feel more confident and gain relevant skills and begin to establish new social networks and increase knowledge of where to seek assistance.

Medium Term Impacts of the Program:
The expected medium term impacts of the program if it was implemented perfectly include:

Medium Term Impact 1: Service Coordination
Increase in agencies delivering services to DV/ Homelessness group in GWS; Value provided greater than individual services (increased synergy); greater referrals for turnaways; more opportunity for professional development; Fill Gaps in services filled resulting in less housed homelessness and less DV related homelessness; Greater State Government and NGO sector interaction; Barriers to collaboration identified and strategies to overcome barriers identified; Shared interests identified.

Medium Term Impacts 2: Wrap Around Service
Clients are maintaining tenancies and implementing changes to maintain tenancy post program. They have improved awareness of support services (Government and NGO) and greater resilience in the face of crises. Individuals in the program are expected to experience different impacts and these may include: improved life skills and Self-efficacy; improved employability; improved health and emotional wellbeing; greater connection to community.

Long Term Outcomes of the Program:
The expected long term impacts of the program if it was perfectly implemented include:

Long Term Outcomes: Service Coordination:
- Mature self-sustaining network of specialist DV and homelessness services developed.
- Increased homelessness prevention role of specialist services.
- Capacity improvement in collaborating services.
- Cross agency assessment and case management practices implemented.
- Comprehensive data collection provides baseline indicators for future research.

Long Term Outcomes: Wrap Around Service
Graduates of the program have:
- Maintained tenancies and escaped the cycle of homelessness.
- Demonstrated life skills required to keep them out of homelessness and to avoid housed homelessness.
- Avoided repeat domestic violence situations.
- Improved health and emotional resilience.
- Greater employment opportunities
- Children who were otherwise experiencing homelessness have better health and social outcomes through life.

People who do not finish the program because of breaches to their subsidy entitlements:
- improve their knowledge of available services and where to go for assistance in future.
Theoretical Basis for the Program

DVS-WSS is grounded in a number of discrete yet complementary theoretical models, including generally accepted definitions of domestic violence and homelessness, and models of change including the Trans-Theoretical Model of Change and Social Cognitive Theory. A central aspect of the program is coordination of a large number of support Services. This coordination draws upon a number of theories of the benefit of collaboration that is best described as Collaboration Theory.

Definitions

Firstly, the program uses a number of widely accepted definitions of domestic violence to define the problem, develop responses and determine outcomes. Together these assumptions cover a wide spectrum of domestic violence issues, including the circumstances domestic violence occurs within, the expected effects on victims, and treatment and recovery perspectives.

- The program uses the Duluth Power and Control model to define the actions that encompass domestic violence. This model includes eight main methods of exerting power and control as use of: coercion and threats; intimidation; emotional abuse; isolation; economic abuse; children; male privilege and minimizing and blaming behaviours[1]
- Theoretically, the program recognises the Cycle of Abuse model, firstly developed by Lenore Walker in 1979[2]. This model sees abuse as occurring in a predictable repetitive cycle that can impact on self-esteem and community connection and make it difficult to leave the relationship. This disempowerment is the first effect of domestic violence and the program defines domestic violence by both the short and long term effects on the victim, which are often not immediately apparent and which may not appear until long after crisis points have settled down. These effects may manifest physically, psychologically, economically, socially and/or spiritually, and explain why domestic violence is a leading cause of homelessness.
- The program understands domestic violence as gendered violence, mostly perpetrated by men against women that can occur within intimate heterosexual and homosexual relationships, and within broader domestic or kinship relationships.

Secondly, the program uses the definition of Homelessness used in Homelessness Action Plan. Developed by Chamberlain and MacKenzie in 2001[3], it identifies three types of homelessness, Primary, Secondary and Tertiary, (described below), adding that while some people experience homelessness only once in their lives, others move in and out of homelessness on a regular basis and may become entrenched in a cycle of homelessness if not provided the support to break this cycle.

- Primary homelessness applies when a person lives on the street, sleeps in parks, squats in derelict buildings, or uses cars or railway carriages for temporary shelter.
- Secondary homelessness is used to describe people who move frequently from one form of temporary shelter to another. Secondary homelessness applies to people using emergency accommodation, youth refuges or women’s refuges, people residing temporarily with relatives or with friends (because they have no accommodation of their own), and people using boarding houses on an occasional or intermittent basis (up to 12 weeks).
- Tertiary homelessness is used to describe people who live in premises where they don’t have the security of a lease guaranteeing them accommodation, nor access to basic private facilities (such as a private bathroom, kitchen or living space). It can include people living in boarding houses on a medium to long-term basis (more than 13 weeks) or in caravan parks.

Trans-Theoretical Model of Change (Stages of Change Model)

The above definitions have clear parallels with the Trans-Theoretical Model of Change (TTM), also known as the Stages of Change Model which theorises that health behaviour change involves progress through six stages of change in a unidirectional cyclical fashion, rather than linear fashion. They may repeat stages, and regress to earlier stages. The stages include [4-7]:

- pre-contemplation,
- contemplation,
- preparation,
- action,
- maintenance, and
- termination
This model was initially developed from research into giving up smoking, and has since been applied to “broad range of health and mental health behaviours, including alcohol and substance abuse, anxiety and panic disorders, bullying, delinquency, depression, eating disorders and obesity, high-fat diets, HIV/AIDS prevention, mammography and other cancer screening, medication compliance, unplanned pregnancy prevention, pregnancy and smoking, radon testing, sedentary lifestyles, sun exposure, and physicians practicing preventive medicine” [5]. The model is widely used and accepted in domestic violence treatment for both perpetrators and victims of domestic violence.

Even though the DVS WSS program documentation does not specifically mention the Trans-Theoretical Model, discussions with the people delivering the program match the assumptions of this theory in a number of ways:

- Both the model and the program use a “Strength Based” approach to change, specifically building the client’s self-efficacy by concentrating on building existing and new skills and reinforcing self-esteem about the client’s ability to maintain changes through future adversity.

- Both the model and the program recognise that change is cyclical rather than linear, is unidirectional and unfolds incrementally over time. For example, there is an expectation that the women in the program may continue along very successfully for some time and then may regress to earlier stages and this may occur again and again.

- Similarly, an innate understanding of the readiness to engage with making personal changes, whether that be independently or with a support service, will predict their success in leaving domestic violence and “housed homelessness”. The wrap around support service is an option for Start Safely clients, but compulsory for the social housing clients of the DVS WSS program. DVS WSS respects women’s rights to opt out of support, but when women do choose to, or are mandated to, strength based case management with behavioural agreements are seen as important indicators of ultimate success. Case management occurs post crisis and includes priority setting with women and gently moving women towards contemplation and action stages of the model. Program staff understand that not all women will be ready to make the changes necessary to remain in the program and that they may need to set their own priorities and engage in their own time and that coercive methods will not work. It is understood and expected that woman may choose not to engage, may disengage and re-engage at a later time and may do this multiple times.

- These beliefs about readiness to change are integral to the non-judgemental approach employed by the Services associated with the Women’s Refuge Movement and with the other non-affiliated services offering case management in the DVS WSS program. This translates as non-judgement of women who return to perpetrators and a “Doors always open” approach to welcome women back who leave a domestic violence situation multiple times before making a permanent move. It includes non-coercive case management methods that gently direct women towards the contemplation and action stages of the TTM.

- Engagement is a greater predictor of success in graduating from the program and establishing a new life than any other factor. Readiness to engage in the program equates to being in the Contemplation or Action stages of the TTM model, and failure to engage or a drop off in engagement, when it is accompanied by evidence that the woman is not paying rent or using avoidance strategies, is seen as evidence that the client may not succeed in this current attempt. This is not seen as evidence that all women receiving Start Safely require case management, but merely acknowledgement that if there are signs that the woman will not be able to maintain her tenancy, then, accepting help and engaging with case management do become necessary.

- The program employs different approaches depending on the stage that a client is in. Case management and client interaction is individually based, and will differ when the client is in crisis and when the client is making day to day changes. This fits the Trans-Theoretical model’s emphasis that processes should differ depending on which stage of change a client is in.

- While attempts will be made to re-engage a client who slips into a pre-contemplation phase, ultimately, treating the client as an individual who can make their own decisions is more important than trying to push them into engagement.
Social Cognitive Theory

The program also draws upon Social Cognitive Theory (SCT), which “describes (change as) a dynamic ongoing process in which personal factors, environmental factors and human behaviour exert an influence on each other” [4, 6-8]. Called, Triadic Reciprocal Causation, the concept theorises that personal agency/ psychological mechanisms/ behaviour and social structures are interdependent and affect people’s aspirations, self-efficacy and that changes in any of these result in changes in all. The theory recognises that “seemingly small events have important and enduring impacts on the courses which lives take” [9] and the interdependence affects people’s ability to take advantage of fortuitous opportunities. SCT believes change requires:

- **Self-efficacy.** This is the personal judgment of one’s ability to accomplish a goal, take some action and overcome adversity or barriers. “Unless people believe that they can produce desired effects by their actions they have little incentive to act or to persevere in the face of difficulties. Whatever other factors serve as motivators, they are rooted in the core belief that one has the power to produce changes by one’s actions” [9]. The Trans-theoretical Model, which also uses self-efficacy, borrowed the concept of self-efficacy from this Social Cognitive Theory [5].

- **Observational Learning.** Knowledge of rules and strategies of effective action are modelled from interaction with others, not just by experiencing the consequences of one’s actions. “Much human learning occurs either deliberately or inadvertently by observing the actual behaviour of others and the consequences of them” [9].

- **Motivation, Action and Expectation.** Change can occur by developing goals, the skills to fulfil them, and they will be maintained if the outcomes meet the expectations. “Actions that produce positive outcomes are readily adopted and used, whereas those that bring unrewarding or punishing outcomes are generally discarded” [9]. The greater the value placed on particular outcomes, the higher the likelihood of developing the new behaviour, which is why engaging in case management to achieve goals is a predictor of project success.

- **Self-regulatory capability:** much of behaviour is motivated and regulated by internal standards and self-evaluative reactions to their own actions. Self-agency will be self-regulated by the individual standard of morality and regulate behaviour change.

- **Collective Efficacy:** The shared beliefs in collective power to produce desired results is a crucial part of SCT. Collective agency recognises that working “together to produce outcomes they desire but cannot accomplish on their own” is very useful in tackling tough problems not easily controllable[9].

Like the TTM, the DVS WSS does not consciously apply SCT, however, it does apply the principles in a number of ways, for example:

- The use of strength based case management in the DVS WSS program matches SCT by building client’s Self-Efficacy by concentrating on building existing skills, development of new skills and building resilience. Case plans are a form of behavioural contracting to help the client set new directions based on ‘Motivation, Action and Expectation’ and ‘Self-Regulatory’ capacities enable clients to maintain tenancies independently post program.

- The assumption that women have been isolated and need to establish a new life and new networks of support is central to the DVS WSS program. The focus on establishing new networks and social supports with other women escaping domestic violence (develops ‘Collective Efficacy’ to support change. Establishing new networks in a wide variety of areas, (work, areas of interest) acts to increase opportunities for ‘Observational Learning’; and build opportunities for ‘Triadic Reciprocal Causation’ and increase ‘Self-Efficacy’.
• Brokerage is used to support case management, and acts as a reinforcement that is missing from many other programs. It provides additional support to enable the women to meet their personal goals by removing impediments to success, thus enabling behaviour change. Brokerage assists make change easier by supporting a positive feedback loop to encourage greater participation in case management.

• The program is for women who have made a change in their environment by leaving the perpetrator of violence. This on its own acts as a change agent as it offers new influences to client, thus increasing the opportunity for “new interplays of influences that shape people’s lives” [9]. The program aims to help people cultivate and benefit from the new fortuitous opportunities that they will encounter, which is a clear parallel with SCT’s ‘Triadic Reciprocal Causation’.

• As the program is geographically based across Greater Western Sydney, and is delivered using smaller nodes that combine local services, the program is following a community orientation as proposed in Social Cognitive Theory.

Collaboration Theory

This program is based on a belief that coordinating Government, non-government and other services is essential for effective prevention[10][10][10]. The Green Paper into Homelessness saw the “Lack of coordination between agencies” as a key socio economic factor contributing to homelessness. The paper went so far as to say that the lack of “coordination between the Commonwealth, state and territory and local governments, and with not-for-profit organisations, charities … have resulted in a patchwork of services and funding programs, with no clear focus on long-term solutions to homelessness. It also results in critical service gaps, and chronic cycling of homeless people through the services and systems” [11]. The NSW Homelessness Action Plan aims to facilitate service reform by facilitating “more integrated service system responses, in the belief that “no one agency is responsible for delivering responses to homelessness” [3, 12].

Even though the policy statements, the AHURI Research Synthesis (and the DVS WSS Program Specifications) provided no discussion on how they define coordination/ integration, and no guidance on what is necessary for successful coordination, an analysis of policy papers and Service Specifications for the DVS program do appear to be based on some of the assumptions inherent in Collaboration Theory, for example:

• Policy statements make assumptions about the benefits to be achieved from coordination which match the idea in collaboration theory that “interdependent groups of two or more organisations that consciously collaborate and cooperate with one another are more effective at providing a complex array of community – based services than the same organisations are able to do when they go their own ways” [13].

• The Department of Family and Community Services often ask the lead Service, Wimlah, about the likelihood of a self-sustaining network continuing that will absorb the activities of DVS after the project funding ceases. This matches assumptions inherent in Collaboration Theory that “collaboration is … a pre-requisite for the sustainability of interagency programs” [14]. In practice, it is common for funding agencies using Collaboration Theory to hope “that collaborations formed for the purposes of implementing grant-funded programs will remain after the funding ceases” [14].

• DVS WSS program’s client service perspective aims to mirror the Housing Pathways system of homelessness service delivery. In April 2010, “a new housing application system known as Housing Pathways …(was implemented) to make applying for housing assistance easier, simpler and fairer” [15]. The DVS WSS program operates in a similar way, where a client can access DVSWSS through multiple entry points and be referred from multiple Services and Government Departments [16].

Despite these examples showing the links to Collaboration Theory, the program currently lacks a clear definition of coordination, including a description of the benefits expected by Government from the Regional Coordination Groups, and the resources and skills required to collaborate to that level. These two elements are essential components of Collaboration Theory that need to be measured to provide a greater
understanding of the level of collaboration required by this program and the resources required to reach and maintain this level of collaboration:

• Firstly, various models that explain collaboration theory as a continuum of stages, or spectrum from zero relationship, to full integration[14, 17-21]. Frey et al has provided an excellent summary of four of the main “staged” models of collaboration and created a seven stage model that combines all elements [14]. This provides insight into the meaning of different terms to describe levels of collaboration. The least amount of collaboration between agencies is referred to as Communication or Networking. This is followed by the three main stages of Partnership or Partnering, which are Cooperation, Coordination and Coalition. The next stage is collaboration, which refers to the start of a merging of organisations. Lastly, is the phase of Unification or Coadunation, “which means having grown together” [14].

• Secondly, there are different definitions of what is required by an effective collaboration, which differ by intensity of the stage of collaboration. Foster-Fishman et al[17][22] conducted a review of 80 articles on collaboration and developed a framework to measure collaborative capacity that identifies four critical strategies required to build collaboration. These are “member capacity; relational capacity; organisational capacity and programmatic capacity.” Provan et al “argued that networks must be evaluated at three levels of analysis: community, network and organization/ participant levels” and that each has their own specific effectiveness criteria that may contradict[13]. A number of other authors have talked about Synergy as an important outcome from collaboration[18, 19][23, 24]. Butterfoss reviewed evaluations of collaborations in public health and social welfare and identified eight indicators of effectiveness, including: 1. Diversity of participants; 2. Recruitment/ retention of new members; 3. Role in the coalition or its activities; 4. Number and type of events attended; 5. Amount of time spent in and outside of coalition activities; 6. Benefits and challenges of participation; 7. Satisfaction with the work or process of participation; and 8. Balance of power and leadership.

As collaboration increases, greater impediments arise and greater levels of resources are required. It is therefore essential that an understanding of the level of coordination required to run a program effectively is better understood. This will enable future programs to require that programs deliver collaboration to the level needed, can be funded appropriately to reach this stage of collaboration, and have greater insight into the developmental gradient that collaborations will pass through to determine success. It will also prevent over resourcing, as collaborations can be funded to reach a point of maximum benefit and unnecessary pressures to over collaborate are not made.

Resources

Budget
The total budget for the program is $640,000 per year for three years. It has been roughly allocated into:

• 30 per cent for Case Management Hours/ Dedicated case management workers
• 40 per cent for Coordination, including administration and travel
• 30 per cent for Other Brokerage: (individual products or services as required to assist client achieve case management goals to remain in tenency).

Staff
• There is one full time Coordinator Officer.
• Some services have chosen to put DVS specific staff on, and other services are asked to charge back the hours that their service uses in working with program participants.
Regional Coordination
The program is run over a very large geographic area. There are five coordination groups across the Western Sydney region, (Campbelltown/ Camden; Bankstown/ Auburn; Blue Mountains/ Hawkesbury; Blacktown/ Parramatta/ Penrith; Liverpool/ Fairfield/ Holroyd); each coordination group has between 6 and 10 services as members, or a total of 42 services. (The original project brief specified 8-10 as the total coordination group.)

Each Coordination group operates a coordination group of DV services in the area. The following is the make-up of these coordination groups.

**Blue Mountains/ Hawkesbury Coordination Group**
- Brighter futures;
- Gunedoo Child Protection Service;
- Housing NSW – Penrith
- Blue Mountains Family Support Service
- Springwood Neighbourhood Centre;
- Domestic Violence Court Advocacy Service
- Blue Mountain Women’s health and resource centre;
- Wimlah Women’s and Children’s Refuge (Convenor Service)
- Gateway family services
- Women’s Cottage

**Penrith/ Blacktown/ Parramatta Coordination Group**
- WASH house
- Pams Place (Shared Convenor)
- Penrith Domestic Violence Services (Shared Convenor)
- Aftercare/ Personal Helpers and Mentoring Service
- Essies Refuge (Shared Convenor)
- Jessie Street Domestic violence Service (Shared Convenor)
- Housing NSW – Penrith, Mount Druitt, Blacktown & Parramatta
- Barnardo’s Penrith
- Parramatta Mission/ Thelma Brown Cottages
- Pendle Hill Crisis Centre
- Parramatta Holroyd Family Support
- Cumberland Women’s Health

**Bankstown/ Auburn Coordination Group**
- United Muslim Women’s Association (Convenor service)
- Baptist Community Services
- Bankstown Women’s Health
- Domestic Violence Court Advocacy Service
- Sydney Women’s Counselling Centre (DV proactive support service)
- Housing NSW Bankstown office

**Liverpool/ Fairfield/ Holroyd Coordination Group**
- Joan Harrison Support Services for Women (Convenor service)
- Housing NSW Liverpool and Fairfield offices
- Green Valley Liverpool Domestic Violence Service
- Liverpool Women’s Health Centre
- Bonnie’s Refuge
- Liverpool women’s resource centre
- Community First Steps
Campbelltown/ Camden Coordination Group

- MARCIA Refuge (Convenor service)
- Domestic Violence Court Advocacy Service
- Community Links
- Drug and Alcohol Women’s network (DAWN)
- WILMA Women’s Health Centre
- Baptist Community Services (Chisholm)
- Housing NSW
- Macarthur Ozanam Centre
- Tharawal Aboriginal Services

In addition, the lead agency, Wimlah and the Western Sydney Group, are part of a number of different networks, and has an active membership of:

- the Women’s Refuge Movement, a network of 53 women’s services, founded in 1974
- Project 40 and the Nepean Campaign Against Homelessness
- Nepean Adult Homelessness network, (formally SAAP Interagency)
- NSW State Government Taskforce on Homelessness in Nepean region
- Strong legal networking, including participant in Women’s Domestic Violence Court Advocacy Services and WRM Family Law Court Support Service

Tool Kit/ Shared Information Resources

- Program information kit on USB including standard Case Management Template; Monthly Reporting;
- Standardised Regional Coordination Group Meeting Agenda
- MOU between Lead coordination agencies
- The program uses a tool, developed by Wimlah Domestic Violence Service, called the 8 Barriers to Safety Index, which enables an assessment of each client to determine which of these eight areas increases the risk of homeless, including the likelihood a client may return to the perpetrator of violence (housed homelessness).

Management

The lead agency, Wimlah, and the Western Sydney Group that convene each Regional Coordination group benefits from their connection to the NSW Women’s Refuge Movement, which has a robust management structure for Refuges through the Working Party that provides advice and proven governance.

Note: Although DVSWSS is for women requiring support with accommodation, or approved for accommodation, it does not provide accommodation. This is provided either by Housing NSW who provides a subsidy called Start Safely, designed for low needs clients to rent in the private market; or a Social Housing providers who supply a limited number of social housing properties to high needs group, or for women already in Social Housing at risk of losing their property following DV.
Trans-Theoretical Model:

This program assumes that success in leaving and in establishing a new life after living in domestic violence can be predicted by understanding linear processes. Women are expected to enter the program at any stage of the model and may re-enter the process repeatedly until the issue is completely resolved.

Social Cognitive Theory:

This program makes the assumption that contractual agreements, greater formal and informal network involvement and increased self-efficacy will result in stable housing outcomes and reduction housed homelessness.

Collaboration Theory:

This program assumes that collaboration, partnerships or networks enabling different autonomous services to work together will improve outcomes for clients.

DVS WSS Logic Model

Strategy 1: Service Coordination

Immediate Impacts 1.1: Establish administrative functions; form partnerships; collect and report on project data; establish communication

Immediate Impacts 1.2: Establish coordination groups; hold regular meetings; share information between group members; draw clients from a bigger pool. Priority-based allocation; easy transfer of case management within group.

Immediate Impacts 2.1: Development of a strength-based case management contract with the client. Provide clients with access to a network of support services; record and report outcomes of case management interventions; use follow-up to improve outcomes.

Immediate Impacts 2.2: Manage immediate crises; support case management. Establish protocols for brokerage payments and audits.

Immediate Impacts 2.3: Case management plan developed to support brokerage; follow up plan established and maintained.

Strategy 2: Wrap Around Service

Immediate Impacts 2.4: Group based programs

2.4.1 Group based Services

2.4.2 Group Based Programs

Medium Term Outcomes: Wrap Around Service

Graduates: - have increased access to services; resulted in less housing homelessness; increased professional development opportunities; improved health and emotional resilience.

Long Term Outcomes: Wrap Around Service

Graduates: - have increased access to services; resulted in less housing homelessness; increased professional development opportunities; improved health and emotional resilience.

Long Term Outcomes: Collaboration

Graduates: - have increased access to services; resulted in less housing homelessness; increased professional development opportunities; improved health and emotional resilience.

Comprehensive data collection provides baseline measures.

Cross-agency assessment and evaluation standards implemented.

Capacity improvement in services.

Mature self-sustaining network of specialist DV and homelessness services developed. Increased prevention role.
The Contextual Background

The DVS WSS intervention is funded within the context of the Australian Government's 2008 White Paper on Homelessness, “The Road Home: A National Approach to Reducing Homelessness” [20] [25]. This landmark policy focuses on three key areas to halve homelessness by 2020:

- prevention and early intervention to stop people becoming homeless;
- breaking the cycle of homelessness; and
- improving and expanding the service response to homelessness.

The Council of Australian Governments (COAG) is working to implement the Homelessness strategic agenda nationally through the “National Partnership Agreement on Homelessness” [21] [26], which started on 1 July 2009. Each State has developed an implementation strategy which set out new initiatives and additional services which aim to make a substantial contribution towards achieving interim targets to reduce homelessness by 2013. Under this Partnership on Homelessness, the Australian and NSW Governments have each allocated $101.4 million “over four years to projects designed to prevent and respond effectively to homelessness in NSW” [3].

“A Way Home: Reducing Homelessness in NSW: NSW Homelessness Action Plan 2009-2014 [3]” and the “Regional Homelessness Action Plan 2010-2014: Greater Western Sydney” [12] describe how NSW is implementing the strategy, localising homelessness issues into NSW and describe how the national homelessness agenda is being implemented into the Western Sydney Region of NSW.

The NSW Homelessness Action Plan 2009-2014 was developed using a number of sources, including the Australian Government’s White Paper [20] [25], the findings of the NSW Auditor General’s 2007 evaluation of the NSW Government’s response to Homelessness, “Responding to Homelessness” [22] [27]; and community consultation [11]. The Australian Housing and Urban Research Institute (AHURI) was also commissioned to review and synthesise the homelessness literature to identify services and interventions that show promise [3, 10]. The findings from these reports, which have been reflected in the HAP, demonstrated a need for:

- Greater and more effective coordination and cooperation across homelessness service provision, as no single agency or service are “responsible for delivering responses to homelessness” [3, 12];
- Increased emphasis on prevention and early intervention;
- A shift in services from merely crisis intervention to long term support;
- More flexible services tailored to individual needs;
- Greater awareness in Government agencies as to the effects of domestic violence and the different needs women escaping domestic violence have to primary homeless “rough sleepers”:
- Improved referrals to specialist services from all Government agencies;
- An improvement in data collection and benchmarking to enable evaluation of homelessness interventions;
- Better descriptions of program components and differences between planned and delivered services (program fidelity);
- More rigorous evaluation methodologies.

Coordination of Services

Coordination between the multiple Services that provide support to homelessness is a central theme of the Homelessness Action Plan, and the DVS WSS project. It recognises that “No one agency is responsible for delivering responses to homelessness. Instead, services and support are provided by government agencies, non-government organisational and community organisations” [3]. In addition to mainstream Government agencies, Specialist Homelessness Services, and Specialist Services with, but not limited to Domestic Violence, Legal, or Alcohol and Drug specialties, are the three broad types of agencies discussed within the plan.
The call for better integration in service provision, which can fall along the continuum from coexistence but with no relationship, to complete unification, passing through stages of networking, partnership and merging [14], is not new. It recognises that “agencies that work alone cannot tackle significant intractable problems as effectively as agencies that work in collaboration” [23] [17]. While collaboration is not universally recommended, it is considered “especially important for problems that fall into domains between organisations” [23] [17], such as highly complex areas, including homelessness and poverty and domestic violence.

However, despite the desire for better integration, evidence exists that cooperation is not a standard practice and that there are significant barriers to effective coordination. The Australian Government’s Green Paper makes numerous references to lack of coordination and integration being a problem in the homeless sector, “Lack of coordination and integration can heighten risks of homelessness or, at worst, cause a person to become homeless. Addressing these issues must be a priority in a new approach” [11]. Additionally, two Performance Audits of NSW Government agencies were critical of the co-ordination between Government agencies and between Government and Non-Government agencies in tackling homelessness and domestic violence [22, 24] [27, 28].

The 2007 Auditor General’s report “Responding to Homelessness” found that [22] [27].
- Because only the Departments of Housing and Community Services had a clear and explicit focus on homelessness and because it was not a priority in the State plan, coordination between agencies faced a number of barriers.
- Even at the highest level of coordination, key Departments were not involved, notably Legal Aid and local courts did not participate in the Partnership Against Homelessness.
- Similarly, coordination between State Government Departments and community service providers did exist, but were locally based and champion driven, rather than supported by central policy, usually because of lack of resources and the perception that Homelessness was not high priority.
- Other barriers to coordination included perceived privacy issues, the need for co-ordination based on personal relationships and different roles of agencies. However, there was evidence that when supported, coordination between Government and NGO could be successful in improving service delivery.

The 2011 Auditor General’s report “Responding to Domestic and Family Violence” [24] [28] found that NSW Government agency response to domestic violence is crisis driven with poor follow through post crisis; most Government agencies fail to respond to the majority of domestic violence matters because of a lack of reporting by victims and lack of knowledge of the extent of the impact on their organisation; there is no shared understanding between organisations of each other’s roles in responding to domestic violence, which affects coordination and referrals.
- The report makes numerous recommendations to improve coordination and collaboration including recommending: the development of new protocols that clarify information sharing and maintain privacy; ensuring regular meetings between key agencies to share information to monitor and improve coordinated service delivery; the development of an integrated online directory of specialist and mainstream services to improve referral; the development minimum common standards for domestic violence risk assessment, need prioritisation and referral; joint planning between the four Government agencies AND non-government service providers.
- The report is highly critical that the NSW Domestic and Family Violence Action Plan does not provide an adequate framework for coordination. “There is no implementation plan, no performance indicators for monitoring progress and no comprehensive mapping of available services.”
- The report further recommends that by December 2012, the Chief Executives of the NSW Police Force, Department of Family and Community Services, NSW Ministry of Health and the Department of Attorney General and Justice, in consultation with NGOs develop a framework on how to respond to domestic and family violence.
Progress and Threats to improved Service Integration

Some of these barriers to the coordination of homelessness services either have been or are in the process of being changed, notably improved and shared data collection (through SHIP and HOMES); inclusion of Homelessness as a priority in the State Plan “2021: A plan to make NSW number one”; and inclusion of coordination of homelessness and domestic violence services in all relevant departmental strategies. Looking at coordination of Government and Social Services from a Collaboration Theory perspective, more work needs to be done to define the stage of collaboration required for different purposes and what resources are required to establish and maintain these collaborations. This knowledge is required for improved program development and evaluation.

Currently, it has yet to be confirmed if coordination called for by the Auditor General are being implemented; if they are being implemented at all levels of the bureaucracy or if there is merely greater communication and networking at the top levels of management; if known collaborations are being implemented effectively; and if it is responsible for improved outcomes for clients. It is not unreasonable to expect that systematic barriers to cooperation will take a long time to break down and require assistance and training. Collaborative delivery of social programs will work more effectively where better understanding of the level of collaboration required and the key impediments and success factors to reach these are better understood, and barriers systematically addressed.

For example, the two databases, SHIP and HOMES, while designed to assist with data collection and building a more comprehensive benchmark on homelessness, have the ancillary benefit that they constantly remind organisations that they are working to address homelessness cooperatively with other agencies. While having the means to easily share information is an essential first step to collaboration, it is not sufficient to ensure coordination.

- Firstly, universal adoption of the databases is a long way from complete, and like all databases, the amount of data that is included varies between individuals, and organisational cultures that do not have a history of database use will have a longer and steeper adoption curve.
- Secondly, the databases are tools of cooperation, but they are not cooperation. Even universal use of the databases would not demonstrate cooperation between Services except on the level of data collection.
- Thirdly, there is a difference between information in a database and use of that information. The data on individuals may be complete in the system, but if staff within the agencies responsible are not vigilantly following up on clients, the database alone won’t prevent homelessness. Each client will need effective coordinated case management.

Evaluations of these databases needs to look at the way that the databases are used to assist clients, rather than just looking at the amount of data input into the databases.

The tender for the DVS WSS project listed two criteria on coordination:

- Capacity to coordinate service delivery across the homelessness sector, mainstream services and government agencies across a large geographical area; and
- Ability to work collaboratively and develop and maintain effective partnerships.

The winning tender, by Wimlah Specialist Domestic Violence Service, was able to demonstrate that they were part of an existing network across the whole of Greater Western Sydney geographical area that they could use to build a bigger network; and is part of a state wide network of specialist DV services, which uses this network formally to provide a board structure that assists the managers of each member service to operate using an effective governance system. Additionally, the lead Service for each of the five coordination groups across Western Sydney already met every six weeks. This Western Sydney Group of the NSW Women’s Refuge Movement agreed to formalise existing arrangements when applying for the DVS WSS project; and was in a position to quickly convene coordination groups on their own Local Government Areas (LGAs); and provide Board Management structure for DVS WSS. Being specialist providers of domestic violence and homelessness, the lead services running DVS WSS had existing relationships with a range of local services necessary to deliver a coordinated program.
Domestic Violence

The Homelessness Action Plan recognised that domestic violence is a major cause of homelessness for women and children. AHURI’s findings on prevention of homelessness from domestic and family violence are: [10]

• Family violence combined with a lack of affordable housing is a major cause of women’s homelessness.
• Socio-economic disadvantage is a key risk factor for homelessness caused by family violence.
• Assisting women and children to stay in their homes where this is possible is preferable as it minimises disruption, particularly to social and educational supports.
• For Indigenous families, community based ‘safe houses’ for women and ‘cooling-off’ centres for men are better than mainstream services.

The AHURI research synthesis states that “the scope does not encompass actions to address known predisposing factors for homelessness… Consequently, for example, evidence about the prevention of homelessness as a result of relationship violence is presented, but not evidence about the prevention of relationship violence itself” [10] This means that the AHURI synthesis does not provide evidence as to how best to address domestic violence, and has left it up to the Specialist Services to address based on their own expertise. Although the DVS WSS project is a primary intervention for homelessness, it is also a tertiary intervention for domestic violence. While this program aims to improve the ability to maintain a tenancy and break the cycle of homelessness, this cannot be done without addressing the impact that the violence has had on each participant’s life. The AHURI synthesis does make certain recommendations that are compatible with the theoretical approaches to domestic violence used by the program, including:

• the needs of women and children escaping domestic violence are different to the needs of primary homeless and homeless men;
• effective case management requires time, and individualised responses;
• respect is a fundamental starting point for dealing with clients;
• that if a women must leave her home, that it is important to minimise the length of time in temporary accommodation, minimise the number of moves, and reduce disruption particularly if there are children involved.

Changing Attitudes – Changing Policies

On a more macro level, this program is being delivered to a community that is still in the process of changing attitudes towards domestic violence which began with the women’s movement of the early 1970s. Domestic violence was once a taboo topic not discussed and thus inadvertently sanctioned by the community and dealt with by closed personal networks, if at all. The police didn’t like to interfere between “a man and his wife”, even after it had been listed as a crime under the Crimes Act. The first women refuge enabling women to escape domestic violence opened in a squat in 1974, at the same time that no fault divorce was introduced in Australia.

Policy Development

Today there are large policy and legislative shifts, which have gone a long way towards changed community attitudes towards women, children and domestic violence.

• Domestic Violence is now a crime. Legislation supporting cultural changes in NSW include the introduction of Apprehended Violence Orders to the Crimes Act 1900 in 1982; the expansion of the definition of domestic violence offence in 1987 to provide protection to a wider range of relationships including current and past relatives and intimate partners; and in 2007, the repeal of the sections of the Crimes Act 1900 dealing with Domestic Violence and Apprehended Violence Orders to enable the introduction of The Crimes Domestic and Person Violence Act 2007. This gave greater significance to stalking and intimidation offences and provided for the recording of domestic violence offences to enable tracking of repeat offenders.
The Residential Tenancies Act 2010 supports the AVO process by provides greater protection for people with final Apprehended Violence Orders, allowing them to remove and take over the lease from the Defendant.

- Both the Australian and NSW Governments have a Minister for Women. The Australian Minister for the Status of Women heads The Australian Government Office for Women, based within the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA). The NSW Minister for Women heads Women NSW, located in the Department of Family and Community Services (FCS). Combating domestic violence and sexual assault against women is a high priority in both offices.

- There have been a range of high level policies aimed at improving the status of women and addressing violence against women at both the national and state levels. Nationally there is a Women’s Health Policy [25] [29], and an Australasian Police Policy both aimed at preventing and reducing domestic and family violence [26] [30], and in May 2008, the Australian Government established the National Council to Reduce Violence against Women and their Children, which follows a string of initiatives that began in 1988. Like the NSW Auditor General’s report on domestic violence [24] [28], the National Council has identified a number of challenges to effectively dealing with domestic violence, including fragmentation, gaps between policy intent and implementation, lack of primary prevention, inadequate funding and lack of evidence as to what interventions are effective [27] [31].

**Policy in Practice – Changing Landscape**

While at the national and state level, the response to domestic violence has not been adequate, certain factors give reason for hope that more is being done to address domestic violence.

Since the 1970’s the policy response to domestic violence has been to provide accommodation for women escaping DV in the form of refuges, supported accommodation and referral services such as the Domestic Violence Line. This stems from a decision by the feminist movement to seek public funding to “develop a homelessness response rather than to tackle other issues, such as the criminality of perpetrators or public perceptions of domestic violence. They did this because they recognised that, at the time, the plight of homeless women and children would be more likely to gain political recognition and sympathy than the criminalisation of perpetrators” [32]. At its heart, this decision was practical and pragmatic, but it had a number of unintended consequences, the most serious being that it “normalised(d) the situation where woman and children were the ones who were expected to become homeless in order to leave a violent relationship” [32].

Recently, a shift in the policy response to Domestic Violence can begin to be seen from piloting and dissemination of successful programs running alongside refuge services. Refuges are being supplemented with sanctuary programs, (Staying Home Leaving Violence); and re-establishment assistance programs (Start Safely). Additional support for domestic violence includes a number of successful court support programs; an increased police and justice response to DV; and an increase in child protection programs. Staying Home Leaving Violence, a tertiary intervention that allows women to stay in their homes while perpetrators leave, won the 2011 Premiers Award for Leadership and Collaborative Practice [29] [33], following which the program was expanded to an additional five sites, taking the number of locations where the program is available to twenty three [30] [34]. This signals a significant change to policy, as previously women always had to leave the home to escape the perpetrator of violence, which caused significant disruption, especially when children were involved [28] [32].

In parallel to these new programs for victims of domestic violence, there is increasing awareness of the costs of social problems, including domestic violence and greater attention at the economic benefit of prevention. Both the NSW Auditor General and the National Council to Reduce Violence Against Women and their Children have called for greater prevention, and earlier stage inventions. One of the findings of DV research is that many women leave their homes before they make their first contact with DV or housing services. Other researchers into domestic violence have recognised that “in order for this situation to change, a new approach that encourages women to feel it is worthwhile to contact services before making a planned decision to leave the home will need to be the norm” [32]. The new policy focus on domestic
violence provides an opportunity to supplement existing DV services, and utilise their expertise. The refuge sector is in a prime position to adopt a greater role in primary and secondary prevention alongside their tertiary intervention functions.

The 2011 NSW Auditor General’s report on the NSW Government’s response to domestic violence has raised the issue to a higher level. “Responding to domestic and family violence” [24] recommended greater emphasis on primary and secondary interventions that do not detract from the support required for victims of domestic violence; a more coordinated response between Government Departments and between Government Departments and the non-Government sector; greater awareness of the roles of different Departments to facilitate collaboration; greater adherence to a state-wide framework. In response to this report, Domestic violence is now a priority in the NSW State Plan, “NSW 2021”; a new Domestic and Family Violence Framework that addresses the criticisms of the Auditor General is being developed [31] [35], and a service mapping exercise is underway.

The Auditor General recommended increased collection of data on domestic violence, including publication of Departmental strategies and “outcome measures that can be used to monitor their impact on domestic and family violence over the next five years” [24] [28] to provide more evidence on the true extent of the problem and the full direct and indirect costs to society.

Within this context, the DVS WSS program is running as a coordinated program of DV specialist and non-specialist services and aims to deliver client management alongside their core work.

Societal Attitudes

“The most extensive national study on Australian attitudes to violence against women to date is the National Community Attitudes to Violence against Women Survey 2009”, which show some positive changes since a similar 1995 study on community attitudes [27] [31] :

- A wider range of behaviours are recognised as domestic violence
- 98 per cent of all people agree that domestic violence is a crime (up from 93 per cent)
- 81 per cent of people report a willingness to intervene in domestic violence situations

However, there are still community attitudes that help keep domestic violence hidden:

- 18 of the sample still believe that domestic violence is excusable, and this increases to 45 per cent of respondents from CALD backgrounds.
- “Few people understand why women stay in violence relationships”.

The Costs Associated with Domestic Violence

The National Council to Reduce Violence Against Women and Their Children reported in 2009 that “Violence against women and their children will cost the Australian economy an estimated $13.6 billion this year. Without appropriate action to address violence against women and their children, an estimated three-quarters of a million Australian women will experience and report violence in the period of 2021-22, costing the Australian economy an estimated $15.6 billion” [32] [36].

This report found that the costs of domestic violence are “allocated across eight groups within society which bear the costs of violence. These are: victims/survivors; perpetrators; children; friends and family; employers; federal, state/territory and local government; and the rest of the community/society (non-government)” [32] [36].

The economic analysis for the report, conducted initially by Access Economics in 2004 and updated in 2008 by KPMG, named seven categories of cost:

- pain, suffering and premature mortality costs associated with the victims/survivors experience of violence (estimated cost 2021-22 is $7,530 million or 48 per cent total cost);
• health costs include public and private health system costs associated with treating the effects of violence against women (estimated cost 2021-22 is $863 million or 5 per cent total cost);
• production-related costs, including the cost of being absent from work, and employer administrative costs (for example, employee replacement) (estimated cost 2021-22 is $1,181 million or 8 per cent total cost);
• consumption-related costs, including replacing damaged property, defaulting on bad debts, and the costs of moving (estimated cost 2021-22 is $3,542 million or 23 per cent total cost);
• second generation costs are the costs of children witnessing and living with violence, including child protection services and increased juvenile and adult crime (estimated cost 2021-22 is $280 million or 2 per cent total cost);
• administrative and other costs, including police, incarceration, court system costs, counselling, and violence prevention programs (estimated cost 2021-22 is $1,077 million or 7 per cent total cost);
• transfer costs, which are the inefficiencies associated with the payment of government benefits (estimated cost 2021-22 is $1,104 million or 7 per cent total cost).

Other reports support the estimates of the significant burden to individuals and society of domestic and family violence:
• VicHealth research into the impact of intimate partner violence on women, [35] found that intimate partner violence has a very serious effect on women and “is the leading preventable contributor to death, disability and illness in Victorian women aged 15-44, being responsible for more of the disease burden than many well known risk factors such as high blood pressure, smoking and obesity.” There is evidence to suggest that impact of abuse can continue long after it has stopped; severity of abuse increases the impact; and chronic abuse has a cumulative effect.
• VicHealth commissioned Deakin Health Economics (DHE) to research the economic benefits of reducing six modifiable disease risk factors, and found that eliminating intimate partner violence would save the health sector $207 million dollars per year and save $1.8 billion in production and leisure costs annually. The research found that reducing the prevalence level of domestic violence by 5 per cent could: reduce the number of all domestic violence-related deaths from 435 to 74 per annum over time; reduce 34 000 annual new cases of intimate partner violence-related illness to 6000; save $38 million dollars in health sector costs and $333 million in production and leisure costs over time [33] [37].
• Access Economics completed a study on the costs of domestic violence to the Australian economy in 2004 for the Office of the Status of Women that listed the cost to Australian economy in 2002-03 in excess of $8 billion [34, 35] [38, 39].
• Australian and Domestic Violence Clearinghouse published a literature review on the economic cost of domestic violence in 2002 [36] [40]. It provides a thorough review of the different approaches in Australia and internationally to estimate the costs of domestic violence, including analysis of the differences between cost-benefit; benefit-cost and cost effectiveness analyses. Unsurprisingly, it found that “despite the inadequacy of much of the necessary data, the Australian studies were more successful in calculating the direct costs of domestic violence than in calculating the indirect costs.”

The costs, both to the individual and to society are not just economic, but a cost to the social fabric of our society. Domestic violence is more insidious than violence from a stranger as it happens in the home, is often chronic, and has a more profound effect on victims, robbing people of self-esteem, self-efficacy, community and a voice. Addressing isolation and self-esteem by increasing community participation and skills, the DVS WSS program aims to reduce both direct and indirect costs to Government. For example: Keeping mothers out of homelessness immediately reduces the cost of Foster care for children and significantly reduces the long term direct and indirect costs to children of homelessness and domestic violence. Helping women establish an independent household increases skills and resilience that builds self-esteem and self-efficacy. New skills and social participation increases employability and thus self-sufficiency, which reduces the incidence of victims returning to perpetrators or future housed homelessness.
The Size of the Problem – Statistics on Domestic Violence in Australia

There is a lack of understanding about the size of the problem of domestic violence and homelessness.

While the true extent of Domestic Violence in Australia is not known, the two main sources of information: statistics on use of Government/Non-Government Services, including criminal justice and health screening; and population surveys including victim surveys; provide some useful information on the size of the problem. However, it is widely believed that these figures significantly understate the size of the problem, and an unfortunate statistic that supports this proposition is based on deaths from domestic violence. “On average, domestic and family violence kills 36 people each year, but only one in ten victims were know by Police to be in an abusive relationship in the year before their deaths” [24] [28]. The following are some of the key sources of prevalence data:

- The Parliamentary Library [27] [31] recommends a number of population/victim surveys – ABS Personal Safety Survey 2005; International Violence Against Women Survey (IVAWS) 2002-03 and ABS Women’s Safety Survey 1996. The Australian Government has committed $14.9 million to repeat the Personal Safety Survey and the National Community attitudes towards Violence Against Women Survey in 2012 and 2014 respectively, with results expected in 2013 and 2015 [27] [31].
- The Auditor General [24] [28] cited the same ABS surveys as the Parliamentary Library report, and also included figures from the NSW Bureau of Crime Statistics and Research; figures from Family and Community Services and the Ministry of Health. These figures were not able to give a complete picture of the size of domestic violence and the impact on different Government services, but together with the ABS surveys, helps to provide an idea of the prevalence.
- The National Council to Reduce Violence against women and their children, in the 2009 report into the costs of domestic violence [32] [36] published the following figures, extrapolating the prevalence in 2021-22 if there was no change:

**Estimated number of women who will report violence in 2021-2 if no action is taken to reduce the prevalence of domestic violence in Australia [32] [36].**

<table>
<thead>
<tr>
<th>Type of Violence</th>
<th>2021-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Assault</td>
<td>194,817</td>
</tr>
<tr>
<td>Sexual Assault</td>
<td>31,061</td>
</tr>
<tr>
<td>Sexual Threat</td>
<td>44,069</td>
</tr>
<tr>
<td>Stalking</td>
<td>8,322</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>212,824</td>
</tr>
<tr>
<td>Total Victims/Survivors (domestic)</td>
<td>385,426</td>
</tr>
<tr>
<td>Total Victims/Survivors (non-domestic)</td>
<td>362,057</td>
</tr>
<tr>
<td>Total Victims/Survivors</td>
<td>747,483</td>
</tr>
</tbody>
</table>

What it does reflect is that domestic violence is pervasive and “cuts across social and economic boundaries” [27] [31]. The very nature of domestic violence means that it occurs in privacy and it is very hard to observe and difficult for people to talk about. “Women are more likely to be killed in her home by her male partner than anywhere else or by anyone else” [27] [31]. “On average, in NSW domestic and family violence kills 36 people each year, but only one in ten victims were known by police to be in an abusive relationship in the year before their deaths” [24] [28]. This appears to be because victims (of crime) differentiate between strangers and partners and crimes of violence against women, which are already under reported, are even less likely to be reported when the perpetrator is a current partner [24, 27, 35] [28, 31, 39]. “Only one third of all interpersonal violence is reported to police” and, women are significantly more likely (than men) to be abused by people with whom they have some relationship” (81 versus 26 per cent respectively) [24] [28]. “Other reasons (to not report domestic violence) include a belief that the incident is too minor to report, shame or embarrassment, a desire to deal with the issue by themselves, fear of the perpetrator or of the consequences of reporting the incident, cultural barriers and concern about having to relive the event by re-telling the story” [39] [39].
Some other statistics that describe the size of the problem include:

- NSW Health estimates that each year, 10,000 women (or 6 per cent) of all women screened by antenatal, early childhood, drug and alcohol and mental health services have experienced intimate partner violence in the previous 12 months. Disclosure rates are higher for women using drugs and alcohol (21 per cent) and mental health services (15 per cent) [24] [28].

- Housing NSW estimates that half of their temporary accommodation in 2009-10 (91,760 clients), one third (766) of households on the priority waiting list for social housing at 30 June 2011, and over half of the families using Brighter Futures (3,274 families) and 14 per cent of social housing households in 2009-10 had a history of domestic violence [24] [28].

- Domestic violence is a factor in over 50 per cent of the cases of children reported to be a serious risk of harm [24] [28].

- In 2009-10 over 17 per cent (11,000) support periods provided by Specialist Homelessness Services were provided to clients giving domestic and family violence as their main reason for seeking help. Nearly 5,000 of these were provided to clients accompanied by children. Domestic violence is still a factor in many other cases.

- In 2009-10, the Domestic Violence Line took 23,029 calls; Start Safely subsidised the rent of 291 women escaping domestic violence in 2010-11; and the Staying Home Leaving Violence program assisted 268 women escaping domestic violence to stay in their homes in 2009-10.

- In 2010, NSW Police recorded 126,325 domestic and family violence incidents involving 92,215 victims and 81,772 perpetrators. There are twice as many female victims as male and twice as many male perpetrators as female. This equated to nine per cent of NSW Police call outs State wide are related to domestic violence, taking 625,000 hours. This can be broken down into 26,006 assaults, 33,000 other offences including stalking and property damage, and 66,000 verbal augment were police detected no offence. Domestic violence assaults accounts for 40 per cent of all assaults reported to police. Sixty per cent of these were committed by intimate partners or ex partners [24] [28].

- Domestic and family violence accounts for 13 per cent of listed court matters across the State. In some regions, the amount of court time related to domestic violence is much higher, as much as 60 per cent in Walgett [24] [28].

- Domestic Violence offenders are the largest group of offenders on supervised probation. This is 22 per cent or 3,990 offenders taking up between 20 and 30 per cent of probation officers time [24] [28].

The majority of the figures above are statistics from State Government and NGOs that are providing a service to victims in any year. Another way of judging the real target population is by looking at the response to the national surveys that ask women about their experiences of violence. This addresses the gap between people who seek help and people who do not.

- According to the IVAWS, which uses a similar broad definition of domestic violence that includes physical, sexual and psychological violence, 34 per cent of women have experienced one form of violence from a partner or boyfriend in their lifetimes; 31 per cent had experienced physical, and 12 per cent sexual violence, and between 37 and 40 per cent of women had experienced some form of controlling behaviour from a partner in their lifetime [27] [31].

- The ABS Personal Safety Survey 2005 found that 2 per cent of women have experienced violence from a current partner at some stage in their lives; 15 per cent have experienced violence from a previous partner; and of those women who had been physically assaulted in the last 12 months, 31 per cent were assaulted by a current or previous partner; women sexually assaulted in the last 12 months, 29 per cent were assaulted by a current or previous partner [27] [31].

**Size of the Problem - Homeless Women in Greater Western Sydney**

While the size of the homeless population is still not 100 per cent accurate, the methodology for determining the size of the problem is much clearer than determining the number of victims of domestic violence and significant action is being taken to improve data collection. The NSW Homelessness Action Plan uses the methodology developed by the Australian Bureau of Statistics and Australian Institute of Health and Welfare report, “Counting the Homeless” [37] [41] to determine the number of people homeless in different parts of Australia on census night 2006. From this, the number of homeless women in the Western Sydney and South Western Sydney regions of NSW on census night 2006 is known to be 2161.
The target population for the DVS WSS program live with Greater Western Sydney, which is a geographic area consisting of Western Sydney and South Western Sydney.

- Within Western Sydney there are eight Local Government Areas, (Auburn; Baulkham Hills; Blacktown; Blue Mountains; Hawkesbury; Holroyd; Parramatta; and Penrith). At the 2006 Census Western Sydney had a population of 881,531 people, of these 3,274 people were classified as homeless, which included 171 indigenous homeless people. This is a homeless rate of 37 people per 10,000 people compared to a state wide rate of 42 per 10,000 people.

- Within South Western Sydney there are six Local Government Areas, (Bankstown, Campbelltown, Liverpool, Camden, Fairfield and Wollondilly). At the 2006 Census, South Western Sydney has a population of 878,010 people, of these, 1,774 people were counted as homeless, with 91 indigenous homeless people. This is a homeless rate of 20 people per 10,000 people, compared to a state wide rate of 42 per 10,000 people.

- The analysis completed by a joint venture of researchers from RMIT and Swinburne Universities, the ABS and the Australian Institute of Health and Welfare (AIHW), found that
  - the rate of homelessness between the 2001 and 2006 Census was roughly the same, at 53 per 10,000 people nationally, however this is higher than the homelessness rate in NSW, which is 42 per 10,000 people.
  - the demographic profile of homeless people is changing, with 44 per cent of homeless people women. Across Australia, Women make up 28 per cent of boarding house residents; 53 per cent of SAAP residents; 48 per cent of people staying with friends and family; and 40 per cent of people in improvised dwellings.
  - On census night 2006, within Western Sydney, 20 per cent of homeless people were living in SAAP accommodation, 28 per cent in boarding houses; 41 per cent with friends or family and 11 per cent in improvised dwellings.
  - On Census night 2006, within South Western Sydney, 19 per cent of homeless people on census night were living in SAAP, 28 per cent in boarding houses; 54 per cent with friends or family and 2 per cent in improvised dwellings.
  - Based on the usual gender make up of these accommodation types, it is estimated that within this region, 572 women were in SAAP; 326 were living in boarding houses; 1104 were staying with friends and family and 158 were in improvised dwellings. Further analysis is needed to determine how many of these women are experiencing domestic violence, but it does give a base line of homeless women in the region.

<table>
<thead>
<tr>
<th>Number of homeless women by dwelling type, Greater 2021-22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number Homeless</td>
</tr>
<tr>
<td>SAAP</td>
</tr>
<tr>
<td>Boarding Houses</td>
</tr>
<tr>
<td>Friends</td>
</tr>
<tr>
<td>Improvised Dwellings</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

**Target Audience**

The program is aimed at adult women and women with children in their care, experiencing domestic violence, who are at risk of homelessness because of domestic violence. It is open to women regardless of sexual orientation and cultural background.

Economically, the women must be eligible for one of two housing programs, either Social Housing or Start Safely. Both of these programs preclude home ownership and maximum income limits are set annually by Housing NSW, (see table 1 for 2011), however, leeway is given if financial assets are tied up in divorce proceedings and the client cannot access them to pay for accommodation.
### Household member types and current weekly income allowance

<table>
<thead>
<tr>
<th>Household members (regardless of relationship)</th>
<th>Gross weekly income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single adult</td>
<td>$525</td>
</tr>
<tr>
<td>Each additional adult (18 years or over)</td>
<td>Add $200 to the income limit</td>
</tr>
<tr>
<td>First child (under 18 years)</td>
<td>Add $260</td>
</tr>
<tr>
<td>Each additional child (under 18 years)</td>
<td>Add $85</td>
</tr>
</tbody>
</table>

### Size of the Target Population

The Homelessness Action Plan and the Service Specifications for the DVS WSS program are based on a limited number of places for the program and do not estimate the size of the actual need for the program. It is clear from the size of the homeless population in the region, the known incidence and prevalence of domestic violence in the community, and the large number of women the DVS WSS program is actually supporting, that the potential target population for this program is higher than the targets of 30 per year.

Although the size of the potential target population is unspecified in the Service Specifications and the Homelessness Action Plan, a number of methods could be used to predict a target population size, determine areas with a high need for similar programs, and set prioritisation targets for program roll out.

Looking at the numbers of Homeless women as listed in the ABS Counting the Homeless, which is used by the Regional Homelessness Action Plan, there are 2,161 homeless women in Greater Western Sydney, many of whom could be in need of the services of the DVS WSS program. 1,676 of these homeless women were in Supported accommodation, or living with friends, and so are likely candidates for Start Safely or Social Housing if they can also demonstrate that they are escaping from domestic violence.

To determine the potential size of the target population based on reported levels of domestic violence, the potential target population is going to be much higher, even using conservative sources of data. For example:

- Because the Australian Bureau of Statistics, Access Economics and KPMG recommend prevalence data over incidence data [32] [36], the following calculation uses prevalence statistics of reported violence (not extrapolated estimates given the known underreporting).
- Using just the prevalence figures from the 1996 ABS personal safety survey, which is the basis for 2009 KPMG “Cost of Violence against women and their children” report, two per cent of women over the age of 15 experience violence from an existing partner; and 15 per cent have experienced violence from a previous partner [27] [31].
- This provides the lower range for domestic violence of a physical nature in Greater Western Sydney at 14,113 women between the ages of 15 and 100.
- When the definition of domestic violence is broadened to include psychological violence, the IVAWS survey shows that the prevalence of domestic violence against women grows to 34 per cent and that forty per cent of women report experiencing controlling behaviours from partners over their lifetime [27] [31]. Because the IVAWS prevalence survey uses a definition of domestic violence that is more aligned with Government definitions of domestic violence, it is a useful source to determine an upper limit of all domestic violence in all its forms. Using the 2006 Census Data as the population sample, 282,268 women in the greater western Sydney area experiencing domestic violence that includes physical, and psychological or controlling behaviours.
Extrapolation of the number of women, living in Greater Western Sydney, aged between 15 and 100, who have experienced domestic violence at some stage in their life from a current or previous partner.

<table>
<thead>
<tr>
<th>Census 2006: Local Government Areas</th>
<th>Women aged 15 to 100 plus</th>
<th>Lower range 2%</th>
<th>Upper range 34%</th>
<th>Controlling 40%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auburn</td>
<td>24502</td>
<td>490</td>
<td>8331</td>
<td>9801</td>
</tr>
<tr>
<td>Baulkham Hills</td>
<td>63933</td>
<td>1279</td>
<td>21737</td>
<td>25573</td>
</tr>
<tr>
<td>Blacktown</td>
<td>104503</td>
<td>2090</td>
<td>35531</td>
<td>41801</td>
</tr>
<tr>
<td>Blue Mountains</td>
<td>30816</td>
<td>616</td>
<td>10477</td>
<td>12326</td>
</tr>
<tr>
<td>Hawkesbury</td>
<td>23607</td>
<td>472</td>
<td>8026</td>
<td>9443</td>
</tr>
<tr>
<td>Holroyd</td>
<td>36385</td>
<td>728</td>
<td>12371</td>
<td>14554</td>
</tr>
<tr>
<td>Parramatta</td>
<td>60363</td>
<td>1207</td>
<td>20523</td>
<td>24145</td>
</tr>
<tr>
<td>Penrith</td>
<td>67545</td>
<td>1351</td>
<td>22965</td>
<td>27018</td>
</tr>
<tr>
<td>Bankstown</td>
<td>68331</td>
<td>1367</td>
<td>23233</td>
<td>27332</td>
</tr>
<tr>
<td>Campbelltown</td>
<td>56158</td>
<td>1123</td>
<td>19094</td>
<td>22463</td>
</tr>
<tr>
<td>Liverpool</td>
<td>62900</td>
<td>1258</td>
<td>21386</td>
<td>25160</td>
</tr>
<tr>
<td>Camden</td>
<td>19056</td>
<td>381</td>
<td>6479</td>
<td>7622</td>
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<td><strong>14113</strong></td>
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The estimated number of women in greater western Sydney who experience domestic violence at some stage in their life, ranges from 14,113 to 282,268, and while this is not being proposed as a true indication of the target population for a DVS WSS program, comparing these figures to the actual targets for the DVS WSS program of 30 per year demonstrates that the DVS WSS program has a much wider potential client base than currently intended based on targets. These figures suggest that there is a significant need for early intervention programs to address domestic violence in the community, especially given the known under reporting of incidence.
This section of the report provides a detailed description of each of the program activities, with the intention of:

- Providing greater detail on the logic model for the DVS WSS program, in particular detailed discussion on the links between the activity and the assumptions behind how the program activities use theoretical foundations to solve real world problems and achieve desired outcomes.
- Explaining in more detail about how the program activities have developed over time. It provides a practical explanation of why changes were made, and thus allows greater understanding of threats, weaknesses and potential solutions to the success of similar programs.
- Knowing how the program is delivered to enable the program to be extended into other areas. For the program to be replicated and achieve similar results, detailed descriptions of what is being done are necessary to ensure it is run the same way.
- Understanding how the program works in practice to assist future evaluations of the program make valid links between the activities and impact/ outcomes for clients, and also enable evaluations of any programs based on the original DVS WSS program to be compared and any differences in outcomes more easily explained.

Following is an in-depth description and analysis of each activity, including how it was originally delivered and descriptions of how it is delivered now (if there are changes). Unless referenced, any quotes are from participants in the Focus Groups or from meetings. Judgements have been made as to the benefits and the importance of these, particularly where differences between intended delivery and actual delivery are noted. Each section ends with a number of recommendations.

The program follows two main strategies:

1. Service Coordination component
2. Wrap Around Service component

**Coordination**

The Service Coordination component of the program is implemented with two main activities, the Coordination Officer and the Regional Coordination Groups.

**Coordination Officer**

This role of Coordination Officer manages the day to day running of the entire program. This includes providing a Secretariat to the five coordination groups; reviewing the client case-plans; collecting and reporting use and outcome statistics; managing the budget and brokerage requests; providing mentoring/ training; raising awareness of the program; dissemination of information and programs across the region; recruitment of new Services to the Regional Coordination Groups; linkage between regions; and troubleshooting.

The role of Coordination Officer/ Office is an essential element for the DVS WSS program to work effectively. Not only has the position fulfilled the original roles required of it (Secretariat; Reporting; Finance and Administration; and Troubleshooting), but the position has taken on a much greater role within each Regional Coordination Group, filled an unmet need within the broader welfare sector educating and mentoring on Domestic Violence; developed and disseminated new programs across the region; increased the number of partners/ member organisations within the DVS WSS program; and also undertakes substantial client oversight. It is highly likely that a key reason that the program has exceeded its targets is because of the willingness to take on these new roles. The current position holder, Penny Wood, is highly respected and valued. In a number of different meetings and Focus Groups, it was asked if Penny could be cloned.
“For us it all goes through Penny as the core.”

The current scope of activities fulfilled by the Coordination Officer includes:

- **Finance and Administration**
  - Staff management and staff recruitment.
  - Development of MOUs and SLA and other contracts.
  - Budgeting and forecasting expenditure for the whole project
  - Review all brokerage requests over $100 (anything under can be approved by manager of the service) and ensure that they comply with standards, and ensure that actions are being taken to ensure these payments will not be ongoing (ensure link to case management plan).
  - From the beginning, the position was always assisted by a part time book keeper to pay wages and other accounts, as the work has increased, a part time administration officer has been hired to manage the large amount of administration and reporting requirements of the role.

- **Secretariat and Regional Coordination**
  - The Coordination Officer provides a Secretariat to the five coordination groups and also takes a lead role in Regional Coordination, in individual regions and across the whole of Greater Western Sydney.
  - It was originally intended that lead Services in each Region would coordinate the Regional Coordination Groups, with support from the Coordination Officer, however, the Coordination Officer has taken on the bulk of coordination of Regional Coordination Groups with support from the lead agencies. The main reasons appear to be time available to undertake DVS work compared to core work; the number of members of a Regional Coordination Group that offer case management; and the fit with core functions.
    - A separate Coordinator has the time to manage the complexities of Regional Coordination and to maximise benefits where a single agency in a region often does not have the same luxury. Many of the services need to deal with a crisis as a priority, and this may mean that DVS WSS activity drops down the priority list. It is a reasonable assumption to make that without a Coordination Officer, eventually the regional coordination would fail for this reason alone. Anything that is not core business eventually drops off without appropriate support, and funding to ensure it’s actioned.
    - Regional Coordination Groups are comprised of different types of service provider. Some provide a full wrap around service including case management; others are members because they provide DV, Homelessness or women centred services that link in with the wrap around service and so may not be suitable to lead a DV collaboration.
    - Because the Coordination Officer is in constant contact with so many different services, government agencies and travelling for meetings, it falls more naturally into this role than the role of a manager of a stand-alone service that is mostly geographically bound to that location.
  - The secretariat function including organising quarterly Regional Coordination Meetings, sending out the agenda and minutes; following up on any items raised at the meetings; ensuring that information is being shared between regions, including lessons learned, new programs being run and new decisions or changes in policy by Housing/ Community Services. Additionally, the secretariat functions to fairly allocate new social housing properties based on priority. The Coordination Officer calls for and reviews referrals for new properties as they become available (from all five regions), arranges allocation meetings in the region where the property is located, and sends out information prior to allocation meetings, and convenes the meeting and informs Housing NSW about the client that is being referred.
  - The Coordination Officer provides a nexus between the five regional Coordination Groups. This includes inter region referral and smoothing the way for clients forced to move between regions; sharing information on successful strategies, programs or changes to Government policies; and successful dissemination of new programs from one area to another.
• **Data Collection and Reporting**
  - The Coordination Officer collects all the data on the program, summarises and reports using online portals, databases and through other means (meetings with Government). Additionally, the Coordination Officer collects and reviews the original and the monthly updates on each client’s case management, which includes following up on any outstanding information; and reviews requests for Brokerage over $100.
  - Ongoing contact with Social Housing or Community Services about clients as they reach milestones through the course of the program. This includes letting Housing NSW know if a client has lost contact with the program, are non-compliant, but equally if a client needs additional help or is ready to exit the program because of improved circumstances.
  - The Coordination Officer often conducts exit interviews, and asks for feedback forms to be filled in from women leaving the program.

• **Mentoring and Debriefing**
  - A large amount of the Coordination Officer’s time is taken up providing mentoring to people in the whole region on Domestic Violence. This includes one on one conversations (phone and in-person) up-skilling individuals working in the sector about domestic violence and the different programs available. This mentoring appears to be provided both to staff working in Services attached to the DVS WSS program and to a broader cross section of professionals working in the welfare sector.
  - Debriefing is a type of mentoring, and involves discussion about how different cases are handled, and may be educative, but may also be about “letting off steam”.
  - While it has been suggested that the amount of time devoted to mentoring should be recorded, (number of phone calls or length of time), it appears to be such a core part of the role of the position that it has not been carried out. Members of DVS WSS network often call to ask for advice to see if something would be appropriate for the case management, and if it is in the scope of the program. Additionally, Public Servants, members of non-DV Services also call to find out about DV, Start Safely and DVS WSS, seek referral locations and ask for other advice.

• **Public Relations and Education**
  - The Coordination Office undertakes a large amount of public relations and education about the DVS WSS program, Start Safely and Domestic violence in general. This includes both dissemination of published information and one on one meetings aimed at raising awareness of the program, increasing participation in the program, increasing the range of services offered by the program, filling gaps in service delivery and generally to ensure the program is used to its full potential.
  - The development, maintenance and dissemination of a communication strategy to internal and external audiences is a core function of the Coordination Officer. Firstly, a Website on the DVS WSS program (http://www.dvswss.com.au/), has been published. This includes information on the program, members of the Regional Coordination Groups, and domestic violence. Secondly, a suite of pamphlets have been published for external audiences, to be disseminated by member and non-member services, which promote the general and specific aspects of the program. Thirdly, the Coordination Officer has developed an information package for internal audiences. This provides the necessary information for new Services joining the program, which is available on a memory stick and in hard copy. This consists of 14 support forms, 12 Tip sheets developed by the Washhouse, a member of the DVS WSS Coordination network, and detailed information on the program to aid delivery.
  - The Coordination Officer arranges and attends a large number of meetings/ conferences with targeted stakeholders to promote the DVS WSS Service and to seek synergies between existing organisations/ Services and the DVS WSS program. These presentations and meetings involve an education component and a strategic component (see Stakeholder Engagement).

• **Stakeholder Engagement and Service Coordination**
  - The Stakeholder Engagement and Service Coordination role is related to the Public Relations and Regional Coordination Functions, but has slightly different emphasis, including building strong relationships with the key Government Departments running the program, (Housing NSW and Community Services); Community Housing providers; and increasing the number of collaborating organisations.
Being the main go-between for Services in the program and Government Departments, the role includes Troubleshooting and fact finding and information dissemination. See the sections on Troubleshooting and Public Relations/ Education for more details.

The relationship with Community Housing has been key in being assigned community housing properties for Social Housing clients escaping Domestic Violence. This has been particularly important because of the difference in understanding about the Service Specifications at Housing NSW and Community Services. Community Services had expected that 10 Social Housing clients would be helped per year. Housing NSW had believed that the number would be 10 over 3 years. As Housing would be providing the properties for these high needs clients, the misunderstanding could have severely impeded the ability of the DVS WSS program to meet the targets without being provided houses. The relationship with Community providers has enabled the program to meet the target.

The Coordination Officer has successfully sought out new relationships with Services, and NGOs to build the overall Service Offering of DVS WSS. For example, a relationship with an overseas AID organisation has led to ongoing access to a large storage facility for storage of household goods. A second relationship with a large furniture chain has filled this with new furniture to help women furnish their new properties and thus free brokerage for other items, or more clients. Likewise, the Coordination Officer follows up recommendations from Regional members as to potential recruits and arranges contact (ie it was recommended that Centrelink social workers should be invited to attend).

When the DVS WSS program began, the Coordination Officer met with relevant Housing NSW staff (Private Rental Brokerage Specialists (PRBS)) in the region to promote the program, and the development of these relationships has been a key part of the program. Interestingly, there is evidence that the knowledge of Housing products and policy by Housing NSW officers varies, and the Coordination Officer does play a role in educating Housing NSW staff, not only on Domestic Violence, but on Start Safely and the DVS WSS program. In regions where there is a stronger relationship and greater attendance at Regional Coordination Meetings by the PRBS officer, there are also more referrals and a larger number of Start Safely approvals than in other Housing NSW offices.

• Client Interaction
  o The Coordination Officer has an oversight role in client contact, and apart from crisis counselling with new referrals, the Coordination Office does not do “client work”.
  o While the Service has control over the development of the individual case plan, the Coordination Officer does review the initial plans, and see the monthly client updates, and considers the relevance of brokerage. This may involve following up with a Service for more information on brokerage requests, or on monthly client updates, especially where sufficient detail is not provided.
  o The Coordination Officer provides a key referral service, meeting 70 per cent of all clients and is often the first contact to the program. Women may approach the Coordinator independently, may have been referred to the Coordinator by Housing NSW or a Social Housing Provider, or from one of the Services participating in the DVS WSS program. The Coordination Officer will refer the woman to a service, or arrange an allocation meeting with the Regional Coordination Group. Where women need to move regions, the Coordination Officer is the essential nexus allowing easy transition to new accommodation and support.
  o The Coordination Officer corresponds with clients about starting and exiting the program, or failure to respond to attempts by Services to contact clients.

• Program Development and Program Dissemination
  o Related to Stakeholder Engagement and Regional Coordination, the Coordination Officer has identified gaps that occur in different regions, and identified solutions in one region that could be replicated in other regions. From this new programs and services have been developed and/ or trialled and disseminated across the five geographic regions of the DVS WSS program. The ability to identify these possibilities and to facilitate dissemination is an essential part of program success.
The DVS WSS program now includes a number of sub-programs that are either completely new programs to fill an existing need, or has allowed the expansion of existing Services to new regions. Often this has involved partnership with other NGOs (Wesley Mission’s financial literacy program) or corporations (Bunnings home maintenance program), and because the programs can reach a larger audience, the cost per head of development/delivery is reduced.

New Services that are across the whole geographic area covered by the DVS WSS program include storage, furniture removal and new furniture, and awareness raising with real estate agents to reduce discrimination faced by single women in signing leases.

Trouble shooting

- The Coordination Officer raising awareness of blockages in the system with relevant Government Officials. This needs to be done delicately and preferably handled at the level of blockage rather than going to higher authorities. However, when this is necessary, it is the role of the Coordination Officer to inform the Regional Homelessness Committee.

- The Coordination Officer developed a solution to problems with Services taking on DVS Clients. Brokerage can be used to pay Services for their Case Management time, however, without dedicated staff for this, the Case Management could be neglected in favour of core work. The solution has been to hire dedicated Case Management workers to work within a Service to provide Case Management to clients. This way they would be unaffected by crises in day to day work which hinders ability of Service to provide case management. These workers have short term contracts, or may be seconded on a temporary basis from other Services within the whole service group to develop and provide ongoing case management.

Initial Findings

The role of the Coordination Officer or a Coordination Office is well understood in writings on Collaboration Theory. "Collaborations are high intensity, high commitment relationships and as such, require resources and support. In addition to the resource intensity of the collaboration itself, sufficient resources to undertake the administration of the collaboration are also required" [23] [17]. The roles being carried out by the Coordination Officer exceed the roles originally intended, and while further research into the nature of this collaboration is required, it appears that the adoption of additional responsibilities is partly in response to structural impediments to cooperation; evidence of unfulfilled needs directed to the DVS Coordination Officer from the welfare sector; and opportunities arising from coordination to fill gaps in service delivery. Some of the additional activities have been adopted based on skill and commitment to making the DVS WSS program work as well as possible. Some important points to remember include:

- The Coordination Officer is the lynch-pin for the coordination and without this role: it is highly unlikely that a coordination of this size could happen; and that coordination in each region would be at the mercy of significant barriers and dependent on local champions.

- The role needs to be supported by additional staff to manage the workload, which includes a substantial amount of follow up with individual Services to finalise reporting requirements and brokerage management.

- The amount of work that goes into data collection across the region, including follow up with Services and clients significantly improves data on homelessness related to domestic violence across the region, and provides a real saving to Government, which does not have to chase this data themselves.

- Previously unfulfilled needs in the welfare sector that are being addressed by this role include: professional education on domestic violence; assistance with referrals; and professional de-briefing following difficult cases or excessive workloads.

- The role provides a bridge across a large geographic area which facilitates: Dissemination of programs to new regions; development and dissemination of new programs; and effective client referral between regions.

- A dedicated Coordination Officer has greater opportunity than individual Services to create a large network for collaboration efforts, as evidenced by the growing size of the network, and the range of stakeholders who are providing new services and products that can be accessed by the clients of the program.
Recommendations:

- For this program to work effectively, it requires a Coordination Office, which needs to include a highly motivated Coordination Officer and support staff, including Financial and Administrative staff.
- If this program is extended, or replicated in other areas, the role of Coordination Officer must be filled by someone experienced in domestic violence and equally skilled in relationship building and in entrepreneurship, to pursue and take up new partnership and program opportunities.
- The current FTE hours of support staff in the Coordination Office are insufficient. The Administrative Assistant hours should be increased to at least four days per week to free the Coordination Officer to fully inhabit the dimensions of the role.
- The role fills a number of natural gaps in the sector, including:
  - Mentoring, debriefing and providing education to Services on domestic violence. The role could be used to build sectoral capacity, for example, this position could facilitate the move toward minimum standards through mentoring and education of support workers.
  - Sharing programs to avoid reinvention. This person could play a greater role in primary and secondary domestic violence prevention as well as homelessness prevention. Better use of resources.
  - Consolidating and improving the quality of data on homelessness related to domestic violence from a large number of Services.

Regional Coordination Groups

The Regional Coordination Groups play a key role in the coordination and delivery of the DVS WSS program. It was originally intended that a service in each geographic region would take the lead in linking services together to create a Regional Coordination Group. This group would help deliver the program, providing a more integrated and therefore complete service for clients. Initial research into the Regional Coordination Groups shows that while there are regional differences (membership, collaboration level, role of lead agency, and interaction outside meetings), the meetings provide a number of expected and unexpected benefits, but that many members of the Regional Collaboration Groups face impediments to membership that make it necessity for outside support to maintain the collaboration despite the benefits of collaboration. The minimum requirements for this collaboration to remain include ongoing meetings, a shared purpose (delivery of the DVS WSS program) and a separate Coordination Officer.

There are five Regional Coordination Groups, each representing specialist Domestic Violence and or Homelessness Services in specific geographical regions of Greater Western Sydney. Each Regional Coordination Group is different but all consists of: a lead agency, which is a member of the original Western Sydney Group of the NSW Women’s Refuge Movement; Services providing Case Management including; Services providing specialist services (Drug and Alcohol, homelessness or counselling services) and Specialist Homelessness Services (SHS); and State Housing or Community Services representatives. The groups meet at least quarterly to share information about the program and best practice, and also hold allocation meetings to assign new properties to high needs clients. Research has shown that these meetings are a lynch-pin for the Regional Coordination Groups.

Initially it was intended that lead Services in each Region would develop and maintain the Regional Coordination Groups. In practice, while there remains a lead Service for each region, in most regions, this agency acts to support the Coordination Officer with group development and maintenance. This is discussed in more detail in the Section on the role of the Coordination Officer above.
The Quarterly Meetings:

At the core of each Regional Coordination Group are regular meetings. Each group member takes turns in hosting the meetings, and meeting participants also volunteer to take minutes, which are sent to the Coordinator to finalise and disseminate, (although this is a later practice adopted because of the pressures of a large workload of the Regional Coordinator). There is a standard agenda for all Regional Coordination Group meetings, which includes updates on Start Safely; Housing; and each Service; discussion of problems; updates/ changes to Housing policy; and new group activities on offer are also advertised.

While further work needs to be done to examine the amount of collaboration between Regional Coordination Group members, feedback from some members indicates that the benefits from membership have not increased the amount, but have increased the quality of relationship between services outside of meetings. “This is a formal group that comes together and it helps our partnership, but we had a good relationship before it existed” and “there are certain Services that we dealt with on a regular basis, but now there is a more tangible closeness”. The physical act of meeting has also made a difference to the quality of communication and thus the ability to enhance cooperation: Meeting “puts a face to a voice” and “I have more of a feeling about them now, more understanding. It’s about levels, not of respect, but about being more comfortable, confident about them and being able to talk openly about the needs of your client.” Thus, the meetings are the physical representation of Regional Coordination for the program, and attendance at the meetings is a key indicator of commitment towards collaboration.

Some of the other benefits of meeting face to face include:

- **Information Sharing/ Awareness Raising**
  - Greater awareness of the scope of available programs and services for improved referral. “I have a greater understanding of what different Services offer” or I “know the limits of each Service for improved referral”, or the meetings help me “know where there may be vacancies”. The meetings are also places to advertise any new programs that different services will be running.
  - The meetings provide an opportunity to provide an update on new government policies that affect the DVS WSS program, or changed practices that may be being implemented to fix blockages or backlogs. For example, some of the government practices that were discussed during the period of this evaluation include Temporary Accommodation and changes from advances for bonds to a new Bonds Loan Scheme. This provides an opportunity to discuss the different needs of government and services and hopefully facilitate understanding and respect of different roles; predict impacts on services to make appropriate plans to accommodate changes.

- **Relationship Improvement**
  - The groups provide an opportunity to break down barriers between the NGO and the government. “We’d never get Housing to come to a meeting without this”. The face to face meeting in the areas where Housing NSW attend humanises the situation for both Services and the Department. The meeting provides the opportunity for services to understand “Housing staff backs are to the wall” and for services to explain to Housing that “without Housing’s assistance there is often nowhere to move the client on to”. Before this “my relationship was ‘Us and Them’ (Services Vs Housing), it’s completely changed since this program. Hopefully Housing can take back a better understanding of what the blockages are.”
  - As discussed above, the meetings are highly valued by the people who attend them, as they provide an opportunity to meet face to face, which would otherwise not occur, resulting in a “more tangible closeness” and “being able to put a face to a voice” makes it “more comfortable” and easier to “speak to someone on the phone after you’ve them”.
• **Service Improvements**
  - The meeting provides an opportunity to discuss problems and identify solutions that may have worked elsewhere. The “partnerships already existed and the trust is there but now it’s easier to go forward with ideas”. Brokerage is a key element in successful development of solutions to common problems. The meetings often result in the generation of new solutions, or raise awareness of solutions that work in one area that could potentially be delivered in different areas. “Ideas existed before, but we never had funding, with Brokerage ideas can be put into practice.”
  - The meetings provide an opportunity for issues and blockages to be addressed. Because the Coordinator attends every Regional Coordination Meeting, they are able to assist with problems or with communication problems between services and housing providers by providing information about how similar issues have been resolved in different regions, or taking issues to government. This function links in with the Coordination role of Troubleshooting.

• **Client Focused**
  - This meeting is also seen as non-political and client centred. “Another committee meeting I attend feels manipulated”; this one is about common goals and about bouncing ideas off each other and the opportunity of finding out what’s going on. More hands on, client centred, not political.”
  - Following on from the client centred approach of the Regional Coordination Groups, the meetings provide an opportunity to start the process of referral, (which will be followed up after the meeting), and to talk about clients. “I referred a client somewhere and they didn’t help in the way required, so I’m referring to you instead.”
  - Coordination also provides a benefit to the client as “the woman doesn’t have to explain and re-explain multiple times.” It becomes up to the Service to document the issues to inform Social Housing and the DVS WSS office, and to provide detailed referral to associated services that may be working with the client.

• **Professional Support and Development**
  - The meetings are particularly useful for smaller Services or Services that are geographically isolated or not part of large organisations as they create a sense of being part of a larger professional group. The meetings remove a sense of “isolation and feelings of being left alone”.
  - The quarterly meetings offer a forum for peer support and debriefing across all groups, but the role of de-briefing is more extreme in some groups than others. The groups offer an opportunity for services to debrief about difficulties experienced with social housing providers, clients, and with other services. Laughter is common, as a stress relief mechanism, as are supportive statements suggesting similar experiences and sharing of solutions. Some groups, whether because of personalities or particular stresses within region, spend a much greater amount of time on stress reducing debriefing activities.
  - The meetings provide an opportunity to discuss curly cases, and success stories and thus provide an opportunity to learn from peers

• **Priority Allocation**
  - The DVS WSS program has a target of providing support to ten high needs women escaping domestic violence every year. These women are housed by social housing rather than being in private tenancies with financial support from Start Safely. These women can either be at risk of losing an existing social housing tenancy, or they could be a ‘high needs’ client eligible but not yet in social housing. When this is the case, the Program Coordinator sends a notification to all services in the DVS WSS group, asking for referrals for the property. The notification goes to all services regardless of region, as often a women will be prepared to, or may need to, move between regions, and it may go to services in the greater western Sydney area that are not part of the DVS WSS coordination group, to be inclusive. The Coordinator reviews the referrals for match against the property (number of rooms, accessibility etc) before convening the Regional Coordination Group for the region where the property is located. This group reviews the referrals, and allocates based on priority. As the referring agency may not be able to offer the woman case management, because the woman is moving from another region, or they have a full case load, or they don’t offer case management, a service is nominated to take the lead in case management for the duration of the program.
Initial Findings

Regional Coordination Groups are still in an early stage of development and the main method of interaction between members appears to be face to face in the quarterly meetings and through the Coordination Officer. There is no evidence of coordinated client work, other than sharing information about clients as they are referred between services, and coordinated allocation based on evaluation of referrals. Between meetings, interaction between members is mostly client based, or through the Coordination Officer as intermediary, “If there are any issues (re clients) I email or phone Penny (the Coordination Officer) to discuss the situation”. Some important points to consider:

- The meetings themselves provide numerous functions, but the benefits differ for different members. For example, participation in the Regional Coordination Groups reduces a sense of isolation, provides opportunities for interaction with peers, professional development and networking, which is much more important for smaller and geographically isolated services than for services that are larger or part of broader organisations/ groups.
- The groups are stronger in regions where there are more services, and where there is a champion pushing for greater inclusion.
- Stresses on the sector, including a larger number of potential clients than service capacity, and crisis driven demands coupled with the fact that DVS WSS is only a small part of their business, means that if circumstances require it, DVS work will be dropped to allow core business to take place. Some members have said that without the brokerage funding that is part of the DVS WSS program, they would have no reason to participate in the Regional Coordination Group given other priorities, despite the benefits of meeting face to face.
- While the Regional Coordination Groups are not offering collaborative case management, or integrated service delivery, the Coordination Officer together with the Regional Coordination Groups does provide integrated services for clients.

Limitations to the extent of coordination and the threats to collaboration are not unexpected and provide an opportunity for further research. “Collaboration requires relationships, procedures, and structures that are quite different from the ways many people and organisations have worked in the past, building effective partnerships is time consuming, resource intensive and very stressful” [18] [23] . Time and resource limitations meant that this evaluation of the DVS WSS program could not examine DVS WSS collaborative strength and weakness in detail, however, it is possible to provide some interim findings:

- The Program Coordinator plays an essential role in keeping the collaboration operating, and there would be no lasting collaboration without a separate Coordination Office.
- Collaboration quality and quantity differs in different regions and among organisations based on size, expertise and isolation. The Regional Collaboration Groups offer an opportunity to increase sectoral capacity, provide ongoing professional education and install minimum skills across the geographic scope of the sector.
- Both the Government employees and Services benefit from the participation of public servants in the Regional Coordination Groups. Housing NSW local offices and Community Housing providers should encourage greater attendance at regional meetings by key staff.
- The coordination is driven by a program that provides assistance to undertake core work – brokerage. The need to reward participation in ways that compensates for frustrations and demands of collaboration is essential for continued collaboration.
- Information sharing and service integration is not widespread outside meetings. The opportunity to educate members of the Regional Coordination Group about the benefits that can come from collaboration for both clients and staff needs to be better capitalised.
- It would be very useful to and to identify the minimum level of collaboration required for this program; the elements essential for optimal coordination to occur; and how long it would take to establish; what would be required for ongoing maintenance of such a network.
Recommendations:

- Any future programs based on the DVS WSS program will require an external Program Coordinator. This position not only ensure that the network delivers basic levels of cooperation, but will enable the network to be used for other things, i.e. capacity building and implementing a quality assurance framework.

- Brokerage or another tangible benefit for clients is essential for participation in Regional Coordination Groups. Services require the benefit from collaboration to be client focused as opposed to political or professional.

- Increased levels of collaboration would increase the benefits to individual Services and could potentially improve the overall skill levels of the sector. It is recommended that an education program to raise awareness of the other benefits that can come from collaboration become a priority of the program.

- The Government has a role to play in building collaboration. Increased service integration is a constant recommendation in government reports, as lack of coordination is blamed for excess costs and poor results, and people falling through the gaps. Market failure is a government business, and facilitating coordination rather than just calling for it is a government role. External funding and assistance will be required to build collaboration capacity. More research into optimal collaboration is necessary to set funding.

- It takes time to build a network, and for the network once built to work effectively. Different areas will have different impediments that need to be addressed and different time requirements to achieve optimal collaboration.

Wrap Around Service

The Wrap-Around Service component of the program offers four different activity types, (1) individually tailored case management for 30 women with or without children (10 high needs women in social housing; and 20 low needs women receiving the Start Safely subsidy) annually for three years; (2) Brokerage to support case management; (3) Supported Referral or one off brokerage; (4) Group Programs developed to meet the needs of multiple women simultaneously.

Low Needs Vs High Needs

Firstly, it’s important to note that there are two types of DVS WSS clients, women receiving Start Safely and women in Social Housing. The initial brief refers to these two groups as being ‘low need’ and ‘high need’ respectively. In practice, the level of need does not necessarily correspond to these groupings, which is in line with the findings by AHURI, which called for individual case management over a longer period because of the complex and cyclical nature of the problem. It also matches the definition of domestic violence used by the DVS WSS program, which recognises that domestic violence, because of its pervasive nature, manifests physically, psychologically, economically, socially and/or spiritually, and these problems may manifest long after the event has occurred.

"Domestic violence by its very nature cannot be low need. There are so many underlying complexities that it takes years to come to the surface."

"Some women present all their needs at the beginning, and others only present with one need until housed and the other needs only present later."

"It's Maslow's hierarchy of needs. Once the basic need is met (housing), everything else starts falling into place and the other issues emerge."

"Often Social Housing women may have lower needs after being settled than Start Safely clients."

"Once that immediate need is met, then the low needs client may turn into a high needs client."
It can be very difficult to find out about domestic violence and identify the level of need. According to the Focus Groups:

“60 per cent of Start Safely clients would be eligible for priority housing. Women who come from a DV background are presenting extremely well. When you peel it back, you start to see it, which they are good at hiding.”

“Women who have not gotten positive responses in the past will only volunteer a small amount, and if it’s received well, they may open up a bit further and the story just grows and grows. If they weren’t judged and they weren’t thrown away, then the story develops. They start with revealing something quite insignificant to test where they are, (and see) if this Service can help. If they find they don’t fit into it, women just completely close off then. If we are able to help women, we can often find that low needs women were always high need women, but they camouflaged from the case worker because they may be ashamed, or they couldn’t trust, or tell the story again.”

Note: there has been confusion since the program started as to the actual number of women who should be supported. Housing NSW believed it was 30 for all three years; Community Services believed it was 30 women per year. The Service Specifications did not specify, although funding was designed for 30 per year. As one third of these women were to be provided houses from Social Housing providers, it was important to know the numbers as the number of properties available dictated the number of Social Housing clients who could be assisted.

A small number of women who were originally Start Safely recipients have needed to be converted into priority social housing applicants because of significant downturns in their functioning. This is reflective of the deep impact that domestic violence can have on victims and the cyclical nature of recovery. Some women were able to open up more because of the case management assistance brought it to the surface.

“She came in as homeless and got Start Safely and without it none of these issues would have been dealt with. Start Safely was the catalyst to find out everything else”.

Other women only tell what they need to tell to get their immediate need met. This isn’t necessarily omitting information deliberately, and can be related to the primacy of the need for shelter.

“She was only looking for a roof over her head and she didn’t think to mention the other issues”.

And other women don’t think there is any point in telling the stories when no real assistance comes anyway, and being tired of telling stories that are not believed, or addressed in any meaningful way.

“She’s told her stories to so many people already. The women don’t want to tell their stories again. ‘what’s it going to do anyway?’”.

**Non-Compulsory**

Secondly, participation in a wraparound service is non-compulsory for the majority of DVS WSS clients. While all clients who are in Social Housing must participate in case management with a DVS WSS support service, participation with a support service (DVS WSS or other service) is optional for Start Safely subsidy recipients. Except in very rare circumstances where non-compliance forces Housing NSW to make it compulsory for continuation of the subsidy, it is up to each woman if she starts and continues with a service. Some women will be able to make the changes themselves without much additional help, especially if they have a high level of self-efficacy.
“A lack of engagement is not necessarily bad, she may be at a different point and she’s doing it on her own, it can signify really high copying, don’t pathologise non-engagement.”

“We do get women who say the rights things at the beginning, they sign the Start Safely agreement to say they want additional support. At the time she does want the support, but she changes her mind.”

Some women do not need much assistance, and others need for assistance may be cyclical based on circumstances, and if they engage when they need help, then they will get better outcomes, however, non-engagement when there are problems, either denying the need for assistance at all, or dropping out rather than continuing with a program of change, will adversely affect the outcomes from the program.

“In the beginning of support, the relationship is great, but as it gets tougher, it can fall off. Letters are sent to say we have not had contact for three weeks and it may affect your subsidy.”

“We had a woman who was evicted. She engaged at the beginning of the program, but then she got so far down the track that she was evicted and the first we knew of it was the eviction – there was nothing we could do.”

Sometimes, even acknowledging that they have experienced domestic violence is an issue that blocks the ability to make lasting changes.

“Women don’t always identify that they have experienced domestic violence, especially if it’s been normalised by what they saw in their family home growing up, ie financial control/ abuse… they are not prepared to action what’s happening until it affects the children.”

“Women from different origins …it’s not as big as whey they went through in their home country, so it’s not the primary issue or worth considering from their perspective.”

**Individually Tailored Support**

The wrap around service component of the program is designed to accommodate these different levels of need, tailoring plans to individual women rather than the stream (Social Housing or Start Safely) that the women have come from. It is also designed to accommodate the cyclical nature of recovery. Case management changes over time, allowing women to add more and different elements as their recovery allows them to be considered.

“Lots of stages they go through; firstly housing; then once settled they look at long term goals; money for childcare.”

“The DVS program helps to support them again if needed later.”

“Start Safely needs to be evaluated every three months. Often in the first subsidy review issues start to emerge that were not revealed at the beginning. Either they have an AOD problem or they are isolated and not coping, the ex has come back and won’t leave again, or they are not paying rent. No matter how much support some women have they return to the perpetrator.”
Brokerage is tailored to the individual’s needs as they see them. Women who do not need ongoing case management are eligible for Supported Referral. This is one off brokerage to assist with establishment issues after leaving domestic violence. Women are offered ongoing support with quarterly follow ups to check that their circumstances mean they still don’t need additional support. When supporting ongoing case management, brokerage works to solve immediate issues, gives women a sense of accomplishment and that someone cares enough to help them make changes.

“A lot of time in case management, a client will set down goals and a lot of time these goals will never be achieved without access to money, it’s impossible. So then this twists around, when they have not achieved everything they wanted to achieve when they first started, because they haven’t been able to afford it, it reduces self-esteem.” (Focus Group member)

“For me, the brokerage is one of the things I like. A lot of my clients could not move without the brokerage.”

Because the brokerage is based on individual needs, it supports further engagement and personal development. This program offers brokerage for a wide range of areas, with the main criteria being if the payments will assistance support the client in sustaining her tenancy. The eight broad categories of brokerage program are: Financial assistance; Medical/ Dental; Mental Health; Legal; Education/ Training; Home Establishment; Childcare; and Other. These have been developed based on the key areas that women need assistance following domestic violence, and to assist homelessness prevention, but also improve individual self-efficacy.

“It’s not for us to say, if a woman, who is an adult, says this is what she needs, then we need to support her. Strategies can be put in place so it can be dealt with next time.”

“When you are really working with someone from a deep respect position then you’re really letting them choose where they need to go next. They are the ones who know. We may have all sorts of ideas about what we can see would be so much better, in terms of a person’s inner development, they may need all sorts of things before they need……. Whatever it is, it may be really hard for us to take on board, but when we are seriously coming from a respect based position, we let them make that choice.”

“Each woman in DV is different and that’s why the brokerage money tends to be so different for each woman. It’s about asking the woman what she needs right now. She might say, the kids are about to go to school and I don’t want my kids going to school with second hand shoes. We might look at that and think, really, there are so many things in your life that aren’t ok and then you think, ok and give them $30. So insignificant in relationship to all these issues. And the woman thinks, I was listened to, and no one told me I had to get an AVO or had to go and get six quotes for a pair of shoes. That you listened to them, and from then on they have confidence (in you and in the system) and whether they respond to this program this time, or somewhere down the track they respond to someone else because they’ve had an experience of someone listening and responding.”
Less is More – Individuals not Packages

In the original tender, Wimlah suggested that the model for delivery might be in packages made up of support hours and brokerage, and that the size of the packages would depend on the client stream – low needs clients were Start Safely recipients with a total package of $10,000; and high needs clients were Social Housing recipients with a total package of $30,000. The size of the packages was based on scenarios of client need, but it was acknowledged that if client's needs differed significantly to these scenarios, they may be able to help more than the original target of 30 clients per year: the original tender said "we could work with at least 20 (Start Safely) clients. However we may have the capacity to possibly work with double that amount."

Once the program was running, a different model was adopted that enabled the program to support considerably more than the original 30 clients per year. This program is based on client need, and does not correspond as greatly to the stream the client comes from, as in practice, many of the supposedly ‘low need’ Start Safely clients have higher needs than supposedly high need Social Housing clients. The program also runs a number of smaller group programs that enables a broader cross section of victims of domestic violence to access the same programs, and Supported Referral which allows women escaping domestic violence who are in Social Housing or receiving the Start Safely subsidy, to access brokerage to meet immediate needs, without ongoing support plans where they are unnecessary.

Services do not compete for Brokerage or for clients. Clients can access the DVS WSS program in a number of ways. They may find a support service themselves and elect to stay with that service, or be referred direct to DVS from Housing, or find DVS independently, in which case, the Coordinator convenes an allocation meeting. A number of support hours are agreed, initially based on the stream, (3 hours per week for Start Safely and 6 hours per week for Social Housing streams), but other brokerage is allocated according to individual need and the case management process. Hours may also be increased depending on the client need.

Alternative Delivery Models

This model is delivered slightly different to the other two regions similar programs funded by the NSW Homelessness Action Plan, the Illawarra and Hunter. Although all three programs were originally established to be delivered based on the initial “packages” concept, that has not necessarily been the case. The three regions took into consideration their own regions needs and requirements then shaped the delivery accordingly. It was decided that DVS WSS would not use the “Package” concept; this is where individual services who win funding for a client through a competitive tender process; but instead, manage the funding on a client case by case basis. This report concerns itself only with the DVS WSS program run across Greater Western Sydney and has not investigated the complete methodology of these other programs.

Initial Findings

This model of delivery, while still individually focused, it different to the way the DVS WSS program was originally intended to be delivered. By removing the idea of packages based on the stream that each client was from, to basing the service received on individual need decided through ongoing case management, the amount of money per client has been reduced considerably and a lot more women than originally intended were assisted.

Because funding is centrally managed rather than provided to individual Services, competition for clients is minimised, the program has a strong client focus, and provides strong foundations for collaboration between service providers. The model developed by DVS WSS actual delivery is much more suitable to meeting the needs of clients and goals of Government towards closer service integration.
Case Management

DVS WSS clients can have up to 12 month strength based, individually tailored case management assistance. The development of a case plan involves working with each woman to identify and prioritise her immediate and longer term needs, develop and action strategies to re-establish themselves post domestic violence and ensure they can maintain a tenancy post program. The case management aims to raise awareness of and provide access to a range of services. The program does not expect 100 per cent success, therefore, an expected outcome for women who leave the program early if increased knowledge of the services available next time they seek help to leave a domestic violence situation.

“Sometimes there is nothing we can do. A natural process happens. It would be a weird program, particularly in DV where there was 100 per cent “so called” success rate because a woman could be anywhere in the Cycle (of Abuse), of whether she was ready to leave, or what direction she’s going in. And we can give all the support (but it won’t prevent drop offs). We were thinking a drop off rate of half would be good, but we’re getting better results than that. Because you know, DV is extremely complex.”

As a housing first model for victims of DV, the DVS WSS Case Management improve wellbeing as quickly as possible so women don’t have to return to a situation of housed homelessness. Increasing community connection, self-efficacy and resilience ensure in the longer term that women make better choices in their choice of partners, or if they end up in a repeat situation, that they know where to get help; get help quicker; and have the skills to be self-sufficient. Case management helps to identify the issues facing each client, and what resources they have and need to move forward.

Case Management is greatly assisted by Brokerage, which helps women achieve their goals, and gives a sense of quick wins that assists engagement, and commitment to ongoing change. The benefits of brokerage are discussed in the section on Brokerage, however, it does have a profound effect on case management so needed to be mentioned here. Some of the key aspects of DVS WSS Case Management include:

- **Client Focus**
  - Case management within the DVS WSS program is individually tailored to each woman. We “work with what they present as their needs. Ie. finances may be an issue, and while we’re doing that we pull out the other stuff that they may not know about or be prepared to disclose.” “Any case management approach must come from the point of the need of the client and not the need of the worker.”
  - A central part of Case Management is relationship building to find out what the needs of the individual are, and not assuming that all women escaping DV have the same issues. Relationship building without imposing or being dictatorial is really important when working with women escaping domestic violence. Case plans evolve over time, they can be based on the nature of what is happening in the client’s life ‘right now’, and over time clients become less reactive and more goal oriented. “You plan Case Management based on what is feasible and what is not. What the priorities should be. Assisting them work out priorities if they have no idea.”
  - It is non-prescriptive whilst still covering key areas. What the client considers most important becomes the focus of the Case Plan balanced with education. “I can’t coerce anyone to do anything. I can educate her. DOCS can coerce people, and sure, the woman might agree to xyz and as things improve, she may decide (to do) differently.”
  - Case Management has immediacy to it, but also addresses how to achieve longer term goals that will have an impact on homelessness. “I don’t look at the reasons sometimes. I look at the outcomes. The outcome right now if that there is a requirement for them to pay rent), so we talk to them about what is necessary. If they say, ‘I can’t pay the rent’ but it’s only $240 and it’s the cheapest accommodation she could get, we delve into why they think they can’t pay it.”
• **Educational**
  - Case management educates women in a number of ways: It helps make them aware of the full range of services available to help them and connects them to these; it addresses domestic violence; it help to make them aware of what impact certain decisions will have; and it provides tailored skill development based on their individual needs.
  - Case management has a role in helping women know what is possible, where they can go for help. If women have not come from a welfare background, which is common with most Start Safely clients, the women often have no idea of what is available. As this program also provides brokerage funds, the range of services that the client can be connected with is quite broad and could include all sorts of medical specialists as well as general welfare assistance.
  - Education can be about coming to terms with and accepting that what they have experienced is domestic violence, and the issues they are experiencing are normal outcomes from domestic violence. It can assist the women address the things that can prevent them going back to the same situation again, either with this perpetrator or another similar. The ones still in denial are the ones who are likely to fail and return to the perpetrator. This relates very strongly to the Cycle of Abuse model, and being able to see what has happened to them and be able to move forward.
  - While maintaining an individually tailored respectful relationship, case management does educate the clients about what the outcomes will be if certain things don’t happen. “(It’s about) balance, making sure they have the information”, but respectfully accepting when they make different decisions, because “sometimes the client has to learnt the consequences of not paying the rent.”
  - Housekeeping is a core part of the first meeting and subsequent meeting. Checking the things that need to be discussed, budgeting bills, kids etc. It’s not a counselling session, but it’s about “bringing to mind” the real housekeeping issues that will ensure they are maintaining a tenancy. Sometimes women do not talk about, or do not know they have certain issues. Case management helps identify a problem through “soft entry”. “When they say, ‘I don’t have the money for…’, you delve deeper. Other times you arrive at 7am and teach them the basic fundamental skills, living skills that were either not developed or were forgotten.”

• **Strength Based**
  - Wimlah and the WRM Western Sydney Coordination group use a strength based case management model. Non WRM members may use this or the DOCS case management model. In general the case management method employed in the DVS WSS program is strength based and developmental rather than prescriptive “My own personal philosophy is Strengths Based Case Management. Start with one thing and build up from there. They come in disempowered and devalued, rejected, but by finding their strengths, identifying weaknesses and building them up so they become stronger, (you are) empowering them.”
  - Because the support period is for up to one year, case plans can be amended over time to add new goals and increasingly address more areas. For example, some women over time have been able to add education and future employment as a goal, something that could not have been considered when threatened with homelessness. “One client was a victim of …(extensive)… domestic violence. (Initially) brokerage went to support visits to her children by buying new tyres for her car… Eventually she registered for TAFE (and brokerage is helping to pay for to establish a massage business). Altogether this woman has had brokerage upto $8000.” This is less than a third of the original Brokerage package meant for high needs clients and at the high end of brokerage packages that have been given out, yet it has helped a woman get educated, start a small business, and reunite with her children.
  - Strength based case management works on building up Self Efficacy, the belief in their individual capability to make changes and Self Esteem, their individual self-worth. It focuses on building the woman’s strengths, and making them aware of where to get more help. “It’s not just about being punched, it’s about being deskilled, disempowered, socially isolated, having no friends so you can’t run your own life.” By helping to identify the skills they do have and working to fill the gaps that have been jointly identified, strength based case management attempts to gently mend these impacts.
• Referral and Advocacy
  o A key role of case management is referral and advocacy. Many clients may find out about Start Safely after referral from a service, in which case the paperwork they come with assists in quick approvals. In addition to liaising and advocating for the client with government departments, the service may assist with other common problems. These might include STDs – Sexually Transmitted Debts “the partner convinced her to put everything in her name”, and legal issues that may be associated with separation through DV court support services.
  o Depression is a normal and expected symptom from domestic violence, and it’s not the role of case management to provide psychological help. Counselling will be limited to crisis counselling, and while a Case Manager may have the skills and training to undertake counselling, the other issues that usually need to be addressed mean that counselling cannot be catered for, so women are usually referred. “Case manager may offer counselling but its more problem solving.”; “If they do need counselling, this is a component of referral.”; “our workers are only doing counselling when they present in a crisis, and then beyond that they will refer for long term counselling as part of the case plan if the client as agreed and if its an identified need.”
  o The DVS WSS program is able to offer a large amount of referrals that many services usually cannot really help women with, “the bonus of the DVS program is that services are not equipped to provide multiple areas, like budgeting and counselling and brokerage makes it a holistic service.” “Where DVS has been so useful, is that case management identifies the client’s need, but DVS helps you to help them meet those needs. It give you as the worker so much more hope because you’ve helped them reach their goals.” Referrals with associated funds from brokerage is an important element of the program, “It makes (brokerage) a really big difference in managing a client knowing that that back up is there, because often it’s, you know, this is what they need, but where are the funds going to come from? They may need speech therapy and you know they have such long waiting lists.”

• Ongoing
  o As the relationship builds the women may start to realise that the immediate issues can now be broadened out.... “haven’t even got a fridge” at the beginning can become wanting to get accreditation for courses gained overseas or to learn to drive. This is why the case plan is likely to change over time, once immediate issues are dealt with is that the immediate stresses can be fixed and fixing these opens up the new things that can be done.
  o Follow up and regular contact is an important part of Case Management for the life of the program and beyond. “We got her what she needed then, but she doesn’t need anything right now. We’ll follow up in a few weeks to check again to see if there are any changes (in her situation).” However, there is a concern that follow up is inconsistent; “some Services do not properly follow up with clients. They call, but they don’t want to hear the answer. ‘Ring me if you have any problems’ as you are putting the phone down, is not a real follow up.”
  o DVS provides payment based on the hours provided by each service. This varies based on the needs of each client. Some Services charge regardless the full hours, other don’t charge back at all because they may have only had a limited contact so didn’t keep notes; and others charge for the exact time; and others don’t have a culture of charge back and the Coordination Officer needs to fill in the invoices to ensure hours are charged. This payment assists to ensure that Case management is provided for the full period of the program, which may be greater than is usual at that Service. This provides a significant impact to individual Services as they can hire more staff and meet the needs of more clients.
  o A case plan from the beginning helps them to get issues worked out early. “If you have regular contact, without three weeks going in-between, you can catch her at that point where something happened and she’s so stressed and she’ll tell you. But if you leave it too long in between, you could miss it and she’s dealt with it and its already out of her head because there is another problem she’s dealing with.”
  o “Longevity, training and support can get the client to a place where they can maintain their tenancy.”
• **Behavioural Contracting**
  - The original plan and monthly updates on the client are sent to the Coordination Office using a template that was adopted by the Coordination Groups after the first year of operations. Updates of the Case Plan are not sent to the Coordination Office.
  - The Case management is designed to support the client in partnership, “Even though Housing is in the background, we’ve been able to work with our contacts and have respected and honoured partnerships (between Case Manager and client). Working with a person and setting goals etc, it’s refreshing to know that this program is not limited like we are in so many different ways.”
  - The plans are developed in partnership with the clients, who agree to work with the support service, “We won’t work with women unless she wants to work with us.” However, continued participation is voluntary for most DVS WSS clients, and so, the case management is a two way contract, where the clients and the workers both need to set up relationship, “The women who don’t pay the rent don’t set up the trust or engage (with the workers in the Service/ Case Managers). They don’t set up the trust, they don’t engage, they hide. They stay out all day to hide and not have to talk about it.”
  - Case management involves action for both the Case Manager and the Client “Case management – part for client and part for staff. They’ll do something, the staff will do something and they will do some things together. Depends on the need of the client.”
  - Sometimes there are “major issues, ie a client not living up to the agreed Case Plan, and it will impact on her or her children, and then we may speak to Penny to see what we should do. However there has only been one experience of a client not engaging.” Attempts are made to contact the client and find out if there are extenuating circumstances (there are lots of reasons that clients may drop out of contact) or if the client really no longer requires assistance and both the client and then Housing will get a letter explaining the ceasing of contact.

• **Consistency in Case Management between Services**
  - Case management is offered by over 80 per cent of Services making up the Regional Coordination Groups, and it is to be expected that delivery will differ between Services. The main differences in case management is expected to be from different procedures and between staff based on experience and training. “Getting them to do it a certain way was not ever intended by the program”. However, inconsistency in reporting of client work required was causing a problem. After the first year, the need to develop a reporting tool and case management template was accepted and a template was released, but still the Coordination Office does often need to follow up with Services to get sufficient detail on progress. This does not necessarily relate to quality of service, and may be reflective of time or importance placed on reported as opposed face to face client work.
  - It is recognised that case management differs in quality between services and between people, either because of expertise or experience or support. Some services require much more support because their core business may not be DV/ women’s issues. “It’s the skill of the case manager. Some people can pull down the blocks and get them to open up, some people can’t get the blocks down.”
  - As all Case Plans are sent to the Coordination Officer at the beginning and monthly updates are also sent, this provides an opportunity for ongoing discussion with services about their case management practices where they differ substantially from the norm. This improves case management capability across the region.
  - Staff capacity is the main issue. “It’s a personality – it’s common sense for some people, and skill in problem solving without being condescending and without being a rescuer.” The Coordination Officer provides an opportunity to assist skill development. The Coordinator is often used by members of the RCG as a sounding board and to provide training across the whole network. The phone calls that come in to the Coordination Officer can provide an idea of which areas and which Services may require assistance and training in case management.
  - “The case management framework would be identical to what they are doing with their non-DVS clients, but the Service can claim back the money for case management for a DVS client and access DVS brokerage. This frees the Service up to hire more staff.”
Barriers to Case Management include

There are a number of threats or barriers to successfully managing a tenancy after the program. These are mostly contextual:

- **Staff shortages and high demand for services**
  
  The welfare sector as a whole, including government departments are extremely stretched and in some places finding staff to fulfil existing vacancies and high staff turnover is effecting the ability of some services to take on DVS WSS clients.

  - **Dedicated DVS WSS staff**
    
    The Program Coordinator has partly solved this by paying for a dedicated DVS WSS staff member in certain areas, rather than seeking payback for client hours, “In the other areas, we’ve encouraged services to employ staff dedicated for DVS WSS clients. It enables the services to deal with crisis work, and then the DVS Case Work does not get dropped. They pay her (the dedicated DVS worker), they invoice me (Coordination Office).”

  - **Troubleshooting**
    
    In regions where there has been an issue with slow approvals of Start Safely by certain Housing offices, the Coordination Officer has met with the relevant management to discuss ways to address this, with some success. The approach is always one of “how can we solve this”, rather than judgemental, and this has worked to keep management and staff on-side.

- **Length of Subsidy**
  
  The length of the subsidy is widely regarded by the sector as being too short and because it ends suddenly rather than tapering off slowly, many think it has the potential to propel a client straight back into homelessness. Case management focuses on how the rent will be managed after the subsidy from the beginning of the program, however, there are still a number of issues that can be outside a woman’s control that have an effect on program success:

  - **The cyclical rather than linear nature of recovery**
    
    - It “takes longer than a year to adapt to a new environment, and often that’s when the trauma starts reoccurring. That’s when the idea of 12 month packages make no sense, ….. your low needs client, six or seven months in becomes a high needs client, when they’re coming up towards the end of the so call 12 month package.”
    
    - Other women just cannot be ready in a year, “Some women don’t realise how quickly one year goes. A lot of clients who have been approved are not going to be ready to work in twelve months. Even if they work full time, they have 12 weeks holidays that the kids need to be in care which can’t be afforded. When this happens, the women feel like they’ve gone backwards.” Even when everything goes to plan, getting it all together in a year can be difficult, “I tell the women to save the extra from three months and save for a rainy day. I explain quite clearly that it’s only 12 months.”

  - **Rental shortages**
    
    - Often the real estate agent puts the rent up after 12 months and it becomes unaffordable, “Rent has increased from $300 to $320 per week. It’s not affordable for the woman with a child.”
    
    - While the program helps give women a rental history in their own names, there is a housing crisis which means rents are very high and contribute to poverty. “SS subsidy is still not affordable. She only found one place that was $300 and it’s gone up to $320. It’s reality. When someone has really high needs managing is difficult.”
    
    - Other times it’s just too expensive for women to meet the demands of private rental “Women need to pay their own bond as housing wont assist with this. There is a mismatch between Housing Programs – as they need an AVO for a bond but not an AVO for SS.”
Poverty

Poverty can be greatly exacerbated by Sexually Transmitted Debt, being chased by debt collectors for ex partners debts, which leads to changing phone numbers often, or not opening mail, “refusing to open mail because she wanted to hid from bills/ debt collection is a coping strategy of avoidance from 25 years of impact of DV affected her capacity to manage things.”

Other times the level of scrutiny that the women getting assistance are put through adds a great burden to coping, “poor woman came under so much scrutiny. She had to keep four appointments in one day and no time to think about themselves, let alone their budgeting.”

Or, it’s all very new to them, “they may never have been in control of finances at all. Have left a situation where they had no access to money, or were not allowed money or had any responsibility for paying rent and bills.” When this is combined with recovery from DV “It may not be about being unsafe right now, but she’s still affected by the circumstances of DV in the past.”

Other times women wait until too late to deal with money issues, “Some think 12 months mean that they can wait until 9 months to do anything.” Or they try and deal with issues themselves, but they spiral very quickly out of control, “women are so proud, they tried to overcome the obstacles and they get dragged into a hole they find impossible to get out of. Intentions are good to begin with and they never catch up.”

Financial management is on the client’s mind and the Case Manager’s mind right from the beginning, “I ask, ‘What will be different today in 12 months’ time?’ They have to work with this. It’s a structural issue, how can you afford – they’re up for at least $350 for a house. It’s not about the person’s ability to budget, it’s about poverty.”

Initial Findings

- Case management in the DVS WSS program is client focused, individually tailored and runs for up to one year. Agreements are based on behavioural contracting, where both clients and services agree to do certain things before the next meeting.
- Case managers assist clients by providing education about where to get help, referrals, and advocacy for clients with other agencies. Service hours per week are 3 to 6 depending on need.
- Case management is also strength based, building on individual existing skills and filling gaps in an iterative way. The case plan builds and changes over time, depending on the stage. Initially case plans will usually be crisis driven or based on short term needs, later, the case plan will start building more around medium and long term goals of the client, for example, assistance to get education or employment.
- There are numerous barriers to successful case management outcomes. These include staff shortages, the length of the subsidy given the cyclical nature of recovery, rental shortages and poverty. DVS WSS has circumnavigated these problems by; employing dedicated staff within services to provide case management to DVS clients; working from day one on budgeting with all clients.

Recommendations

- Case management is an essential component of the DVS WSS program. Future programs based on the DVS WSS program need to use strength based individually tailored behavioural contracting.
- Case management should be available for the life of the client’s package, and potentially be available for a short period of time following the end of a subsidy. (This recommendation has been superseded by the decision to increase the potential assistance time from one to two years.)
- If core business makes it difficult for services to provided dedicated case management time to clients, then it is recommended that dedicated staff be hired by the Program Coordinator from Brokerage funds, for medium term contracts to provide case management assistance from within services participating in Regional Coordination Groups.
- Updated case plans should be sent to the Coordination Office so that changes can be tracked.
Brokerage Supporting Case Management

Brokerage offers a great deal of support to break the systemic and contextual barriers to successfully leaving a perpetrator of domestic violence and establishing a new home free from violence. Brokerage can be used to supplement the Start Safely or Social Housing subsidy and pay for assist to establish a rental property (through bonds, fixing rental arrears); it can assist with some aspects of poverty (helping to fix debt problems, financial literacy programs, and connection to and payment for specialised services); and it pays for case management hours in participating Services, which leads to greater number of women being able to be assisted across the region.

“For me, the Brokerage is one of the things I like. A lot of my clients could not move without the Brokerage.”

A key assumption behind brokerage is that small amounts of money help ensure the woman doesn’t return to the perpetrator, return to another housed homelessness situation, fall into homelessness, and help keep families together by keeping children with their mother rather than being put into State care.

Having the brokerage there, instead of having to scrape around here and there for the bare bones, … the brokerage breaks through some of the barriers that keep the women in those domestic violence situations. If a woman fits the criteria for DVS then for that woman, housing is a possibility for that woman.”

A case plan alone isn’t enough to ensure a woman will succeed in escaping homelessness. It is notoriously difficult to break habits and learn new skills. Brokerage fills a gap that has been missing in the welfare sector, as it helps women achieve short and long term goals in a case plan, helps build trust between support workers and clients and encourage continuation of new behaviours because of the support from quick wins and the idea that someone cares about their future. Providing a new home is not enough if women have to sleep on the floor, can’t draw curtains or cannot feed their children. At the minimum assistance with establishing a liveable home, not luxury, but one that provides a sense of security is essential for women and children escaping domestic violence. Brokerage helps to make it less difficult.

“In Case Management a client will set down goals that will never be achieved without financial assistance (from Brokerage) it is impossible.”

Criteria for Brokerage

Unlike many other programs that offer small amounts of brokerage for a limited number of items with narrow criteria, the DVS WSS program provides brokerage for a wide range of areas, with the main criteria being if the payments will assist support the client in sustaining her tenancy. While this may appear to be very broad criteria, the way it is actioned in practice ensures it is kindly policed:

- Firstly it is tied to the individual case plan, and it must have a link to the client’s recovery from domestic violence related homelessness. As the case plans change over time, the brokerage will change from dealing with short term impediments, to identifying long term goals, and ways of escaping poverty and homelessness. The important thing to note is that the link between the Brokerage and maintaining a tenancy may not be immediately obvious, but if it helps the woman deal with the individual circumstances of her life, she knows what causes her the most stress.
“There are women who don’t know how to budget well, and there are others that have everyday life events that they need to pay for, like car accidents or dentists.”

“Ask, what is the impact the brokerage is going to have on the woman or children and if it will make their ability to stay where they are and keep going, if it will enhance their life?”

• Secondly, it is approached as an opportunity to help address issues that may be impeding progress towards independent living. Brokerage, especially when it is for things that are causing a great deal of stress because of bad decisions, assists a support worker to have a difficult conversations about behaviour change and how to prevent something from happening again. Thus it is thus tied to behaviour contracting and taking responsibility. In this way, one on one education is given to teach new ways and prevent the same need arising again.

“If they need assistance with utilities or rental arrears, then we have the budgeting discussion. We get a guarantee that Centrepay is established. And, if it’s really big, we won’t pay it all, just help to alleviate the immediate stress and tie it to help to ensure that it won’t happen again. They need to take responsibility for what they’ve done – helping them to both understand that they may be a victim of DV, but they do have control over other things.”

• Thirdly, it is respectful and based on individual need, rather than imposed based on what someone external to the situation believes is most important, that will help them with everything else. In this way brokerage is tied to self-efficacy. It helps build trust with the support worker; it builds trust in their right to decide what is important; it build trust in their own ability and support to make changes, and thus encourages commitment to change.

“Who are we to say what is right for one woman should be right for another?”

“It’s about acknowledging that there is a whole life of that person and we can see this tiny little it here. We never see the whole thing and they are the ones that know what they need.”

• Fourthly, it is never a first option, as other possibilities are considered and tried first. There may be many resources available that a support worker can help connect a client to that the client themselves does not know about.

“It’s about the flexibility of the program as well because each case in individual and there is not a particular thing that every client needs. There is no other place where someone can get swimming lessons for your children, driving lessons, and tailor made case management.”

Frugal Penny Pinching

Brokerage includes funding for a set number of support hours each week for each allocated client, and individually tailored Brokerage funds for specific needs. Each service can approve brokerage up to $100 per person, but for amounts over this, they need to seek approval from the Coordination Officer and it must be linked to their case plan. The assumption, which is linked very much to respect and individually tailored assistance, is that if ‘it’ helps alleviate stress that is preventing the client from other daily essentials, then fixing this is a priority, but it is done with the least amount of money possible.

“It’s not a blank check to a comfy life – requests for financial assistance need to be linked with DV and what the request would help her change.”
Brokerage is not the first option. The way brokerage is managed is very much linked to building self-efficacy, resilience, knowledge and skill development – if the brokerage is for something that the woman can do or source themselves, then they are encouraged to find other ways, but not at the expense of increasing stress unnecessarily. The point here is that brokerage is the last part of the case plan, and makes sense in relationship to the whole of their lives.

“It’s the last option to buy something for someone.”

“There have been questions about ‘how is this going to assist the client?’ But it’s about the individual, it’s about the woman. Who are we to say what is right for one should be right for another? A washing machine may be essential for a woman with children. She has to wash every day. She may not have access to transport to take the washing to a Laundromat. How much does the Laundromat cost? A huge benefit.”

Case management involves the discussion about ways to do things, and often it is the support worker who suggests brokerage rather than the client requesting brokerage. Because it is so tied to case management, it helps educate the client as to possibilities and services that she may not have thought of, and facilitates new ways of seeing things. Or, if it solves an immediate problem, frees the woman up to think beyond the immediate situation and make future plans.

“Everyone in this room will have been ripped off a number of times, but you live and you learn, …. but for the most part you can figure when something’s real or not, so I find it’s just such a relatively small amount of money, or it’s so insignificant in comparison to the rest of the issues, and the likelihood of being able to meet that persons needs right there at that moment, that from then on, they have confidence that you listened to them.”

Most women are not asking for money or things, it’s more that when working with the Case Manager it is identified that there are things that are having a negative effect and others that have the potential to build the client and help them. When brokerage is given to assist with immediate stresses, it is used as part of assistance and discussion to ensure it doesn’t occur again.

“Brokerage needs to be linked to showing that they face the reality.”

An analysis of the Brokerage statistics for 2010-2012 shows that it is very inexpensive. While brokerage payments ranged from a low of $25 to a high of $4979, the majority of payments were well below $1500. In the first year, the median brokerage was $267, and the average was $422. In the second year, this was slightly higher, with a median of $493 and an average of $655. This shows that brokerage is a very cost effective strategy for practically assisting women, with the added benefit that it encourages participation in case management.

**Brokerage Fills a Gap in the Sector**

Brokerage assists the client immediately establish themselves, which assists with preventing homelessness

“Some women have no beds, no nothing. Brokerage to pay for some basic household goods enables them to focus on other things.”
Brokerage makes it easier for the Case Manager to assist the client,

“"I'm from a Service that's not equipped to do all that stuff. We're a specific service, so while we can refer for the parenting stuff and the budgeting stuff, there is more scope (with DVS brokerage) to cover all those things and a lot of other projects don’t have the capability to deal with all the aspects, whereas the DVS project can cover a wide variety of stuff. It's very holistic."

Brokerage can give a sense of quick wins, and helps them achieve parts of their plans which encourages ongoing change. It helps breaks the beliefs that some of the big issues that are insurmountable and removes fear.

“Brokerage helps facilitate positive change almost immediately so at least there is something you can put in place. Rather than saying in six months’ time, you might get a fridge. When your supporting a client post DV who still doesn’t have any housing, so much energy goes towards the house. Just resolving the homelessness issue can practically take up the woman’s energy and case workers energy and also each of those little things that you require, to assist that woman, whether it’s a fridge or therapy or a removalist, all that takes a huge amount of time."

Brokerage helps women achieve things that take some women out of poverty much more quickly than would otherwise be possible. For example, by helping women start fulfilling their potential earlier and more easily than they would otherwise be able to do because of mothering responsibilities.

“I have one client who wants to do her interpreter and translator’s examination so that she can be a translator in her native language. This is being paid for by DVS brokerage and without DVS it couldn’t have come to fruition. It’s obtainable for her. She’s an incredibly educated and intelligent woman, who needed the break. The plan was easy, she had the qualifications and the motivation, but she needed the support to do this and without it (it would be impossible) for her to save the money and support her child. (The DVS brokerage) makes the path easier for her and quicker for her.”

**Brokerage Categories**

Originally there were eleven categories of Brokerage, however this has been re-jigged into nine categories that are easy to understand, ensure no double counting, and which will highlight some of the key needs of women escaping DV:

1. **Financial assistance**
   This category includes immediate financial assistance to stop eviction (rent arrears or other utility costs); or ensure they have food, and longer term financial assistance to ensure they can maintain tenancies/ households in the future. Specialist financial assistance with a debt specialist is expensed here, however costs for budgeting courses and financial literacy training are expensed in Education and Training.

2. **Medical/ Dental**
   This category includes medical, optical, dental and children specific spending, but NOT psychologists or psychologists or counsellors, who are counted under Mental Health. Originally Brokerage had a category for Specialists, which included Psychologists or Psychiatrists alongside other medical specialists and another Wellbeing category that included counselling. This did not allow an understanding of how much brokerage went on psychological assistance, something that is very important to know given the heightened potential of mental health issues following domestic violence. By separating medical from mental health spending, a clearer picture can emerge of financial assistance requirements for mental health.
3. Mental Health
This category includes both medical specialists such as Psychiatrists and Psychologists, as well as counsellors, community treatment and Drug and Alcohol treatments. As the Medicare changes to allow greater access to psychological assistance, this brokerage category is mostly used to provide access to additional treatments once the initial 16 Medicare supported psychological sessions[42] have been accessed.

4. Legal
This category provides financial assistance to help with legal issues, including dealing with Sexually Transmitted Debts, assistance with residency, assistance with custody matters, paying legal bills, or arranging legal assistance that will relieve some of the stresses and assist the women stay housed.

“One client of ours was even assisted in sponsoring her other two children from the Philippines. It’s a very big help, because emotionally, she was still thinking about her children in the Philippines and there was no peace in her. But when we assisted her with this she’s a lot happier.”

5. Education/Training
This category is a combination of formal education, ie. TAFE or University or other formal accreditation that has a definite qualification and career path AND short term courses. Spending on short term courses may include spending on other programs being run by the DVS WSS program, such as 123 Drive, or it could be personal development courses that target self-esteem and confidence building, financial literacy/budgeting courses, and English as a second language courses. Brokerage may also be for educational assistance for children.

“They feel more confident and can do more. A really dominant thing that is current now is women needing and wanting to upgrade their skills. They want to go to TAFE and get a job.”

6. Home Establishment
This Brokerage category provides the necessary assistance to set up a new home including removal costs, furniture, usually from second hand stores, whitegoods, (new or reconditioned), and house maintenance costs, which may include security. The storage and removals section of House Establishment was an unexpected category as it is more usual for women in refuges have nothing, and need assistance to establish a complete home, but some women in DVS have access to their possessions, so storage and removal becomes important. Women who have left a relationship, with or without children, may have left with only the clothes on their backs and have no furniture or bedding or kitchenware. Other women may have access to their furniture, but nowhere to store it.

“Through the DVS WSS we were able to assist client with fridges and things like that, it’s so very useful.”

7. Childcare
This category can be analysed to show when childcare has been paid out of Brokerage funds to allow a women to access Services she needs to (doctor’s appointment); implement case plan activities (job interview or course); or for stress relief.
8. Culturally Specific
This category is for any culturally specific expenses associated with women from Aboriginal or Torres Strait Islander community or Culturally and Linguistically Diverse Communities (CALD).

9. Other
This category is for expenses that are not captured in the preceding Brokerage categories, for example, funeral expenses, and transportation, and child wellbeing that is not related to education.

These have been developed based on the key areas that women need assistance following domestic violence, and to assist homelessness prevention, but also improve individual self-efficacy.

Initial Findings
- Brokerage has strong governance arrangements: payments are linked to case plans and encourage ongoing participation: if payments are for on immediate needs in a crisis it is linked to behavioural contracting to ensure it doesn’t happen again; when it is based on achieving long term goals, payments are often for growth activities at later stages of a case plan.
- Centralised management of brokerage provides stronger governance arrangements than would be possible if packages were tendered: it stops over servicing; allows unused funds to be deployed to meet the needs of more women based on need.
- Brokerage payments are based on four criteria that are linked to assisting a client retain a tenancy; These criteria work to encourage engagement with the support service; help remove blockages to progress; provide quick wins and encourage self-respect; and encourage seeking multiple solutions before brokerage funding is provided.
- The brokerage activity is closely tied to theories of change, especially self-efficacy and respect. It provides quick wins for clients, thus, it helps establish trust between client and support services; it helps clients believe that they can achieve goals; and because it is not externally imposed based on limited criteria, it works from a position of respect for client’s ability to see their own needs.

Recommendations
- Brokerage is an essential, very inexpensive activity that supports the core DVS WSS clients to change their lives and provides many flow on benefits including improved life outcomes for children, improved education and employment options for clients, and better life skills which improve individual self-reliance and thus limit recidivism.
- Updated case plans should be provided with brokerage requests, to enable better tracking of client progress as the client moves through different stages of recovery; and all brokerage requests should be filed with case plans.
- Brokerage is essential for participation of services in providing otherwise unfunded support services. Inducement for support hours, but also inducement for participation in regional coordination groups must be funded. Greater service integration will not be achieved without funding.
- Brokerage helps break down barriers between client and case worker, especially where there have been previously negative associations. Brokerage is a key component of client-centred support. There is a need for client centred broad criteria brokerage.
- Brokerage is inexpensive, with most brokerage under 1500, however, this needs to be loose, as sometime much higher amounts are required and should be available.
- Brokerage services should be managed by an NGO rather than a Housing NSW, who is already stretched and who doesn’t have the case management expertise in-house. Also the loose criteria make it difficult for Housing to manage as they do not have sufficient DV expertise or understanding.
Supported Referral

Supported Referral provides one off Brokerage without additional or ongoing case management. This is for low needs Start Safely clients, who choose to opt out of participating in the wrap around support but who still require some financial assistance to re-establish themselves after leaving a domestic violence situation.

Originally called “One off Brokerage”, this program activity began in “March 2011 when it was recognised that the client was doing fine, but needed help with one thing, but not ongoing case management.” It was broadened to include all Start Safely and Social Housing women escaping domestic violence, in the Greater Western Sydney region, whether they were clients of DVS WSS members of the Regional Coordination Group or other services in the region.

In December 2011 the name for this activity was changed to Supported Referral, and governance was tightened so all requests needed to be accompanied by a case plan and follow up schedule to ensure that the client did not fall through the cracks. This change was in recognition that:

- The client’s circumstances might change, and this support may not be the one-off interaction intended by the client. By developing a case plan that emphasises follow up, the DVS WSS program can keep better track of Supported Referrals and offer ongoing support over time if it is needed.
- The name change from One-Off Brokerage to Supported Referral was in recognition that brokerage is support, and it is not given without consideration of the client’s needs, and is not given in isolation from discussions about the support required.
- It needed to have the same level of accountability as the other brokerage, namely that brokerage needed to be consistently provided to women, and linked to a referral process and case plan that specifies how it relates to domestic violence. This became even more urgent as Supported Referral brokerage fills a real gap in the sector; the number of requests for assistance from non DVD WSS Regional Coordination Group members began to rise; a greater number of requests were coming that didn’t discuss DV. “Now we’ve found that some services are sending requests in for clients that are not so well known to them. There is no acknowledgement of the DV or dealing with the impacts of DV. So now all one off Brokerage needs a case plan with it.”
- Stronger governance of Supported Referral enables the number of clients and Services who can access this Brokerage to increase without the need to join the DVS WSS collaboration if that isn’t useful, whilst also preventing this program activity from being taken advantage of given the lack of Brokerage in the sector, “a larger number of requests for one off brokerage were being received that did not specify if DV was involved or how the brokerage would assist the client.” Stronger Governance means that the program is now “designed so the Service didn’t feel they needed to formally join the DVS coordination groups if they didn’t want to” but can still get support for women escaping DV.

Initial Findings

Supported Referral is a very useful activity that meets client’s needs without imposing obligations of ongoing case management that may not be needed. The strengthened governance improves the service for clients as they have a guaranteed follow up, and streamlines assistance if their situation declines; it opens up the number of women receiving support from the original 38 Services to all Services in the 12 local government areas covered by the DVS program; it increases the network of Services participating with DVS WSS without requiring them to join the Regional Coordination Group if it is not required; and it ensures that there is a known link between the brokerage and domestic violence.

The change of name from One off Brokerage to Supported Referral and the tightened rules regarding access send a strong signal to the welfare community about what is acceptable Brokerage for the program, and demonstrate that the Program Coordinator and management of the DVS WSS program have a firm grasp on accountability needed to manage funds of this kind.
Recommendations

- Supported Referral needs to be followed up to ensure that the client’s needs remain the same and the situation has not deteriorated since initial engagement, to ensure that the client can receive any necessary support necessary to prevent the client returning to homelessness.

- If request for Supported Referral come from outside the Regional Coordination Groups or specialist DV services, then sufficient information must be available to explain why other brokerage has not been used and to link the client’s needs to DV and ongoing follow up.

- Supported referral must remain at the lower levels of financial assistance to be consistent with low need clients and to differentiate this from full service support.

New Group Programs and Educational Programs

The DVS WSS program has enabled the development of new and dissemination of existing group programs across the 12 Local Government Areas, preventing reinvention of solutions that already exist and meeting the needs of many women simultaneously. The scope of this report is not enough to go into each of these programs, which deserve independent evaluation themselves, however, the way brokerage has been used to disseminate programs across wide areas warrants discussion as it meets a particular goal of government for greater dissemination of successful programs; can concurrently provide primary, secondary and tertiary intervention in the region; and provides a model for how this can be effectively delivered.

In “Responding to Domestic and Family Violence”[28], the Auditor General of NSW Peter Achterstraat made reference to two issues requiring attention, lack of dissemination of successful programs and need for more prevention without reducing tertiary interventions. These are addressed, in part, by this component of the DVS WSS program.

Firstly, the lack of dissemination of successful programs to new areas was criticised by the audit.

“Over the last decade the Government has trialled a range of projects to improve the way that organisations work together to support vulnerable people in particular communities. Many of these projects have been evaluated, found to improve integration and continue to be funded over several years. Some have been expanded to other communities, but the current Action Plan does not provide a framework for consolidating and mainstreaming these different approaches to integrated services. The response to domestic and family violence remains fragmented, and access to help and support depends upon where you live.”[28]

Through DVS WSS, programs that have been successful in one area are now being replicated in other areas, with the funding for this coming from DVS Brokerage. In addition to the replication and dissemination of successful group programs between regions, the brokerage has enabled the development of new programs that are being run across broad areas that share similar needs and similar gaps in services related to DV. While the act of dissemination has been made possible by Brokerage, the Coordination Officer has been essential in recognising opportunities, mostly because this position has relationships with all services across the five regional groups. This enabled recognition of the similarity of needs between areas and sharing of knowledge of how other areas have addressed the same issue. Besides the obvious benefit of larger numbers of women being able to access programs, dissemination builds on existing knowledge and prevents reinvention of the wheel.
Secondly, while the need for tertiary intervention programs is easily understood, preventing domestic violence from occurring in the first place, without reducing the spending on tertiary support program is an essential long term consideration.

“Society might be concerned that early intervention initiatives could divert resources from urgent tertiary needs. The challenge for public sector policy setters is to persuade taxpayers and their elected representatives that specific early interventions at the primary or secondary levels will have direct long-term benefits.” [28]

The call for greater effort on prevention can be found in the National Council to Reduce Violence Against Women and their Children, which found that unless action was taken to prevent domestic violence, “three quarters of a million Australian women will experience and report violence in the period of 2021-22, costing the Australian economy an estimated $15.6 billion.”[36]

Neither report specifies the sorts of interventions that should be implemented to address the problem, however, the DVS WSS program of short group courses provides an example of programs that can:

- address direct and indirect factors affecting domestic violence;
- simultaneously delivered to primary, secondary and tertiary audiences; and
- prevent reoccurrence of DV as well as recovery from DV.

Up-skilling to Independence

The DVS WSS programs are designed to meets generic needs of the victims/ survivors of DV and aims to assist the women’s self-efficacy in practical ways, such as improving their skill base – driving lessons and home maintenance; as well as increasing community participation and creating the opportunity to make new support networks.

The building of new skills and improvement in self-esteem reduce the likelihood of, or need to return to the perpetrator, and reduce the chance of reoccurrence of DV, because the women are more independent. Skills may not seem directly related to DV, however, as with all complex issues, it’s often difficult to identify a single factor, and it can be surprising what might have a positive outcome. As the Auditor General wrote, “it’s difficult for policy makers to positively prove that it was the hearing problem, the lack of education or the lack of meaningful employment that ultimately lead to the antisocial event.”[28]

The benefit of new skills is broadly understood by the majority of the community. Taking advice from the victims/ survivors of what needs they have, and what factors, if they’d been addressed earlier, could have enabled them to make difference decisions, can provide an idea of the sorts of short group programs that could assist prevent DV and make attendance relevant.

Primary, Secondary and Tertiary Intervention in Action

In practice, the DVS WSS group programs are made available to the entire community of women dealing with domestic violence, and not just the women in the DVS program. Effectively they are being delivered to women at all stages of the DV cycle, including women in refuges, supported accommodation, as well as ‘drop ins’ who may still be in pre-contemplation of leaving a DV situation. This model demonstrates a practical way of delivering primary and secondary interventions without reducing funding for tertiary interventions.
This model is theoretically sound. It recognises that for many women, it takes a number of attempts to leave a domestic violence situation, and that the women may be thinking of doing this for some time before actually taking action. In theoretical terms, providing access to courses for women in pre-contemplation stages of action, alongside women who have already made the move, fits both the Trans-theoretical Model of change and Social Cognitive Theory. An additional benefit is that it is unlikely to add to the cost of program delivery and may in fact make running the course more cost effective.

The Modern Refuge

This model of program delivery demonstrates a change that is occurring in the welfare sector. In the past, Women's Refuges were secret locations, who worked closely with their clients. Today, in addition to their core function, Women's refuges are increasingly delivering outreach services to the local community, supporting sanctuary programs, running drop in centres and legal support, both on their own and in partnership with other groups. Refuges never just delivered tertiary intervention, as the support programs

Need Based

The group programs are meeting a number of different needs, and assist women escape and prevent domestic violence in a number of ways:

- **Driving lessons and driving licences.**
  - The brochure advertises that “the Drive program aims to empower women by helping them to learn to drive, which in turn brings independence, safety options, confidence, self-esteem and freedom.”
  - The program is run in three regions, and, provides assistance to learn to drive and to get the drivers licence. It meets an untapped need that is actively impeding progress for many women, as without a driver’s licence the jobs, houses and activities that they can engage in are severely limited, especially for women in the geographical areas of Sydney the program is run in.

- **Home maintenance.**
  - The program was developed and is delivered in partnership with Bunnings, to teach practical home maintenance skills to women escaping domestic violence. Participants also get and learn how to use a 100 piece toolkit, with basics such as hammers and screwdrivers, provided by Bunnings and DVS WSS brokerage.
  - The skills learnt in the course help control costs associated with basic household repairs and maintenance, prevents the need for returning to perpetrators, increases awareness of other courses and improves community connection. Sometimes, teaching a basic skill such as changing a light bulb makes a big difference in women’s lives.

- **Storage and Furniture delivery and new Furniture.**
  - Establishing a household is expensive, and women, especially when they have children with them, require certain basics that they often cannot afford when escaping DV. Some women only have the clothes on their backs. The program provides furniture donated from a large furniture chain, which wishes to be anonymous, to help women re-establish themselves.
  - Some women using the DVS WSS program have managed to keep furniture from their previous household, but, like women receiving donated furniture, require assistance to store it and with removals. Overseas Disaster Resources, Parramatta, has kindly donated a large warehouse space for storage.
• Budgeting.
  o Budgeting and financial literacy is an obvious gap for many women escaping DV. While Case Management includes a lot of budgeting training, the “In Charge of My Money” program, designed and run by the Wesley Mission with funding from St George bank, has been trialled in and is being run in other regions covered by DVS WSS.
  o Wesley Mission very kindly adjusted the course for the target group, who were largely unable to commit to three full days, but could commit to 4 hours. The time factor is an important consideration, as women are already dealing with so many other issues, and have children, so design of courses that can be delivered according to client needs is very important.
  o The course covers issues appropriate to DV, especially where to get financial counselling and the real cost of many loans and ‘buy now pay later’ offers.

• Discrimination.
  o Many people receiving Centrelink or associated with Social Housing are discriminated against by Real Estate agents. There is a very tight housing market in Sydney and this program, which is run across all five regional areas, is helping to educate Real Estate Agents to help women in the program to find private rentals, and raise awareness of the benefits of renting to women in the program. The first stage of the program involved cold calling Real Estate Agents and providing an information pack introducing the DVS WSS program, providing information on Start Safely and addressing myths and facts about DV. In the second phase of the program, which is currently underway, DVS WSS aims to establish relationships with 5 Real Estates in region who are aware of the program and DV, who do not discriminate and who are to be able to see that Centrelink and other welfare payments are a positive guaranteed payment, and not something to discriminate against.

Initial Findings
• The DVS WSS group programs provide an example of how programs can delivery primary and secondary level interventions without reducing spending on tertiary interventions. Women at all stages of the DV cycle can participate simultaneously.
• Programs have been able to be created and disseminated because of the brokerage and because of the Coordination Officer.
• Dissemination of programs that are shown to be effective stops reinvention of the wheel, builds on existing resources, and in the end is more cost effective, which was a recommendation 3 of the Auditor general’s report into DV.
• The group programs running in the DVS WSS program are needs based, but not necessarily DV focused.
• Participation of women at all stages of the DV cycle is theoretically sound as it recognises readiness to change can by cyclical and provides assistance for women not yet ready to leave a DV relationship.
• Partnerships are very important and often the private sector is very interested in being involved and using their skills to assist.

Recommendations
• It’s recommend that each of these group programs have a logic model developed with instructions for delivery so they can be evaluated and disseminated more widely if they are shown to have the intended effects. Successful programs should be replicated rather than reinventing the programs that already exist and missing out on incremental improvements from long term delivery in different environments.
• Existing programs are tailored to the specific needs of women escaping domestic violence and if proven to be effective in one region, they should be trialled in another region to ensure programs proven successful are used.
• Programs should be opened up to women experiencing DV even if they have not yet left a DV relationship. This will be formal recognition that women go through many stages before they are ready to leave DV situations and may not ever leave. By making the programs available, support can be provided for all circumstances.
• Where possible, private sector partners should be found to sponsor the development and delivery of the programs, particularly where they have specific relevant skills that can add to the quality of the program.
The statistics in this section range from the beginning of the program to the end of financial year 2012, include 9 quarters, or the first two full years, plus the first quarter of operations. The statistics from the first quarter of operations have been counted as part of year one, as the program was still being established across the five regions.

**Exceeding Targets**

*How many people have been assisted by the program?*

The DVS WSS program aimed to provide assistance to 30 women per year. In the first two years since the program began it has exceeded the target by assisting 282 women or 4.7 times as many women as intended. When including the number of children accompanying women, the number of people assisted rises to 659, or 11 times the target for this time period.

The statistics show that the number of people assisted in each quarter has increased over time, so in the first year, (which includes the first quarter of operations, taking it to five quarters), 92 women were assisted, or triple the target. This more than doubled in the second year to 190 women assisted or 6.3 times the target. When including accompanying children, the number of people assisted increases to 257 in the first year, or 8.7 times the target and 402 assisted in the second year, or 13.4 times the target.

Supported referral was introduced in the 4Q 2010-11 to provide assistance to women escaping domestic violence who chose not to have full client management services, or who wanted to stay with an existing support service who was not a member of DVS WSS network. Supported referral may also be used to cover payment for group programs where participants are escaping domestic violence but not getting Start Safely and it is this category of multiple participants that has helped increase the reach of the program. For more detail on supported referral see the section titled “The Program in Detail”.

Even if only taking account of women who have only participated in the full case management services, by excluding low need supported referral clients, the program has exceeded its targets by 3 times since the program began, 2.7 times in the first year and; 3.2 times in the second year.
Number of Clients starting with DVS WSS per quarter since the program began in April 2010

<table>
<thead>
<tr>
<th>Location</th>
<th>4Q 2010</th>
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<th>2Q 2010</th>
<th>3Q 2010</th>
<th>4Q 2011</th>
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**Analysis and Interpretation**

There are four main points that can be taken from this:

1. **Reaching the target population**
   DVS WSS is a very successful program in terms of reaching the target audience. It has exceeded all targets by significant amounts:
   - In the first year, (2010-2011) the program helped almost three times the target population of women escaping domestic violence and nine times the target when expanding the target to women and children escaping domestic violence.
   - In the second year, (2011-2012) the program helped over six times the target population of women escaping domestic violence and thirteen times the target when expanding the target to women and children escaping domestic violence.
   - Overall, (2010-2012) the program reached almost five times the target population of women escaping domestic violence and eleven times the target when expanding the target to women and children escaping domestic violence.
   - As the clients all have to undergo rigorous assessments before entering the program, we can be confident that the clients reached are members of the target group, women and women with children escaping domestic violence and receiving either Start Safely or Social Housing assistance from Housing NSW. Rigorous governance procedures for Supported Referral assistance ensures that requests for this assistance are evaluated in the same way that other brokerage requests are evaluated, and includes the need to demonstrate that requests from social housing recipients are escaping domestic violence.

2. **Dose – individualised support**
   By replacing a one size fits all rigid approach with a client centred approach, the program can offer different “doses” of the intervention, and thus reach more of the target group. This is achieved in two main ways:
   - The program provides different levels of assistance, depending on individual need, this can be seen both with the three types of clients, Start Safely, Social Housing and Supported Referral, and also within these groups, dosage will vary depending on individual need. This has the effect of increasing the reach of the program, by allowing the resources to stretch or contract as required, within the budget framework.
   - Supported Referral and Group Programs allowed DVS WSS to provide an innovative way of offering a varied “dose” of the intervention based on individual need and for women with different need profiles. It increases the ability of the program to reach a greater population without affecting the ability to reach full service clients, thus significantly improving the potential reach of the program with little impact on workforce and other costs. It exemplifies the attitude of providing tailored offerings and not just a one size fits all approach. It improves reach by offering different level of assistance (different doses) based on their individual needs.

3. **Time**
   The program has increased capacity and increased the number of clients assisted over time. This demonstrates the need for establishment time, to allow the program to become adopted within regions, by support services, Housing NSW and clients.
   - Between the first and the second year of operations, the program doubled the number of clients assisted. This demonstrates that the length of time the program runs increases the ability of the program to deliver services. This is not to say that client numbers will continue to increase at an exponential rate, however, it shows that there is a start -up time factor that needs to be taken into account with developing programs and it would be unwise to end this program and start another without first seeing if these numbers can be continued and even improved upon.
   - Supporting this argument is that it is towards the end of the second year that the largest numbers of clients are being serviced in any single period. The qualitative evidence explains that capacity has been a big factor in growing numbers. For example, the program needed start up time to get into the full swing and develop solutions to capacity restrictions and increased responsibilities not previously funded. For more details on the solutions to capacity issues, see the section titled, “The Program In Detail”.

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4. Flow on effects to other ‘at risk’ target groups
This program helps both the intended target and another priority at risk population, children and young people at risk of homelessness.

- Children experiencing domestic violence and homelessness run a higher risk of a life of homelessness, substance abuse and unemployment, both from their experiences of domestic violence, childhood homelessness, and disrupted education. In the first year, this program not only allowed 90 women to stay with their children, but assisted 167 children stay with their mothers. In the second year, this program not only assisted 190 women, but assisted 212 children to stay with their mothers. This program is not funded to assist these children, however, it assists them in many ways that can have significant flow on effects and prevent a life of homelessness.

- This program also saves the Government significant amounts of money by allowing 280 families to stay together and escape homelessness. This is a cost saving for Community Services and Foster care, as by preventing homelessness in mothers, children are also saved from homelessness and able to stay with their mothers.

Number of all Clients receiving support per quarter: Growth in client numbers and time

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<td>201</td>
<td>263</td>
<td>322</td>
<td>419</td>
<td>336</td>
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</table>

This chart (Total clients and their children assisted by DVS WSS between April 2010 and June 2012), shows the growth of women and children assisted since the program inception. By the end of June 2012, the DVS WSS program has assisted 282 women; 377 children which is a total of 659 people assisted to prevent homelessness from domestic violence.
Regional Service Delivery

Are there differences between regions?

This chart (Total DVS WSS Clients by Region: April 2010 to June 2012) shows the variation in client numbers by region. The reasons and policy implications are discussed in this report.

This chart (Total DVS WSS Clients by Region and by Client type: April 2010 to June 2012) shows variation in client numbers by region, and emphasises the difference in full service clients and Supported Referral clients, to provide an idea of capacity and dose.
The table (Number of Clients starting with DVS WSS per quarter since the program began in April 2010), shows the number of new women starting each quarter, by region by type of client. It's immediately apparent that there is a difference between the numbers of clients assisted by region. The most active area is Parramatta/ Penrith and Blacktown with 131 new clients since the program began. An analysis of the types of clients shows that the second largest region is a close contest between the Blue Mountains/ Hawkesbury and Fairfield/ Liverpool/ Holroyd, with 30 and 27 Start Safely clients respectively. The difference in their total numbers is made up from a higher number of supported referral clients in the 2nd and 3rd quarters 2012 in Fairfield region.

The table (Number of full service clients receiving support per quarter: Growth in client numbers by region and time), shows the client load per quarter per region. This shows the stark contrast in the numbers of women being assisted by region, and provides an idea of regional capacity to deliver this program. Taking account of only full service clients, the maximum assisted in any one quarter was 51 in Penrith/ Parramatta/ Blacktown; 20 in the Blue Mountains; 18 in Fairfield/ Holroyd/ and 11 in Bankstown.

<table>
<thead>
<tr>
<th>Number of full service Clients receiving support per quarter: Growth in client numbers by region and time</th>
</tr>
</thead>
<tbody>
<tr>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>Parramatta/ Penrith/ Blacktown</td>
</tr>
<tr>
<td>Blue Mountains/ Hawkesbury</td>
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<tr>
<td>Fairfield/ Liverpool/ Holroyd</td>
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<tr>
<td>Campbelltown/ Camden</td>
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<tr>
<td>Bankstown/ Auburn</td>
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<tr>
<td>Total</td>
</tr>
</tbody>
</table>

The table (Client support hours per financial year: client type and region), shows that the number of hours of case management for the program has significantly increased in the second year. As much of the growth in client numbers was from Supported Referral, which does not include support hours, this demonstrates increased uptake of case management and improvement in dose for full service clients and increased capacity within Services. It makes sense that regional differences in support hours correspond to client numbers – regions with larger case load have the higher case management hours. However, when calculating the average numbers of client support hours compared to new clients per region, regional differences become more obvious. On average, the number of support hours provided based on the number of new clients in each region, ranges from 27 hours to 58 hours for Start Safely and between 65 hours and 239 hours for social housing clients. The differences can be explained by a closer look at the demographics of regions and the level of need of types of clients. More intensive support and thus greater hours are required for women from CALD and Aboriginal and Torres Strait Islander backgrounds.
<table>
<thead>
<tr>
<th>Client Support Hours per financial year: client type and region</th>
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<tbody>
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</tr>
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<td>Total $$$</td>
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</table>

Analysis and Interpretation

The differences between regions relate to a number of factors including the number and availability of support services to assist women; and anecdotal evidence about the length of time it takes to approve Start Safely by region; and availability of rental and social housing stock for women escaping domestic violence; and the demographics of a region and the number of high need populations.

1. Capacity – Support Services and Availability of Rental Stock

- Firstly the number of SHS and other support services in each region differs substantially and thus the ability to provide case management support for clients. Penrith/ Blacktown and Parramatta region has the largest number of SHS providers, and it is significantly larger than the other regions with a 5 refuges, and 6 services available to provide case management; the Blue mountains has one refuge and 3 services available to provide case management; Liverpool has 2 refuges, 2 services available to provide case management and dedicated DVS WSS case worker; Campbelltown has one refuge and one specialist women’s drug and alcohol rehabilitation service and another 3 services available to provide case management; and Bankstown has one refuge.
- Availability of rental stock, both private rental and social housing differs substantially across regions as well. Penrith Blacktown and Parramatta have been able to assist the largest number of social housing tenants escaping DV, both existing tenants and getting new social housing available for clients. Campbelltown/ Camden have not yet been able to assist any social housing clients because of unavailability of social housing stock. Towards the end of 2011-12, work was being done in the Campbelltown/ Camden region to address the lack of social housing and low private rental stock and it is expected that the statistics for next quarter will show the first results from this strategy.
2. Adoption/ Delivery issues
   - The lower numbers in some regions have been attributed to slower approval rates of Start Safely clients because of different assessment strategies in different regions. Anecdotally, approval rates for Start Safely differ because while Housing NSW has consistent policies, regions have the power to determine how they deliver services. For example, in some regions, Start Safely can be assessed by front line client services staff, in others, only the PRBS officer is involved in Start Safely approvals, which they do in addition to their other PRBS products. Also differences in adoption with PRBS officers and the level of service they provide to clients requiring accommodation can either make it easier or more difficult for women to start the DVS WSS program, especially where rental stock is low. In general however, PRBS officers are very supporting of the DVS WSS program.
   - Adoption of supported referral and group programs has also accounted for different numbers between regions. At first glance it appears that Supported Referral numbers are growing. In fact, the increases in numbers can be accounted for by group programs including the Home Maintenance program, In Charge Of My Money and 123 Drive.

3. Contextual issues
   - The level of need between regions has a high impact on numbers. For example, Bankstown has a large number of mainly migrant women, who require much more intensive services because they do not have familiarity with Australian institutions and perhaps have English language difficulties. This has an impact on the ability to provide services, which is exacerbated by the lack of additional services in the area. It is also why there have been no cases of supported referral in this region. The population are high need and require full support, and not just one off financial assistance.
   - Larger numbers of clients are being assisted towards the end of 2011-12, again showing the need for time to allow a program to get into full swing. In the case of Campbelltown, which had additional problems of lack of housing and slow Start Safely approval rates, it took longer for the program to become embedded in the region and now that it is, (see the graph, Activity by region: growth per quarter), demonstrates that although it’s taken longer than in other regions, the program is beginning to reach greater numbers of the target population.
   - The demographics of the region also need to be taken into account when budgeting support hours, as the needs of particular at risk groups do require greater assistance, both to find accommodation and to maintain accommodation once found, and that this does have an impact on the numbers of women who can be assisted at any one time. In addition to CALD women, Aboriginal and Torres Strait Islander women, are examples of groups with particular needs that affect capacity and perhaps adoption and delivery.

This chart (Activity by region: growth per quarter), shows the function that time plays in improvement in client reach. As the program gained momentum, the capacity to delivery it has improved, solutions to unexpected issues have be generated and the number of clients has steadily increased in each region.
This chart (Client support hours by financial year: showing regional differences), shows that just as numbers doubled, so did the number of client support hours.

**Brokerage**

**What is the Cost of Brokerage?**

The DVS WSS program has spent $653,252.29 on brokerage in the first two years (nine quarters). This figure includes spending on support hours. In the first five quarters, the program spent $158,328.95 on brokerage, which increased to $494,923.34 in the second year. The table (Brokerage: Description of total brokerage spending per year) allows an analysis of how the spending was spread across clients - it shows how the spending differed by region and also by client type, and also provides average and median brokerage spending. Some of the main points that can be taken from this table is that:

- There is an obvious difference in spending between the first and second years of the program. This increase in spending between years is consistent with the increased numbers of clients per region per year, except while client numbers doubled, brokerage spending tripled. This can be explained by time delays for establishment of the program and longevity of case management leaking payments from clients whose term of support crossed years.
- Spending on Supported Referral brokerage is much less than for brokerage in other categories; Brokerage for Social Housing clients is lower than for Start Safely clients, but higher than would be expected based on client numbers, reflecting more hours, (this is discussed in more detail later in this section) for social housing clients.
- There are differences between the average and median brokerage payment. This can be seen in the total average and median for each year (in 2010-11 $422 compared to $267 and in 2011-12 – $655 compared to $493). This demonstrates that spending on brokerage is positively skewed, meaning that most brokerage payments are at the lower end of the scale, with few high payments. This can be seen graphically in the chart (Grouped frequency distribution of brokerage payments: comparison between 2010-11 and 2011-12).
- However, when comparing individual regions and client types, this skew changes from year to year and region to region. What this represents is that brokerage is individually tailored to client needs and is not a one size fits all approach. This is consistent with government policy and with the program guidelines.
## Brokerage: Description of total brokerage spending by year

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Brokerage payments ranged from a minimum of $25 to a maximum of $4,979. The chart (Grouped frequency distribution of brokerage payments: comparison between 2010-11 and 2011-12) shows that larger brokerage payments are outliers, (rare) and the majority of payments, in both years, are in the bottom two groups, $1 - $1500 (30/21 payments respectively) and $1501-$3000 (14/29 payments respectively). Additionally, it shows that the reason the average in 2011-12 was higher than the median in the same year and higher than the previous year was from two brokerage payments in higher payment brackets than the previous year ($3300 to $3601 and $4951 to $5280).

Brokerage: Comparison between average and median brokerage: by region and year
The differences between average and median brokerage payments can be seen also in the chart (Brokerage: comparison between average and median spending by region and year), which shows that the average and median spending per region and per year. While at first glance it may seem to have a lot of information in it, this chart allows a visual comparison of brokerage spending across regions and years and why just using the average brokerage payment would give a biased view. Some of the main points that can be taken from this graph is that:

- Spending is higher for social housing clients in all regions, which would be consistent with higher needs of social housing clients.
- Supported Referral brokerage is usually lower than brokerage in other categories. The exceptions to this are in Fairfield region in 2012, where the median spending seems to double. This is because of a large number of group programs being run in that region at that time skewed the spending distribution – the average is still close to the average and median of the previous year. Campbelltown also spent less on supported referral in the second year than the first, bringing it back in line with the trend in other regions.
- There is an obvious difference in spending between the first and second years of the program. This would be consistent with greater use of case management support by a the increases in full service clients.

The chart (Total brokerage (including support hours) spending by region and year) shows the increase in brokerage per year in each region, which is consistent with the increased numbers of clients per region per year.

**What is brokerage spent on?**

There were some unexpected results from the analysis of brokerage requests. The three most popular categories were Home Establishment; Financial Assistance; and Education.

Home establishment includes brokerage payment for storage and removals, white goods and furniture and home maintenance. It counted for 44-45 per cent of all brokerage payments, demonstrating the significant assistance required by women escaping domestic violence to re-establish themselves post separation.
Financial assistance includes brokerage payment for groceries, rental and utility costs and other small debts. It counted for 27-28 per cent of all brokerage payments, demonstrating the extreme financial stress that this target group are experiencing.

Given the psychological needs of women escaping domestic violence, it was expected that more money would be spent on mental health (it only accounted for between 1- 3 per cent of all brokerage payments). What was found was that the changes in funding for psychological services and or psychiatry services which can be met through Medicare, meant that only occasional extra funds were required by DVS WSS clients for these services. It also supports the evidence from focus groups that significant mental health benefits can come from small and practical assistance, like help getting white goods or removalists for home establishment or after child care when visiting specialists and that psychological help is often delayed until after the woman has re-established herself and her family.

The third highest category of brokerage payments was in for education and training, (6-11 per cent). This reflects a number of things related to time. Clients have an opportunity for a year of case management, which enables different types of assistance depending on the stage of recovery. As women move out of crisis and get more established, they are starting to think about the future and employment. This has affected the rise in training and education brokerage between the first and second year. Program longevity has also increased the capacity of Support Services to provide long term case management and expanded the types of things that brokerage can pay for. Spending in this section also reflects a lot of assistance provided for children, who because of the trauma of domestic violence, need assistance at with schooling; and also reflects payments for personal development courses, which may also reduce spending on mental health.

![Brokerage spending by support categories: 2009-2012](chart)

**Interpretation and Analysis**

1. Brokerage payments are consistent with Program Goals and Philosophies
   - Brokerage payments are needs based and individualised rather than one size fits all.
   - Different participation options, including Supported Referral, backs-up the non-compulsory aspect of support for Start Safely clients. This increases access to aspects of the program without forcing full participation and leaves the door open for future participation if required later.
• Brokerage supports the cyclical nature of recovery. Payments are related to case management and will evolve during the year of support to reflect the stage of recovery. Training and Education is the third most popular brokerage category, showing that after clients establish a new home and get finances in order, they are starting looking toward planning for the future.

• The cost of brokerage is very low overall, which increases the number of women who can be supported (program reach). Most brokerage payments are at the lower end of spending and a strong governance framework supports the individual nature of payments by linking them to case plans developed with support workers.

2. Successfully reaching the target population
The need for brokerage was discussed in the section “the program in detail”. An analysis of the brokerage statistics demonstrates that the DVS WSS brokerage meets the needs of women and assists the DVS WSS program reach the target population by:

• The low cost of brokerage increases the number of clients that can be reached by the program
• The innovative, Supported Referral option enables the program to assist women who may otherwise not be able to access the program because they didn’t elect to participate in case management support. Regardless of why they elected to decline case management, the high uptake of this option demonstrates that there is a large unmet need within the population of women escaping domestic violence to access small amounts of brokerage to assist with re-establishing their lives post escape.

3. Need focused and flexible
DVS WSS Brokerage is based on individual needs and as a result if very flexible, which has a lot of upsides:

• The brokerage payments differ in size according to need. This flexibility assists the program avoid over servicing, as a consequence of which, it is able to reach larger numbers of women in need. The same flexibility and focus on individual assessments of needs, rather than trying to fit brokerage into pre-defined categories, attracts a greater range of clients that may have otherwise missed out on the program.

• The pattern of brokerage spending shows that women need practical assistance. The three most used categories are Home Establishment; Financial Support; and Education/ Training. This shows not only the extreme need for practical assistance, but also it supports the qualitative findings about this activity, which is that a large amount of psychological assistance can come from very simple things, like having new school shoes for the children, or being able to have a fridge or lounge or bed linen to make every-day life a little easier.

• There is solid governance of brokerage payments to ensure that these figures remain at manageable levels. This is supported by philosophy of parsimony with money to foster the idea of self-sufficiency, and ensuring that payments are linked to plans agreed with support workers.

• As support is offered for clients for up to one year, brokerage that assists women undertake developmental activities, including education and training, show the important role that brokerage has in helping women clients establish themselves for the future.

4. Low cost
DVS WSS brokerage is very inexpensive.

• In addition to 667 individual brokerage payments, Brokerage was paid for 7442 hours of client support for 282 women in the first two years. This averages out $422 per person in the first year and $655 per person in the second year, which is very inexpensive amount to keep women from homelessness. The increase in average brokerage payments in the second year can be attributed to a small number of larger one off payments that has skewed the distribution.

• The majority of individual brokerage payments in both years were under $1000, with the median or over half of payments under $600.
5. Time
Seventy seven per cent of the budget in the second year was spent on brokerage, which included payment for support hours. This is three times as much as the first year, even though there were only twice as many clients. This represents the time lag in the program becoming fully functioning. For example:

- Many women starting in the first year would not have finished their support period until the second year, pushing costs into the second year. Once the program is at capacity, it will be easier to control numbers and thus budget.
- Women that complete a full year of support are expected to be receiving brokerage for different types of thing at different times. For example, payments to fulfil developmental needs (i.e. Education for future employment) and help them become independent are likely to occur in the second half of support rather than the early part of the support time. This needs to be anticipated with brokerage budgeting.
- Some regions grew much more in the second year than others, demonstrating the different lengths of time it takes to establish the program in different contexts.

---

**Brokerage by Category 2010-11**

- **Home Establishment** 45%
- **Financial** 28%
- **Medical/Dental** 1%
- **Mental Health** 3%
- **Legal** 3%
- **Education/Training** 6%
- **Cultural Specific** 3%
- **Childcare** 3%
- **Other** 8%

**Brokerage by Category 2011-12**

- **Home Establishment** 44%
- **Financial** 27%
- **Medical/Dental** 0%
- **Mental Health** 1%
- **Legal** 2%
- **Education/Training** 6%
- **Cultural Specific** 2%
- **Childcare** 4%
- **Other** 9%
## Brokerage in Support Categories

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<th>2011 - 2012</th>
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### Brokerage in Support Categories

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Client Outcomes – Short Term

This evaluation focused on the processes used to deliver the program, and has not concentrated on outcomes for clients. This has been discussed in detail in the methodology section of the report, and is an acknowledgement that the program has not been running for long enough to be able to validly evaluate client outcomes. With that in mind, there is some evidence about client satisfaction and short term client outcomes that can be reported.

Exit Survey Results
Clients have been asked to complete an exit survey since the program began. The results are shown below in the table “What is your status? Exit Survey” and the chart “Exit Survey: Reasons for leaving the DVS WSs program”.
• This shows that the majority of women, 47 per cent, left the program because they had reached the end of their support period;
• 28 per cent were no longer eligible either because they returned to the perpetrator, were evicted or had Start Safely cancelled or were unable to be contacted;
• 17 per cent either moved from the area or into different accommodation or no longer required support;
• 4 per cent were never able to find accommodation so could not participate in the program; and
• 4 per cent were escalated into social housing.

This demonstrates that the program is working very well. Domestic violence is a complex situation that can affect every area of life. The high initial rate of success, with 64 per cent of women either completing or didn’t need to complete the program, compared to 28 per cent who experienced difficulties and either returned to housed homelessness or similar risk of homelessness. As no targets were set at the beginning of the program about this key success factor, we have to rely on expert opinion. The services delivering the program believe this is much higher than they would have expected. Future research can examine this in more detail to determine if the women in the 28 per cent did increase their awareness of support and return to seek out support services at a later period.

What is your status? Exit Survey

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<tr>
<td>No longer required support</td>
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<td>3</td>
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<tr>
<td>Maximum service period reached</td>
<td>29</td>
<td>7</td>
<td>36</td>
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<tr>
<td>Start Safely expired/cancelled</td>
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<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Moved out of area</td>
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<td>5</td>
</tr>
<tr>
<td>Moved to other accommodation</td>
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<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Moved in with friends/family</td>
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<td>2</td>
</tr>
<tr>
<td>Returned to perpetrator</td>
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<td>Unable to obtain private rental/Start Safely</td>
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<tr>
<td>Lost contact with Client</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Moved to Social Housing</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Deceased</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>66</strong></td>
<td><strong>10</strong></td>
<td><strong>76</strong></td>
</tr>
</tbody>
</table>
What do we know about housing for DVS WSS clients post subsidy?

In August 2012, a short phone survey of women who have finished with the DVS WSS program since the program began was carried out, with the intention of finding out where clients were now and how satisfied they were with the service. Women were contacted using the contact details recorded while they were in the program and no other attempt to locate women was made. Only 20 per cent of women were able to be contacted, which is a very low response rate, however, it still provides some interesting information about twenty per cent of women who have been through the DVS WSS program.

Of the women who were contactable, 90 per cent were still maintaining rental accommodation. Only three had returned to or were living with the original perpetrator. Half were studying or working and the remainder had children which prevented workforce participation at this time. Additionally there was a 95 per cent satisfaction rate and six of the women were still engaged with the support service in some way and 2 of the women have developed support networks from women they met during their time with DVS WSS.

<table>
<thead>
<tr>
<th>Exit survey: reasons for leaving the DVS WSS program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evicted</td>
</tr>
<tr>
<td>No longer required support</td>
</tr>
<tr>
<td>Maximum service period reached</td>
</tr>
<tr>
<td>Lost contact with client</td>
</tr>
<tr>
<td>Unable to obtain private rental/Start Safely</td>
</tr>
<tr>
<td>Returned to perpetrator</td>
</tr>
<tr>
<td>Moved in with friends/family</td>
</tr>
<tr>
<td>Moved to other accommodation</td>
</tr>
<tr>
<td>Moved out of area</td>
</tr>
<tr>
<td>Start Safely expired/cancelled</td>
</tr>
<tr>
<td>Deceased</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Evicted</td>
</tr>
<tr>
<td>No longer required support</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>Maximum service period reached</td>
</tr>
<tr>
<td>2011-2012</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2011-2012</th>
<th>Evicted</th>
<th>No longer required support</th>
<th>Maximum service period reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients contacted</td>
<td>20</td>
<td>79</td>
<td>99</td>
</tr>
<tr>
<td>Clients unable to contact</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start Safely expired/cancelled</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moved out of area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moved to other accommodation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moved in with friends/family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Returned to perpetrator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Same accommodation</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Different Private Rental</td>
<td></td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>With ex-partner</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Primary Homeless</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Secondary Homeless</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Tertiary Homeless</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Living with</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perpetrator</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfied</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Returned to ex-partner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working or studying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Studying</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Lost contact with client 9%
Unable to obtain private rental/Start Safely 4%
Returned to perpetrator 7%
Moved in with friends/family 3%
Moved to other accommodation 1%
Moved out of area 7%
Start Safely expired/cancelled 8%
Deceased 1%
Other 1%
Evicted 4%
No longer required support 4%
Maximum service period reached 47%
Statements about the personal benefit of brokerage and the program are in the table below. (Would it have made a difference to your tenancy if brokerage wasn’t provided by DVS?) This shows that this group felt that there were particular benefits from education or computers to support education, home establishment costs, including removal costs, and white goods and the general support to re-establish; and the ability to have some independence, had benefits for women and children in the program.

Would it have made a difference to your tenancy if brokerage wasn’t provided by DVS?

<table>
<thead>
<tr>
<th>Response</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, I was pregnant at the time and had a small car. I would not have been able to move all the furniture by myself.</td>
<td></td>
</tr>
<tr>
<td>Yes, just finished the Certificate III in aged care using the Laptop. I now have the confidence to look for work. DVS also assisted with bond for a new private rental.</td>
<td></td>
</tr>
<tr>
<td>Yes, it made life so much easier, didn’t have to worry about the financials</td>
<td></td>
</tr>
<tr>
<td>Wouldn’t have been able to do it all without the help. It was great.</td>
<td></td>
</tr>
<tr>
<td>Yes, the fridge still works and the family would not have had to live without fridge it had not been provided.</td>
<td></td>
</tr>
<tr>
<td>Yes, passed the driving test so didn’t need to do public transport anymore so was able to stay that the current private rental</td>
<td></td>
</tr>
<tr>
<td>Yes, having extra support made the tenancy more secure and strong.</td>
<td></td>
</tr>
<tr>
<td>Yes, would have lost my place without support. I was trapped because of the DV, payments had been cut so had no income at the time.</td>
<td></td>
</tr>
<tr>
<td>Yes, had to move out, but was great after that. DVSWSS in particular is great.</td>
<td></td>
</tr>
<tr>
<td>Yes, I would have found it very difficult.</td>
<td></td>
</tr>
<tr>
<td>Subsidy and support were beneficial, I would have not been able to rent on my own.</td>
<td></td>
</tr>
<tr>
<td>Yes, was a struggle at the beginning and the support helped the family settle.</td>
<td></td>
</tr>
<tr>
<td>Yes, I was pregnant at the time so getting a rental and settling down would have been very hard to do without the support.</td>
<td></td>
</tr>
<tr>
<td>Yes, would have been homeless if Start Safely and support had not been there.</td>
<td></td>
</tr>
<tr>
<td>Yes, wouldn’t have been able to live independently. It was good for kids to get out of the grandparents house.</td>
<td></td>
</tr>
<tr>
<td>Yes, would have been on the street if support had not there.</td>
<td></td>
</tr>
<tr>
<td>No, didn’t fit in with support service. Felt that relevant support was hard to get.</td>
<td></td>
</tr>
<tr>
<td>Yes, I was homeless until received all the support.</td>
<td></td>
</tr>
</tbody>
</table>

Because of the low response rate, it could be that the respondents represented a particular subset of ex clients, however, it is also possible that the other women were not contactable for unremarkable reasons. For example, it is very common for women escaping domestic violence to change phone numbers often. In the future, a survey to evaluate program outcomes for women who participated in the program, perhaps in partnership with Housing NSW to increase the response rate, will provide valuable information on the success of the program.
The methodology for this evaluation evolved in relation to a number of factors:
- The goals of the stakeholders to the DVS WSS program
- The policy context
- The age of the program
- The resources available, including the available documentation on the program

Two main models have been instrumental in the selection of the evaluation design.

**Planning and Evaluation Model**

- Firstly, the type of evaluation was chosen using a combination of the Planning and Evaluation model for interventions developed by Hawe [43] and the Stages of Research and Evaluation developed by Nutbeam and Bauman[44].

These models discuss four types of evaluation that should optimally be run consecutively: Formative Evaluation involves program planning and implementation; Process Evaluation measures if a program is running optimally and recommends improvements; Impact Evaluation measures the programs achievement towards short and medium term objectives; and Outcome Evaluation measures the long term effects of the program. The planning and evaluation model below provides a picture of the stages of evaluation, with the sections that this review focus on highlighted.

In essence this evaluation assumes that programs are developed to meet a need, require time to work, and for evaluation to be valid and improve the potential for dissemination to new people/regions, the way the program is implemented must be known to enable valid links between the program and the outcomes and to know how to replicate the program to achieve similar results. As the DVS WSS program has only been running for eighteen months, Process Evaluation was chosen as the most appropriate evaluation type.

**Planning and Evaluation Model by Hawe**
As the program activities and goals were not documented, because the program was started quickly in response to new funding, the research included the development of a logic model to describe the program. This would usually be part of a Formative Evaluation stage. Recommendations have been made about the appropriateness of the activities in relationship to intervention theories and desired outcomes as much as how well these activities are being run, which was missed because of the quick start up time associated with the program.

Program Evaluation Framework

- Secondly, the Process Evaluation is based on a combination of the six stage Program Evaluation Framework model published by the US Centre for Disease Control and the model for developing a process evaluation plan developed by Saunders et al[45].
  - Stage 1: involved Engaging Stakeholders to improve the utility of the evaluation.
  - Stage 2: involved Describing the Program, with the development of a logic model that links the problem and desired outcomes to activities, resources and context.
  - In Stage 3: the Evaluation Focus and methods of data collection were determined, which included developing a list of evaluation questions and comparing sources of data.
  - Stage 4: the Gather Credible Evidence phase, was done using interviews, focus groups, survey data and program statistics.
  - Stage 5: the Justifying Conclusions and Recommendations, was done through systematic analysis, interpreting all sources of data against program goals, the policy context and the logic model.
  - Stage 6: which will happen following the publication of this report, involves a dissemination strategy to ensure use of the evaluation findings and sharing lessons learned.

Framework for Program Evaluation in Public Health
**Stage 1: Stakeholder Engagement**

Stakeholder consultation included interviews with the program delivery management team (Manager and Coordinator); attendance at Regional Coordination Meetings within the first month of starting the evaluation; Focus Groups with each of the Regional Coordination Groups; individual interviews or telephone calls with Government Departments including Housing NSW and Community Services, and representatives of the Women’s Refuge Movement.

**Stage 2: Describe the Program**

The program was established quickly and without a great deal of documentation. Before beginning evaluation there was a need to document the program in detail. Knowing how the program was run was essential to know what was essential to run it in future; and to be able to draw conclusions as to client impacts/outcomes in future research.

To redress the lack of documentation on the program, the first step in describing the program was the development of an accurate logic model. The logic model was developed using the methods described by Rush[46] and Saunders[45], and were based on the findings from Stakeholder engagement strategy, review of documentation on the program, and contextual analysis of policy statements. The first draft of the Logic Model was tested in Focus Groups and from discussions with the Regional Coordination Group, which enabled it to be refined and the current model is considered to accurately describe the DVS WSS program.

Contextual analysis of the program involved looking extensively at the current policy documents around homelessness and domestic violence in Australia, and changes in services for women escaping domestic violence since the 1970s. This analysis places the program against other services in the area, in particular against traditional refuges and crisis accommodation and orientations of service provision.

**Stage 3: Focus the Evaluation Design**

This evaluation asked five main process evaluation questions:

- How the program has been implemented?
- Are there any regional differences in implementation and data?
- Is the coordination of support services likely to continue following the end of the program?
- What is the reach of the program and the potential need for this program?
- If this program was to be more widely disseminated, what is necessary for its successful delivery?

The questions were determined from meetings with a range of Stakeholders, analysis of policy and research directions, and focus groups asking what outcomes were being sought from the evaluation.

**Stage 4: Gather Credible Evidence**

The evidence was collected using Focus Groups, unstructured interviews with the Manager and Program Coordination, observation of Regional Coordination Groups, and analysis of Program Statistics.

**Focus Groups**

- Five focus Groups were held in February with the Regional Coordination Groups.
- Focus Groups were chosen consultation method with Support Services because of time considerations, and the potential synergy from open discussion.
The participants invited were the usual representatives on the Regional Coordination Meetings and they were asked to bring an additional staff member from each service, who are a domestic violence specialist or working mainly with DVS WSS clients (supporting or referring) and if they could not attend to send a proxy.

The purpose of the focus groups were two-fold:
- To find out more about the program from the people delivering the program, and enable it to be fully described and documented; and
- To get the people delivering the program to think and talk about what they would like to know about the program so that the evaluation is useful, increase the likelihood of learning and enable practical improvements.

The assumptions made about the focus group is that even with tight criteria for attendance, there will still be a spectrum of awareness of the program from those aware of only their Services involvement to those aware of the whole program including the policy environment and evaluation, a range of experience in Domestic Violence. This is because of the wide range of Services involved in the program, and the large geographic area covered by the program, and the different backgrounds of the different services. There is also expected to be a difference in awareness between Managers and staff delivering the program.

To attempt to address this and to maximise the time available for consultation, the Logic Model and description of the program was sent out in advance for people attending the Focus Group to consider. Likewise some definitions were given in advance, for example, the Duluth Model, the Cycle of Violence Model, the Stages of Change Model.

Review of Program Statistics

DVS WSS reports standard statistics quarterly on the number of clients assisted (new, exited, ongoing), the type of assistance, costs involved and progress towards goals. This information was used to determine the extent the program has achieved (exceeded) targets and also meet the targets of the Homelessness Action plan that this program was not set to achieve. In particular, the statistics were able to answer research questions on the reach of the program and the potential to reach the actual target population; program dose and how this can be differentiated based on need to reach greater numbers of the target population; the potential of the program to meet additional priority target population (homeless children) and thus contribute to other prevention targets. These also answer questions of cost of the program, and thus the potential for the program to be delivered cost effectively.

As the program was only running for 18 months when this evaluation began, it was not appropriate to evaluate client outcomes, and there is limited information in these statistics on client satisfaction or the outcomes for clients who have exited the program. Data from feedback forms was examined to determine client satisfaction. These provided limited evidence of satisfaction because of the low response rate, however, they do provide information on the perceptions of exiting clients which remains useful.

Stage 5: Interpretation and Conclusions

Two stages of analysis have been used in this evaluation. The development of the logic model used thematic analysis and the process evaluation used systematic analysis of the logic model and discourse analysis comparing the program to policy directions in homelessness and domestic violence to determine its ability to fulfil policy goals.

Interpretations and conclusions have been based on a systems approach to evaluation.
- The evaluation started by developing a logic model that specifies the theories underpinning the program, the short medium and long term goals the program is designed to address, the inputs and activities that link the two. The logic model was developed using thematic analysis from qualitative data collected in interviews and focus groups, which has described the program and the background theories.
- Simultaneously, a review of the Australian and NSW State Government policy environment as it relates to Homelessness and Domestic Violence was undertaken.
Evidence was reviewed alongside the logic model and the domestic violence and homelessness policy directions and the research questions were interpreted and conclusions made as follows:

- The first Research question - How the program has been implemented? Was interpreted by considering the key success factors for program implementation, especially as they relate to practical implementation, transferability to new populations and Government policy directions.
- The second Research Question - Are there any regional differences in implementation and data? Was interpreted alongside practical contextual issues affecting regions and how this may affect transferability of the program to different populations.
- The third Research Question - Is the coordination of support services likely to continue following the end of the program? Was interpreted in light of practical analysis of evidence about what made the coordination work or not work and key drivers for participation and how this would affect ongoing collaboration or collaboration in similar programs.
- The fourth research question - What is the reach of the program and the potential need for this program? Was interpreted by considering how targets were reached and by considering the actual population at risk of DV to predict the funding requirements for the program.
- The fifth Research Question - If this program was to be more widely disseminated, what is necessary for its successful delivery? Data was considered and policy recommendations were considered and how the program fitted these already or how it could be amended to better fit policy directions in future.

Overall, the main recommendations arising from this evaluation are based on how to deliver the program, including identifying key success factors and intervention theories; and identifying how this program fits within current and future policy directions, including sector capacity building, quality frameworks and service integration; and the potential for dissemination of this program to new populations, given its success exceeding program goals and reaching the target group.

Gaps in knowledge have also been identified and recommendations made regarding future research opportunities.

**Stage 6: Dissemination Strategy**

This program will be disseminated to a wide range of stakeholders, including many that we would have liked to have had greater contact with in the Stakeholder Consultation Process. The dissemination strategy includes:

- Identification of key Stakeholders, including government officials, ministers and services.
- Sending the published report and summaries to key stakeholders.
- Meetings with key Stakeholders to discuss the findings.
- Publishing the report with an ISBN so that it can be found and used in Australian library catalogues.
- Web publishing on WRM website, DVS WSS website and using meta tags so that is can be found for people looking at developing or evaluating DV programs.

**Limitations of this Evaluation**

The standards of this evaluation will need to be judged by others. In line with The Framework for Program Evaluation, this research:

- Engaged stakeholders
- Described the program using a logic model
- Described, explained and referenced the evaluation, data collection and analysis methodologies and **assumptions**.
- Conclusions have been justified and a dissemination strategy and policy recommendations are designed to assist the opportunities to use the lessons from this evaluation.
• The evaluator is trained in program evaluation (holding a Masters in Public Health from Sydney University), and has significant Government experience in policy, program delivery, domestic violence and homelessness. There was no conflict of interest in undertaking this program, employment was for a set period and there was complete independence from the Service delivery process.

As a process evaluation, this program has not looked at:

• Client outcomes. It is not the role of a process evaluation to determine client outcomes, and it is still too soon to be able to judge any but immediate client outcomes. As this program aims to address long term client outcomes, evaluation of client outcomes must be a priority in the future.

• Collaboration and Integrated Service Provision. Only initial work has been done on collaboration, and much more is required to determine not only the stage of collaboration that this program is at, but the optimal stage for collaboration required for this sort of program and how to achieve it.

• The evaluation did not look at case plans and did not audit brokerage (ie compare to brokerage to case plans). Because case plans are only received once, the first time the client starts, and not updated, it was decided that this type of analysis would not provide necessary information.

• Documentary analysis: The forms and other instructions for members of the Regional Coordination Groups, including the website, were not evaluated. Given limited time it was decided to use the time on other more important areas of research.
This process evaluation has:

- analysed the program and provided information on how the program is run in practice;
- provided answers to the five research questions set in consultation with stakeholders;
- analysed the progress towards implementation of the program logic model;
- provides recommendations to improve delivery of the program; and
- made recommendations for policy, by explaining how this program meets existing goals of Government policy and can be used to deliver other policy goals.

The Five Research Questions

1. How the program has been implemented?

This research question measures program fidelity, which is an evaluation term that judges how consistent program delivery is with the program plan. To answer this question, the lack of program documentation needed to first be addressed. A program logic model was developed and any changes to program delivery since the program began were investigated. This was then compared to how the program was being delivered. This question needed to be answered before the other research questions can be answered.

- The section, the “Logic Model for the DVS WSS Program” provides two pictorial models of the program and explains the program goals, theories and context in detail.
- The section, “the Program in Detail” discusses each activity of the program in fine detail, including how the program has been developed differently to what was originally intended.

The program has been implemented to meet both program and policy goals and that the program has been adjusted since it was first established to address blockages to progress. The program has been implemented very successfully, and recommendations mostly relate to findings about what is necessary for the program to work. These include:

- A Coordination Office, that includes an entrepreneurial Coordination Officer and administration staff are required to ensure this program is delivered in partnership. The Coordination officer is required for collaboration between services, program reach, information sharing including dissemination of new programs, and good governance of brokerage and capacity building.
- Money is not allocated based on the stream the client is from (Social Housing or Start Safely), but is instead based on individual need. Instead of blowing out costs, this has instead increased the number of women who have been supported by the program.
- The program encourages collaboration and over-servicing was non-existent. Abandoning the original idea of packages in favour of centralised administration of brokerage requests over $100 has been a key element in the success of the program, allowing it to significantly exceed targets.
- Development of new services increased program reach and supported the philosophy of tailoring services to individual needs. The program was individually focused rather than service focused.
- Because the program assists women and their children, it fulfils other goals of the homelessness action plan, including prevention of homelessness in children and longer term consequences from family breakup and childhood homelessness.

2. Are there any regional differences in implementation and data?

This research questions examines the potential for this program to be disseminated into new markets or populations. Regional differences were apparent, which can be explained by a variety of contextual factors: some demographic; some about regional capacity. This is discussed in more detail in the sections “Program Statistics” and “The Program in Detail”. It can be reported that:

- The same solutions can be applied regardless of the population, showing the robustness of the delivery methods.
• While it may take longer in some regions for the program to become fully operational, the program can be successfully transferred if it is run as intended (has high fidelity), with the support of a Program Coordinator to provide outside assistance (troubleshooting) and capacity development.

• Because this program was delivered simultaneously across five different regions, 12 local government areas, the program has been well tested in different markets and we have identified the key success factors and also what works to overcome barriers. This includes:
  o Time is required to establish Coordination Groups and for them to become effective; to identify and develop solutions to regional blockages; to build up expertise where it differs to usual Business as Usual work; to build a client base.
  o The Coordination Officer is key to establishing regional coordination groups and solving blockages.
  o Capacity building will differ by region and it cannot be underestimated how important addressing this issue is to ensuring all regions operate consistently.
  o Cooperation and building relationships with Government is necessary for effective troubleshooting.

3. Is the coordination of support services likely to continue following the end of the program?

It is highly unlikely that the Regional Coordination Groups will continue without this program. There is a high level of cost involved in collaboration and participation needs to compensate for these costs.

• Participation in the Regional Coordination Groups has, in large part, been due to the ongoing support of a Program Coordination Officer. However, Regional Coordination Groups would not have achieved without financial support to pay for support hours and brokerage for clients. This is discussed in more detail in the section titled “The Program in Detail”.

• The network of refuges from the NSW Women’s Refuge Movement, which was the original basis for the Regional Coordination Groups, will continue to meet, but that is because they derive particular benefits from belonging to this association.

• Non-affiliated refuges, and non-refuges which cannot join this network, need to be given a reason to overcome the significant efforts required for coordination. The research showed that Brokerage was a large incentive to join the Regional Coordination Groups, both for clients and to pay for client support hours.

4. What is the need for this program and how well has it reached the target population?

This program massively exceeded the set targets, and had a good reach into the target population.

• To participate in the program the women have to go through a rigorous assessment phase, so we can be sure that the program is reaching the correct target population.

• The targets for this program were 30 women per year. In two years this program has assisted 282 women, which is almost five times as many as targeted.

• Additionally, the program has assisted 377 children, taking the number assisted to 659, which is 13.4 times more than the program goal.

• This demonstrates that the methods of delivery have worked to avoid over servicing and reach much larger numbers of women than originally intended.

• It is good that the program has reached a much higher proportion of the target population, because an analysis of the size of women affected by domestic violence, and therefore the size of the population that at some stage in their life will be at risk of homelessness because of domestic violence, ranges from 2 per cent of the population, to 40 per cent of the population. These figures are widely regarded as under representative (see the section titled “Target Audience”).

• Using these statistics, a rough calculation of the potential size of the women in greater western Sydney who will at some stage in their life experience domestic violence, was calculated. The potential population in Greater Western Sydney ranges from 14,113 to 282,268. Based on this, it is likely that the DVS WSS program and the services sector in the region, is significantly underfunded and the program should be extended to reach more women before they become homeless.
• The program developed innovative ways of overcoming obstacles to reach greater numbers of the target group, which is discussed in the section “the Program in Detail”, and includes:
  o Introducing Supported Referral to provide additional support to women who did not want to have ongoing case management, leaving the door open for a group to get assistance if their circumstances changed;
  o Hiring dedicated Case Management workers in regions that were finding it difficult to provide these additional services for clients because of capacity issues and conflict with core business;
  o Running Group programs also allowed the program to be extended even further by sharing spare places in courses with other women experiencing domestic violence, even if they had not yet left the perpetrator. This last activity, while not a specific goal of the program, meets a recommendation of the NSW Auditor General, who called for more primary and secondary domestic violence intervention without significant redirection of funds from tertiary domestic violence support.

5. If this program was to be more widely disseminated, what is necessary for its successful delivery?

The program is ready to be disseminated into new areas. Key success factors are known and discussed in fine detail in the section “the Program in Detail”.
• This program, now it has a logic model and documentation, is in a very good position to be disseminated to new areas and new populations.
• The key activities required are an active Program Coordinator, with a Program Coordination office, Brokerage, and time to allow both the program to start working, but also time to implement fixes in regions that have more difficulties, as these will be contextual and the solution in one region may not work in another.

Other key success factors include:
• The ability to train and build capacity, especially in introducing client centred and not service centred assistance is also key to this programs success.
• Support from the relevant Housing NSW office is also a key element, to as their ongoing participation in regional coordination meetings and quick approvals are significant factors in program uptake and breaking down barriers between services and government.
• Availability of rental stock, both private and social housing.
• Sufficient time for the program to be established, momentum to set in and barriers to be overcome.

Progress towards implementing the Program Logic Model

The program has met all the short term and many of the medium term goals described in the logic model.

Short Term Impacts
The program has met all short term impacts predicted by the logic model. The two main strategies of the program, Service Coordination and the Wrap-Around Service are discussed below:

• The Service Coordination functions for the program have been effectively established to meet the short term goals, for example:
  o Administrative functions have been established, which have;
    • lead to an improvement in data collection and reporting; and
    • governance controls for brokerage has effectively managed brokerage budget.
  o Coordination groups have been established and regular meetings held;
    • which has strengthened relationships and information sharing between services;
    • achieved priority based support allocation; and
    • achieved easy transfer of clients across network members and even between regions.
  o The coordination officer has provided leadership to network; and
    • improved the ability to address systematic barriers to service delivery.
Wrap Around Services have been provided for clients, which have met short term goals, for example:
- All clients have strength based case management contracts to address immediate and longer term needs. These provide clients with access to a wider range of services and brokerage.
- Clients have been supported by brokerage funds to pay for products/services necessary to help maintain tenancies. Brokerage is individual and need based auditible.
- Group programs have been developed to meet identified needs within the community; and programs that have been working in one region have been effectively replicated in other regions to avoid duplication of existing programs.
- While all the short term goals have been achieved, some areas that could be stronger including information sharing. The majority of information sharing between services occurs during meetings. Between meetings most services communicate regularly with the Program Coordinator, but not as often with other services. This demonstrates the necessity of a Program Coordinator to manage this program and the need for time for collaborations to develop. The strong hub focus of the program is not unexpected given the age of the program, and given time this is expected to improve as inter-service relationships continue to strengthen.

Medium Term Impacts
The program has also met many of the median term impacts predicted by the logic model, however, the evaluation did not evaluate all the potential medium term impacts, for example, client outcomes were not evaluated.

Many of the predicted medium term impacts of Service Coordination have been achieved, for example:
- There are more Services involved in delivering this program than when the program began and new Services join regularly. This has resulted in improvement in relationships between Services and between Services and Government. To use a quote from the focus groups, “my relationship was ‘Us and Them’ (Services Vs Housing), it’s completely changed since this program. Hopefully Housing can take back a better understanding of what the blockages are.”
- Services have reported increased awareness of the programs and capacity of other services in the region, and use the regional coordination groups to publicise their upcoming programs. Other benefits from increased coordination include greater understanding of successful strategies used in one region being adopted in other Services and increased awareness of Government program and policy changes. Both the Regional Coordination Groups meetings and the Coordination Officer also provide sounding boards to discuss client strategies both in general and about particular clients.
- The Coordination Officer provides considerable professional advice, referral, mentoring and debriefing for not only all services participating but many other services in and outside the geographic area covered by the program. Opportunities for more joint professional development have been identified, however time is a barrier to delivery and it’s not funded.
- There is now a good understanding of gaps in the region, and the Coordination Officer has been fulfilling many of these in strategic ways. This has included providing professional development, mentoring and other capacity building activities; disseminating programs and strategies between regions; and troubleshooting intractable issues. This has taken the form of managing upwards, to inform Government of blockages and also using Brokerage to fund solutions.
- There is better data on the problems of homelessness and domestic violence. The program is regularly asked for information on progress and has collected statistics based on commonly asked questions. The coordination office spends considerable time in following up Services participating in the program to ensure all data and information is available to inform government decision making.
- Numerous strategies to overcome barriers have been identified and implemented, including partnerships with other non-support services to provide more inexpensive necessary services such as storage; and employing temporary staff from the Coordination Office to assist Service to meet both ongoing business as usual activities and their responsibilities to DVS WSS clients.
- The key to achieving program goals has been an active, entrepreneurial, Program Coordinator. This position has taken on more responsibilities than was originally intended and without this position, the level of coordination and Regional Coordination groups would quickly cease to exist.
• The scope of this research did not cover the outcomes for clients, as it was too early to really know even medium term client outcomes, however, we can report that the Wrap Around Service has:
  o Assisted clients to maintain tenancies and implement changes to maintain tenancy post program. Of 100 ex clients, the Coordination Office was able to contact 20 per cent. Of the clients that were contacted, 90 per cent were still in private rentals, with only one ex client meeting the definition of tertiary homelessness and three meeting the definition of housed homelessness, as they returned to their ex-partner.
  o All but one of the clients was satisfied with the service they received; half were in education or the workforce. A number of women were still in contact with their support services and others had built up support networks from their time in the program. This shows that the program has had some success in building self-efficacy, social participation and awareness of services. All of which are signs that women will have greater resilience in the face of crises, improved life skills, and self-esteem.

Program Recommendations

These are discussed in the section of the report called “The Program in Detail”. In general, the program is running very well and has developed innovative methods to improve the ability to reach the target population, encourage collaboration and manage budgets to exceed targets. The main recommendations recommend the key elements that contribute to the program’s success and how this can be replicated in future.

Recommendations: Activity 1.1 - The Coordination Officer

• For this program to work effectively, it requires a Coordination Office, which needs to include a highly motivated Coordination Officer and support staff, including Financial and Administrative staff.
• If this program is extended, or replicated in other areas, the role of Coordination Officer must be filled by someone experienced in domestic violence and equally skilled in relationship building and in entrepreneurship, to pursue and take up new partnership and program opportunities.
• The current FTE hours of support staff in the Coordination Office are insufficient. The Administrative Assistant hours should be increased to at least four days per week to free the Coordination Officer to fully inhabit the dimensions of the role.
• The role fills a number of natural gaps in the sector, including:
  o Mentoring, debriefing and providing education to Services on domestic violence. The role could be used to build sectoral capacity, for example, this position could facilitate the move toward minimum standards through mentoring and education of support workers.
  o Sharing programs to avoid reinvention. This person could play a greater role in primary and secondary domestic violence prevention as well as homelessness prevention. Better use of resources.
  o Consolidating and improving the quality of data on homelessness related to domestic violence from a large number of Services.

Recommendations: Activity 1.2 - Regional Coordination Groups

• Any future programs based on the DVS WSS program will require an external Program Coordinator. This position not only ensure that the network delivers basic levels of cooperation, but will enable the network to be used for other things, ie capacity building and implementing a quality assurance framework.
• Brokerage or another tangible benefit for clients is essential for participation in Regional Coordination Groups. Services require the benefit from collaboration to be client focused as opposed to political or professional.
• Increased levels of collaboration would increase the benefits to individual Services and could potentially improve the overall skill levels of the sector. It is recommended that an education program to raise awareness of the other benefits that can come from collaboration become a priority of the program.
The Government has a role to play in building collaboration. Increased service integration is a constant recommendation in government reports, as lack of coordination is blamed for excess costs and poor results, and people falling through the gaps. Market failure is a government business, and facilitating coordination rather than just calling for it is a government role. External funding and assistance will be required to build collaboration capacity. More research into optimal collaboration is necessary to set funding.

It takes time to build a network, and for the network once built to work effectively. Different areas will have different impediments that need to be addressed and different time requirements to achieve optimal collaboration.

Recommendations: Activity 2.1 – Case Management

- Case management is an essential component of the DVS WSS program. Future programs based on the DVS WSS program need to use strength based individually tailored behavioural contracting.
- Case management should be available for the life of the client’s package, and potentially be available for a short period of time following the end of a subsidy. (This recommendation has been superseded by the decision to increase the potential assistance time from one to two years.)
- If core business makes it difficult for services to provide dedicated case management time to clients, then it is recommended that dedicated staff be hired by the Program Coordinator from Brokerage funds, for medium term contracts to provide case management assistance from within services participating in Regional Coordination Groups.
- Updated case plans should be sent to the Coordination Office so that changes can be tracked.

Recommendations: Activity 2.2 - Brokerage

- Brokerage is an essential, very inexpensive activity that supports the core DVS WSS clients to change their lives and provides many flow on benefits including improved life outcomes for children, improved education and employment options for clients, and better life skills which improve individual self-reliance and thus limit recidivism.
- Updated case plans should be provided with brokerage requests, to enable better tracking of client progress as the client moves through different stages of recovery; and all brokerage requests should be filed with case plans.
- Brokerage is essential for participation of services in providing otherwise unfunded support services. Inducement for support hours, but also inducement for participation in regional coordination groups must be funded. Greater service integration will not be achieved without funding.
- Brokerage helps break down barriers between client and case worker, especially where there have been previously negative associations. Brokerage is a key component of client centred support. There is a need for client centred broad criteria brokerage.
- Brokerage is inexpensive, with most brokerage under 1500, however, this needs to be loose, as sometime much higher amounts are required and should be available.
- Brokerage services should be managed by an NGO rather than a Housing NSW, who is already stretched and who doesn’t have the case management expertise in-house. Also the loose criteria make it difficult for Housing to manage as they do not have sufficient DV expertise or understanding.

Recommendations: Activity 2.3 – Supported Referral

- Supported Referral needs to be followed up to ensure that the client’s needs remain the same and the situation has not deteriorated since initial engagement, to ensure that the client can receive any necessary support necessary to prevent the client returning to homelessness.
- If request for Supported Referral come from outside the Regional Coordination Groups or specialist DV services, then sufficient information must be available to explain why other brokerage has not been used and to link the client’s needs to DV and ongoing follow up.
• Supported referral must remain at the lower levels of financial assistance to be consistent with low need clients and to differentiate this from full service support.

Recommendations: Activity 2.4 – Group Programs

• It’s recommend that each of these group programs have a logic model developed with instructions for delivery so they can be evaluated and disseminated more widely if they are shown to have the intended effects. Successful programs should be replicated rather than reinventing the programs that already exist and missing out on incremental improvements from long term delivery in different environments.
• Existing programs are tailored to the specific needs of women escaping domestic violence and if proven to be effective in one region, they should be trialled in another region to ensure programs proven successful are used.
• Programs be opened up to women experiencing DV even if they have not yet left a DV relationship. This will be formal recognition that women go through many stages before they are ready to leave DV situations and may not ever leave. By making the programs available, support can be provided for all circumstances.
• Where possible, private sector partners should be found to sponsor the development and delivery of the programs, particularly where they have specific relevant skills that can add to the quality of the program.

Policy – How does the program fit into the current policy environment?


In the current changing policy environment, national and state government reports into homelessness and domestic violence are consistent in calling for a number of changes to social service delivery which the DVS WSS program exemplifies. DVS WSS has proven success in delivering:
• a move away from crisis driven support services to long term prevention strategies;
• increased flexibility and greater individually tailoring of services;
• more collaboration between service providers; increased focus on building community networks and long term skills for clients;
• capacity building and improved consistency between service providers; and
• greater use of evaluation to replicate successful programs, rather than constant reinvention of new programs.

In addition to these best practice methods, DVS WSS has consistently exceeded delivery targets and represents a program with the potential:
• for replication into new areas and new target populations;
• to build industry capacity development and introduce national quality standards simultaneously across 12 local government areas;
• to facilitate greater use of existing successful programs by using the existing infrastructure supporting the network of services as a test bed to trial programs and avoid costly reinvention;
• to use the information in this evaluation report, which provides details about how the program is delivered, to inform future tender processes (use logic models and prescribe processes nominated as key to the delivery of this program).

The policy goals this program is meeting include:
• **Breaking the Cycle:** The program is breaking the cycle of homelessness and poverty, not just for women, but also for accompanying children.
  - Long term support (recently increased from one year to two years) provides women with an opportunity to meet long term needs, including assistance to improve skills and enter the workforce. Education and training is in the top three brokerage categories for spending and half of women who were contacted after leaving were in education or had returned to the workforce. The recent increase in support from one to two years increasing the window of opportunity to take up this option and also provide ongoing assistance through the cycle of recovery.
  - By helping accompanying children stay with their families and avoid homelessness, this program breaks the cycle of homelessness. One third of homeless adults had their first homeless experience before the age of 15; and family conflict is the most common reason for homelessness. There are significant costs to second generation homelessness that this program prevents.
  - This program has been successful in shifting support from crisis to long term support and can demonstrate some success in breaking the cycle of homelessness in women who have exited the program. Evidence includes women 1) keeping in touch with support services after leaving assistance; 2) greater knowledge of where to get help in future; and 3) increased community connections and support networks that have built skills that can assist the individuals post crisis.

• **Prevention through Early Intervention:** The program is an example of early intervention and prevention in homelessness that provides both crisis and longer term support for women and their children.
  - Because women can access the program from numerous entry points, they can start receiving assistance as soon as possible after crisis. The relationships that have developed between the Services and the Program Coordinator results in a quick referral process with minimal red tape, and a philosophy of minimising disruption.
  - Women can stay with their initial support provider, rather than needing to be transferred to a support provider who is a member of DVS WSS; women can move seamlessly between regions, which was not possible before; and often phone calls is all that is required to start the approvals process, which avoids disruption in the essential crisis period.
  - One of the problems to be addressed is that support cannot start until the women are housed. This needs to change if women are eligible for Start Safely, they should be able to start with support services immediately and not wait until they are housed. This may in fact reduce the length of time women need additional support for and result in quicker access to housing; and help keep families together.

• **More tertiary and secondary domestic violence intervention:** There is a need to use existing expertise to deliver more secondary and tertiary intervention without shifting too much money from primary interventions. DVS WSS has proven that in some cases, this can be done simultaneously, cost effectively and in partnership.
  - By focusing on community participation and group programs, the DVS has demonstrated that it can successfully provide core primary domestic violence support whilst also supporting tertiary and secondary domestic violence situations without affecting program delivery costs.
  - This program represents a shift away from SHS and refuges only providing accommodation and crisis services. Today refuges are supporting sanctuary programs, like Staying Home Leaving Violence, providing outreach with DV Court Support, group programs and other services for non-residential clients.
  - SHS refuges are in a prime position to start delivering more tertiary and secondary interventions alongside their core functions, however, they require funding to do so effectively. This was demonstrated by the need to hire dedicated case management staff to facilitate core business not impacting on DVS case work. Using the specialist skills in refuges to deliver programs such as DVS WSS would be a sensible and cost effective option.

• **People not programs – Individualised focus:** The need for an individualised approach and flexibility is a new aim of Government. DVS WSS delivers this in a number of ways:
  - Women at risk of homelessness from domestic violence have very different needs to “rough sleepers”, and the primary homeless population, particularly when they have been long term homeless and normalised the situation.
However, like this population, programs work more effectively where people are treated with respect and as individuals with specific needs.

- Service delivery is client focussed rather than service focussed. This is demonstrated by the uniquely individualised brokerage service, which has been used for a wide range of services and products that are usually not available from brokerage.
- Clients can choose their service provider. They can decide to stay with original service providers even if they are not members of the DVS WSS network, and clients can still access brokerage if they choose to opt out of ongoing support (through Supported Referral).
- The individual brokerage focus has been very cost effective. Because brokerage funds are not allocated to specific services but are centralised and spent based on client need, there is less over servicing and more clients can be assisted. The flexibility of brokerage helps break down barriers between service providers and clients who are not trying to be fitted into defined boxes and are being listened to and assisted with what they need, not what external bodies decide they need.
- This has been communicated to Government in quarterly reporting and the recent increase in the term of support for Start Safely from one to two years demonstrates that at least at the policy level there is better awareness of domestic violence in Government.

- **Greater and more effective coordination and cooperation:** “no single agency is responsible”. The Homelessness Action Plan is the latest in a number of Government policies that have called for greater and more effective coordination and cooperation across services.

  - Between Government agencies
    - The evaluation of this program showed that there is still room for improvement in collaboration between Government agencies. The two agencies responsible, Community Services and Housing NSW initially had different targets for the program. Housing NSW believed that the program would assist 30 women over 3 years; Community Services believed that the program would assist 30 women per year. This affected delivery as availability of social housing and approval of Start Safely clients was dependent upon Housing NSW. This level of coordination between Government departments is an ongoing issue that needs to be addressed. It is important that cooperation is encouraged and rewarded by staff, and not just called for in policy documents.

  - Between NGO/ Services
    - The Coordination Officer and Brokerage were two essential elements for participation in this program for most services. Without the coordination officer, much of the program collaboration would have been non-existent.
    - It will take time and resources to develop effective collaborations. Participation in Regional Coordination Groups is inconsistent, and there are many opportunities to enhance collaboration that are being missed because of lack of resources and time.
    - This demonstrates the need to better understand what is required for optimal coordination and cooperation between services. What skills are required for this, if the skills exist and to what extent and what other barriers to coordination exist and how can they be overcome.

  - Between Government and NGO/ Services
    - This has been improved overall across the geographic area and even more in regions where Government officials attend the Regional Coordination Groups. There has been success in informing Government of blockages and joint solutions have been implemented.
    - There are more tools to facilitate collaboration and information sharing, however, there is a difference between tools to facilitate coordination and cooperation and using these effectively. Workforce acceptance of change is an essential element for interventions and databases to be used effectively. Analysis of how databases are used to assist clients, and not just what information is put in databases, is necessary so that barriers to effective use can be addressed.
• **Capacity Building:** This program has been proven to be filling a gap in the services sector, educating non DV specialist services and Government about domestic violence; providing mentoring, debriefing and skill development to specialist homelessness services; and sharing expertise and resources between regions. There are a number of issues that this program can continue to address:
  o There is a lack of knowledge about domestic violence. There is an ongoing need to educate homelessness services about the needs of women escaping domestic violence, which are different to their usual client base.
  o Even with specialist domestic violence services, there is a skill differential between regions and between services that needs to be addressed. Reasons are often contextual, and may be because of the parent organisation, geographic isolation or staffing issues.
  o There is a need for homelessness services to partner with specialist services to address relationship violence itself as prevention and treatment for women escaping domestic violence requires different skills to suit the different needs of this population.
  o The refuge sector is at a prime position to adopt a greater role in tertiary and secondary prevention alongside their primary intervention functions. They can utilize their specialised knowledge of DV and work building on their existing services if funded appropriately. This could also provide longer term assistance to women before they leave and after they have left their time at the refuge.
  o By improving capacity there will be an overall quality improvement in service provision regardless of which service provides it. This is essential if the Government is going to outsource support to third party service providers. The existence of the DVS WSS network is an opportunity that should not be missed. It can be used to implement and trial a national quality framework for homelessness service/domestic violence; better performance inform; this model could also be used to streamline procurement arrangements, already done with shared programs, and joint use partnerships like storage.

• **Filling the gap:** In addition to gaps in capacity, the size of domestic violence is much bigger than is currently being funded. While the real size of the at-risk population is unknown, we do know that the amount of funding is inadequate to reach the potential number of women who need this service. The rough calculation of how many women in their lifetimes will experience domestic violence show that even though the program has significantly exceeded targets, it could not support the many women on the current funding.
  o The official estimates of the size of the population effected by domestic violence at some stage in their life ranges between 2 and 40 per cent. Greater efforts need to be made to prevent domestic violence, as it is the single biggest cause of homelessness in women and children and 30 per cent of homeless adults had their first experience of homelessness before the age of 15. To effectively prevent homelessness, more work needs to be done to prevent domestic violence.
  o DVS WSS has the potential to address the needs of women at all stages of domestic violence and not just once they have left a perpetrator without significantly shifting funds from primary assistance. They can do this by making room in group programs for other at risk women to participate.

Note: For consistency, this report has used the terms Primary, Secondary and Tertiary intervention in the same order that is used for the definition of homelessness. This is the reverse of what is usual to describe public health interventions. Primary usually refers to very early stage prevention and tertiary to dealing with a full blown illness, or in the case of domestic violence, full blown domestic violence situation. For consistency, this has been reversed to match the definitions of homelessness used in the Homelessness Action Plan.
  o There are a number of small programs being run in individual services. There needs to be more evaluation of these, and widespread dissemination of successful programs to avoid reinvention and also prevent using non-effective programs.

• **Harness community capacity:** The recently released NSW policy on SHS has called for increased harnessing of community capacity. This is a central element of the DVS WSS program, entwined with building personal capacity and building new social support networks for clients; and in building capacity of services to deliver the program.
• **Improvement in data collection and benchmarking:** This program has had great data collection, but that is because of a dedicated coordination office that has chased up all the different members of the service group. However, the reports are very difficult to fill in and very repetitive. More work needs to be done on the reporting to make it easier.

• **Better description of program components:** The AHURI evidence review commissioned to inform the HAP priorities discussed the gap in evidence on program components.
  o This evaluation answered the call for a better description of program components and differences between planned and delivered services, by undertaking by formative and process evaluation and developing a logic model to describe the program.
  o All future programs funded by Government should have a logic model that allows quicker evaluation. Money should not be provided without clear justifiable intervention logic.

**Policy Recommendations**

There are six policy recommendations stemming from this evaluation:

1. **Continue funding the program for another three years.**
   o The program should be continued for an additional three years. The program has met short and medium term outcomes and exceeded targets by a significant amount. More time should be given to allow regional differences to be solved; and to identify the real numbers of clients that can be assisted by the program based on current funding.
   o The exponential growth in client numbers between the first and second year is unlikely to continue, and demonstrates that establishment time is needed to allow the program to be fully implemented. The costs of establishment should not be wasted until client outcomes can be evaluated and more is known about differences in establishment time between different regions.
   o Time is required for programs to establish and expertise to be built up. It is therefore very important that enough time is provided before a program is evaluated and if initial outcomes show promise that programs be given additional time to consolidate before premature evaluation.

2. **Extend the program to other areas and conduct a process evaluation after two years.**
   o Similar results should be expected in other geographies and populations if the same methods are employed, specifically the appointment of an active Project Coordinator to support collaboration, strength based case management and individually tailored brokerage.
   o The program has been tested in 5 regions, consisting of 12 local government areas and it is ready for wider dissemination. While some regions that have been slow to grow in terms of client numbers, with trouble shooting and capacity development activities of the Program Coordinator can be effectively used to overcome contextual issues if given time. Similar methods will enable the program to be adjusted to any regional differences.

3. **Consider extending a version of this program to support victims of domestic violence who are in social housing in regions where Start Safely is not available because of the cost of private rental.**
   o Start Safely cannot be offered in all regions because of the cost of private rental, however, clients in social housing can benefit greatly from participation in this program.
   o Extending a version of DVS for Social Housing clients escaping domestic violence will supplement other Housing First initiatives, but for a different population to primary homeless men: women escaping domestic violence.

4. **Identify the optimal level of collaboration necessary for this project and the essential inducements to achieve this.**
   o The DVS WSS regional coordination groups are an example of a successful partnership between government and NGO sector; that engages many different services to deliver a consistent program and reduce the gap between need and service from quick referrals between services.
However there are significant costs to achieve collaboration. To understand the optimal level of collaboration necessary, and what is required to achieve this, more research is necessary to achieve the policy goals of better service collaboration.

This knowledge will help overcome regional differences in collaboration and service integration, and to understand what level this affects client outcomes.

5. Use the DVS WSS program to improve expertise and consistency in service delivery to clients and introduce a National Quality Framework.
   - The network of Regional Coordination Groups is already established, and could be used as testing ground to develop industry capacity and other extensions to the program.
   - Maintain the network and use it to test what is required for collaborations to be effective; use it to trial new programs as a testing ground; use it for capacity development and national quality framework training/implementation.

6. Continue individually tailored brokerage with a centralised governance framework.
   - Brokerage should be continued as a core part of this program, fills a gap in flexible delivery not accommodation based. Brokerage services should be managed by an NGO rather than a Housing NSW, who is already stretched and who doesn’t have the case management expertise in-house. Also the loose criteria required for individualised brokerage make it difficult for a Government department to manage as they do not have sufficient DV expertise or understanding in-house.
   - Meets future directions for specialist homelessness services as discussed in (what’s the policy called? SHS?). Individualised support, innovative programs.

Next Steps

This program has been extended until the end of June 2013, three months beyond the original three year period and six months beyond the original end date. Without funding the program will cease and decisions need to be taken earlier rather than later to avoid staff turnover and the loss of expertise, which will disrupt program delivery. This report demonstrates the important role that start-up time has in program delivery. It is strongly recommended that the Government makes an early decision on if the program will continue, as wait to make the decision as it will affect future delivery through loss of experienced staff and disintegration of regional networks.

Future evaluations of the DVS WSS program should focus on identifying the stage of collaboration that has been reached in the DVSWSS program, how it was reached, what factors enabled the collaboration to occur, and the impediments to collaboration. This is necessary to better understand the level of service integration necessary for effective program delivery and how to achieve this and what time frames are essential. It woulda also be useful to know if there is a correlation between program delivery and network development. This knowledge will provide valuable information to:

- Determine what is the minimum stage of collaboration necessary for similar programs;
- Know what is required to develop and maintain an effective collaboration;
- Therefore enabling the program to be replicated to new areas (if it is shown to be effective, the actual recipe for success must be described so it can be replicated); and finally
- Future practice can be improved, as criteria essential for effective collaboration can be embedded in future program specifications.

Start Safely has just been extended to two years, this will have an impact on this program. It may have an effect on the number of new clients that can be accepted and supported. Potential changes to the program are likely to be necessary to cater to this change, but is beyond the scope of this report.

“Do you have any idea when you will hear about any possible extension of your funding. Is there any feedback on the consultation as I really can’t see us surviving with you guys?” Housing NSW worker.
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