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ORGANISATION FOR WOMEN'S SAFETY

*to Reduce Violence against Women & their Children*

# Horizons

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Meta-evaluation of existing interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women: *Final report*



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### **Acknowledgement of Country**

ANROWS acknowledges the traditional owners of the land across Australia on which we work and live. We pay our respects to Aboriginal and Torres Strait Islander elders past, present and future; and we value Aboriginal and Torres Strait Islander history, culture and knowledge.

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## **Meta-evaluation of existing interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women: *Final report.***

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**This report addresses work covered in ANROWS research project 4.2 "Meta-evaluation of existing interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women". Please consult the ANROWS website for more information on this project. In addition to this paper, an ANROWS Compass is also available as part of this project.**

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# Executive summary

This research project provides a meta-evaluation of existing interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women. The project was undertaken in two phases. Phase one involved the preparation of a state of knowledge paper which presents a preliminary overview of the published literature on the partnerships, collaborations and integrated interventions in relation to domestic and family violence and sexual assault in the international and Australian context. In phase two, the authors undertook a meta-evaluation of Australian integrated responses.

This report builds on the findings of the State of knowledge paper previously published by ANROWS with the results of the meta-evaluation. It concludes with recommendations for future evaluations of integrated responses, as well as key considerations for integrated responses in terms of core elements, contexts and circumstances.

## Phase one: State of knowledge paper

Women affected by domestic, family and sexual violence have diverse and complex needs, frequently requiring multiple interventions provided by a range of community-based services. Government and professional recognition of the complexity of these women's needs has acted as a catalyst for integrated responses and all Australian jurisdictions are developing or have developed some type of integrated response to violence against women.

A comprehensive review of the available knowledge about the types of integrated responses, and an accompanying jurisdictional and international mapping, has identified some common benefits, including:

- a broader range of services that are offered beyond the initial crisis period;
- improvement of the professional knowledge base and service-provider relationships;
- facilitation of responsive and prompt decision-making;
- increased cross-program or agency collaboration on case management; and
- provision of multiple entry points for clients to access support.

The review and mapping also revealed some significant implementation challenges with integrated responses, including:

- power imbalances between agencies;
- lack of common ground between perspectives and disciplines;
- individual (client) perceptions of cross-agency control;
- communication problems between and across services are a cause of frustration for clients and staff (these vary by jurisdiction/geographical area and include issues such as information sharing concerns);
- unsustainability due to resource limitations; and
- loss of specialisation and tailored responses.

Overall, the anecdotal and empirically-derived potential benefits of integration appear on face value to outweigh the challenges; however, the evidence base on the effectiveness of integration is limited and therefore restricts definitive conclusions to be drawn. The meta-evaluation herein provides a valuable dataset and examination of the evidence, contributing significantly towards the goal of understanding what works well and how best to evaluate it.

## Phase two: Meta-evaluation

Forty-eight (48) evaluations met the inclusion criteria for the current meta-evaluation, relating to 33 programs or initiatives. Detailed summaries of these evaluations have been included in the appendices for stakeholders interested in individual evaluations, whereas the main body of this report focuses on the aggregated findings.

In relation to the key identifiable program elements of current Australian integrated responses, the authors found that these responses are diverse, and represent a range of service models, partnership models, and intervention points. From a definitional perspective, the meta-evaluation showed that there is no shared cross-jurisdictional agreement of what constitutes integration. Because of this, it is difficult to make comparisons between responses, but it is possible to identify typical characteristics and goals from the evaluations reviewed:

- Each one of the responses makes use of an interagency model delivering case coordination, information sharing and/or multi-disciplinary service delivery. The interagency model may be a component of the response, or the entire response.
- Police services are participants in the majority of responses.
- Housing and accommodation support are components of approximately one third of the integrated responses.
- Multi-agency risk assessment and safety planning for victims of domestic and family violence are components of approximately one third of the integrated responses.
- Few integrated responses are focused on responses to sexual assault and of the three that target both sexual assault and domestic and family violence, two are primary prevention initiatives and do not include direct service delivery.
- Few integrated responses include behaviour change or similar programs for perpetrators.

Overall, the evaluations found promising indications for integrated approaches. The vast majority found that the interventions had changed ways of working for the agencies involved and increased collaboration, built professional respect and knowledge, and in many cases brought agencies closer to shared understandings of violence and risk. When client views were included, the evaluations found that clients valued the support they received. However, the majority of evaluations did not specify their client sampling strategy other than to note that their participants were genuine volunteers and/or were assessed by workers as being safe enough after leaving the violent relationship to participate in an evaluation process. As with all purposive samples, it is difficult to ascertain if and what bias may be present.

In relation to the quality of the evaluations, the majority of those included outlined their methodology clearly and linked their research design to the research questions. Although the analytic methods used were not always described in detail, most evaluations did not make claims beyond what the data or their methodology allowed. The majority also utilised a mixed-methods design, incorporating both qualitative and quantitative measures.

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

## Conclusions

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

1. The term integration is often applied loosely to describe networks or partnerships of a variety of types.
2. Where services or models have been specifically formulated and designed with the framework of integration as the centerpiece, evaluation commonly has focused on the success or otherwise of one or more of its program components, rather than on the effectiveness of integration itself.
3. Integrated services that respond to sexual assault and intimate partner violence are often diverse in scope and lack uniformity in structure, commonly developing organically to target specific populations within specific contexts.
4. Absence of universal characteristics or evaluation features necessarily renders the development of potential evaluation models difficult, if not impractical.

To improve the evidence base on integrated responses to domestic and family violence and sexual assault, a number of technical, conceptual and resourcing challenges need to be overcome, and we outline ways of doing this. Evaluations that assess the impact of integrated responses need to be:

- theory-driven, demonstrating an understanding of the foundations of both gendered violence and able to incorporate evidence from the literature on best practice in the provision of integrated responses;

- end-to-end, incorporating the program rationale, design, and implementation;
- measurement-focused, incorporating defined criteria which are driven by both research evidence and stakeholder input; and
- comprehensive, including process, output, and outcome indicators.

Policy-makers should consider a range of methodological approaches and apply a mixed-methods approach that will facilitate the capacity to empirically measure the domains and in addition synthesise this evaluation data with qualitative evaluation data.

The nascent state of evaluations of integrated responses in Australia is a reflection of the relative newness and scale of the field. As is the case with many human service programs in Australia, resources for evaluations have been scarce, limiting the available evidence. The evaluations indicate promising signs of improved service delivery which is valued by practitioners and clients. To build an evidence base on effective integration, different approaches to evaluation than those currently used are needed.

# Introduction

## Meta-evaluation aims and scope

Meta-evaluation is “the process of delineating, obtaining, and applying descriptive information and judgmental information - about the utility, feasibility, propriety, and accuracy of an evaluation and its systematic nature, competent conduct, integrity/honesty, respectfulness, and social responsibility – to guide the evaluation and/or report its strengths and weaknesses” (Stufflebeam, 1978, p. 22; Stufflebeam, 2010, p. 85). Put simply, a meta-evaluation is a systematic assessment or over-arching evaluation of identified program evaluations, evaluation systems or specific evaluation tools in a clearly defined area of intervention – in this case, integrated responses to domestic and family violence and sexual assault (Olsen & O’Reilly, 2011, p. 2).

Scriven (2009) suggests that a meta-evaluation is primarily implemented for two reasons: to consider the rigour of ongoing evaluations (formative meta-evaluation) or to report on the quality, or strengths and weaknesses of evaluations already undertaken (summative meta-evaluation). This meta-evaluation of integrated responses is an example of the latter. From a practice perspective, meta-evaluations can be used to ensure that the evidence produced by the evaluations under review is sufficiently credible for consideration when planning program improvements, as well as to enhance the quality of future evaluations (Fitzpatrick et al., 2004). In addition, the current meta-evaluation has reviewed and analysed the data to identify key program elements, policy contexts and learnings from the implementation of integrated responses to domestic and family violence and sexual assault in all Australian jurisdictions.

It is important to note that although all jurisdictions now fund a range of integrated response strategies and programs, not all initiatives are included in this meta-evaluation. Evaluations may not have been conducted on more recent integrated responses or may be under embargo at the time of writing. Rationale for Australian integrated response evaluations that were identified for this project, the rationale for their inclusion or exclusion can be found later in this report.

## Meta-evaluation structure

This report is structured as follows:

- the methodology implemented for this meta-evaluation;
- synthesis of the findings related to key elements and implementation of integrated responses in Australian jurisdictions;
- synthesis of the findings related to the quality and limitations of evidence; and
- conclusions and recommendations for future integrated response evaluations and reviews.

# Methodology

## Meta-evaluation strategy

The current meta-evaluation implements a synthesis meta-evaluation approach. Synthesis meta-evaluation is a formal method to draw different forms of evaluation together on a specific topic to undertake an analysis (Olsen & O'Reilly, 2011, p. 5; see also Lomas, 2005; Patton, 2008). Samples are from evaluation articles, reports and information garnered directly from key stakeholders. Sampling for the synthesis evaluation was deliberative and included all reports available within broad inclusion criteria.

The purpose of a systematic process for a synthesis meta-evaluation of data from diverse methodological foundations is to give confidence to policy-makers and service providers to act on its findings. If sufficient data from high quality experimental studies had emerged from the systematic search strategy (such as randomised controlled trials and naturalistic longitudinal outcome designs) the authors would have conducted a statistically rigorous quantitative assessment of those studies following international meta-analytic guidelines (see Manchikanti et al., 2008; Scriven, 2012; Trochim et al., 2013). There were, however, few systematic quantitative evaluations identified. Moreover, high quality experimental studies were not located in the literature search, or through the survey sent to key stakeholders and subsequent interviews with additional key informants.

Comparing evaluations of programs and strategies can be complicated as there is no single or agreed analytic framework for synthesising different forms of evidence (Ring et al., 2011). Difficulties often emerge when attempting to compare evaluations in areas such as domestic and family violence and sexual assault as they frequently rely on different combinations of qualitative methods, monitoring data and only sometimes, outcome measures. In addition, even when responses may appear to be similar, variations in legislation, policy, eligibility criteria and the intervention content can mean they are not easily or directly comparable.

Thematic synthesis of integrated response data required analysis at different levels – first, an analysis of individual evaluations; then a further analysis of evaluations at the jurisdictional level; and finally, a synthesis across jurisdictions at the meta-evaluation level. These multiple layers of analysis ensured that key program elements and learnings of the integrated responses meta-evaluation are reflective of individual as well as shared evaluation findings. This strategy also allows the meta-evaluation to become “a live document and continue to evolve” (ALNAP Review of Humanitarian Action, 2003, p. 135).

## Meta-evaluation questions

The method described herein provides a systematic synthesis meta-evaluation of the published, grey and unpublished literature of evaluations of integrated responses (formal partnerships and collaborations) to address domestic and family violence and/or sexual assault against women.

The method is designed to respond to five key research questions as proposed by the authors in the project application (Breckenridge, valentine, & Rees, 2014):

1. What are the key identifiable program elements of all current Australian interagency partnerships, collaborations, coordinations and/or integrated interventions and service responses to violence against women?
2. Which program components, according to identified criteria for assessment (increase safety, improve outcomes for women and their children, and reduction in recidivism) have been shown to be effective in enhancing women's safety and wellbeing?
3. What are the relevant policy and legislative contexts, and what evidence exists identifying the effectiveness of these for the implementation of interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women?
4. How robust are the current evaluations of existing Australian interagency partnerships, collaborations, coordinations and/or integrated interventions and service responses to violence against women – can and do their findings demonstrate effectiveness of these programs?
5. What is the empirical evidence showing similarities and differences in the measurable effectiveness of current Australian interagency partnerships, collaboration, coordination and/or integrated interventions and service responses for sexual assault, domestic violence and family violence separately or within the one response?

## Sampling frame

### Defining an evaluation

The authors define evaluation as “the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future program development” (Patton, 2008, p. 39).

The meta-evaluation included evaluations from all levels:

- national/state level (for example, policy frameworks, legislation, and whole-of-government strategies);
- sector level; and
- agency/service/program level.

### Defining an integrated response

Although the aim was to apply broad criteria for inclusion, exclusion rules were also developed to ensure that evaluations were of an integrated response and not simply a review of an interagency forum or informal network of local services; and, that the focus of the response was specifically domestic and family violence and/or sexual assault.

The criteria for an integrated response were identified in consultation with ANROWS and the Advisory Group for this project.

Integrated responses must meet all of the following criteria:

- two or more agencies/services;
- a developed service response that has previously been offered, or is currently offered;
- clear coordination protocols for integrated service provision;
- funded to respond holistically to women currently experiencing domestic and family violence, or who have left a domestic and family violence situation, and/or who have experienced sexual assault (evaluations of primary prevention programs were also included where they were assessed as being part of or supporting an holistic response);
- programs with a formalised partnership or joint service agreement between agencies;
- programs with a formalised statement of shared principles/goals between agencies;
- could include "one-stop shops" for women and children who have experiences domestic and family violence or sexual assault; and
- case co-ordination/management initiatives.

Integrated responses to be excluded:

- stand-alone services which refer clients to other services;
- stand-alone services which collaborate informally with other services;
- stand-alone services which participate in regional or sector information sharing forums e.g. interagency groups;
- one-off events (e.g. conferences, professional development meetings);
- integrated services whose primary focus is not domestic and family violence or sexual assault (e.g. family support, housing or child protection services whose clients have experienced domestic and family violence); and
- programs which have not been evaluated.

## Data collection strategy

Ethics approval was secured for ANROWS Project 4.2 from UNSW Human Research Ethics Advisory (HREA) Panel B, Approval No. HC15029.

Data were sourced from publications, evaluation reports and a variety of stakeholder consultations.

Evaluations for possible inclusion in phase two of the meta-evaluation were initially identified by the following means:

- 17 programs were listed by ANROWS in the project outline (ANROWS, 2014, p. 28). Of these programs, 19 associated evaluations were subsequently identified by the authors via searches and key stakeholder engagement. Three of the 19 evaluations were excluded.
- Through the state of knowledge review which included an extensive search of databases and grey literature (total n = 37; of this number, five were included, 25 excluded, and seven were duplicates).
- Evaluations identified from the "Safe at Home" meta-evaluation (Breckenridge, Chung, Spinney, & Zufferey, 2015a; Breckenridge, J., Chung, D., Spinney, A., & Zufferey, C. (2016)) where the evaluation specified that the program was underpinned by an integrated response framework or where the evaluation specified a research question focused on integrated service provision (total n = 31; of this number, 14 were included, 13 were excluded, and 4 were duplicates).

These additional strategies were undertaken at the commencement of phase two:

- a second literature review was conducted subsequent to the completion of the state of knowledge paper focusing on integrated response evaluations to explicitly concentrate on identifying all possible evaluations for potential inclusion (total n = 46; of this number 13 were included, 15 were excluded, and four were duplicates); and
- an online survey was distributed to key jurisdictional stakeholders and interviews (n = 0) (see Appendix A).

## Literature review

### Database search terms

Search terms in four conceptual areas were identified as key to the project and combinations of the terms were entered. The evaluation search matrix is included in Appendix B.

Concept One – Interagency; Coordinated; Integrat\*; Multi agency;

Concept Two – Domestic violence; Family violence; Domestic and family violence; Intimate partner violence; Sexual assault;

Concept Three – Evaluat\*; Evidence; Outcome; Systematic review; Trial; and, Pilot.

Concept Four – Australia (if necessary).

### Databases searched

A thematic approach to identify the central, key and universal topics in the literature was applied.

**Informit** APAIS, APAFT, FAMILY: Australian Family and Society Abstracts Database, CINCH

**ProQuest** Applied Social Sciences Indexes and Abstracts (ASSIA), Educational Research Information Center (ERIC), International Bibliography of the Social Sciences: IBSS, National Criminal Justice Reference Service Abstracts: NCJRS, PAIS International, ProQuest Research Library, ProQuest Social Science Journals, Social Services Abstracts, Sociological Abstracts

**OVID** Social Work Abstracts, MEDLINE, PsycINFO

**EBSCO** Violence and Abuse Abstracts, Women's Studies International

**Web of Science**

**Scopus**

In addition, the following databases with grey literature were searched: Australian Clearinghouses; ANROWS, Australian Government databases; Google; Google Scholar; New York Academy of Medicine – Grey Literature Report; Open Grey – Grey Literature in Europe; PolicyFile; and The Cochrane Library.

Total number of evaluations located from the second literature search = 46.

In addition, key informant interviews (n = 9) were undertaken with domestic and family violence and sexual assault key informants. A survey was distributed on three occasions, with the research team contacting potential key informants via telephone to request their participation in an interview. Although not all jurisdictions were represented, interviews were conducted with key informants representing Government departments, peak bodies and specialist non-government organisations.

Interviews held a dual purpose: first, as a mechanism to confirm that all possible evaluations had been sourced – particularly those which may have been conducted “in-house”; second, to gain a more comprehensive understanding of how jurisdictional experts experienced the implementation of integrated responses in their own states and territories. The rich qualitative narrative contributed to addressing meta-evaluation questions 1-3 (as listed on page 7) – in particular, the discussion of program elements, program components and the policy contexts of integrated service provision.

It was also important to apply a diverse data collection strategy as a mechanism to locate the evaluations of programs and responses designed for different and often hidden sub-population groups (e.g. Aboriginal and Torres Strait Islander women, young people, culturally and linguistically diverse women, and women with a disability).

There were no further evaluations identified by key stakeholders in the surveys or interviews.

## Inclusion and exclusion criteria

### Inclusion criteria

- Evaluations conforming to the author’s definition of evaluation, including peer-reviewed evaluations.
- Available in the grey literature, and website materials.
- Articles published between 1999 and June 2015.

### Exclusion criteria

- Articles published prior to 1999.
- Articles not written in English.
- Partnerships, collaborations or integrated approaches where children rather than women are the priority target population.

## Included and excluded integrated response evaluations

List of included integrated response evaluations:

1. Anderson, J., Richards, K., Willis, K. (2013). *Evaluation of the ACT Sexual Assault Reform Program (SARP): Final Report*. Canberra: Australian Institute of Criminology (See Appendix C – ACT Evaluation 1).
2. Audit Office of New South Wales. (2011). *New South Wales Auditor-General's Report: Performance Audit - Responding to domestic and family violence*. Audit Office of New South Wales (See Appendix C – NSW Evaluation 1).
3. Breckenridge, J., Hamer, J., Newtown, B. J., & valentine, k. (2013). *NSW Homelessness Action Plan Extended Evaluation: Final evaluation report for long-term accommodation and support for women and children experiencing domestic and family violence*. Sydney: Centre for Gender Related Violence and Social Policy Research Centre, University of New South Wales (See Appendix C – NSW Evaluation 10).
4. Breckenridge, J., Walden, I., & Flax, G. (2014). *Staying home leaving violence evaluation: Final report*. GVRN. Sydney: UNSW (See Appendix C – NSW Evaluation 11)
5. Busby, K., Hastings, C., & Willis, M. (2003). *Evaluation Report: NSW Police Northern Region Domestic Violence Referral Project (DVRP)*. Sydney: Violence Against Women Specialist Unit, NSW Attorney-General's Department (See Appendix C – NSW Evaluation 7).
6. Cant, R., Meddin, B., & Penter, C. (2013). *National partnership agreement on homelessness: Evaluation of Western Australian programs final report*. Social Systems and Evaluation (See Appendix C – WA Evaluation 8).
7. Cussen, T., & Lyneham, M. (2012). *ACT Family Violence Intervention Program review*. Canberra: Australian Institute of Criminology (See Appendix C – ACT Evaluation 4).
8. Western Australia. Department for Child Protection and Family Support. (2013a). *Family and Domestic Violence Response Team - Evaluation Report: January - June 2013*. Perth, Western Australia (See Appendix C – WA Evaluation 4).
9. Western Australia. Department for Child Protection and Family Support. (2013b). *Family and Domestic Violence Response Team - Evaluation Report: July -December 2013*. Perth, Western Australia (See Appendix C – WA Evaluation 5).
10. Western Australia. Department for Child Protection and Family Support. (2014). *Family and Domestic Violence Response Team - Evaluation Report: January - June 2014*. Perth, Western Australia (See Appendix C – WA Evaluation 6).
11. Queensland. Department of Communities. (2012). *Initiative review: Domestic and family violence safety upgrades*. Brisbane, Australia (See Appendix C – QLD Evaluation 7).
12. South Australia. Department for Communities and Social Inclusion (2013). *Evaluation of South Australian homelessness reforms: Final report*. South Australia (See Appendix C – SA Evaluation 3).
13. Western Australia. Department of Families, Housing, Community Services and Indigenous Affairs. (2012). *East Kimberley Family Violence Hub and Outreach Service - Evaluation Summary Report*. Western Australia: Department of Families, Housing, Community Services and Indigenous Affairs (See Appendix C – WA Evaluation 3).
14. Safe House Project. (2004). *'From humble beginnings...' The Safe House project report: Sustainable service responses to family violence in remote Aboriginal and Torres Strait Islander communities in North Queensland*. Queensland: Department of Communities (See Appendix C – QLD Evaluation 6).
15. O'Connor, M., & Fisher, C. (2005). *An evaluation of Domestic Violence Advocacy Support (DVAS) Central: Outcomes achieved to date and the identification of challenges arisen during development and implementation - Final report*. Perth, Western Australia: Edith Cowan University (See Appendix C – WA Evaluation 2).
16. Finn, K., & Compton-Keen, A. (2014). *Domestic Violence Integrated Response Gold Coast: An Examination of Current Practice and Opportunities for Development*. Gold Coast, Queensland: Domestic Violence Prevention Centre Gold Coast Inc. and the Gold Coast Domestic Violence Integrated Response (See Appendix C – QLD Evaluation 5).
17. Frere, M., Ross, S., Healey, L., Humphreys, C., & Diemer, K. (2008). *Northern Crisis and Advocacy Response Service (CARS) Evaluation October 2008*. Parkville, Victoria: University of Melbourne (See Appendix C – VIC Evaluation 1).
18. Griffiths, A., Zmudzki, F. & valentine, k. (2014). *Evaluation of Start Safely private rental subsidy for FACS-Housing NSW: Final report*. Sydney, New South Wales: Social Policy Research Centre, University of New South Wales (See Appendix C – NSW Evaluation 12).
19. Holder, R., & Caruana, J. (2006). *Criminal justice intervention in family violence in the ACT: The Family Violence Intervention Program 1998-2006*. Canberra, ACT: Office of the Victims of Crime Coordinator (See Appendix C – ACT Evaluation 2).
20. Kaspiew, R., De Maio, J., Deblaquiere, J., & Horsfall, B. (2012). *Evaluation of a pilot of legally assisted and supported family dispute resolution in family violence cases: Final report*. Australian Institute of Family Studies (See Appendix C – NSW Evaluation 2; QLD Evaluation 1; TAS Evaluation 1; WA Evaluation 1).

21. Laing, L., & Toivonen, C. (2010). *Bridging the gap: Evaluation of the Domestic Violence and Mental Health Pilot Project*. Sydney, New South Wales: University of Sydney (See Appendix C – NSW Evaluation 5).
22. Laing, L., & Toivonen, C. (2012). *Evaluation of the Green Valley Liverpool Domestic Violence Service (GVLVDS): Walking with women on their journey away from violence*. Sydney, New South Wales: University of Sydney (See Appendix C – NSW Evaluation 3).
23. Lormer, L. (2004). *Evaluation of the Domestic Violence Proactive Support Service - March 2003-March 2004*. Sydney, New South Wales: The Woman's Centre, in collaboration with Canterbury Domestic Violence Liaison Committee (See Appendix C – NSW Evaluation 6).
24. Marshall, J., Ziersch, E., & Hudson, N. (2008). *Family Safety Framework: Final evaluation report* Adelaide, South Australia: Office of Crime Statistics and Research, South Australian Attorney General's Department (See Appendix C – SA Evaluation 4).
25. Melvin, T., Muller, D., Chapman, A., Shin, R., & Edwards, R. (1999). *A Study in hope: A report of the family violence research and intervention project*. Canberra, ACT: Australian Government Department of Social Services (See Appendix C – VIC Evaluation 6; WA Evaluation 7).
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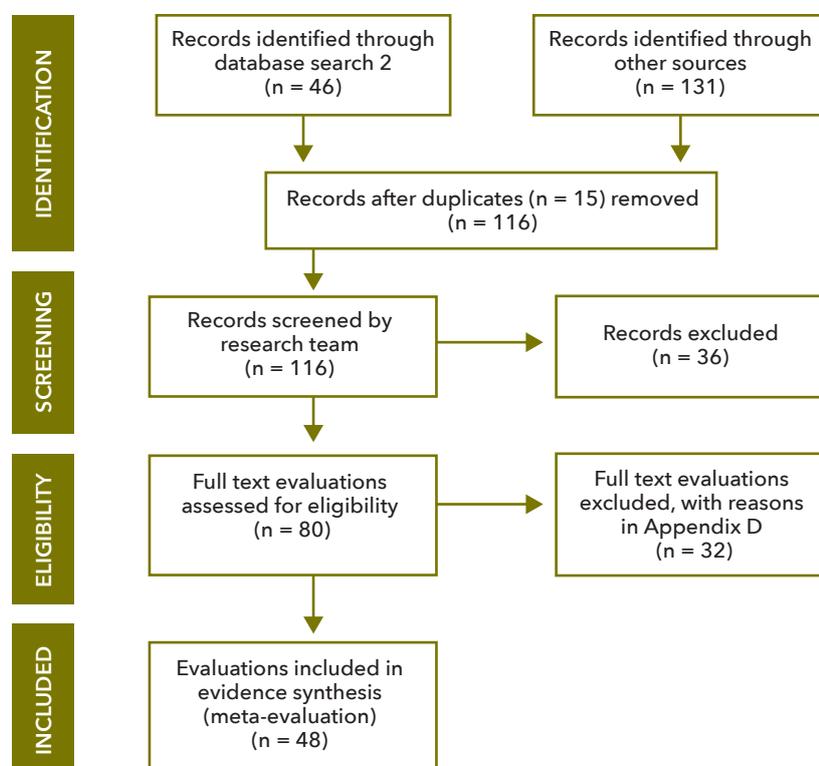
It is important to note that while 48 separate evaluations were analysed for this meta-evaluation, these involved only 33 different integrated response frameworks/programs or strategies. This occurs partly because the authors included evaluations for both the pilot and the more established response where the evaluation teams were different, as well as evaluations of the same integrated response that had been implemented in different geographic areas or across jurisdictions.

A total of 32 evaluations were excluded from the meta-evaluation where the evaluation did not meet inclusion criteria and/or matched the exclusion criteria.

Appendix C contains summary information about each of the included evaluations and Appendix D contains the rationale for the excluded evaluations – both Australian and international.

Diagram 1 provides an adaptation of the PRISMA process which summarises the process undertaken by the authors.

**Diagram 1: Adapted PRISMA process**



## Analysis

### Data matrix coding frame

The coding frame, adapted from the RUFDATA framework (Dickson, 2012), and completed matrices for the 48 included evaluations can be found in Appendix C.

Consistent with good meta-evaluation practice, the authors discussed the meta-evaluation process on a two weekly basis and reviewed the evaluation findings after the meta-evaluation matrices for their designated evaluations had been completed. This ensured that all evaluations were considered by the whole research team.

Program evaluations that met the criteria were entered into an Excel database with the following text fields:

- author, year of publication, place;
- target group, socio-demographics, setting;
- collaboration/partnership agencies;
- nature of the program, aims and content (prevention, direct support/intervention, policy framework);
- detail of the alliances of stakeholders that were involved in program implementation;
- methodology employed for the evaluation;
- process measures employed;
- outcome measures employed; and
- summary of important results.

Evaluations were reviewed, applying systematised guidelines (Lomas, 2001; Lomas, 2005) and findings that were assessed against five primary evaluation criteria:

1. **Effectiveness.** Did the evaluation use standardised methods? Was the evaluation effective according to its overall objectives? Did the evaluation produce evidence of robust and effective outcomes, process or program components? Does the evidence generated from this evaluation support its conclusions?
2. **Empirical quality of the study design, analysis and reporting.** Is the evaluation undertaken according to recommended standards and guidelines that are appropriate for its objectives (e.g. government program evaluation guidelines, MOOSE guidelines (Manchikanti et al., 2008))? Was it published in a peer-reviewed journal?
3. **Impact of the evaluation.** Did the program under evaluation produce measurable effectiveness and/or outcomes in terms of its objectives?
4. **Which components were more or less effective** or, in the case of qualitative evaluations, more or less helpful than others in addressing the core objectives of the program under evaluation?

5. **Are there any additional benefits** gained by implementing an integrated response (gathered from stakeholder perspectives or other forms of evidence) that are specific to the program under assessment?

### Ranking

Analysis included “quality of evidence” ratings of individual evaluations according to operationalised considerations specific to the primary evaluation design criteria. Findings were produced in the form of a narrative assessment of evaluations following the review and ranking against each of the chosen primary evaluation design criteria (Adler, 2002; Greene et al., 1989; Patton, 2008; U.S. Department of Health and Human Services, 2011). The rankings template is included in Appendix E.

### CASP checklist

The Critical Appraisal Skills Program (CASP) checklist was used by the researchers as a guide and retrospective checklist to ensure that the required items for a systematic meta-evaluation had been included (see Burls, 2009; Public Health Resource Unit, 2013).

## Reporting the findings

The authors reviewed the findings of the meta-evaluation and considered the implications for integrated responses. Findings have been produced in the form of a narrative assessment of evaluations following the review and ranking against each primary evaluation design criteria. Narrative assessment was used because it includes the strengths and limitations of integrated response programs and strategies, according to the assessment criteria.

# Synthesis of the meta-evaluation findings

This section of the report addresses the five research questions:

1. What are the key identifiable program elements of all current Australian interagency partnerships, collaborations, coordinations and/or integrated interventions and service responses to violence against women?
2. Which program components, according to identified criteria for assessment (increase safety, improve outcomes for women and their children, and reduction in recidivism) have been shown to be effective in enhancing women's safety and wellbeing?
3. What are the relevant policy and legislative contexts, and what evidence exists identifying the effectiveness of these for the implementation of interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women?
4. How robust are the current evaluations of existing Australian interagency partnerships, collaborations, coordinations and/or integrated interventions and service responses to violence against women – can and do their findings demonstrate effectiveness of these programs?
5. What is the empirical evidence showing similarities and differences in the measurable effectiveness of current Australian interagency partnerships, collaboration, coordination and/or integrated interventions and service responses for sexual assault, domestic violence and family violence separately or within the one response?

A total of 48 evaluations are included, which relate to 33 programs. The number of programs differs from the number of evaluations because some programs were subject to multiple evaluation reports, either because they were studied over multiple time-points or were evaluated separately at different sites. Data from the key informant interviews also inform this section.

The 33 included programs are:

1. Sexual Assault Reform Program (SARP) (ACT)
2. Family Violence Intervention Program (ACT)
3. Homelessness Action Plan (HAP) (NSW)
4. NSW Police Northern Region Domestic Violence Referral Project (DVRP) (NSW) \*
5. Start Safely Private Rental Subsidy (NSW)
6. Green Valley Liverpool Domestic Violence Service (GVLDOVS) (NSW) \*
7. Staying Home Leaving Violence (SHLV; Bega, Eastern Sydney, and final report) (NSW)
8. Domestic Violence Proactive Support Service (NSW)
9. NSW Domestic Violence Intervention Court Model (DVICM) (NSW) \*
10. Domestic Violence & Mental Health (DV&MH)(NSW) \*
11. Tamworth Domestic Violence Project (NSW) \*
12. Domestic and Family Violence Safety Upgrades (QLD) \*
13. Safe House Project (QLD) \*
14. Gold Coast Domestic Violence Integrated Response (GCDVIR) (QLD)
15. Partner Responses at Domestic Violence Occurrence (PRADO) (QLD)
16. Breaking the Cycle Rockhampton (QLD) \*
17. Intervention Orders and Intervention Response Model (SA)
18. Family Safety Framework (SA)
19. Safe at Home (Tas)
20. Northern Crisis and Advocacy Response Service (CARS) (Vic)
21. Bsafe (Vic) \*
22. Sexual Offence and Child Abuse Investigation Team – Multidisciplinary Centre (SOCIT-MDC) (Vic)
23. Improving Safety in the Home response (Vic)
24. Strengthening Risk Management Demonstration Projects – Risk Assessment & Management Panels (RAMP) (Vic)

25. Gender, Local Governance and Violence Prevention (GLOVE) (Vic) \*
26. Local Government Networking and Capacity Building Project to Prevent Violence Against Women (LGPVAW) (Vic) \*
27. High Risk Client Strategy (Vic)
28. Family and Domestic Violence Response Teams (FDVRT) (WA)
29. East Kimberley Family Violence Hub and Outreach Service (WA) \*
30. Domestic Violence Advocacy Service (DVAS-Central) (WA)
31. Safe at Home (WA)
32. Coordinated Family Dispute Resolution (CFDR) (WA, QLD, NSW, Tas) \*
33. Family Violence Research and Intervention Response model (WA, Vic) \*

Of these programs, 19 are current (58%), and 14 appear to be defunct (42%). The latter programs are marked in the list above with an asterisk.

## Key program elements

*Q1. What are the key identifiable program elements of all current Australian interagency partnerships, collaborations, coordinations and/or integrated interventions and service responses to violence against women?*

Integrated responses are diverse, representing a range of service models, partnership models, and intervention points. To give an indication of this diversity, we briefly describe a small sample of the included programs below:

- The Green Valley Liverpool Domestic Violence Service (GVL DVS) is auspiced by NSW Health and delivered in one site. Its brief is **direct service provision** to women and children experiencing domestic and family violence and the promotion of a coordinated interagency response to domestic and family violence. Participating agencies include police, courts, health, child protection, housing and non-government agencies.
- The Local Government Networking and Capacity Building Project to Prevent Violence Against Women (LGPVAW) in Victoria was designed to build the capacity of local government to undertake **primary prevention** work through community partnerships. A partnership between a state (VicHealth) and local (Darebin City Council) government agency with the participation of local and state government agencies and non-government organisations, the project conducted skills and knowledge building activities in primary prevention activity.
- The Family Safety Framework in South Australia is a domestic and family violence response prioritising victim safety and perpetrator accountability. It uses a common risk assessment tool and **multi-agency Family Safety Meeting** to assess risk and develop individualised service plans. Participating agencies include South Australian Police, education and human services departments, corrections, and non-government organisations.
- The Coordinated Family Dispute Resolution (CFDR) Pilot Program was implemented in five sites in four jurisdictions as a multi-disciplinary initiative in **family law**. The lead agency in each site was different but each partnership included: a service providing Family Dispute Resolution; a specialist domestic violence service; a men's service; and legal services able to provide legal assistance and advice to each party.

Because the key element is integration, rather than a population group or service type, it is difficult to make comparisons between different programs. It is also difficult to identify the critical success factors across programs. Few evaluations set out to measure the specific impact of integration, as opposed to other components, on outcomes. Nevertheless, common

aims and practices are evident across the included programs and evaluations:

- interagency model delivering case coordination, information sharing and/or multi-disciplinary service delivery (all 33 of the included programs have this characteristic);
- the participation of police as either lead or partner agency (24 of 33);
- the inclusion of housing or accommodation, including safe at home initiatives (10 of 33); and
- a focus on multi-agency risk assessment and safety planning for victims of domestic and family violence (10 of 33).

There are far fewer evaluated programs responding to sexual assault than to domestic and family violence. We do not have sufficient information to know if this is because there are fewer integrated sexual assault responses, or fewer evaluations undertaken to date.

Table 1 summarises selected program elements by jurisdiction: support for victims of domestic and family violence (DFV), sexual assault (SXA), or both; the participation of police and criminal justice system (CJS) agencies (corrections, parole); and the inclusion of housing or accommodation.

Despite the diverse nature of the interventions and evaluations, typical characteristics of the programs can be identified:

- Many of the interventions are focused on enhancing client safety by improving the responsiveness of police to victims of domestic and family violence, and to ensuring that victims are quickly linked to support services.
- Of the responses that include a housing or accommodation component, most feature safety upgrades and other supports to allow women and children to remain in the home. This appears to be in keeping with a review of policy and practice innovations to prevent homelessness among women and children who have experienced violence – that is, “integrated “safe at home” schemes have an important role to play in preventing homelessness for women and children who have experienced domestic and family violence, and that this is true for women living in very different situations in very different areas of Australia, including those previously

thought not to be suitable” (Spinney, 2012, p. 3).

- The researchers used multiple search strategies to identify interventions, including searches of the published literature and stakeholder surveys. Search terms were not limited to specific responses/interventions, and also included primary prevention. However, few of the identified programs focused on primary prevention.
- Few are focused on criminal or family court, but those that are tend to represent significant investment of resources, including in evaluation.
- Few are focused on responses to sexual assault, and of the three that target both sexual assault and domestic and family violence, two are primary prevention initiatives and do not include direct service delivery.
- In the programs evaluated, integration mostly refers to an interagency model and case coordination, including a collaborative approach to risk assessment and safety and support planning. “One-stop shop” models and co-located services are less typical. Significant examples of this model are the Victorian Sexual Offence and Child Abuse Investigation Teams (See Appendix C – VIC Evaluation 2, p. 232, 236), Breaking the Cycle in Queensland (See Appendix C – QLD Evaluation 4, p. 137), and Western Australia’s Domestic Violence Advocacy Support Central (See Appendix C – WA Evaluation 2, p. 304).
- Perpetrator accountability is a focus of most interventions in that an improved police response is intended, but only two programs include behaviour change or similar programs for perpetrators.

The evaluations found promising indications for integrated approaches. The vast majority found that the interventions had changed ways of working for the agencies involved and increased collaboration, built professional respect and knowledge, and in many cases brought agencies closer to shared understandings of violence and risk. When client perceptions were gathered, the evaluations found that clients valued the support they received. Understanding this finding means accepting it is possible that participants agreed to become involved with the evaluation

Table 1 Selected program elements, by jurisdiction

Jurisdiction	total programs*	DFV	SXA	DFV&SXA	CJS inc. police	Housing
ACT	2	1	1	-	2	-
NSW	9	9	-	-	7	3
QLD	5	5	-	-	4	2
SA	2	2	-	-	2	-
TAS	1	1	-	-	1	1
VIC	8	3	2	3	5	3
WA	4	4	-	-	3	1
Multiple	2	2	-	-	-	-

\* total number of responses/initiatives/programs (33) differs from total evaluations (48).

process because they were happy with the service provided.

As noted, many of the integrated responses are intended to ensure that services are coordinated across multiple sectors; however, many are pilots, local initiatives, or quite small in scale. Some exceptions to this are the following programs, which have been chosen because they may be offered on a larger scale at multiple sites across different geographic locations, and/or are cross-sectoral initiatives and/or in which significant research and evaluation investments have been made, and/or have been established for a relatively long time and so have an established profile.

### Case studies

In Queensland, the *Domestic Violence Integrated Response Gold Coast (DVIRGC)* (See Appendix C – QLD Evaluation 5, p. 143) was established in 1996 and its principles and services are informed by a number of international programs including the Duluth Domestic Abuse Project. Its longevity and local focus are now thought to be key strengths: local innovations around information sharing are fostered by formal partnerships such as MoUs (memorandums of understanding); and the visibility and profile of the initiative have enabled regional and state support. The goals of the program are:

- to enhance the safety of women victims and their children;
- to hold perpetrators of domestic violence systemically accountable for their behaviour; and
- to provide a multi-agency response to domestic violence on the Gold Coast.

A larger range of services are provided as part of the core program than most of the other included initiatives, including:

- Police Assisted Referrals Program (i.e. expediting referrals for victims of domestic and family violence to support services after police are called to domestic and family violence incidents);
- Hospital Referral Program;
- Domestic Violence Court Support Information Advocacy Program;
- Men's Domestic Violence Education and Intervention Program; and
- Safety First Program (information sharing and safety planning for women leaving refuges).

While the initiative has not been subject to a formal outcomes evaluation, it has produced or commissioned a range of publications and resources that document its key guiding and operational principles, information sharing protocols, and systemic advocacy. One of the most recent reviews (Finn & Compton-Keen, 2014, p. 41) found a high degree of collaboration between the Domestic Violence Prevention Centre Gold Coast Inc. (the lead agency), Queensland Police, and Queensland Corrective Services that had been critical to the success of the model and the management of high-risk matters.

In Victoria, the *Sexual Offence and Child Abuse Investigation Teams (SOCIT) – Multidisciplinary Centres* (See Appendix C – VIC Evaluation 2, p. 232, 236) includes two core components:

- the delivery of core services – including police investigation, counselling, medical assessment – at single, stand-alone service sites referred to as Multidisciplinary Centres (MDCs); and
- specialist teams of police investigators, referred to as Sexual Offence and Child Abuse Investigation Teams (SOCITs) responsible for providing victim support and liaison, interviewing and conducting the investigation (Powell & Cauchi, 2009b, p. 7).

The difference between this and similar models in other jurisdictions is that both adult and child sexual assault is investigated; and that SOCIT members focus solely on sexual offences, and are given specialist training in investigative interviewing.

At the time of the evaluation, services located at the MDCs included: police (i.e. SOCITs); Centres Against Sexual Assault (CASAs) which provide counselling and general victim advice and support; Department of Human Services which investigate child protection matters; and the Institute of Forensic Medicine which provides forensic medical examinations (Powell & Cauchi, 2009b, p. 10). The evaluation found that victims reported receiving dignified and respectful engagement, and that the satisfaction rate of victims from SOCIT sites was significantly higher than victims who attended a comparison site (Powell & Cauchi, 2009b, p. 8).

In the ACT, the *Family Violence Intervention Program (FVIP)* (See Appendix C – ACT Evaluation 2, p. 11, 16, 24) commenced in 1998 and its participating agencies have grown over time. It is “a functional integration” of the activities of the police, prosecution, courts and corrections, with connections to other services (Holder & Caruana, 2006, p. 9) that has two key activities: a coordinating committee, which works to identify and implement reforms across agencies in the ACT to meet the objectives of the FVIP, and a weekly case tracking meeting program. The core operational components include:

- “the development of consistent and inter-connecting policy frameworks;
- the creation of specialist positions, procedures and practices within the mainstream of criminal processing;
- implementation of joint training between police and prosecution and including other practitioners;
- equipping general duties police with Family Violence Investigator Kits;
- creation of information links to enable relevant and reliable information to be put to the Court in oppositions to bail;
- monitoring of case decisions and the implementation of case management and case tracking procedures through the criminal system;
- specialist Family Violence Case Management Criminal List at Court;
- implementing measures to promote victim safety, to provide victims with case status information and to allow for victim participation in proceedings; and
- implementing a perpetrator education program as a sentence option” (Holder & Caruana, 2006, p. 10).

## Effective program elements

*Q2. Which program components, according to identified criteria for assessment (increase safety, improve outcomes for women and their children, and reduction in recidivism) have been shown to be effective in enhancing women's safety and wellbeing?*

It is not possible to draw conclusions from the evaluation evidence on the effectiveness of program components or service models. This is because few of the evaluations have robust outcome measures and none were designed to assess the relative impact of specific components. Where attempts have been made to assess outcomes related to safety, wellbeing, recidivism etc., these focused on the outcomes produced by the program itself and not specific components of it.

The included evaluations have generally been conducted to a high standard (see following section on evaluation processes and quality) and provide valuable information about the implementation of integrated responses which can be used to inform future policy development. These findings are supported by the literature review conducted during phase one of this research, and include:

- Integration initiatives need to be specifically resourced to be effectively implemented. Changing work practices and organisational culture imposes direct and indirect costs. The evaluations found that these costs were thought to be offset by the benefits of integration, and that investments in the form of training, new systems and processes, and supervision and staff support are beneficial.
- Differences in organisational cultures and practices can be difficult to overcome and can represent barriers to integration.
- Considerations for agencies include managing tensions between information sharing for the benefit of clients with client safety and privacy, and balancing the allocation of resources for collaboration with direct service delivery.
- Effective integration efforts may have unintended consequences, including increased demands on services resulting from better identification of unmet needs. Service gaps and shortfalls, for example culturally appropriate services, specialist services for children, and lack of affordable housing, can significantly impact the capacity of integrated responses to produce positive outcomes.

Given the inherent challenges in changing practices towards integration, evaluation studies on the experiences of implementing integrated responses are important. It is also important to note that robust outcome measures are only achievable if evaluation design allows it, and this is often beyond the control of the researchers carrying out the evaluations. In many cases commissioning agencies are also bound by significant resource constraints and this also affects the design and implementation

of evaluations. It is challenging, from both a technical and ethical perspective, to evaluate gendered violence interventions, as detailed in the following sections. In noting the absence of effectiveness data, we are not attributing this to any fault in the evaluations.

Nevertheless, it is evident that evaluation commissioning and design needs to change if robust evidence on the effectiveness of different types of integrated responses. The majority of evaluations with outcome measures made no findings on victim or perpetrator outcomes, with the exception of satisfaction measures from clients. Some evaluations did track changes over time in indicators, for example arrest rates; however this measure is known to be complicated as changes could reflect real changes in prevalence, changes in reporting behaviour, or changes in police response (see Jordan, 2004).

The majority of findings and recommendations from the evaluations relate to implementation and integration questions; and a smaller number of evaluations focused on the criminal justice system make recommendations for that sector.

## Evaluation report recommendations

### Recommendations regarding integrated programs/strategies

- **Nine** of the evaluations made recommendations regarding the need to increase cultural competence, and in particular that service delivery and outcomes for culturally and linguistically diverse and Aboriginal and/or Torres Strait Islander clients should be prioritised.
- **Seven** of the evaluations recommended that more targeted or consistent training in domestic and family violence and/or sexual assault should be provided for police.
- **Seven** of the evaluations recommended the improvement of existing risk screening/risk management and eligibility tools in their respective programs/strategies.
- **Eight** of the evaluations recommended the development of coordinated or common data systems that partnering services could draw information from, within their respective programs/strategies.
- **Six** evaluations recommended that protocols around information sharing between services either be developed or clarified.
- **Four** evaluations noted the importance of local implementation as key to the success of their program/strategy, and recommended that local control continue.
- **12** evaluations recommended additional resourcing, in the form of either material support or funding, be delivered to their respective programs/strategies. **Three** evaluations (aside from the 12 noted here) specifically recommended that current funding of programs/strategies continue; although continued program funding may have been implicit in several evaluation reports.
- **Ten** evaluations recommended that working relationships between integrated services be prioritised and/or strengthened, and that collaboration and networking continue to be prioritised. At times these recommendations also mentioned the need for formalised processes to be created as a strategy for strengthening working relationships.
- **Nine** evaluations recommended increased support, or exploration of the ways in which support could be increased, for children and young people in their respective programs/strategies.

### Recommendations regarding the criminal justice system

- **Four** evaluations made recommendations regarding magistrates. **Three** evaluations recommended that all magistrates be better informed and/or specifically trained in domestic and family violence matters, while **one** evaluation recommended that there be specialist domestic and family violence magistrates within each court (Tasmanian Government, 2014).
- **Three** evaluations recommended that a specialist Family Violence Court be established, with **one** of these recommending that family violence procedures be adapted within the various courts. **One** evaluation recommended that specialist family violence prosecutors should act in family violence cases within the Supreme Court.
- **Six** evaluations made recommendations regarding various pieces of legislative change, in order for the legal system to better align with efforts to support victims of family and domestic violence and/or sexual assault.

## Lessons for practitioners

Q3. What are *the relevant policy and legislative contexts, and what evidence exists identifying the effectiveness of these for the implementation of interagency partnerships, collaboration, coordination and/or integrated interventions and service responses to violence against women?*

The policy and legislative contexts were mapped as part of the State of knowledge paper. In general, it is not possible to draw strong conclusions about the impact of these contexts on the implementation or effectiveness of integrated responses. This is for two reasons:

- Information on programs and evaluations do not always make reference to policy or legislation. Policy and legislative changes are not always necessary to introduce integrated responses, and the trajectory of a program's design and implementation may change over time and diverge from the original policy intentions.
- A number of the evaluations were completed prior to the introduction of current policy frameworks. As noted in the State of knowledge paper, each Australian jurisdiction currently specifies that integrated responses, and the coordination of a range of government and non-government organisations, are policy goals. However, most of the included evaluations were conducted in a different policy environment. In order to provide robust evidence on the impact of current policy frameworks on the implementation of integrated responses, future evaluations should include a specific focus on these overarching policy frameworks.

Despite this, there is some evidence of differences between the jurisdictions in terms of their approaches to integrated responses. It is likely that the policy context drives these responses for the most part, although interviews with the jurisdictions indicate that, in at least one instance, policy responses are driven by local programs and practices. For example:

- The ACT's included programs have a focus on improving the response of the criminal justice system for women who have experienced domestic and family violence and sexual assault.
- NSW's integrated responses indicate efforts to support victims with housing and accommodation support, and include two programs (in three sites) with a specific focus on improving collaboration between police and domestic and family violence support services. The included evaluations all pre-date the current domestic and family violence framework for reform.
- Queensland and NSW both have included programs delivered locally in specific sites; and in Queensland the Domestic Violence Integrated Response Gold Coast has been influential in shaping the current reforms that are

being designed in response to the 2015 report of the Special Taskforce on Domestic and Family Violence in Queensland.

- Victoria's policy framework specifies prevention and early intervention and it is the only jurisdiction whose included evaluations were of primary prevention programs.
- South Australia's policy framework and programs prioritise a shared Family Safety Framework and multidisciplinary Family Safety Meetings.
- Tasmania's policy framework and integrated response are both called "Safe at Home" and both identify victim safety and remaining in their own home, and perpetrator accountability.
- Western Australia's policy framework has a particular focus on the Kimberley region, and one of its included programs was specific to that region. Western Australia's responses also indicate efforts in improving collaboration between police and domestic and family violence support services and "safe at home" responses.

In very broad terms, the current emphasis on integrated responses across multiple service systems, including prevention and early intervention, is part of the current policy frameworks for New South Wales, Northern Territory, South Australia, Victoria, and Western Australia.

## Evaluation processes and quality

Forty-eight (48) evaluations met the inclusion criteria for the current meta-evaluation. It is important to note that although all jurisdictions have developed and now fund a range of integrated responses to violence against women, not all currently operating initiatives have been included in this meta-evaluation. Evaluations of contemporary responses may not yet have been conducted or subjected to formal review and a few in-scope evaluations were not released at the time of writing, precluding these responses being included in the meta-evaluation. In addition, some of the older evaluation reports referenced by others are no longer publicly available or were unable to be located despite their identification in peer reviewed and evaluation literature.

The fundamental meta-evaluation questions underpinning the assessment of the quality of integrated response evaluations are:

*Q.4 How robust are the current evaluations of existing Australian interagency partnerships, collaborations, coordinations and/or integrated interventions and service responses to VAW – can and do their findings demonstrate effectiveness of these programs?*

*Q.5 What is the empirical evidence showing similarities and differences in the measurable effectiveness of current Australian interagency partnerships, collaboration, coordination and/or integrated interventions and service responses for sexual assault, domestic violence and family violence separately or within the one response?*

Building on the data collected in the evaluation matrix, the team collated data on the quality of evidence of the 48 included evaluations including the following domains:

1. Independence – Was the evaluation undertaken by independent evaluators? Were the evaluations reviewed by an ethics committee or subject to ethics review?
2. Properly specified evaluation goals and questions – Were evaluation aims/questions stated or addressed? Are evaluation aims/questions stated clearly? Are the aims of the evaluation clearly stated and do they relate directly to the program?
3. Appropriateness of the study design and data analysis – Is the data presented with reference to research questions or stated method? Is the methodology outlined appropriate for the evaluation questions? Is the methodological approach to data analysis clear and well explained?

In domains 2 and 3, the authors ranked the quality of evidence according to the listed operational questions posed as “poor”, “fair”, or “good”.

The nascent state of evaluations of integrated responses in Australia reflects the relative newness and scale of the field. As is the case with many human service programs in Australia, resources for evaluations have been scarce, limiting the available evidence. The authors did not report on individual evaluations or by jurisdiction, but aggregated the rankings to provide overarching discussion of the quality of evidence.

## Comments on “effectiveness” and “efficacy”

Prior to presenting the extent to which data from the evaluations included in this meta-evaluation address the evaluation questions, it is important to make comment on the issue of “effectiveness” which refers to naturalistic studies of outcomes as opposed to “efficacy” which refers to measurable, controlled investigations that will empirically show whether the integrated response is better than its non-integrated alternative. In other words, “effectiveness” describes how a program or collaboration is working in a real-world setting where variables cannot be controlled, and “efficacy” describes how a program or collaboration performs under controlled conditions such as in a trial.

A frequently asked question by funding bodies is whether a program or response is “effective” or underpinned by robust evidence. Researching “efficacy” as opposed to “effectiveness” requires a particular methodological approach to ensure that the intervention – in this case an integrated response to violence against women – can be identified as responsible for any change in a client’s presenting issue/situation. In research, the term “efficacy” is commonly measured by a range of quantitative methods, including randomised control trials (RCTs) and systematic review. Integrated responses to domestic and family violence and sexual assault do not, however, lend themselves easily to randomised control trials for a range of reasons not limited to, but including the following:

- Establishing “efficacy” from a research perspective requires the inclusion of a “control group” that does not receive the intervention under study, or are required to wait for the intervention using the wait list control approach. Denying or delaying some women in this case an integrated response or strategy which may be potentially helpful, is of clear ethical concern. While there are designs which may respond to this ethical dilemma, they require considerable funding and research expertise and are often undertaken over a longer period of time.
- Cohort designed studies similarly require extensive research funding and infrastructure to follow clients up over periods of time to measure changes related to the integrated response.
- Ongoing perpetrator violence and harassment is unable to be predicted or controlled for and can affect client outcomes.

Arguably because of these difficulties, efficacy is rarely investigated in evaluations of responses to violence against women. The ACT Sexual Assault Reform Program (SARP) evaluation explicitly acknowledged this consequence proposing that “in planning the evaluation, a classic experimental design evaluation framework was considered unfeasible. Reasons for this include the absence of consistent data across the evaluation, the time parameters for conducting randomised

controlled pre-and post-testing, the inability to randomly interview victims/survivors, and the lack of a comparable control site” (Anderson, Richards, & Willis, 2013, p. 12). In this meta-evaluation, none of the included evaluations implemented methodologies that allowed for comment on the measurable efficacy of the integrated responses to domestic and family violence and sexual assault (meta-evaluation Question 5). Nevertheless, while they could not empirically conclude that the integration was more effective than the non-integration model, a number of evaluations used naturalistic designs and showed that some aspects of their integration worked and seem to have contributed to improved outcomes.

It is important to note that the dearth of integrated response evaluations in the area of sexual assault meant that there was no capacity to synthesise evidence showing similarities and differences in integrated responses to both domestic and family violence and sexual assault, and therefore for the meta-evaluation to establish whether both domestic and family violence and sexual assault are optimally offered separately or within one response.

The following discussion examines how robust the included evaluations of existing Australian interagency partnerships, collaborations, coordinations and/or integrated interventions and service responses to violence against women are, with reference to the identified ranking criteria.

### 1. Independence

Scriven (1991, p. 228) describes self-evaluation as “notoriously unreliable” suggesting it is always desirable to use an independent evaluator where adequate funding is available. Utilising independent evaluators external to the organisation is proposed to contribute to the rigour of the evaluation process as it is more likely to be undertaken by researchers/consultants with specific skills in evaluation. It is also reasonable to hypothesise that an independent process may ensure that evaluation is not undertaken primarily for “political purposes” whereby the evaluation is used as a business case for extended funding or service provision.

Although not always the case, commissioning external evaluations can mean that additional funds have been allocated to the evaluation process and it is undertaken over a longer period of time. Often internal reviews are conducted, funded by a small percentage of the total money allocated from the budget of the program. Interview and survey data collected from key stakeholders during this meta-evaluation suggest that evaluation while valued is not consistently funded in all jurisdictions.

Indeed, of the 48 evaluations included in this meta-evaluation, 14

were undertaken internally by the organisation. The remaining **34** were undertaken externally by independent consultants. Another means of assessing the independence of an evaluation or evaluation methodology – whether internally or externally conducted – is whether it has been subjected to a peer review. In most cases, it was difficult to ascertain whether the evaluation strategy had been subjected to external scrutiny and review prior to commencement, or monitored during the evaluation. There was also no comment on whether the evaluation reports were peer reviewed on project completion. Although not considered to be peer review, select government funded evaluations appoint specialist advisory committees which may provide additional scrutiny and arguably contribute to the quality of the evaluation process.

Evaluation undertaken by university evaluators and those funded by government departments are more likely to be subject to peer assessment via ethics review committees constituted in accordance with National Health and Medical Research Council (NHMRC) guidelines. Seeking ethical approval ensures that the methodology of the evaluation project has been assessed as robust and ethically rigorous by an independent scientific committee. Out of the **48** evaluations, only **15** specified that an application had been approved by an ethics review board and **33** either did not implement an ethics review process or failed to specify this in their report.

## 2. Properly specified evaluation goals and questions

To ensure that the relevant data are collected from a particular integrated response, an evaluation must specify appropriate evaluation goals which match the purpose of the program/strategy to allow the evaluation to examine the extent to which that program/strategy achieves its intended outcomes.

The review of evaluations found that **38** of the included evaluations provided evaluation aims and/or questions which allowed them to be assessed against their stated intentions. The remaining **ten** evaluations did not provide aims or specific questions. Further analysis showed that only **five** of the **38** evaluations had clear and comprehensively stated aims/evaluation questions with the remaining **33** evaluations demonstrating a lack of clarity or depth to varying extents. The evaluation of the “*Trial integrated response to domestic and family violence in Rockhampton: Client experiences and outcomes*” provides an exemplar of clearly stated intentions, specifying an overall purpose for the evaluation project: “to establish client experiences and outcomes (from the clients’ perspectives) of the trial integrated response to domestic and family violence in Rockhampton” (Nancarrow & Viljoen, 2011, p. 16), as well as specifying detailed evaluation

objectives. However, only **14** evaluations directly linked the evaluation aims and questions to the program goals and/or aims and objectives.

The meta-evaluation highlighted that most programs are documenting aims and questions against which to evaluate. Nevertheless only a small number (four) defined aims and questions with sufficient clarity to facilitate a quality evaluation of the integrated model. An absence of overall guiding purpose to inform the evaluation was evident in most cases. However, an encouraging number of programs made significant attempts to link the stated evaluation aims to their program goals.

In this meta-evaluation, the overall rankings awarded for criteria two – properly specified evaluation goals and questions – found that **34** evaluations out of **48** were assessed as “good”, **four** evaluations were assessed as “fair” and **ten** evaluations were assessed as “poor”.

## 3. Appropriateness of the study design and data analysis

Evaluations such as those included in this meta-evaluation involve a systematic process of obtaining information (data) to be used to assess and improve a program. Understanding how and what data was collected (the method) and then how the data were analysed is a crucial consideration when assessing the robustness of the current evaluations of Australian integrated responses to domestic and family violence and sexual assault. The types of data collection possible in evaluation is dependent on the available funding which in turn directly affects the time available for data collection and the nature of the data collected. Where funding and timeframes are short term, data collection by necessity relies on “snapshots” provided by combinations of monitoring data, qualitative methods such as interviews and focus groups and program documentation/case file analysis. Without wishing to diminish their potential usefulness, relying solely on such data collection methods means that it is not possible to ascertain changes from commencement to service completion, or to ascertain the sustainability of outcomes post-service completion.

Yet, it is equally important to consider the effects of taxonomies of evidence created by institutions such as the Cochrane and Campbell Collaborations<sup>1</sup> and how they privilege particular types of methodologies and research designs as being more “scientific” and therefore having greater credibility. An unintended consequence of this methodological preference is that fewer studies can be considered to contribute to the evidence base

1 see [www.cochrane.org/cochrane-reviews](http://www.cochrane.org/cochrane-reviews)

(Breckenridge & Hamer, 2014). It is salient to note that a solely quantitative evaluation design is unlikely to encompass the lived experience of women accessing an integrated service response and the service provider's experience of delivering integrated responses. The absence or minimisation of key stakeholder "voices" such as clients and service providers, can mean that assessments of a particular response's helpfulness and its potential to produce beneficial "real world" outcomes as perceived by clients, are excluded from the evidence base. The exclusion of these sources of evidence has long been criticised by violence against women researchers who claim that practice should inform research to the same extent that research informs practice (Breckenridge & Hamer, 2013).

The authors' analysis found that there was no one consistent study design implemented across the **48** evaluations. Of the **48** evaluations included in this meta-evaluation, **35** utilised a mixed-methods design, incorporating both qualitative and quantitative measures. Commonly where an evaluation had a mixed-methods design, qualitative interviews were combined with either quantitative surveys or program monitoring data. A solely qualitative research design was implemented in **nine** of the included evaluations, while **four** evaluations were solely quantitative inquiries. Only **four** of the **48** evaluations used a pre- and post-survey design. Only **four** evaluations implemented an indicator analysis (established success indicators or performance measures data). Of the included evaluations, **33** outlined their methodology clearly and linked their research design to the research questions.

Qualitative interviews or focus groups with staff and/or stakeholders were by far the most common data collection method, utilised in **31** of the **48** included evaluations. The second most common qualitative data collection method was client interviews, which were utilised in **21** of the evaluations. The number of interviews with clients and stakeholders varied widely across all evaluations. Focus groups for professionals featured in **seven** evaluations, with another **six** reporting workshops or forums as a key data collection method.

Aggregation of program activity/monitoring data was the most common quantitative data collection method noted in **17** of the evaluations. A secondary analysis of existing datasets was undertaken in **11** of the evaluations. Staff/stakeholder surveys were used in **15** evaluations, with client surveys implemented in **ten** evaluations. Document analysis or policy audit was reported in **seven** evaluations with desktop reviews accompanying other forms of data analysis in **nine** evaluations.

The overall ranking of criteria 3 – study design appropriate to the evaluation questions and data analysis – was assessed

by the authors finding **29** of the evaluations to be "good", **15** of the evaluations to be "fair" and **four** of the evaluations were regarded as "poor".

The diversity of evaluation design reflects both the divergence in program aims and goals, and the absence of a national guiding or universal framework for evaluation in the field of violence against women. A particular strength in our findings is that integrated responses are being evaluated naturalistically and that each program appears to have found positive effects from either components of their integrated program, or from the application of the integrated concept as a whole.

## Conclusions and recommendations

Given that the purpose of conducting this type of evaluation is to ensure that integrated responses are responding to client needs, it is important that the analysis of evaluation data is conducted in such a way that it can systematically inform its conclusions and recommendations in preparation for refinement and improvement of the integrated response.

Of the **48** evaluations included in this meta-evaluation, **31** made specific recommendations. Recommendations included those regarding the program/strategy being evaluated, the broader criminal justice sector, and future evaluations and comments on how continuing program/strategy evaluation could be improved. The remaining **17** evaluations did not include recommendations within their reports.

The recommendations made across all evaluations vary widely, largely due to a divergence in the type of integrated response being evaluated. Select evaluations made recommendations about future research and the research process which reflect areas that the evaluators consider to be of importance to future evaluations:

- **Five** evaluations recommended more research be undertaken regarding what victims of domestic violence and/or sexual assault want and need from service providers, and particularly what they want and need from the criminal justice system.
- **Nine** evaluations specifically recommended that evaluation/data collection of the program/strategy continue, with **three** evaluations recommending longitudinal evaluation.
- **Eight** evaluations recommended that existing data collection processes be strengthened, with **one** evaluation making detailed recommendations regarding data to be collected (DVPASS NSW).
- **Four** evaluations specifically recommended the development of outcome-focused performance indicators for their respective programs/strategies.
- **Two** evaluations recommended the establishment of performance indicators in their respective programs/strategies.

## Diversity

It is of significance that diverse population groups and/or geographical locations were specifically identified in evaluation aims in only **19** of the **48** evaluations. Whether diversity was of interest and examined (or not) was not apparent in **four** of the evaluations. Overall, **25** of the **48** evaluations did not attempt to analyse experiences or outcomes for diverse population groups including those from mainly non-English speaking background, women living with disabilities, or those living in rural and or remote geographical locations.

The following section of the report discusses key learnings and future directions derived from the synthesis of the meta-evaluation's findings.

# Key learnings and future directions

## Considerations for future policy and practice

Integration of services has been promoted as the overarching method for providing cohesive and comprehensive responses to women impacted by men's violence. Integration has also been an informing theory in national policy frameworks that guide program and service provision. In theory, integration is intended to provide women with a "one stop shop," a model which surpasses the orthodox approach of establishing independent services that defined their specific procedures and responses autonomously and which typically were funded from unrelated sources. Criticisms of integration, however, have included limiting women's choices, reducing a diversity of approaches, limiting practical options (such as services offering different times and access opportunities), and potentially threatening privacy when data are shared within integrated services (Bennett, Riger, Schewe, Howard, & Wasco, 2004; Browne, Kingston, Grdisa, & Markle-Reid, 2007).

Integrated responses to violence against women have been promoted since at least the 1995 Beijing Declaration and Platform for Action (United Nations, 1995); and all Australian states and territories have integration as a policy goal. The review of programs and evaluations conducted for this study shows that there are a range of initiatives across Australian states and territories that meet some criteria of integration; however, there is no one standard definition of integration and a range of responses are (or have been) in place. In many cases the primary driver of the initiative seems to be smoother referral pathways from one sector (for example, police) to others (including but not limited to domestic and family violence and sexual assault services). It is evident from the evaluations that a rapid, respectful response from police, which also facilitates access to support services, is highly valued. However, it should also be noted that a change to referral pathways would not be defined as an integrated service in all contexts.

The integrated responses reviewed in this paper varied in scale, longevity, intensity, and focus. Most of the programs were focused on domestic and family violence rather than sexual assault, and most included police and/or the broader criminal justice system as participating agencies. The most common service approach is an interagency model, whereby participating agencies maintain their existing practices, location, and personnel; and work in partnership with other agencies similarly maintaining existing structures. These interagency responses are often supported by a coordinating position or role.

Other models, such as co-location of services or the creation of new positions or agencies, are less commonly represented in the evaluations reviewed.

As we discuss below, the evidence on the effectiveness of these programs is limited, although the evaluations indicate promising signs of improved service delivery which is valued by practitioners and clients. To build an evidence base on effective integration, different approaches to evaluation than those currently used are probably needed.

It is not clear from the literature, or the programs reviewed here, whether a shared definition of integration is necessary, or whether the costs involved in achieving this would outweigh any benefits. Integration clearly has different meanings across:

- Service types – integrated sexual assault responses are different from those in domestic and family violence.
- Sectors – family law requires different integration responses in terms of personnel, training, protocols and goals from criminal justice, and "safe at home" responses are different again.
- Governance – local arrangements for information sharing and working together at a practice level are different from state-level policy frameworks.
- Principles and goals – although many of the included programs include victim safety, perpetrator accountability and, over the long-term, a decrease in the prevalence of violence, the emphasis given to each goal varies across sectors, with implications for service design and delivery. Internationally, the most well-known models of integrated domestic and family violence responses incorporate perpetrator accountability, victim safety, and community-based support services but in Australia this three-pronged approach is less evident in many cases, and it is more usual that one of these goals is given greater emphasis than others.

There is broad support in research, policy and practice that integration is necessary to prevent the harms caused by service fragmentation, but there is little consensus about the extent to which organisations should integrate, and in what circumstances. Information sharing and common assessment frameworks may be the optimal level of integration in some contexts, whereas in others, specific specialist training, the creation of new positions or agencies, and wraparound case management, may be the chosen integration strategies necessary for benefits to occur.

There are also clear limits to the problems that integration can solve. A number of the evaluations included here point to the need for specialist services, and housing, to meet the needs of clients. Perverse and unanticipated outcomes may result from improved collaboration and identification of service needs, if there are insufficient services or inadequate resourcing available to meet increased demand.

## Considerations for future evaluations

An important finding of the meta-analysis of evaluations is that the measurement of integration has been impeded by four key factors. First, the term integration is often applied loosely to describe networks or partnerships of a variety of types. As such, integration risks are being applied as a nebulous construct, rendering consistent and rigorous evaluation near impossible.

Second, where services or models have been specifically formulated and designed with the framework of integration as the centerpiece, evaluation commonly has focused on the success or otherwise of one or more of its program components, rather than on the effectiveness of integration itself.

Third, integrated services that respond to sexual assault and intimate partner violence are often diverse in scope and lack uniformity in structure, commonly developing organically to target specific populations within specific contexts. Further, within each main area of service-focus there are additional areas of specificity. Absence of universal characteristics or evaluation features necessarily renders the development of potential evaluation models impractical.

Practical challenges in undertaking evaluations have included (but are not limited to) lack of knowledge and skill in complex program evaluation at the service level; lack of funding to engage external expertise required to conduct rigorous evaluations; absent culture of a commitment to (and development of depth in) measurement and empiricism in the human services in general; and competing demands in services that they are already under pressure to meet the core functions of the agency.

Last, because of the challenges inherent in undertaking evaluations, services have tended towards applying strategies that lack theoretical depth or coherence using methodologies that do not conform to rigorous standards either in the quantitative or qualitative domains.

There are related concerns that impinge on the motivation to evaluate integration as a core characteristic of services. Data gathered in the evaluation of community services and programs may be subpoenaed – threatening women's privacy; evaluations may be used to reassess funding arrangements; the findings show that stipulated outcomes have not been met according to government agendas; and the very process of evaluation may be perceived as being at odds with feminist principles which have historically promoted and directed women's services based on an emphasis on women-centered principles rather than on conventional outcomes judged according to the empirical approaches of science.

There is a plethora of scholarly guides to conducting evaluations in human services in general (Mark, Henry, & Julnes, 2000; Pawson, 2002; Wholey, Hatry, & Newcomer, 2010). Only a limited number, however, have been designed specifically to focus on the comprehensive evaluation of integrated services, most examples being applied in the health sector (Ahgren & Axelsson, 2005; Browne et al., 2004; Browne et al., 2007). We outline some directions in guiding future evaluations within this context of a relative dearth of extant evidence indicating which approach works best, in a context where there are substantial challenges inherent in undertaking the task.

Evaluation of services and programs related to violence against women will have several features:

- It includes a general informing theory for evaluation grounded on a holistic foundation but that is flexible and dynamic enough to be able to be adapted to different cultural, social and economic settings. Reflecting evidence of the root causes of men's violence, the model should incorporate an intersectional and feminist-inspired theoretical foundation (Brah & Phoenix, 2013; Crenshaw, 1994; Pease & Rees, 2008). A theoretical framework for evaluation is offered by Provan and Milward's (2001) work, where the service and its various integrated stakeholders are able to be evaluated at multiple interacting levels (community, organisational, and individuals), taking into account the state of development and evolution of the service over time.
- It gives emphasis to empirical evaluation being built on a thorough appraisal of the integrated program or service and a knowledge framework, which in this context may include:
  1. a *rationale*, which is the systematic articulation of the integrated program or service contrasted with non-integrated services with otherwise similar goals;
  2. the *design* of the integrated program; and
  3. program *implementation* strategy related to its *aims and objectives*, including components related to its service delivery, program outcomes and impacts, and program efficiency.
- It incorporates defined *criteria* (the measurable indices) for evaluation which will emerge from a thorough process of expert and stakeholder consultation, analysis of knowledge, and systematic development. These criteria will also be informed by the existing literature. Domains for evaluation tend to include context, input, process, and outcome variables.
- It implements a mixed-methods approach, involving quantitative components ("proving" that the evaluation was effective across the integrated domains); and qualitative elements, indicating that the naturalistic evaluation "improved" the partnership or integration (Stufflebeam, 2003).

We can identify from our meta-evaluation similar variables that have been applied to assist in measuring change, and these examples highlight the methodological mix that may be required for an evaluation of an integrated service.

- **Process indicators:** Used to measure progress in the processes of change. They are used to investigate *how* a program or strategy has been developed and implemented as opposed to its consequences. For example, setting up an expert advisory committee on integration in services working to support women impacted by men's violence.
- **Output indicators:** Used to measure the outputs that are produced as a result of the practice of integrated service. For example, publication of a strategy document or launching a national program that promotes an integrated service model.
- **Outcome indicators:** Used to measure the definitive outcomes of the integration. Indicators of outcome may include reduction in perpetrator recidivism or reoffending; an increase in women's knowledge in relation to their rights, options and safety plans; improved material outcomes such as rates of remaining in or finding secure housing; and psychological outcomes such as reduction in depression among survivors of sexual assault or partner violence.

Quantitative measures for the evaluation of multiple dimensions of integrated services are advancing in the health field (Ahgren & Axelsson, 2005; Browne et al., 2004; Browne et al., 2007). A review of integration measurement approaches has informed the process of producing a comprehensive tool to measure multiple dimensions of integrated services (Browne et al., 2007). The combination of concepts used in the measurement tool was derived from existing theoretical, policy, and measurement approaches with the aim of establishing content validity and comprehensiveness.

Measurable dimensions of human service networks (the term applied to integration) were established. This included: "structural inputs, or the mix of agencies that comprise the integration (extent, scope, depth, congruence within an agency, and reciprocity between agencies)"; "functioning of the integration both in terms of the quality of the operation of the network or partnership functioning"; and "ingredients of the integration's working arrangements and range of human services provided" (Browne et al., 2007, p.1).

Consistent with evaluation approaches used in other settings where integration is the key focus, the tool includes multiple perspectives in a comprehensive approach to the measurement of integration of human service networks. Although content validity was established, the authors recommended that "future work should focus on further refinement of the instrument through psychometric evaluation (for example, assessing construct

validity) in diverse networks and relating these measures of network integration to client and system outcomes” (Browne et al., 2007, p.1). Establishing reliability (the extent to which independent assessments converge) and other components of validity of component measures (indicating the extent to which the index accurately reflects the naturally occurring observation) would add further to the ecological utility of the measure.

Informed by these research outcomes, policy-makers should consider a range of methodological approaches and apply a mixed-methods approach that will facilitate the capacity to empirically measure the domains and in addition synthesise evaluation data with qualitative evaluation data (Greene, Caracelli, & Graham, 1989). Integration of data and facilitating timely utilisation are vital to maintain the cycle of evaluation, feedback and service modification/development. Building on existing data collection portals, the aim should be to construct a systematic data collection site that is designed to facilitate easy input and extraction of data in usable form. The model should allow incremental refinement of content and construct validity of the evaluation tool to ensure graduated improvement in understanding of how well the totality as well as the dimensions of integration combines to produce the desired outcomes. Ultimately, this empirical process will improve both service refinement and the evaluation process in an iterative and reciprocal feedback loop.

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# Appendix A: Key stakeholder online survey

## Evaluations of Safe at Home Programs and/or Integrated Services

UNSW Australia is undertaking a research project, or meta-evaluation, funded by Australia's National Research Organisation for Women's Safety (ANROWS), to review evaluations of Safe at Home programs for women and their children who have experienced domestic and family violence and/or integrated service responses to domestic and family violence and sexual assault. You may offer both Safe at Home programs and integrated services, or your Safe at Home program may be an integrated service. We would like to hear about your programs/services, and your experiences of evaluation.

What is the name of your organisation?

.....  
.....  
.....  
.....

In which jurisdiction(s) does your organisation operate?

- Queensland
- New South Wales
- Australian Capital Territory
- Victoria
- Tasmania
- South Australia
- Northern Territory
- Western Australia
- Commonwealth

Further Comments (optional)

.....

**Please provide your organisational contact details below.**

Name:  
.....

Organisation:  
.....

Address 1:  
.....

Address 2:  
.....

Suburb:  
.....

State:  
.....

Post Code:  
.....

Email Address:  
.....

Phone Number (incl. area code):  
.....

**Please tell us about the Safe at Home program(s) and/or integrated services your organisation offers.**

	Safe at Home program	Integrated service	Both Safe at Home program and Integrated service	Program/service evaluated or reviewed?
Program/service 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program/service 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program/service 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program/service 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program/service 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you offer more than one Safe at Home program and/or integrated service, may we email you to find out more about your other programs/services?

- Yes
- No
- We only offer one relevant program/service

Further Comments (optional)

.....

Please provide a brief description of your Safe at Home program and/or integrated service. (If you offer more than one of these programs/services, please identify your main program/service)

.....  
.....  
.....  
.....

How long has your program/service been running?

- Less than 1 year
- 1 - 3 years
- 3 - 5 years
- More than 5 years

Further Comments (optional)

.....

Is your program/service currently active?

- Yes
- No

Further Comments (optional)

.....

Is your program/service run in partnership with other agencies or service providers?

- Yes
- No

Further Comments (optional)

.....

**Which other major partners do you work with?**

.....

.....

.....

.....

**Is your organisation the lead agency for your program/service?**

Yes

No

**Name of Lead Agency**

.....

**How often is your program/service evaluated?**

Every 2 years

Every year

Every 6 months

More often than every 6 months

We have not evaluated our program/service

**Further Comments (optional)**

.....

**Is your organisation and/or the organisations you work with resourced to evaluate your program/service?**

Yes

No

N/A

**Further Comments (optional)**

.....

**Has your organisation, or one of the agencies/service providers you work with, enlisted external assistance in conducting a formal program/service evaluation?**

Yes

No

**Further Comments (optional)**

.....

Please provide a brief description of how the formal evaluation of your program/service was undertaken?

.....  
.....  
.....  
.....

How was this formal evaluation funded?

.....  
.....  
.....  
.....

Please provide a brief description of the key findings of your formal evaluation.

.....  
.....  
.....  
.....

Is a report of your formal/external program evaluation available?

- Yes
- No

Further Comments (optional)

.....

Does your organisation and/or the agencies/service providers you work with use internal and/or informal processes to evaluate your program/service?

- Yes
- No

Further Comments (optional)

.....

Please provide a brief description of the internal and/or informal processes your organisation and/or the agencies/service providers you work with use to evaluate your program/service.

.....  
.....  
.....  
.....

Please provide a brief description of the key findings of your internal/informal evaluation(s).

.....  
.....  
.....  
.....

Is a report of your internal and/or informal evaluation(s) of your program/service available?

- Yes
- No

Further Comments (optional)

.....

Please indicate your willingness to participate in a follow-up interview and/or further questions about your program/service(s).

- Agree to follow-up interview and/or further questions
- Do not agree to follow-up interview or further questions

Further Comments (optional)

.....

# Appendix B: Evaluation search strategy

Database	Concept 1	Concept 2	Concept 3	Concept 4 if necessary
Informit	Interagency	Domestic violence	Evaluat*	Australia
APAIS				
APAFT	Coordinated	Family violence	Outcome	
FAMILY – Australian Family and Society Abstracts Database				
CINCH	Integrat*	Domestic and family violence	Systematic	
<b>ProQuest</b>	Multi agency		Review	
Applied Social Sciences Indexes and Abstracts (ASSIA)		Intimate partner violence	Trial	
Educational Research Information Center (ERIC)				
International Bibliography of the Social Sciences (IBSS)		Sexual assault	Pilot	
National Criminal Justice Reference Service Abstracts (NCJRS)				
PAIS International				
ProQuest Research Library				
ProQuest Social Science Journals				
Social Services Abstracts				
Sociological Abstracts				
<b>OVID</b>				
Social Work Abstracts				
<b>MEDLINE</b>				
<b>PsycINFO</b>				
<b>EBSCO</b>				
Violence and Abuse Abstracts				
Women's Studies International				
<b>Web of Science</b>				
<b>Scopus</b>				
Google				
Google Scholar				
New York Academy of Medicine – Grey Literature Report				
PolicyFile				
The Cochrane Library ( <i>last priority</i> )				
ANROWS				
ADFVC				
AIFS				

# Appendix C: Included evaluation matrices

## Australian Capital Territory

Program Summary	
(ACT) Evaluation 1	Notes
Author/Year/Title	Anderson, J., Richards, K., & Willis, K. (2013). <i>Evaluation of the ACT Sexual Assault Reform Program (SARP): final report</i> . Available from <a href="http://www.aic.gov.au/media_library/publications/tbp/tbp051/tbp051.pdf">http://www.aic.gov.au/media_library/publications/tbp/tbp051/tbp051.pdf</a>
Jurisdiction	ACT
Name of evaluated program/strategy	Sexual Assault Reform Program (SARP)
Inclusion rationale	Multi-agency coordinated response; proactive liaison between agencies.
Nature/type of program/strategy	Wraparound includes victim support and counselling to assist victims in navigating the criminal justice process. The Wraparound service (coordinated response by a number of relevant agencies) is integral to the SARP reforms, and is the focus of this evaluation.
Brief description of program/strategy (content, aims, etc.)	<p><i>(All page references herein refer to the evaluation report).</i></p> <p>The Sexual Assault Reform Program (SARP) was developed as a direct response to the recommendations (set out in the 2005 report, <i>Responding to sexual assault: The challenge of change</i> (Director of Public Prosecutions Australian Capital Territory &amp; Australian Federal Police, 2005, as cited in Anderson, Kelly, &amp; Willis, 2013, p. 13) and as one key initiative to reform the way sexual offence cases are handled by the ACT criminal justice system. SARP has a number of key objectives, principally:</p> <ul style="list-style-type: none"> <li>• improving the processes and support for victims of sexual offences as they progress through the criminal justice system;</li> <li>• reducing attrition in sexual offence matters in the criminal justice system; and</li> <li>• improving coordination and collaboration among agencies involved in the criminal justice system (p. 1).</li> </ul> <p>The Wraparound service is integral to the SARP reforms, and is the focus of this evaluation. Wraparound is key to SARP – “the coordinated response to victim/survivors of sexual offences reporting to ACT Policing” (p. 18). Core purpose is provision of a mobile counselling and support service at time of presentation to police or forensic/medical services (p. 18). Wraparound is designed to:</p> <ul style="list-style-type: none"> <li>• ensure appropriate and adequate support is provided to victims reporting sexual offences to police;</li> <li>• provide a coordinated response to victims’ case management; and</li> <li>• inform and communicate with victims throughout the criminal justice process (p. 19).</li> </ul> <p>Key mechanism is to have victims engage with support earlier to stay with the criminal justice process and achieve a better outcome (p. 18).</p>

(ACT) Evaluation 1	Notes
<b>Collaborating agencies</b>	Wraparound agencies hold monthly meetings – agencies involved: <ul style="list-style-type: none"> <li>• Canberra Rape Crisis Centre (CRCC)</li> <li>• Service Assisting Male Survivors of Sexual Assault (SAMSSA)</li> <li>• ACT Policing</li> <li>• Victim Support ACT (VSACT)</li> <li>• Children at Risk Health Unit (CARHU)</li> <li>• Care and Protection Services (CPS)</li> <li>• Forensic and Medical Sexual Assault Care (FAMSAC)</li> <li>• Office of the Director of Public Prosecutions (DPP).</li> </ul>
<b>Lead agency</b>	SARP is managed by the ACT’s Justice and Community Safety Directorate (JACS).
<b>Definition of “integration” within program/strategy</b>	Wraparound service includes victim support on a case management model involving a multi-agency coordinated response.
<b>Key program/strategy elements and practice approaches</b>	<p>“Each organisation contributes to different aspects of the Wraparound process in an effort to deliver effective services to victim/survivors of sexual offences, and to reduce duplication of services. Wraparound also seeks to avoid over servicing some victim/survivors and conversely, to make sure that victim/survivors do not fall through any gaps in service delivery (underservicing)” (p. 18). Clients generally enter Wraparound through police contact, who seek victims’ consent to be referred to the service. Victims are then assigned a Victim Liaison Officer (VLO) to be their primary support and contact.</p> <p>Victims who do not consent to enter Wraparound are still assigned a VLO. Entry to Wraparound does not have to be on first contact, and may come through referral from other agencies. “Although Wraparound is designed for victim/survivors who intend to progress through the criminal justice system, support is still provided to those who do not enter the system” (p. 18).</p>
<b>Services provided (e.g. DFV, SXA, both)</b>	SXA - for detail, see above.
<b>Details of stakeholder alliances (formal MoU, shared principles, etc.)</b>	<p>The SARP Reference Group consisted of JACS, ACT Policing, DPP, VSACT, CRCC, FAMSAC, CARHU, the Law Society, the Bar Association, Legal Aid ACT, ACT Corrective Services, the Children and Young People’s Commissioner, and the courts. It was established in 2008 by JACS. An implementation reference group was set up as a subgroup (Consultation with JACS). (p. 47). Meetings were regular in the lead-up to the reforms, but have become irregular since.</p> <p>MoU between agencies - e.g. an MoU between CRCC and ACT Policing specifying ACT Policing will contact CRCC when police attend a sexual offence (p. 18).</p> <p>“The Wraparound Charter (the Charter) was signed in late 2010 by each agency involved with and/or responsible for sexual offence complainants. The agencies include the DPP, VSACT, ACT Policing/[Australian Federal Police] and CRCC. The service standards of each agency involved in the process were developed in a separate document. A benefit of the service standards documentation is that it outlines how each agency is accountable to the others, and it does this by detailing precisely the role of each agency (Consultation with VSACT). Further, the Charter clarifies which Wraparound agency is accountable for each service/client (Consultation with VSACT). This is seen as a distinct benefit not only for the victim/survivor being serviced by Wraparound but also for the collaboration of partner agencies” (p. 48).</p> <p>Wraparound meetings are held monthly (p. 48).</p>

(ACT) Evaluation 1		Notes	
Target group	Diverse population groups (please specify)	Indigenous women	No specific mention of tailored service provision but SARP reforms address vulnerable groups as follows: “In addition to these upgrades to SARP infrastructure, the reform agenda included a number of legislative changes that came into effect on 30 May 2009. The legislative amendments changed how evidence can be given by victims of sexual and family violence offences, children and other vulnerable witnesses. There is no internationally agreed definition of ‘vulnerable’ witnesses. However, the following groups are often considered to require special protection: children and young people; Aborigines and Torres Strait Islanders; the mentally ill or disordered, and persons with developmental disabilities; and persons from culturally and linguistically diverse (CALD) communities” (pp. 1-2).
		Young people	See above
		CALD women	Difficult to assess the impact of SARP reforms on CALD victims - few report a sexual offence. The researchers note pressures around family judgement, language and cultural barriers as factors affecting service provision (p. 38).
		Not specified	“A key gap in services not addressed by the reforms is the experience of victim/survivors with a disability” as well as “an acute lack of services available for disabled victim/survivors” (p. 38).
	Geographical location	Metropolitan	No specific mention
		Remote	No specific mention
		Rural	No specific mention
		Not specified	
<b>Evaluation Details</b>			
Key information	Funder	ACT Attorney-General	
	Length of evaluation	Final proposed SARP reforms introduced in May 2009, and a minimum of one year was needed to document changes resulting from reforms (p. 12). Evaluation conducted in two stages: <ul style="list-style-type: none"> <li>• Stage 1 (commenced in October 2009): identified key indicators and their feasibility for evaluation, and give stakeholders time to collect the proposed data.</li> <li>• Stage 2 (commenced in July 2010): Key quantitative data collection (collected by stakeholders and submitted to the Australian Institute of Criminology (AIC) for analysis) and interview stage (p. 12).</li> </ul>	
	Evaluation governance	JACS	
	Purpose of evaluation	“The purpose of this evaluation is to give JACS, the SARP Reference Group and Wraparound agencies an insight into how well the reforms have been implemented to date to inform them of any preliminary outcomes” (p. 13).	
Evaluation Goals and Objectives			
Research questions		<p>The SARP evaluation addressed three key questions:</p> <ul style="list-style-type: none"> <li>• “Have there been improvements in the processes and support for victims of sexual offences as they progress through the criminal justice system?</li> <li>• Has attrition in sexual offence matters in the ACT’s criminal justice system improved?</li> <li>• Have there been improvements in the coordination and collaboration among agencies involved in administering SARP?” (p. 12).</li> </ul>	

(ACT) Evaluation 1		Notes
Evaluation components	Outcomes	Review of quantitative data collected by key stakeholders.
	Process	Interviews addressed to key reform objectives.
	Economic	
	Other (please specify)	
Relevant legislative and policy context		<p>“In 2005 the Australian Capital Territory (ACT) Office of the Director of Public Prosecutions (DPP) and the Australian Federal Police (AFP) produced a report, <i>Responding to sexual assault: The challenge of change</i> (DPP &amp; AFP 2005), which made 105 recommendations for reforming the way sexual offence cases are handled by the ACT’s criminal justice system” (p. ix). This reform agenda included legislative amendments. Sexual offences are defined under Part 3 of the <i>Crimes Act 1900</i> (ACT) (p. 6). Some stakeholders suggested the <i>Human Rights Act 2004</i>(ACT) can contribute to longer delays in sexual offence cases (p. 29).</p>
Methodology	Design	<p>Mixed-methods approach: “data collected on key measures for each question were supplemented by interviews with both victims/survivors of sexual offences and selected service providers from Wraparound” (p. 12). “A realist evaluation framework was...adapted and applied” after a class experimental design framework was deemed unfeasible (p. 12).</p> <p>Stage 1: Indicators for the SARP reforms were selected from those developed by JACS and Wraparound stakeholders, based on available data, access feasibility and relevance to the SARP objectives” (p. 13). A preliminary list was updated following consultation with key stakeholders, with further lists undergoing revision for two rounds of feedback from Wraparound agencies (late 2009). Final list updated in April 2011. Data were not collected for each indicator (p. 13).</p> <p>Stage 2: Inclusion/exclusion criteria were applied to the selection of interview participants:</p> <ul style="list-style-type: none"> <li>• “The participant must be a survivor of a sexual offence as outlined in Part 3 of the <i>Crimes Act 1900</i> (ACT).” Participants may have been under the age of consent when offence occurred, but must be over the age of consent to participate.</li> <li>• “The participants must be able to understand the purpose and scope of the interview and provide informed consent”. Survivors with intellectual disabilities were excluded.</li> <li>• “Survivors should no longer be ‘in crisis’ and should be able to cope with the demands of the interview with appropriate support mechanisms” (p. 14).</li> <li>• Following consultation with the DPP, pending cases or those not finalised in court were also excluded.</li> </ul> <p>Interviews were also conducted with sexual offence service delivery providers (SDP) – unfeasible to interview all agencies involved in SARP reforms. Semi-structured interviews, addressed to key reform objectives.</p> <p>Interview schedule/methodology modelled on a similar previous AIC study conducted in 2005, which had been subjected to rigorous consultation and ethics process (p. 14). Modified to address evaluation questions, and circulated to Wraparound stakeholders for feedback. Semi-structured interviews, with the option for participants to stop the interview at any time and with counselling services made available to interviewees (p. 14).</p>

(ACT) Evaluation 1		Notes
	<b>Sampling</b>	<p>CRCC, VSACT and the DPP consulted to decide which potential victim/survivor interviewees should be approached for participation, with protocols in place to protect the privacy of victims who were identified. This process took place between September 2010 and September 2011. Potential participants approached in October/November 2011 (p. 14). Due to time and resource constraints, only five victims/survivors were interviewed for the study (p. 13).</p> <p>Five interviews conducted with representatives from the following Wraparound agencies: ACT Policing Sexual Assault and Child Abuse Team (SACAT); CRCC; VSACT; DPP. ACT Courts were also interviewed, though they are not part of Wraparound. JACS was not interviewed, but completed a modified questionnaire (p. 14).</p>
<b>Study Limitations</b>		<p>Small sample - “As the timeline and resources for conducting the research were limited, only five victim/survivors in total were interviewed for this study” (p. 13). Scope - adapted to fit limited timeframe and resources. Other limitations included:</p> <ul style="list-style-type: none"> <li>• different units of measurement used in different datasets;</li> <li>• nature of available datasets;</li> <li>• delays in criminal justice systems proceedings;</li> <li>• incremental implementation of SARP reforms;</li> <li>• applicability to specific victims/survivors – “the study excluded looking specifically at the effects of SARP on victims/survivors from CALD backgrounds, of Aboriginal and/or Torres Strait Islander descent, and/or with mental illness, intellectual disability or other disabilities” (p. 15) due to lack of resources;</li> <li>• bias in stakeholder and victims/survivor interviews; and</li> <li>• limited pool of suitable victims/survivors to interview (pp. 15-16).</li> </ul>
<b>Diverse population groups and/or geographical locations addressed?</b>	<p>Yes</p> <p>No</p>	<p>“The study excluded looking specifically at the effects of SARP on victim/survivors from CALD backgrounds, of Aboriginal and/or Torres Strait Islander descent, and/or with mental illness, intellectual disability or other disabilities, primarily because of the additional resources needed to cater for these groups in the interview process” (p. 15).</p>
<b>Key findings</b>	<b>Process</b>	SARP reforms appear to have improved the criminal justice process for victims of sexual offences, with legislative changes and availability of support services key to these improvements (p. x).
	<b>Outcomes</b>	
	<b>Integration</b>	<p>Agencies need to maintain their commitment to the reforms, and to a collaborative approach offering a “joined-up” service, and could be facilitated with guidance from SARP Reference Group or other body (p. xi).</p> <p>Despite improvements, resources could be used more efficiently – e.g. “stakeholders from one agency suggested that a common intake form could be developed to facilitate shared-care planning for victim/survivors to identify and minimise any service overlaps using already stretched resources” (p. xi).</p> <p>Limitations of Wraparound were identified as:</p> <ul style="list-style-type: none"> <li>• Not all victims were offered services, and of those who were offered services, not all consented to participate.</li> <li>• Victim supporters, such as family, are often unrecognised and underserved (however, VSACT and CRCC do provide support for families).</li> </ul>

(ACT) Evaluation 1	Notes
	<ul style="list-style-type: none"> <li>• Failure to reduce resolution time for sexual offence cases (however, this is not unique to sexual offence cases; also, introduction of pre-trial hearing enables victims to give evidence earlier).</li> <li>• Little available evidence to determine effect of SARP reforms on attrition of sexual offence cases in the criminal justice system (p. x).</li> <li>• Stakeholders reported “the governance of SARP lacks overall coordination and that one agency should be responsible for this coordination role” (p. xi).</li> </ul> <p><b>Strengths of model</b></p> <p>The “joined-up” Wraparound process has been successful, improving local agencies’ understanding of the roles agencies play in service provision to victims. Collaboration between law enforcement and victim support has improved (p. x).</p> <p>Stakeholders strongly believe SARP reforms have greatly improved working relationships between relevant agencies: “it appears these relationships have moved from coordination to collaboration as agencies proactively liaise with each other as a result of the reforms” (pp. x-xi). This collaborative approach appears to have benefits for victims, increasing their confidence in agencies and enabling access to support (p. xi).</p> <p>Collaboration assists with streamlining services for more efficient use of time and resources (p. xi).</p> <p>“The establishment of Memoranda of Understanding (MoUs) among agencies was also perceived to facilitate information sharing. For example, the 2008 MoU among CRCC, FAMSAC and ACT Policing” (p. 47).</p>
<b>Conclusions/recommendations</b>	<ul style="list-style-type: none"> <li>• SARP reforms are an ongoing process of service improvement.</li> <li>• Aspects of the new legislation still require resolution and practical application: this will require SARP agencies to respond to issues arising from the new legislation as they are implemented (p. xi).</li> <li>• Suggested agencies need to better inform victims about why engaging with the services is preferable (p. x).</li> </ul>
<b>Findings useful for wider program development/practice?</b>	Yes

Program Summary	
(ACT) Evaluation 2	Notes
Author/Year/Title	Holder, R. & Caruana, J. (2006). <i>Criminal justice intervention in family violence in the ACT: The Family Violence Intervention Program 1998–2006</i> . Canberra: Office of the Victims of Crime Coordinator.
Jurisdiction	ACT
Name of evaluated program/strategy	Family Violence Intervention Program (FVIP) (1998-2006)
Inclusion rationale	Interagency model involving government and independent offices, as well as non-government organisations (NGOs).
Nature/type of program/strategy	Criminal justice focus - victim support and advocacy.
Brief description of program/strategy (content, aims, etc.)	<p><i>(All page references herein refer to the evaluation report).</i></p> <p>“The FVIP is a coordinated community and criminal justice response to family violence. That is, a program that is a functional integration of the activities of the police, prosecution, courts and corrections as comprising the criminal justice system; and coordinates externally with other key agencies such as domestic violence advocacy services” (p. 9). “The government agencies and non-government organisations engaged in delivering the FVIP created common purpose through negotiated protocols signed in 1998. These formally committed agencies to four overarching aims:</p> <ul style="list-style-type: none"> <li>• To work together cooperatively and effectively;</li> <li>• To maximise safety and protection for victims of family violence;</li> <li>• To provide opportunities for offender accountability and rehabilitation; and</li> <li>• To seek continual improvement” (p. 9).</li> </ul> <p>“The core components of the FVIP at an operational level include:</p> <ul style="list-style-type: none"> <li>• the development of consistent and inter-connecting policy frameworks;</li> <li>• the creation of specialist positions, procedures and practices within the mainstream of criminal processing;</li> <li>• implementation of joint training between police and prosecution and including other practitioners;</li> <li>• equipping general duties police with Family Violence Investigator Kits;</li> <li>• creation of information links to enable relevant and reliable information to be put to the Court in oppositions to bail;</li> <li>• monitoring of case decisions and the implementation of case management and case tracking procedures through the criminal system;</li> <li>• creating the specialist Family Violence Case Management Criminal List at Court;</li> <li>• implementing measures to promote victim safety, to provide victims with case status information and to allow for victim participation in proceedings;</li> <li>• implementing a perpetrator education program as a sentence option;</li> <li>• strategic inter-agency program planning &amp; coordination; and</li> <li>• continuous data collection, monitoring and evaluation” (p. 10).</li> </ul>

(ACT) Evaluation 2	Notes
<b>Collaborating agencies</b>	“From 1998-2006, the core participating agencies have been the AFP, Office of the DPP, the Magistrates Court, ACT Corrective Services and the Department of Justice & Community Safety; the independent offices of the Victims of Crime Coordinator and of Legal Aid (ACT); and the non-government DVCS [i.e. Domestic Violence Crisis Service] and Relationships Australia. The Office of Children, Youth and Family Support (incorporating Care and Protection Services, CPS) has assumed a more active role since 2004” (p. 9).
<b>Lead agency</b>	
<b>Definition of “integration” within program/strategy</b>	Fully integrated service involving coordinated response from multiple agencies to support victims through the criminal justice process.
<b>Key program/strategy elements and practice approaches</b>	<p>“The FVIP is a developmental program of system-wide change. The program has overarching inter-agency objectives and, under each planning cycle, participating agencies develop more detailed objectives specific to their core business. The FVIP has grown in phases being:</p> <ul style="list-style-type: none"> <li>• Phase I (1998-1999) – the pilot phase that established a broad policy framework, baseline measures and interventions.</li> <li>• Phase II (1999-2001) – was the research and development phase where new initiatives were tested and externally evaluated.</li> <li>• Phase III (2001-2003) – involved the extension of the leading practice model to the ACT Region as a whole.</li> <li>• Phase IV (2003-2005) – represents both the consolidation of the leading practice model with the identification of areas that may require a flexible response.</li> <li>• Phase V (2005-2008) – looks forward to consolidating the specialist jurisdiction of the FVIP” (p. 7).</li> </ul>
<b>Services provided (e.g. DFV, SXA, both)</b>	DFV
<b>Details of stakeholder alliances (formal MoU, shared principles, etc.)</b>	<ul style="list-style-type: none"> <li>• “In 2004, Chief Executives of the 10 core participating agencies signed a Memorandum of Agreement that committed their agencies to the collaboration.</li> <li>• This Agreement commits agencies to strategic planning and program review once every two years.</li> <li>• The four criminal justice agencies were successful in a unique combined New Budget Bid in 2001-2002 to the ACT Government for the FVIP for future years.</li> <li>• At an operational level, the interagency collaboration is unparalleled” (p. 1).</li> </ul>

(ACT) Evaluation 2		Notes	
Target group	Diverse population groups (please specify)	Indigenous women	As described in the profile of DVCS clients: “Approximately two thirds of the 7979 calls in 2005-06 identified their cultural origin. Of these...6% identified as being from an Aboriginal or Torres Strait Islander background” (p. 56).
		Young people	As described in the profile of DVCS clients: “In 2005-06, 31% of these were aged between 25-34, 22% were 19-24 years old, and 20% were 35 to 44 years old” (p. 55).
		CALD women	As described in the profile of DVCS clients: “Approximately two thirds of the 7979 calls in 2005-06 identified their cultural origin. Of these...14% identified as being from a non-English speaking background” (p. 56).
		Not specified	
	Geographical location	Metropolitan	Canberra-based
		Remote	
		Rural	
		Not specified	
<b>Evaluation Details</b>			
Key information	Funder		
	Length of evaluation	Dataset from 2000 - 2005. See “Design” below.	
	Evaluation governance	Report published for the Office of the Victims of Crime Coordinator. Lead author Robyn Holder was a Victims of Crime Coordinator and a Domestic Violence Project Coordinator.	
	Purpose of evaluation	This is not an evaluation as such: rather, “[t]his report draws a line from 1993 to 2006 in a unique exercise in data collection and analysis” (p. 12).	
Evaluation Goals and Objectives			
Research questions			
Evaluation components	Outcomes	Data collected regarding outcomes in the following areas: leading practice (program awards received); interagency collaboration (formalised agreements); police response; Woden Patrol pilot project; DPP; Magistrates Court; victims; perpetrators. Data sourced from surveys as quoted in this report.	
	Process		
	Economic	N/A	
	Other (please specify)		
Relevant legislative and policy context		<i>Victims of Crime Act 1994 (ACT); Crimes Act 1900 (ACT); Domestic Violence Agencies Act 2001 (ACT); Domestic Violence &amp; Protection Orders Act 2001 (ACT) (s. 10A)</i>	

(ACT) Evaluation 2		Notes
Methodology	Design	This is not an evaluation, but a data collation/analysis report. Further, “[a]ll quotes in this report are derived from surveys conducted by Urbis Keys Young for the evaluation of Phases I and II of the FVIP (2000 and 2001), follow-up victim surveys of victims conducted by the Victims of Crime Coordinator (2002), and annual client feedback surveys conducted by the Domestic Violence Crisis Service (2003, 2004 and 2005)” (p. v).
	Sampling	See above. Also “. . .the numbers of respondents to both the Urbis evaluation and the second survey are too small to draw absolute conclusions as to how victims experience a pro-active intervention in relation to family violence” (p. 67).
Diverse population groups and/or geographical locations addressed?	Yes	No
Key findings	Process	Not a focus of this data collation report.
	Outcomes	<p>Improved Police Response</p> <ul style="list-style-type: none"> <li>• “In 1993, the arrest rate for domestic violence was 6%. In 2003-04, the arrest rate was 30%;</li> <li>• 23% increase in reported incidents to police from 1999-00 to 2000-01, then by 74% from 2000-01 to 2001-02 (using a different counting method)” (p. 3).</li> </ul> <p>Woden Patrol Pilot Project</p> <ul style="list-style-type: none"> <li>• “Pro-active Interventions – recorded ‘action taken’ increased from 27% to 51% of all incidents attended;</li> <li>• Arrest – 16% of total incidents in 1999 (six months) increased to 27% of all incidents in 2000-01. Arrest as a sub-set of ‘action taken’ was 58% in 1999 and 53% in 2000-01;</li> <li>• Positive Interventions – ‘action taken’ includes arrest plus other police-initiated legal action (FIWT, breach of the peace, summons, caution, Voluntary Agreement to Attend Court (VATAC)). Taken together, in 1999 (1 June to 3 December 1999) these constituted 24% of total incidents (n = 32 of 133). In 2000-2001, these were 42% of total incidents (n = 169 of 399);</li> <li>• Quality evidence – matters arising from Woden that resulted in a full contested hearing at court had a high success rate of 83%” (pp. 3-4).</li> </ul> <p>Director of Public Prosecutions (DPP)</p> <ul style="list-style-type: none"> <li>• “Increased volume – 464% increase in the number of family violence matters handled by the DPP over eight years (1998-9=168 to 2005-06=947);</li> <li>• Increase in completions – three quarters of family violence matters commence and complete within a 12 month period;</li> <li>• Improved efficiency &amp; effectiveness – increase from 24% to 46% of matters finalised by an early plea of guilty” (p. 3).</li> </ul> <p>Magistrates Court</p> <ul style="list-style-type: none"> <li>• Increased volume – 163% increase in family violence defendants coming before the Court over eight years (1998-99 – 163 persons to 2005-06 – 428 persons), and a 75% increase in FV [i.e. family violence] charges before the Court over the eight years;</li> <li>• Increased efficiency – over 450 court hours saved and nearly 1000 witnesses saved from attending court over 2005-06 through Family Violence Case Management; and three quarters of family violence matters finalised within four months;</li> <li>• Court Outcomes – Over 1998-2006, half of finalised FV charges result in a finding or plea of guilt. Approximately 16% are found not guilty. The number of defendants convicted of a family violence offence has more than trebled since 1998 (from 68 to 217 in 2005-06)” (p. 3).</li> </ul>

(ACT) Evaluation 2		Notes
		<p>Victims of Family Violence</p> <ul style="list-style-type: none"> <li>• “69% of victims felt that the prosecution was beneficial to them and 74% felt that their views were taken into account (2004-05);</li> <li>• 12 months after finalisation 75% said that they felt very safe or fairly safe since that time and only one person (of 16) reported being physically assaulted since (2001)” (p. 4).</li> </ul> <p>Perpetrators of Family Violence</p> <ul style="list-style-type: none"> <li>• “From 2000 to 2006 approximately 40% of FV offenders were assessed as suitable for a specialist FV program intervention;</li> <li>• Of that proportion, 43% of offenders from 2000 to 2006 completed the specialist intervention” (p. 4).</li> </ul>
	<b>Integration</b>	<ul style="list-style-type: none"> <li>• “In 2004, Chief Executives of the 10 core participating agencies signed a Memorandum of Agreement that committed their agencies to the collaboration.</li> <li>• This Agreement commits agencies to strategic planning and program review once every two years.</li> <li>• The four criminal justice agencies were successful in a unique combined New Budget Bid in 2001-2002 to the ACT Government for the FVIP for future years.</li> <li>• At an operational level, the interagency collaboration is unparalleled” (p. 1).</li> </ul>
	<b>Strengths of model</b>	
<b>Conclusions/recommendations</b>		“Whilst it is reiterated that the numbers in the follow-up survey are small, the data is nonetheless suggestive of the proposition that the majority are determined to see a matter proceed, only about a quarter of complainants are dissatisfied with a more assertive prosecution but all are safer for it” (p. 67).
<b>Findings useful for wider program development/practice?</b>		Specific data collated for a particular program (FVIP).

Program Summary	
(ACT) Evaluation 3	Notes
Author/Year/Title	Urbis Keys Young. (2001) <i>Evaluation of the ACT Family Violence Intervention Program Phase II: final report.</i>
Jurisdiction	ACT
Name of evaluated program/strategy	Family Violence Intervention Program (FVIP) Phase II
Inclusion rationale	Interagency model involving government and independent offices, as well as NGOs.
Nature/type of program/strategy	Criminal justice focus - victim support and advocacy
Brief description of program/strategy (content, aims, etc.)	<p><i>(All page references herein refer to the evaluation report).</i></p> <p>“The FVIP is a coordinated interagency response by the criminal justice and community sectors to violence within intimate and family relationships. Its overall aims are to work together cooperatively and effectively to maximise the protection and safety of victims of family violence and to provide opportunities for offender accountability and rehabilitation” (p. i). “Phase I of the FVIP (which commenced in May 1998) focused on developing a policy and procedural framework and an operational infrastructure for the program. Phase II (which commenced in May 2000) focused on various policing, prosecution, corrections and victim support strategies” (p. i).</p> <p>“Phase II aims to build on Phase 1 by:</p> <ul style="list-style-type: none"> <li>• identifying and documenting best practice in policing and prosecution of family violence</li> <li>• consolidating this best practice and ensuring it is consistently applied</li> <li>• improving adherence by criminal justice agencies to the Victims of Crime Act 1994 [ACT]</li> <li>• producing an outcome evaluation of the FVIP” (p. 1).</li> </ul>
Collaborating agencies	<p>“The Criminal Justice Sub-Committee comprises representatives from:</p> <ul style="list-style-type: none"> <li>• the AFP (ACT Policing)</li> <li>• the DPP</li> <li>• the Department of Justice and Community Safety</li> <li>• ACT Corrective Services</li> <li>• the ACT Magistrates Court</li> <li>• the Victims of Crime Coordinator (VoCC)</li> <li>• Legal Aid (ACT)</li> <li>• the Domestic Violence Crisis Service (DVCS)</li> <li>• Relationships Australia, the provider of the Perpetrator Education Program</li> <li>• a representative from ACT women’s refuges” (p. 2).</li> </ul>
Lead agency	FVIP managed by the Criminal Justice Sub-Committee of the ACT Domestic Violence Prevention Council (p. 2).
Definition of “integration” within program/strategy	Fully integrated service involving coordinated response from multiple agencies to support victims through the criminal justice process.

(ACT) Evaluation 3		Notes	
<b>Key program/strategy elements and practice approaches</b>		<p>“The key strategies implemented in the second phase of the FVIP included:</p> <ul style="list-style-type: none"> <li>• the establishment of new procedures for dealing with family violence cases in the ACT Magistrates Court</li> <li>• the appointment of a designated Family Violence Magistrate</li> <li>• the appointment of a specialist Family Violence Prosecutor and a Witness Assistant within the Office of the Director of Public Prosecutions (DPP)</li> <li>• the trialing of a number of initiatives in one of the ACT’s four police patrols (Woden Patrol) including the appointment of a Family Violence Project Officer; the conduct of a two-day family violence training workshop for all Woden officers; the introduction of new equipment (digital cameras, video cameras and dictaphones) to assist with the investigation of family violence incidents; the monitoring of all family violence incidents; and the identification and documentation of best practice policing guidelines for family violence matters</li> <li>• the commissioning of a separate evaluation of a 24 week mandated education program for perpetrators of family violence, broadly modelled on the Duluth program” (p. i).</li> </ul>	
<b>Services provided (e.g. DFV, SXA, both)</b>		DFV	
<b>Details of stakeholder alliances (formal MoU, shared principles, etc.)</b>		Not explicitly noted	
<b>Target group</b>	<b>Diverse population groups (please specify)</b>	<b>Indigenous women</b>	Not noted
		<b>Young people</b>	Not noted
		<b>CALD women</b>	Not noted
		<b>Not specified</b>	
	<b>Geographical location</b>	<b>Metropolitan</b>	Located within the ACT
		<b>Remote</b>	
		<b>Rural</b>	
		<b>Not specified</b>	
<b>Evaluation Details</b>			
<b>Key information</b>	<b>Funder</b>	“FVIP is funded under the Commonwealth Government’s Partnerships Against Domestic Violence initiative, with in-kind assistance and additional funding from participating ACT agencies” (p. i).	
	<b>Length of evaluation</b>	Phase II - 1999-2000	
	<b>Evaluation governance</b>	“A Sub-Committee of the Criminal Justice Sub-Committee was established to oversight the evaluation of Phase II” (p. 2 - see mention of Committee above).	
	<b>Purpose of evaluation</b>	Not explicitly stated	

(ACT) Evaluation 3		Notes
Evaluation Goals and Objectives		Evaluation Objectives: <ul style="list-style-type: none"> <li>• “Integrate agency-based evaluation mechanisms into overall system to provide for on-going evaluation of the program as a whole</li> <li>• Develop quantitative and qualitative mechanisms to assess the extent to which the FVIP Phase II has met its objectives</li> <li>• Take into account the developmental nature of the program and the evaluation” (Table 1).</li> </ul>
Research questions		
Evaluation components	Outcomes	Analysis of statistical data; victim surveys
	Process	Interviews; focus groups; victim surveys; police surveys
	Economic	n/a
	Other (please specify)	
Relevant legislative and policy context		None explicitly noted, though the FVIP Phase I was concerned with the development of a policy and procedural framework.
Methodology	Design	<ul style="list-style-type: none"> <li>• A comparison of 1999-2000 criminal justice data on family violence offences with 1998- 1999 benchmark data.</li> <li>• A survey of police officers in the Woden Patrol, where a number of specific FVIP Phase II initiatives were trialed: “The survey took the form of a self-complete questionnaire...[and] sought information about officers’ attitudes, knowledge and awareness of various family violence policing issues. It also sought feedback about the perceived value, usefulness and impact of the family violence training and other FVIP initiatives being trialed in Woden and in other parts of the criminal justice system.</li> <li>• A survey of police officers from the three other ACT patrols: Belconnen, Tuggeranong and City – this was intended “to obtain data on the officers’ attitudes, knowledge and awareness of family violence policing issues and then compare these with data from the Woden Patrol survey to help assess the impact of the Woden initiatives” (p. 4).</li> <li>• Focus group discussions with Woden Patrol officers: “. . .to obtain more detailed information about the officers’ responses to the FVIP initiatives than could be obtained from the survey and also to give officers the opportunity to raise issues they considered relevant or important” (p. 4).</li> <li>• A survey of victims of family violence whose cases were prosecuted and finalised between May 2000 and February 2001: either self-completed or administered over the telephone (p. 4).</li> <li>• In-depth interviews with key informants from each of the participating agencies: conducted face-to-face in a semi-structured format (p. 5).</li> <li>• Analysis of statistical data collected by the AFP and the DPP since the inception of Phase II: analysis of “statistical data collected by the AFP Woden Family Violence Project Officer and the Family Violence Prosecutor since the commencement of Phase II” (p. 5).</li> </ul>

(ACT) Evaluation 3		Notes
	<b>Sampling</b>	<p>Core evaluation components included:</p> <ol style="list-style-type: none"> <li>1. Woden Police Patrol Surveys: “A total of 50 police officers from Woden Patrol were surveyed for the evaluation, representing some 80% of the patrol membership” (p. 3).</li> <li>2. Survey of Police from other patrols: “A total of 75 police officers were surveyed from Belconnen, Tuggeranong and City Patrols, representing approximately 40% of the officers working in these patrols” (p. 3).</li> <li>3. Focus Groups with Woden Officers: “Four focus group discussions involving 29 officers were conducted at Woden Patrol” (p. 4).</li> <li>4. Survey of FV Victims: “A survey of 39 family violence victims was conducted within the Phase II period i.e. between May 2000 and February 2001. This represents some 20% of all family violence victims whose cases had been prosecuted and completed within this period” (p. 4)...” The assistance of key personnel in the FVIP who have contact with the complainants - e.g. the DVCS, the two AFP Victim Liaison Officers (VLOs), the VoCC and Assistant - was enlisted to approach victims and request their participation in the evaluation” (p. 4).</li> <li>5. In-depth interviews with 30 key informants, including: <ul style="list-style-type: none"> <li>• “the Chief Magistrate of the ACT Magistrates Court</li> <li>• the Family Violence Magistrate</li> <li>• the ACT Magistrates Court Listing Clerk</li> <li>• the Deputy Director of the DPP</li> <li>• the Family Violence Prosecutor</li> <li>• the DPP Witness Assistant</li> <li>• the VoCC and Assistant</li> <li>• the Officer-in-Charge of Woden Police Patrol (the AFP FVIP Coordinator)</li> <li>• the AFP Family Violence Project Officers (two officers having filled this position over the last year)</li> <li>• the AFP VLO for the Southern District</li> <li>• the Team Leader of the Brief Management Section of the AFP Prosecution and Judicial Support</li> <li>• three officers from the AFP Watch House (which handles all arrests)</li> <li>• six staff from the AFP Communications Unit (which receives calls for police assistance)</li> <li>• the DVCS Manager and five staff members</li> <li>• the Coordinator of the Perpetrator Education Program</li> <li>• ACT Corrective Services representatives” (pp. 4-5).</li> </ul> </li> </ol>
	<b>Study Limitations</b>	<p>“Some problems were experienced in obtaining comparable data for 1999-2000 from a number of the agencies. Due to the recent discovery of some major deficiencies in the data previously supplied by the AFP, it was decided that the 1998-1999 data (utilised in the evaluation report on Phase I) be discarded as the benchmark on family violence incidents reported to the AFP.</p> <p>It also proved necessary to make a number of minor adjustments to data supplied by the ACT Magistrates Court to ensure absolute comparability over the last two years” (p. 3). Some problems were also noted with the data supplied by ACT Corrective Services, and it was decided reporting methods should be changed (p. 3). Additionally, an influx of new police recruits complicated the comparison between Woden Police and those from other patrols (p. 4).</p>

(ACT) Evaluation 3		Notes
Diverse population groups and/or geographical locations addressed?	Yes	No
Key findings	Process	<p>The Woden Patrol initiatives have improved:</p> <ul style="list-style-type: none"> <li>• “police attitudes towards, and knowledge of, family violence issues</li> <li>• police investigation and evidence-gathering practices</li> <li>• the quality of briefs of evidence prepared</li> <li>• police confidence in handling family violence matters</li> <li>• the implementation of a pro-active (i.e. pro-arrest or pro-charge) policy in family violence matters” (p. ii).</li> </ul> <p>DPP initiatives have been effective by:</p> <ul style="list-style-type: none"> <li>• “developing a close working relationship between the DPP and the AFP, and with Woden Patrol in particular</li> <li>• improving the quality and consistency of the policing and prosecution response to family violence matters</li> <li>• implementing a more coordinated, pro- active and better-informed approach to dealing with family violence matters before the court, particularly in regard to victim safety issues</li> <li>• reducing the number of cases which are withdrawn due to lack of evidence and/or victim/witness reluctance to proceed” (p. ii)</li> </ul> <p>Perpetrator Education Program: operating at full capacity, with referrals mainly court-ordered, has reasonable completion rate (p. ii).</p>
	Outcomes	<ul style="list-style-type: none"> <li>• 8% increase in defendants charged with FV offences between 1998-99 and 1999-2000 (p. i).</li> <li>• In the two years previous to the evaluation, the proportion of FV cases finalised with an early guilty plea has increased from 24% to 40% (p. i).</li> <li>• New court procedures for FV cases and the appointment of a designated FV Magistrate have increased speed and efficiency (p. i).</li> </ul>
	Integration	<p>Future Challenges</p> <p>Major challenge is consolidating and extending the achievements of Phases I and II. The following areas are identified as needing strengthening:</p> <ul style="list-style-type: none"> <li>• Policing and prosecution of FV cases</li> <li>• A more systematic and coordinated approach to victim support and supply of victim information</li> <li>• Collection of accurate and reliable data for program monitoring and evaluation (p. ii).</li> </ul>

(ACT) Evaluation 3		Notes
	<b>Strengths of model</b>	<p>Overall, evaluation evidence indicates:</p> <ul style="list-style-type: none"> <li>• “significant and ongoing cooperation between all FVIP participating agencies in regard to the exchange of critical information and the development of policies, procedures and protocols</li> <li>• greater and more active management support for the program within some key agencies than was evident in Phase I</li> <li>• growing enthusiasm for the FVIP as a whole at both operational and management level, largely based on the practical benefits that are now being seen to flow from the pilot initiatives</li> <li>• greater ‘ownership’ of the implementation and monitoring of FVIP initiatives by participating agencies” (p. ii).</li> </ul> <p>The researchers set out the following as key factors contributing to the FVIP’s success:</p> <ul style="list-style-type: none"> <li>• “the allocation of resources to establish specific positions to ‘drive’ the FVIP agenda within the participating agencies, to purchase new investigative equipment and to conduct a comprehensive program of police training on family violence</li> <li>• the skills, commitment and energy of the individuals appointed to the specialist positions</li> <li>• the consistent and active management support for the FVIP initiatives within participating agencies, in particular the AFP and the DPP</li> <li>• the sound basis established in Phase I of the FVIP with regard to interagency coordination and collaboration, and the good planning of the Phase II strategies</li> <li>• responsibility for, and ‘ownership’ of, the implementation of the FVIP initiatives having shifted from the Criminal Justice Sub-Committee to participating agencies</li> <li>• the adoption of an integrated approach to policy development, service-delivery and case-management</li> <li>• the introduction of Case Management Hearing procedures within the ACT Magistrates Court</li> <li>• the operation of a program implementation feedback ‘loop’ to agencies via the Criminal Justice Sub-Committee” (p. 92).</li> </ul>
<b>Conclusions/recommendations</b>		<p>Areas requiring further attention/consideration were identified as follows:</p> <ul style="list-style-type: none"> <li>• Consolidation and Extension of AFP initiatives.</li> <li>• Consolidation and Extension of Prosecution Initiatives.</li> <li>• Court Initiatives.</li> <li>• Victim Support and Involvement in the Criminal Justice Process.</li> <li>• Evaluation (pp. 93 - 95).</li> </ul>
<b>Findings useful for wider program development/practice?</b>		Quite FVIP specific, though some elements may be transferable.

Program Summary			
(ACT) Evaluation 4		Notes	
Author/Year/Title		Cussen, T., & Lyneham, M. (2012). <i>ACT Family Violence Intervention Program Review</i> . ACT: Australian Institute of Criminology.	
Jurisdiction		ACT	
Name of evaluated program/strategy		ACT Family Violence Intervention Program	
Inclusion rationale		Multiple agencies	
Nature/type of program/strategy		Criminal justice responses, victim safety, offender accountability.	
Brief description of program/strategy (content, aims, etc.)		<i>(All page references herein refer to the evaluation report).</i> “The FVIP provides an interagency response to family violence matters that have come to the attention of police and then proceeded to prosecution” (p. v.). The FVIP’s focus is on the improvement of the criminal justice system response to family violence. Agencies seek to work cooperatively together, maximising safety and protection for victims of family violence, providing opportunities for offender accountability and rehabilitation, and working towards continual improvement of the FVIP (p. xiii).	
Collaborating agencies		Australian Federal Police; Office of the Director of Public Prosecutions; ACT Magistrates’ Court; ACT Corrective Services; Domestic Violence Crisis Service; Office for Children, Youth and Family Support; Justice and Community Safety Directorate; and The Office of the Victims of Crime Coordinator.	
Lead agency		Genuine interagency response, no lead agency.	
Definition of “integration” within program/strategy		The evaluation did not provide a specific definition of integration, however, FVIP provides a fully integrated service involving coordinated response from multiple agencies to support victims through the criminal justice process.	
Key program/strategy elements and practice approaches		“Each partner agency has responsibility for its own mandate to fulfil its obligations to the community through its practices and/or statutory authority. These roles and responsibilities are diverse and cover investigation, evidence collection, arrest and charge functions, prosecution, presenting evidence to the court, hearing of evidence, supporting victim witnesses, determination of guilt, sentencing, supervision of court orders, facilitation of rehabilitation programs, referral to program providers and victim advocacy and support” (pp. 6-7).	
Services provided (e.g. DFV, SXA, both)		DFV	
Details of stakeholder alliances (formal MoU, shared principles, etc.)		Formal MoU and protocols	
Target group	Diverse population groups (please specify)	Indigenous women	Detailed throughout the report. “Notably, 23% of Indigenous victims and only 12% of non-Indigenous victims were of ‘other’ relationship to their offender, including immediate family, step or other relations. This may reflect the difference in kinship ties between Aboriginal and non-Aboriginal people. The Indigenous status of the offender by Indigenous status of victim is unknown” (p. 32).
		Young people	n/a
		CALD women	19% of victims identified as being from a CALD background.
		Not specified	n/a

(ACT) Evaluation 4		Notes
Geographical location	Metropolitan	No specific mention. Although the vast majority of the population in the ACT live in metropolitan areas.
	Remote	Not specifically, however they note that an increase in the availability, range and evaluation of perpetrator programs that meet standard principles, particularly in rural and remote areas, is needed.
	Rural	See above.
	Not specified	n/a
<b>Evaluation Details</b>		
Key information	Funder	Australian Government
	Length of evaluation	1 year, financial year: 2007-08. Also includes data from 2008/09 and 2009/10.
	Evaluation governance	Australian Institute of Criminology conducted the evaluation - external organisation.
	Purpose of evaluation	Whether the FVIP is meeting its purpose of improving the criminal justice system's response to family violence.
Evaluation Goals and Objectives		<ul style="list-style-type: none"> <li>• “to identify emerging good practice in criminal justice interventions to address family violence;</li> <li>• to describe victims reporting incidents of family violence to police;</li> <li>• to describe defendants charged before the court for family violence offences;</li> <li>• to describe results from a survey of victims; and</li> <li>• to identify recommendations for improved governance and future directions of the FVIP” (p. 1).</li> </ul>
Research questions		See above.
Evaluation components	Outcomes	Yes – a description of 2007–08 family violence data provided by the Magistrates’ Court and ACT Policing;
	Process	Yes – <ul style="list-style-type: none"> <li>• “a survey of 40 victims of family violence whose matters were prosecuted;</li> <li>• an audit of 73 DVCS client files; and in-depth interviews with 21 key stakeholders from FVIP agencies” (p. xiii).</li> </ul>
	Economic	Not evaluated, but notes that “[e]arly pleas of guilt are generally viewed favourably by the court system due to time and cost savings associated with case preparation and hearing” (p. 50).
	Other (please specify)	n/a
Relevant legislative and policy context		The report notes that “[t]he FVIP lacks a legislative base for its existence. This means that it relies on the good will of agency partners to continue to provide an effective response. Although encapsulating the FVIP in legislation would be challenging and may not be necessary, there is a need to commit to specific [ACT Family Violence] reporting, accountability, information sharing and renewed [Memorandum of Agreement] protocols to address any strains agencies experience that impact on their ability to participate in the program” (pp. xv-xvi).
Methodology	Design	<ul style="list-style-type: none"> <li>• “a literature review focusing on criminal justice system responses to family violence;</li> <li>• a description of 2007–08 family violence data provided by the Magistrates’ Court and ACT Policing;</li> <li>• a survey of 40 victims of family violence whose matters were prosecuted;</li> <li>• an audit of 73 DVCS client files;</li> <li>• in-depth interviews with 21 key stakeholders from FVIP agencies” (p. xiii).</li> </ul>

(ACT) Evaluation 4		Notes
	<b>Sampling</b>	See above.
<b>Study Limitations</b>		The ACT Courts do not record Indigenous status of offenders, therefore difficult to track this data.
<b>Diverse population groups and/or geographical locations addressed?</b>	<b>Yes</b> <b>No</b>	
<b>Key findings</b>	<b>Process</b>	<ul style="list-style-type: none"> <li>• “There is evidence that the FVIP is effective in establishing relationships between agencies and ensuring they work cooperatively” (p. xiii).</li> <li>• “Partner agencies have committed recurrent service delivery, policy and coordination to the program under a Memorandum of Agreement (MoA)” (p. xiii).</li> <li>• “Twenty-four respondents (60%) either strongly agreed or agreed that they felt safer as a result of the police’s intervention at the time of the incident. Three of these respondents did not provide an explanation for their feelings of safety. Fifteen of these respondents (63%) cited their feeling of safety as arising from the fact that the offender was taken away” (p. 80).</li> <li>• “90%...[of victims] reported that the police were sympathetic and supportive at the time of the incident” (p. 80).</li> <li>• “100% of victims who reported receiving a crisis visit from DVCS were either very or fairly satisfied with it” (p. 72).</li> <li>• “85% of victims strongly agreed or agreed that the police investigated the incident thoroughly” (p. 72);</li> <li>• “77% of victims were very or fairly satisfied with...their contact with the prosecution” (p. 72).</li> <li>• “78% of victims were satisfied with the contact they had with DVCS in the lead up to the court case” (p. 72).</li> </ul>
	<b>Outcomes</b>	“Thirty-nine survey respondents were asked a series of questions about the aftermath of the case. Respondents were asked if, following the court case, they were able to move on with their lives. Twenty-three women (59%) stated that they were able to move on with their lives, 12 (31%) that they were not and four (10%) were uncertain. Respondents were also asked what assisted them the most to move on with their lives. Twenty-nine persons responded to this question with multiple responses” (pp. 91-92). “Support from family, friends and services was reported as being of the most assistance in moving on after the family violence incident” (p. 92).
	<b>Integration</b>	No specific findings around integration.
	<b>Strengths of model</b>	“Stakeholders identified communication and good working relationships as a fundamental strength of the FVIP, contributing to the program’s longevity” (p. xiii). Information sharing was found to be “hampered by lack of interagency protocols and a legislative base to ensure that information is adequately provided and protected. Agency accountability to the FVIP as a whole requires formalisation through the further refinement of the FVIP’s purpose and the development of outcome-based performance measures. FVIP agencies remain under-resourced to collect and analyse an adequate range of data. Data can assist agencies to develop profiles of victims and offenders to ensure they are able to appropriately target service provision and respond to the complexity of the relationships between victims and offenders” (p. xvi).

(ACT) Evaluation 4	Notes
<p><b>Conclusions/recommendations</b></p>	<p>“Recommendation 1: Investigate and recommend to government measures to secure the operation of the FVIP, for example, legislation, service level agreements and/or annual reporting requirements.</p> <p>Recommendation 2: That the purposes of the FVIP be maintained but revised to focus on outcomes and re-signed as interagency protocols in a new commitment by agencies.</p> <p>Recommendation 3: That training and/or induction materials for new agency staff outlining the purposes and core components of the FVIP be prepared that are consistent across agencies.</p> <p>Recommendation 4: That the full three day family violence training for ACT Policing continue.</p> <p>Recommendation 5: That the FVIPCC [i.e. Family Violence Intervention Program Coordinating Committee] MoA be revised to reflect Executive Director level representation for FVIPCC meetings.</p> <p>Recommendation 6: That the FVIPCC initiate a rotating chair and secretariat for FVIPCC meetings. ...</p> <p>Recommendation 7: That information sharing capacity is enhanced through the development of protocols or legislation to promote victim safety, while respecting the rights of victims and offenders.</p> <p>Recommendation 8: That case tracking is reviewed to determine if it is still necessary or its functionality can be met through more effective and efficient means.</p> <p>Recommendation 9: Explore whether current avenues for victim support and advocacy are sufficient and whether consideration should be given to developing a support pathway for all victims, including children.</p> <p>Recommendation 10: That consideration is given to developing a lead case manager model to coordinate information provision to victims and offenders.</p> <p>Recommendation 11: That FVIP information sources are revised and updated including providing a broader range of sources for both victims and offenders involved in family violence incidents.</p> <p>Recommendation 12: That more research is undertaken to ascertain what victims want and need from service providers and the criminal justice system. ...</p> <p>Recommendation 13: That the specialist jurisdiction court and processes are retained with consideration given to consolidating the work of the court through legislation or court rules.</p> <p>Recommendation 14: That consideration is given to developing family violence procedures with the Supreme Court.</p> <p>Recommendation 15: That agencies explore whether the current range of alternative sentencing options and/or community support for offenders with complex needs are sufficient and appropriate.</p> <p>Recommendation 16: That funding be sought to undertake an outcome evaluation of the Family Violence Self-Change Program and the extent to which other interventions/sanctions contribute to program outcomes.</p> <p>Recommendation 17: That reporting on ACTCS [i.e. ACT Corrective Services] interventions undertaken with offenders, or to which offenders are referred, is documented in the annual FVIP statistics. ...</p> <p>Recommendation 18: That FVIP establish mechanisms to engage partner agencies in discussions of their core business and functions, for example at roundtables, planning days.</p>

(ACT) Evaluation 4	Notes
	<p>Recommendation 19: That FVIP continue to collect data.</p> <p>Recommendation 20: That FVIP develop outcome-focused performance indicators, in addition to the output measures currently recorded, to act as baseline measures of effectiveness.</p> <p>Recommendation 21: That FVIP develop an integrated information management system to assist reporting, internal audit, research and operational needs.</p> <p>Recommendation 22: That FVIP secure a dedicated project officer position to collect and disseminate data of interest to FVIP partner agencies” (pp. 109-113).</p>
<b>Findings useful for wider program development/practice?</b>	No - very program specific.

## New South Wales

Program Summary	
(NSW) Evaluation 1	Notes
Author/Year/Title	Audit Office of New South Wales. (2011). <i>New South Wales Auditor-General's report: Performance audit - responding to domestic and family violence</i> . Retrieved from <a href="http://www.audit.nsw.gov.au/publications/performance-audit-reports/2011-reports/responding-to-domestic-and-family-violence">http://www.audit.nsw.gov.au/publications/performance-audit-reports/2011-reports/responding-to-domestic-and-family-violence</a> .
Jurisdiction	NSW
Name of evaluated program/strategy	<b>No specific program evaluated - audit assessed how well governments and funded NGOs worked together for a coordinated response to domestic and family violence.</b>
Inclusion rationale	This audit, while not reviewing a specific program/strategy, provides an overarching performance review of DFV integrated responses in NSW, and how government organisations and NGOs work together to provide such responses. The review includes the Department of Family and Community Services, the NSW Police Force, the Ministry of Health and the Department of Attorney General and Justice (DAGJ), as well as various NGOs, and providing crucial detail regarding the current status of DFV integrated responses in NSW.
Nature/type of program/strategy	n/a - see above response.
Brief description of program/strategy (content, aims, etc.)	<i>(All page references herein refer to the evaluation report).</i>  This performance audit does not evaluate a specific program/strategy.  This is a meta-assessment of working partnerships between government agencies such as NSW Police Force, Department of Family and Community Services, NSW Ministry of Health, and Department of Attorney General and Justice, as well as a range of NGOs. The Executive Summary states: "New South Wales 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 help and continue to be funded. Some have been expanded to other communities, but there is no plan to consolidate or mainstream these approaches across the State. The response to domestic and family violence remains fragmented and access to help depends on where you live." (p. 3).
Collaborating agencies	NSW Police Force, Department of Family and Community Services (FACS), NSW Ministry of Health, Department of Attorney General and Justice, and various NGOs.
Lead agency	Department of Family and Community Services (FACS) - provided response to Auditor-General on behalf of other departments/agencies.
Definition of "integration" within program/strategy	Assesses various integrated responses; advocates for integrated responses to DFV.
Key program/strategy elements and practice approaches	No specific program - see definition commentary above.
Services provided (e.g. DFV, SXA, both)	Report specific to DFV - service provision is described as encompassing services provided by the government departments noted above, as well as specialist services as noted in the definition commentary.
Details of stakeholder alliances (formal MoU, shared principles, etc.)	Alliances as described above.

(NSW) Evaluation 1		Notes	
Target group	Diverse population groups (please specify)	Indigenous women	One of the audit sites (Walgett) is noted as a town with a large Indigenous population.
		Young people	
		CALD women	
		Not specified	FACS is noted as providing/funding a range of services for Indigenous people, children and young people, families, people who are homeless, people with a disability, their family and carers, women and older people (p. 12). No other specific mention of these groups is included.
	Geographical location	Metropolitan	Campbelltown (metro).
		Remote	Walgett (remote).
		Rural	Lismore (regional).
		Not specified	
<b>Evaluation Details</b>			
Key information	Funder	Audit Office of New South Wales does not charge a fee for performance audits - their services are funded by the NSW Parliament. The estimated cost of the audit (including staff costs, printing costs and overheads) is \$267,000.	
	Length of evaluation	Performance audits can take up to nine months, dependent on the audit scope (p. 40).	
	Evaluation governance	Conducted by the Audit Office of New South Wales. With regard to audit selection a strategic approach is deployed to select performance audits “which balances our performance audit program to reflect issues of interest to the NSW Parliament and the community” (p. 39).	
	Purpose of evaluation	To assess how well government organisations work with each other and NGOs work together to respond to domestic and family violence (p. 38). The focus of the audit was on how organisations work together to: “identify domestic and family violence; assess the risk of domestic and family violence; keep people safe and perpetrators accountable” (p. 38). “Performance audits provide independent assurance to parliament and the public that government funds are being spent efficiently, economically or effectively and in accordance with the law” (p. 40).	
Evaluation Goals and Objectives		Audit sought to answer the question: “at a State and a local level do organisations have domestic and family violence strategies and collectively do these create a coordinated response to violence?” (p. 11).	
Research questions		At a state and local level, the following considerations guided the assessment - whether: <ul style="list-style-type: none"> <li>• “each government organisation knows how domestic and family violence affects its services, operations and clients...</li> <li>• each government organisation has a strategy for responding to domestic and family violence...</li> <li>• organisations have a shared understanding of their respective roles in dealing with domestic and family violence...</li> <li>• organisations work together to protect victims and children and hold perpetrators accountable...</li> <li>• organisations use service information to collaboratively plan further responses to domestic and family violence...” (p. 11).</li> </ul>	
Evaluation components	Outcomes	No - performance audit.	
	Process	Related to research questions (see above).	

(NSW) Evaluation 1		Notes
	<b>Economic</b>	Performance audit only.
	<b>Other (please specify)</b>	
<b>Relevant legislative and policy context</b>		Notes that the <i>NSW Domestic and Family Violence Action Plan</i> (New South Wales. Department of Premier and Cabinet, 2010), in its current form, “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” (p. 3).
<b>Methodology</b>	<b>Design</b>	<p>“Our performance audit methodology is designed to satisfy Australian Audit Standards ASAE 3500 on performance auditing, and to reflect current thinking on performance auditing practices. We produce our audits under a quality management system certified to International Standard ISO 9001. Our processes have also been designed to comply with the auditing requirements specified in the <i>Public Finance and Audit Act 1983</i> [(NSW)]” (p. 39).</p> <ul style="list-style-type: none"> <li>• Interviews were conducted with staff from the Office for Women’s Policy, NSW Police, FACS, NSW Health, DAGJ and NGOs responsible for developing DFV policy, and those working with DFV victims and perpetrators in Lismore, Walgett and Campbelltown (p. 38).</li> <li>• Other stakeholders were also interviewed, including NSW Ombudsman, NSW Privacy Commissioner, Department of Premier and Cabinet, Department of Education and Communities, Chief Magistrate, NSW Bureau of Crime Statistics and Research, Domestic Violence Clearing House, Women’s Refuge Resource Centre, Domestic Violence Coalition and Walgett Aboriginal Medical Services.</li> <li>• Interviews were also conducted interstate in Victoria, with the former Police Commissioner and staff from Victoria Justice, Victorian Police, Women’s Health West and MacAuley Community Services for Women.</li> <li>• DFV policies, procedures and reviews and data were reviewed (pp. 38-39).</li> </ul>
	<b>Sampling</b>	Auditors visited three communities: metropolitan Campbelltown, regional Lismore and remote Walgett. These communities were chosen in consultation with government and community stakeholders (p. 11).
<b>Study Limitations</b>		<p>The communities chosen may not be representative of NSW as a whole and have higher rates of reported domestic and family violence than the state average.</p> <p>Further, “[t]he audit did not include detailed evaluations of:</p> <ul style="list-style-type: none"> <li>• The quality of services</li> <li>• Child protection issues including the Keep Them Safe Reforms and the Child Wellbeing Units</li> <li>• Regional initiatives</li> <li>• Educational campaigns (p. 11)</li> </ul>
<b>Types of process measures</b>		Not detailed in methodology.
<b>Outcome measures</b>		The details of the assessment are not outlined in the report.
<b>Diverse population groups and/or geographical locations addressed?</b>	Yes	No
		See comment regarding diverse population groups/geographical locations above.

(NSW) Evaluation 1		Notes
Key findings	Process	Report finds that in its current form, the <i>NSW Domestic and Family Violence Action Plan</i> does not provide an adequate framework for a coordinated response to DFV. “Government organisations are not required to have documented strategies and many are not clear about their objectives in relation to domestic and family violence” (p. 14).
	Outcomes	
	Integration	<ul style="list-style-type: none"> <li>• “Government organisations are not required to have documented strategies, plans or targets for responding to domestic and family violence. Many are not clear about their objectives in relation to domestic and family violence” (p. 15).</li> <li>• While government organisations have sought to improve their response to DFV, locally, only police have targets for responding.</li> <li>• “Organisations are aware of each other’s traditional roles and core activities. However, they are not aware of how they should work together to provide an integrated response to domestic and family violence” (p. 17).</li> <li>• There is a lack of leadership, with “[t]he 2003 Interagency Guidelines provid[ing] no details on governance arrangements” (p. 18).</li> <li>• Despite the 2009 establishment of the Domestic and Family Violence Senior Officers Group, the report “saw little evidence of an integrated strategic approach across the State as a whole” as there is no mechanism or regular forum for government and NGO representatives for collaboration; limited scope for NGOs to contribute; the Premier’s Council on Preventing Violence Against Women has no membership from non-specialist organisations (p. 18).</li> <li>• “There is no common understanding or minimum standard around how organisations identify, and assess the risk of, domestic and family violence” (p. 18).</li> <li>• There are barriers to information sharing (p. 19).</li> <li>• There are no standard referral pathways (p. 21).</li> <li>• There are few standards for services responding to domestic and family violence (p. 23).</li> <li>• There is a lack of training for services responding to DFV (p. 23).</li> <li>• No comprehensive mapping of all available services (p. 24).</li> <li>• Organisations do work together in crisis or where special arrangements in place (p. 25).</li> <li>• Lack of coordinated planning – “Organisations do not have the service information needed to inform collaborative planning to reduce the level of domestic and family violence. There is a lack of mechanisms and authority to bring organisations together to make such plans” (p. 29).</li> </ul>
	Strengths of model	None specified, though the context of report is that an integrated response is needed.
Conclusions/recommendations		<p>All recommendations offered are to be implemented by December 2012, unless otherwise noted.</p> <ul style="list-style-type: none"> <li>• Chief Executives of the NSW Police Force, FACS, NSW Health and DAGJ (collectively, CEs) report on impact and estimated cost of DFV on operations, and their activities and/or funding they are providing for other organisations to respond to DFV, and the achievements of these measures (p. 14).</li> <li>• CEs consult with NGOs on how to respond to DFV – development of a framework.</li> <li>• This framework “should revise governance structures to ensure that government and non-government organisations are accountable for working together to deliver domestic and family violence services at the State and local level” (p. 18); “should establish minimum standards for identifying domestic and family violence and assessing and prioritising risk” (p. 19);</li> </ul>

(NSW) Evaluation 1	Notes
	<p>“should spell out the responsibilities of each service in respect of domestic and family violence and the referral pathways between services” (p. 22); “should establish minimum standards for working with victims and perpetrators...ensure that their services and funded non-government services comply with the framework” (p. 23); “should require organisations to provide cross-sectoral training to their staff responding to domestic and family violence services” (p. 24); “should be based upon a comprehensive service gap analysis” (p. 24); “should establish mechanisms to continuously address the barriers to victims reporting violence and the barriers to victims and perpetrators seeking and being provided with help” (p. 29); “should ensure joint planning with each other and with non-government organisations...require organisations attend intersectoral committees for the reduction of domestic and family violence” (p. 30).</p> <ul style="list-style-type: none"> <li>• CEs “publish their strategies including output or outcome measures that can be used to monitor their impact on domestic and family violence over the following five years (2013 to 2018)” (p. 17).</li> <li>• By June 2012, CEs establish protocols regarding information sharing (p. 21).</li> <li>• CEs develop an integrated online directory of specialist and mainstream DFV services (by June 2012) (p. 24).</li> <li>• By June 2012, CEs “ensure local staff from police, prosecutors, child protection, probation, health, housing and appropriate non-government organisations meet regularly” (p. 29).</li> </ul>
Findings useful for wider program development/practice?	Yes

Program Summary	
(NSW) Evaluation 2	Notes
Author/Year/Title	Kaspiew, R., De Maio, J., Deblaquiere, J. & Horsfall, B. (2012). <i>Evaluation of a pilot of legally assisted and supported family dispute resolution in family violence cases: final report</i> . Canberra: Attorney-General's Department. Retrieved from <a href="http://www.ag.gov.au/Publications/Documents/ArchivedFamilyLawPublications/CFDR%20Evaluation%20Final%20Report%20December%202012.PDF">http://www.ag.gov.au/Publications/Documents/ArchivedFamilyLawPublications/CFDR%20Evaluation%20Final%20Report%20December%202012.PDF</a>
Jurisdiction	NSW, QLD, TAS, WA
Name of evaluated program/strategy	Coordinated Family Dispute Resolution (CFDR) Pilot Program
Inclusion rationale	Multi-agency, multi-disciplinary approach.
Nature/type of program/strategy	<i>(All page references herein refer to the evaluation report).</i> <p>“The CFDR process implemented in the pilot is at the cutting edge of family law practice for a number of reasons. It involves the conscious application of mediation where there has been a history of past and/or current family violence. It also involves collaborative multidisciplinary practice in a multi-agency setting, with the nature of the collaboration being clinical rather than at the level of referral and support” (p. x).</p>
Brief description of program/strategy (content, aims, etc.)	<p>“CFDR is a service for separated families who need assistance to resolve parenting disputes where there has been a history of past and/or current family violence” (p. ix). The CFDR process assists parents with post-separation parenting arrangements following incidence(s) of family violence. This process is facilitated by a multi-disciplinary, multi-agency approach, which provides intensive support. “The process involves a case manager/family dispute resolution practitioner (FDRP), a specialist family violence professional (SFVP) for the person assessed to be the ‘predominant victim’ in the language of the model, a men’s support professional (MSP) for the person assessed to be the ‘predominant aggressor’ (when they are male), a legal advisor for each party and a second FDRP. Child consultants are part of the professional team and may be called upon to feed into case management decisions” (p. ix). CFDR Pilot objectives are as follows:</p> <ol style="list-style-type: none"> <li>1. “In families where there is past or current family violence, and where the family is assessed as suitable to participate, CFDR aims to achieve safe and sustainable post-separation parenting outcomes for children and their families.</li> <li>2. Issues of emotional and physical safety and risk for all participants, but in particular for victims of family violence and their children, are kept central to and underpin all CFDR roles, decision-making and processes.</li> <li>3. All professionals involved in the CFDR model have a responsibility to make issues of safety and risk central to their professional practice.</li> <li>4. In meeting “the best interests of the child” in families where there is past or current family violence, CFDR aims to: <ol style="list-style-type: none"> <li>a. address issues of safety and risk, especially for the victims of family violence and their children; and</li> <li>b. achieve arrangements that protect the emotional and physical safety of the child in the short and long term, consistent with the Family Law Act.</li> <li>c. All the professionals involved will practice, as far as possible, aspects of a coordinated community response (CCR) to family violence outlined in the model [Women’s Legal Service], 2010 [as cited on p. 6]” (p. 6).</li> </ol> </li> </ol>

(NSW) Evaluation 2	Notes
<b>Collaborating agencies</b>	<p>“The organisations in each partnership include:</p> <ul style="list-style-type: none"> <li>• a service providing FDR [i.e. Family Dispute Resolution] (including professionals who are accredited FDR practitioners and, if appropriate, qualified ‘child practitioners’);</li> <li>• a specialist domestic violence service;</li> <li>• a men’s service; and</li> <li>• legal services able to provide legal assistance and advice to each party” (p. 2).</li> </ul>
<b>Lead agency</b>	<p>CFDR was implemented in five sites across Australia, with the following lead agencies:</p> <ul style="list-style-type: none"> <li>• Perth (Legal Aid Western Australia)</li> <li>• Brisbane (Telephone Dispute Resolution Service (TDRS), run by Relationships Australia Queensland)</li> <li>• Newcastle (Interrelate)</li> <li>• Western Sydney (Unifam)</li> <li>• Hobart (Relationships Australia Tasmania)</li> </ul>
<b>Definition of “integration” within program/strategy</b>	See detail in “Stakeholder Alliances” commentary below.
<b>Key program/strategy elements and practice approaches</b>	<p>Risk assessment and case management are central to CFDR, and the integrated model involves a four-phase process as follows:</p> <ul style="list-style-type: none"> <li>• Phase 1: Intake, involving specialist risk assessment and the development of a safety plan.</li> <li>• Phase 2: Preparation of the parties for FDR (including each party obtaining legal advice in two separate sessions, attending three communication sessions, and attending a CFDR mediation preparation workshop), and a CFDR-specific intake process in which the CFDR practitioner (in consultation with the other professionals) assesses the readiness and capacity of the parties to engage in CFDR.</li> <li>• Phase 3: Participation in CFDR, usually applying a co-mediation model, with a legal and possibly a non-legal advocate present for each client.</li> <li>• Phase 4: Follow-up at between 1-3 and 9-10 months after completion of CFDR (pp. 2-3).</li> </ul>
<b>Services provided (e.g. DFV, SXA, both)</b>	DFV
<b>Details of stakeholder alliances (formal MoU, shared principles, etc.)</b>	<p>A multi-disciplinary collaborative partnership; non-hierarchical; each organisation has particular expertise; lead agency coordinates the partnership at each pilot site (p. 2). Regular weekly practice meetings of all CFDR professionals at each pilot site (pp. 5, 25). No details regarding formalised partnership agreements are stated. CFDR is a case-managed process (p. 5). Each partnership involves the following organisations:</p> <ul style="list-style-type: none"> <li>• “a service providing FDR (including professionals who are accredited FDR practitioners and, if appropriate, qualified “child practitioners”);</li> <li>• a specialist domestic violence service;</li> <li>• a men’s service; and</li> <li>• legal services able to provide legal assistance and advice to each party” (p. 2).</li> </ul>

(NSW) Evaluation 2		Notes	
<b>Target group</b>	<b>Diverse population groups (please specify)</b>	<b>Indigenous women</b>	“Fourteen % of pilot cases involved clients from CALD backgrounds and 6% involved Aboriginal or Torres Strait Islander families... Around 70% of professionals who completed the Professionals Survey agreed that the CFDR program was sufficiently flexible to respond to the needs of a diverse range of families” (p. 36). Pilot group files showed “proportionately more clients from CALD or Aboriginal and Torres Strait Islander backgrounds” (p. 45).
		<b>Young people</b>	“Professionals were generally positive about the capacity of CFDR to produce child-sensitive outcomes and agreements that worked for children” (p. 138).
		<b>CALD women</b>	See above. Planning at one pilot site took into account that over 90% of the local catchment area were from a non-English speaking background (p. 36) - adapted pilot model, involved interpreters, staff with multiple languages. Professionals reported that CFDR support helped engage clients from CALD backgrounds (p. 36).
		<b>Not specified</b>	
	<b>Geographical location</b>	<b>Metropolitan</b>	Perth, Western Sydney, Brisbane and Hobart.
		<b>Remote</b>	n/a
		<b>Rural</b>	n/a
		<b>Not specified</b>	Regional: Newcastle.
<b>Evaluation Details</b>			
<b>Key information</b>	<b>Funder</b>	Australian Government Attorney-General’s Department.	
	<b>Length of evaluation</b>	Evaluation covers the period from the commencement of the pilot (final quarter 2010; Brisbane site delayed until mid-2011) to 31 August 2012 (final data collection) (p. xi).	
	<b>Evaluation governance</b>	Report commissioned by the Australian Government Attorney-General’s Department (AGD), conducted by Australian Institute of Family Studies (AIFS) researchers.	
	<b>Purpose of evaluation</b>	Not stated	
<b>Evaluation Goals and Objectives</b>		Not stated - evaluation questions only.	
<b>Research questions</b>		<ul style="list-style-type: none"> <li>• “Is the safety of children, parents and professionals adequately maintained in the pilot program processes?</li> <li>• Is the safety of children and parents adequately maintained in the arrangements produced as a result of the application of the model?</li> <li>• Are the outcomes reached in the pilot consistent with the best interests of the children?</li> <li>• Do the processes applied in the pilot adequately address power imbalances between the parents?</li> <li>• What challenges and advantages arise from the interdisciplinary nature of the model?” (p. 8).</li> </ul>	
<b>Evaluation components</b>	<b>Outcomes</b>	Analysis of case file data.	
	<b>Process</b>	Case file analysis, interviews and survey.	
	<b>Economic</b>	n/a	
	<b>Other (please specify)</b>		

(NSW) Evaluation 2		Notes
<b>Relevant legislative and policy context</b>		2006 Family Law Reforms (p. 1), and <i>Family Law Act 1975</i> (Cth) (p. 1).
<b>Methodology</b>	<b>Design</b>	<p>Mixed-methods approach (see further detail in “Sampling” and “Primary data collected” below) comprising:</p> <ul style="list-style-type: none"> <li>• “a study based on case file data from the entire cohort of CFDR files up to 30 June 2012 (n = 126), and a sample of comparison group files (n = 247) drawn from services run by each of the lead partners where CFDR services were not offered;</li> <li>• a qualitative study based on interviews with professionals working in the pilot (n = 37) in the early stages of implementation, and a second study comprising interviews with professionals (n = 33) near the end of the evaluation data collection period (April - June 2012);</li> <li>• mixed-profession focus groups (participants: n = 37), conducted between August and November 2011;</li> <li>• an online survey of professionals, conducted in June - July 2012 (n = 88, with a response rate of 68%);</li> <li>• interviews with parents who received the CFDR services and progressed to mediation, conducted as eligible parents became available (n = 29). An online survey was also available to parents; however, the smaller-than-expected number of pilot cases meant very small numbers of people were eligible to complete the survey. Therefore, the evaluation team focused on conducting interviews with as many parents as possible and incorporated data from the seven completed online surveys in the analysis of the qualitative data; and</li> <li>• requests for information (conducted via discussions with location coordinators) that examined how the model was adapted and implemented in each location (p. x).</li> </ul>
	<b>Sampling</b>	<p>Interviews with professionals</p> <ul style="list-style-type: none"> <li>• “Location coordinators provided a list of CFDR professionals in their partnership and/or distributed the study invitation and helped arrange one-on-one (or occasionally two person) interview appointments. Professionals were also invited to contact AIFS directly, and additional interviews were arranged as required” (p. 10). Thirty-seven interviews with professionals were conducted.</li> </ul> <p>Focus Groups</p> <ul style="list-style-type: none"> <li>• “Professionals from each of the five professional groups in each location—FDRPs, lawyers, women’s SFVPs, MSPs and child consultants (where they were involved in the program)—were invited to participate in this study via an invitation letter. Additional material—including an information sheet about the evaluation and a consent form—was also distributed to all professionals in the program” (pp. 10-11). Thirty-seven professionals participated in the focus groups.</li> </ul> <p>Online surveys with professionals</p> <ul style="list-style-type: none"> <li>• “All professionals involved in the pilot received an invitation email containing a personalised link to the secure AIFS website hosting the survey” (p. 11). Eighty-eight surveys completed – 68% response rate (p. 12).</li> </ul> <p>Processes and outcomes data collection – Pilot and comparison cases</p> <ul style="list-style-type: none"> <li>• “Comparison cases: 247 comparison case profile forms were received - 50 each from four locations and 47 from one location” (p. 12).</li> <li>• CFDR Pilot: 126 CFDR pilot case profile forms received, and a further 16 Phase 4 follow-ups from the sample of 126 CFDR cases completed. This sample ranged from 13 cases in one location to 37 cases in another (p. 12).</li> </ul>

(NSW) Evaluation 2		Notes
		<p>Parent interviews</p> <ul style="list-style-type: none"> <li>“Eligible parents were asked by the case manager/location coordinator if they would be interested in talking about their experience in the pilot with a professional who was evaluating the program” (p. 12). Participation was voluntary. Twenty-nine interviews were completed (p. 12).</li> </ul> <p>Quantitative study of parent experience</p> <ul style="list-style-type: none"> <li>“When a case advanced to Phase 2, the case manager/location coordinator gave eligible parents a prepared information sheet explaining the evaluation and this particular study” (p. 15). Only seven interviews were achieved (p. 15).</li> </ul> <p>Follow-up interviews with professionals</p> <ul style="list-style-type: none"> <li>“The research team used the email contact list constructed for Study 3 to invite all professionals involved in the pilot to contact the research team if they wanted to be interviewed for this final study” (p. 16). Thirty-three interviews were achieved.</li> </ul>
<b>Study Limitations</b>		None stated. Small sample of parent interviews.
<b>Diverse population groups and/or geographical locations addressed?</b>	<b>Yes</b> <b>No</b>	See detail above
<b>Key findings</b>	<b>Process</b>	<ul style="list-style-type: none"> <li>Due to limited number of cases, question arises as to whether the process should be primarily FDR, or “a service focussed more on referral and support with FDR (and possible agreement) as an ancillary component of the process” (p. 140).</li> <li>“In practice, the focus of CFDR is significantly wider than dispute resolution: the proportion of single-party cases and the level of service they receive highlights the wider role of CFDR as a support and referral mechanism” (p. 141).</li> <li>Different approaches to risk assessment were undertaken at different pilot sites, and different approaches could create partnership tensions (p. 144).</li> <li>“It is clear that processes around risk assessment and management and making clinical judgments about the conduct of FDR are areas in which particular challenges arise in multi-disciplinary, multi-agency practice” (p. 144).</li> <li>Some clients felt emotionally unsafe despite efforts to address power imbalances between parents, while others felt empowered and supported when participating in FDR (p. 145).</li> </ul>
	<b>Outcomes</b>	<p>During the evaluation period, “the five pilot sites collectively completed 126 cases: 27 of these cases reached mediation. Of these cases, mediation resulted in a partial agreement in relation to parenting issues for 13 cases (48%) and full resolution in 10 cases (37%). The rest exited at various points and for varying reasons” (p. xi).</p> <ul style="list-style-type: none"> <li>Number of caseloads across all pilot sites considerably fewer than anticipated: data suggests this was due to a slow build of referrals and challenges in engaging both parents (p. 140).</li> <li>Role of lawyers and MSPs important in adjusting expectations – evidence to suggest that “where these professionals see clients together there is a greater possibility of shifts in attitude occurring” (p. 145).</li> <li>Modest conclusion that CFDR “heightens (but does not guarantee) the possibility that the appropriate process for considering arrangements consistent with ‘best interests’ will be applied in any given matter” (p. 146)</li> </ul>
	<b>Integration</b>	<ul style="list-style-type: none"> <li>Information-sharing is a complex aspect of collaborative practice (p. 142).</li> </ul>
	<b>Strengths of model</b>	<ul style="list-style-type: none"> <li>Multi-disciplinary practice has a number of benefits, and provides a more comprehensive and holistic service (p. 142).</li> </ul>

(NSW) Evaluation 2	Notes
<b>Conclusions/recommendations</b>	<ul style="list-style-type: none"> <li>• “The start-up phase of such a program is likely to be intensive and require considerable resourcing. Significant effort should be put into developing the capability of professionals and organisations to operate in CFDR prior to clients being accepted into the service.</li> <li>• Leaving administrative type matters to professionals is clearly an inefficient use of resources. Therefore funding models should include provision for administrative support for case and client management.</li> <li>• Partnership formation should be carefully considered and significant groundwork occur to ensure that all professionals involved understand their respective roles, professional obligations and practice models. A past history of successful co-operation will accelerate the process of partnership formation.</li> <li>• Training should include in-depth mechanisms to assist participants to deal with issues such as role differentiation and conflict management. Such mechanisms could include training exercises based on simulated cases to expose professionals to a variety of different situations and to road-test their capacity to deal with them as a group. The exercises should be designed to raise challenging practice issues and build understanding of the role of each professional in responding to the challenges.</li> <li>• Memoranda of Understanding governing the partnerships might include clauses dealing with the management and resolution of disputes involving the partners, with provision for recourse to externally supported dispute resolution mechanisms.</li> <li>• Protocols concerning information sharing require ongoing development. These protocols could build on work already done in the area and include attention to issues such as the following: the circumstances under which lawyers might seek consent to share information with other professionals; other professionals continuing to develop protocols regarding how and in what circumstances it will be in the interests of individual clients and their families to share information with legal and non-legal CFDR professionals; and ways in which lawyers might exchange information about what their instructions are in relation to relevant facts (i.e. family violence, child safety) prior to FDR sessions” (p. 143).</li> <li>• Suggest development of practice guidelines; uniform risk assessment framework applied; common training (pp. 144-145).</li> <li>• Suggest SFVPs and MSPs to be present at least one legal advice session; mediators have an obligation to act protectively, mediation should occur over several sessions, and should commence with individual sessions (p. 145).</li> <li>• Suggest proposed practice guidelines should set out an agreed approach to the application of Child Inclusive Practice, including instances in which it should and should not be considered; aims of child-inclusive practice (CIP) in CFDR context; and that CIP be applied by experienced practitioners (p. 146).</li> <li>• Further research is also suggested.</li> </ul>
Findings useful for wider program development/practice?	Yes - relating to best practice in integration.

Program Summary	
(NSW) Evaluation 3	Notes
Author/Year/Title	Laing, L., & Toivonen, C. (2012). <i>Evaluation of the Green Valley Liverpool Domestic Violence Service (GVLVDVS): Walking with women on their journey away from violence</i> . Sydney: University of Sydney. Retrieved from <a href="http://ses.library.usyd.edu.au/bitstream/2123/8683/2/GVLVDVS_Evaluation_report_web.pdf">http://ses.library.usyd.edu.au/bitstream/2123/8683/2/GVLVDVS_Evaluation_report_web.pdf</a> .
Jurisdiction	NSW
Name of evaluated program/strategy	Green Valley Liverpool Domestic Violence Service (GVLVDVS)
Inclusion rationale	Interagency approach with formal service agreements, and case management model.
Nature/type of program/strategy	Support, advocacy and referrals.
Brief description of program/strategy (content, aims, etc.)	<p><i>(All page references herein refer to the evaluation report).</i></p> <p>“The GVLVDVS is auspiced by the South Western Sydney Local Health District, and is one of only two specialist domestic violence services located within the NSW Health sector. The brief of the service extends beyond the provision of direct services to women and children experiencing domestic violence to include an explicit focus on the promotion of a coordinated interagency response to domestic violence” (p. 5).</p> <p>The expanded GVLVDVS service has expanded its service delivery to include the Liverpool and the Green Valley Local Area Command (LAC) catchments, and increased its staffing (six full-time staff, all DV counsellors). GVLVDVS has the following objectives:</p> <ul style="list-style-type: none"> <li>• “Enhance the safety of women and children;</li> <li>• Assist women and children to overcome the effects of domestic violence on their lives and relationships;</li> <li>• Promote coordinated responses to domestic violence by a range of services including police, courts, health, child protection, housing and non-government agencies” (p. 5).</li> </ul>
Collaborating agencies	<p>GVLVDVS governance is now provided through a case management model (p. 10). Group members oversee the coordination of the integrated response, with members including:</p> <ul style="list-style-type: none"> <li>• Staying Home Leaving Violence (SHLV)</li> <li>• South West Sydney Women’s Domestic Violence Court Advocacy Service (WDVCAS)</li> <li>• Green Valley and Liverpool LACs</li> <li>• GVLVDVS (p. 10).</li> </ul> <p>“The GVLVDVS currently has formal service agreements and referral protocols with the following agencies:</p> <ul style="list-style-type: none"> <li>• Community Services</li> <li>• Housing NSW</li> <li>• Southwest Sydney Legal Centre Domestic Violence Service (SHLV)</li> <li>• Liverpool Migrant Resource Centre</li> <li>• Green Valley Police</li> <li>• New Directions Team, Hoxton Park</li> <li>• Social Work Department, Liverpool Hospital</li> <li>• Joan Harrison Support Services for Women</li> <li>• Liverpool Police” (p. 37).</li> </ul>

(NSW) Evaluation 3	Notes
Lead agency	South Western Sydney Local Health District (auspice agency for funding; manages running of GVLVDVS) (p. 9).
Definition of 'integration' within program/strategy	<p>GVLVDVS' collaborative practice was described in three different ways by interagency partners:</p> <ul style="list-style-type: none"> <li>• formally identified partnerships, policies and referral protocols. The formal agreements provide an authorising framework for the direct practice.</li> <li>• direct collaborative responses to women and children experiencing domestic violence at the service delivery level, and</li> <li>• collaborative responses to education, training, community development and systemic advocacy/interagency work (p. 37).</li> </ul>
Key program/strategy elements and practice approaches	<p>"In addition to these direct client services [see below], the GVLVDVS contributes to the prevention of domestic violence through the provision of community and professional education. It also plays a leading role in enhancing the service response to survivors of domestic violence through systemic advocacy (Greal, Humphreys, Milward, &amp; Power, 2008 [as cited on p. 10]) and through the promotion of enhanced interagency collaboration" (p. 10).</p>
Services provided (e.g. DFV, SXA, both)	<p>DFV. GVLVDVS is now one of a number of DV support services in the Liverpool area (p. 11). Services provided by GVLVDVS include:</p> <ul style="list-style-type: none"> <li>• "Counselling for adult, adolescent, and child victims of domestic violence</li> <li>• Support</li> <li>• Advocacy (a broader concept than the commonly used term 'case management')</li> <li>• Therapeutic and educational programs for young people and their families</li> <li>• Information provision around issues of domestic violence</li> <li>• Referral to appropriate services</li> <li>• Referral of perpetrators to specialist programs</li> <li>• Practical support [GVLVDVS has a brokerage fund]" (p. 10).</li> </ul>
Details of stakeholder alliances (formal MoU, shared principles, etc.)	<p>"The GVLVDVS as part of their coordinated response work in formal and informal partnerships with a range of agencies in the Liverpool area. These partnerships vary in nature, according to the specific needs of the partner agency (Murphy &amp; Fanslow, 2012 [as cited on p. 37]). The GVLVDVS currently has formal service agreements and referral protocols with the following agencies:</p> <ul style="list-style-type: none"> <li>• Community Services</li> <li>• Housing NSW</li> <li>• Southwest Sydney Legal Centre Domestic Violence Service (SHLV)</li> <li>• Liverpool Migrant Resource Centre</li> <li>• Green Valley Police</li> <li>• New Directions Team, Hoxton Park</li> <li>• Social Work Department, Liverpool Hospital</li> <li>• Joan Harrison Support Services for Women</li> <li>• Liverpool Police" (p. 37).</li> </ul> <p>"The GVLVDVS have a very clear referral protocol with the Green Valley Police via the yellow card fax back system" (p. 39).</p>

(NSW) Evaluation 3		Notes	
<b>Target group</b>	<b>Diverse population groups (please specify)</b>	<b>Indigenous women</b>	Interagency partners suggested the following as an area for GVLVDVS' improvement: "To improve relationships with the Aboriginal Community in the Liverpool area and to create an opportunity to work more with Aboriginal clients" (p. 44). In demographic data collected by GVLVDVS on case-managed clients, 4% of clients identified as Aboriginal or Torres Strait Islander (p. 53).
		<b>Young people</b>	48% of case-managed women who attended GVLVDVS were aged between 26-40 years (p. 53).
		<b>CALD women</b>	In GVLVDVS demographic data collected on case-managed clients: 39% of case-managed clients spoke a language other than English at home (p. 54).
		<b>Not specified</b>	The following was identified as a future area for development: <ul style="list-style-type: none"> <li>• "To address issues facing the wider community in the context of domestic violence (such as the Aboriginal Community, CALD women, transgender, and Lesbian women)" (p. 67). In demographic data collected by GVLVDVS, 15 percent of case-managed clients indicated they had a disability (p. 54).</li> </ul>
	<b>Geographical location</b>	<b>Metropolitan</b>	Liverpool and Green Valley LAC (Sydney metropolitan area)
		<b>Remote</b>	n/a
		<b>Rural</b>	n/a
		<b>Not specified</b>	
<b>Evaluation Details</b>			
<b>Key information</b>	<b>Funder</b>	Following a pilot that commenced in 2004, GVLVDVS was expanded and re-funded by the Department for Family and Community Services under the Integrated Domestic and Family Violence Services Program (ID&FVSP). This Program seeks to improve DV integrated response outcomes by: <ul style="list-style-type: none"> <li>• "Increased and more co-ordinated services to victims and children;</li> <li>• More proactive, intentional and co-ordinated criminal justice responses;</li> <li>• Coordination and integration of service systems;</li> <li>• Increased priority and effort dedicated by the key partner agencies;</li> <li>• Preventative action through community education (Family and Community Services, 2011 [as cited on p. 9])" (p. 9).</li> </ul>	
	<b>Length of evaluation</b>	Not stated, but seeks information regarding service developments since the 2005 evaluation. An audit of GVLVDVS' monthly reports covered the period January - December 2011 (p. 55).	
	<b>Evaluation governance</b>	Undertaken by University of Sydney researchers.	
	<b>Purpose of evaluation</b>	Not stated - see evaluation aims below.	

(NSW) Evaluation 3		Notes
<b>Evaluation Goals and Objectives</b>		<p>This evaluation aimed to build on the 2005 Laing evaluation of GVLVDVS, undertaken prior to its expansion. The evaluation aimed to examine :</p> <ul style="list-style-type: none"> <li>• “The impact the GVLVDVS has on women and children living in the Liverpool LGA [i.e. Local Government Area] who have experienced domestic violence;</li> <li>• Awareness and understanding of the GVLVDVS by interagency partners in Liverpool (which includes Green Valley);</li> <li>• The impact the GVLVDVS has on interagency collaboration and coordination, looking particularly at developing partnerships, in the context of the GVLVDVS expansion into the wider Liverpool area;</li> <li>• The impact the GVLVDVS has on education, training and community development around the issue of domestic violence in the Liverpool area;</li> <li>• Changes to the service since the first evaluation and the impact of these changes, particularly the growth of the service to include the Liverpool LGA” (p. 12).</li> </ul> <p>The evaluation also looks at ways GVLVDVS meets its objectives:</p> <ul style="list-style-type: none"> <li>• “Enhance the safety of women and children;</li> <li>• Assist women and children to overcome the effects of domestic violence on their lives and relationships;</li> <li>• Promote coordinated responses to domestic violence by a range of services including police, courts, health, child protection, housing and non-government agencies” (p. 12).</li> </ul>
<b>Research questions</b>		None stated - see evaluation aims above.
<b>Evaluation components</b>	<b>Outcomes</b>	Data analysis; interviews.
	<b>Process</b>	Document analysis and interviews.
	<b>Economic</b>	n/a
	<b>Other (please specify)</b>	
<b>Relevant legislative and policy context</b>		Integrated Domestic and Family Violence Services Program (FACS)
<b>Methodology</b>	<b>Design</b>	<p>The evaluation used a mixed-methods approach, collecting both quantitative and qualitative data. This data was sourced from:</p> <ul style="list-style-type: none"> <li>• “Women who have used the service (where their safe participation could be organised);</li> <li>• Staff of the GVLVDVS;</li> <li>• Interagency partners;</li> <li>• Data collected under the ID&amp;FVSP evaluation strategy on referrals to and from the GVLVDVS, types of services provided and client demographics;</li> <li>• Documentation of interagency partnerships; education, training and preventive initiatives; and therapeutic and support groups;</li> <li>• Documentation of the reinvigorated partnership between the GVLVDVS and the Green Valley police” (pp. 5-6).</li> </ul>

(NSW) Evaluation 3	Notes
	<p>Data collection involved -</p> <p><u>Semi-structured interviews with GVLVDVS clients</u></p> <ul style="list-style-type: none"> <li>• Addressed women's contact with GVLVDVS and with partner agencies, and the impact of the service.</li> <li>• Ethical considerations ensured participation did not pose further risk to women.</li> <li>• Inclusion criteria: Had contact with GVLVDVS since inception; aged 18 or over; assessed as safe to participate by GVLVDVS staff; safe participation can be arranged (p. 12).</li> </ul> <p><u>Semi-structured interviews with GVLVDVS staff</u></p> <ul style="list-style-type: none"> <li>• All team members invited to participate and asked to contact researchers directly to indicate willingness to participate (thereby ensuring confidentiality).</li> <li>• Interviews addressed GVLVDVS goals; constraints/opportunities affecting service provision to women and children; work related to interagency collaboration, community development and education; service developments since 2005 evaluation; and service impact (p. 13).</li> </ul> <p><u>Semi-structured interviews with interagency partners</u></p> <ul style="list-style-type: none"> <li>• Interagency partners from range of services in Liverpool area invited to participate – advised of study through a flyer inviting them to contact research team if interested.</li> <li>• Key agencies identified by GVLVDVS and the local DV Liaison Committee.</li> <li>• Interviews addressed agency awareness of GVLVDVS; experiences of contact with GVLVDVS; understanding of GVLVDVS service impact; interagency coordination, community development and education; and developments since first evaluation.</li> </ul>
	<p><b>Sampling</b></p> <p>Six current GVLVDVS staff (including service manager) were interviewed (p. 13).</p> <p>Thirty-one staff from Government and NGOs were interviewed (four interviewed a second time re partnership between Green Valley Police and GVLVDVS). Eight respondents interviewed for first evaluation (representatives of NSW Health and Community Health, Housing NSW, Community Services, WDVCAS, Women's Health (an NGO) and NSW Police (DV Position)) (p. 13). Representatives included:</p> <ul style="list-style-type: none"> <li>• "NSW Health (Sexual Assault; The Hub, Miller; Out of Home Care; Community Health (3); Social Work, Liverpool Hospital; Community Mental Health)</li> <li>• Community Services (Brighter Futures; Intake)</li> <li>• Housing NSW (2)</li> <li>• Liverpool Council</li> <li>• Centrelink</li> <li>• Police (8)</li> <li>• Non-government agencies (Brighter Futures, Benevolent Society; Women's Refuges (2); Staying Home, Leaving Violence (2); Women's Domestic Violence Court Assistance Service (WDVCAS); Women's Health; Domestic Violence Support Western Sydney Service (DVSWS); Liverpool Migrant Resource Centre; legal)" (p. 13).</li> </ul>

(NSW) Evaluation 3		Notes
Study Limitations		<p>“The clients who participated in the evaluation were a self-selected group that included women who could participate without jeopardising either their physical or emotional safety. It is possible that this (necessary) approach to involving women will include more women who have a positive view of the service and may exclude some women whose safety is precarious and whose mental health and well-being have been severely affected by the abuse. Collecting data from other sources and placing the work with women within the bigger picture provided by the quantitative data provides a broader picture of the work and impacts of the service” (p. 14) “This quantitative data is limited in terms of evaluating the types of service provided by the GVL DVS and its effects, or outcomes. Although the data does indicate where referrals to the GVL DVS came from and where they referred out to, the data collection system cannot identify the number of referrals made for each client” (p. 54).</p>
Diverse population groups and/or geographical locations addressed?	Yes	No
Key findings	Process	<ul style="list-style-type: none"> <li>• “Rather than referring women to a series of services with defined eligibility criteria (termed ‘service-defined advocacy’), this approach partners with women around their goals, reducing the risk that women will ‘fall through the gaps’ of narrowly defined service provision” (p. 7).</li> <li>• “The clients reported receiving assistance that was client-centred” (p. 7).</li> <li>• “The limitations of the GVL DVS reported by respondents were in the main associated with resource issues and insecure ongoing funding” (p. 8).</li> </ul>
	Outcomes	<ul style="list-style-type: none"> <li>• “The GVL DVS provides both indirect (via supporting women) and direct services to children to assist them to overcome the traumatic effects of living with domestic violence... The service for children was highly valued by both women and GVL DVS partner agencies” (p. 7).</li> <li>• “The women who were interviewed reported that the assistance they received was effective in assisting them and their children to overcome the effects of living with domestic violence” (p. 7).</li> </ul>
	Integration	<ul style="list-style-type: none"> <li>• “The GVL DVS is active and visible in educational and awareness-raising activities and innovative domestic violence projects in the Liverpool area, often in concert with partner agencies” (p. 7).</li> <li>• “The efforts to strengthen the existing partnership with the Green Valley police are consistent with the proactive approach of the GVL DVS to innovation and to strengthening partnerships. The approach adopted is consistent with best practice that builds interagency coordination around a common risk assessment framework and a joint commitment to reducing risk and safety planning with women (Howarth, Stimpson, Barran, &amp; Robinson, 2009; Robinson, 2006 [as cited on p. 8])” (p. 8).</li> <li>• “The GVL DVS has worked on developing a strong collaboration with the other new specialist domestic violence services in the Liverpool Area. This is exemplified by the inclusion of the Staying Home Leaving Violence program in the partnership with Green Valley Police and the development of the innovative ‘handywoman’ project with Domestic Violence Support Western Sydney Service (DVSWS)” (p. 8).</li> </ul>
	Strengths of model	<ul style="list-style-type: none"> <li>• “Helpful referrals and advocacy, particularly around the use of the law and access to housing, were a hallmark of the women’s experiences of the service”... The interagency respondents noted “the formal service agreements and referral protocols provide an authorizing context for the collaborative practice” (p. 7).</li> </ul>

(NSW) Evaluation 3	Notes
<b>Conclusions/recommendations</b>	<ol style="list-style-type: none"> <li>1. “The GVL DVS receive recurrent funding because it provides a unique, evidence-based model of practice for domestic violence service delivery and the promotion of a coordinated, interagency response to domestic violence in the Liverpool area;</li> <li>2. The GVL DVS further develops its role as a specialist resource to the local health district by developing within-team portfolio areas with responsibility for developing referral pathways and strengthening collaborative work with sectors of Health which have high proportions of domestic violence survivors such as mental health, Aboriginal health and Alcohol and other Drugs services;</li> <li>3. The coordinated case management response that is being developed in partnership with Green Valley Police LAC be a model for developing a similar process of joint risk assessment and risk management with Liverpool Police LAC;</li> <li>4. GVL DVS funding be enhanced to enable the service to develop a specialist response to the emerging issue of violence perpetrated by young people against parents (often a consequence of earlier exposure to domestic violence), a service gap that was identified by partner agencies in both the 2005 and the current evaluations” (p. 70).</li> </ol>
<b>Findings useful for wider program development/practice?</b>	<p>Yes - the following were identified as core elements of a successful collaboration:</p> <ol style="list-style-type: none"> <li>1. “The willingness of all those involved and a sense of commitment to the process</li> <li>2. Leadership and the right mix of people</li> <li>3. The process of working through the development of the framework and working through problems as they arise</li> <li>4. The formalisation of the process to ensure that the model exists beyond changes in staff in each agency” (p. 66).</li> </ol>

Program Summary	
(NSW) Evaluation 4	Notes
Author/Year/Title	Rodwell, L. & Smith, N. (2008). <i>An evaluation of the NSW Domestic Violence Intervention Court Model</i> . Sydney: NSW Bureau of Crime Statistics and Research. Retrieved from <a href="http://www.bocsar.nsw.gov.au/Documents/r58.pdf">http://www.bocsar.nsw.gov.au/Documents/r58.pdf</a> .
Jurisdiction	NSW
Name of evaluated program/strategy	Domestic Violence Intervention Court Model (DVICM)
Inclusion rationale	
Program/Strategy Description	<p>(All page references herein refer to the evaluation report).</p> <p>“The NSW Domestic Violence Intervention Court Model (DVICM) was developed to improve the criminal justice system response to domestic violence by:</p> <ul style="list-style-type: none"> <li>• improving safety for victims of domestic violence in contact with the criminal justice system, and;</li> <li>• ensuring perpetrators who are charged with domestic violence offences are held to account for their actions” (p. vii). <p>“The DVICM was piloted in Campbelltown and Wagga Wagga Local Courts and involved Campbelltown, Macquarie Fields and Wagga Wagga Local Area Commands (LACs) within the NSW Police Force. The DVICM pilot was intended to run for two years in each site, and was officially implemented in Campbelltown on 12 September 2005 and in Wagga Wagga on 10 October 2005” (p. vii).</p> </li></ul>
Nature/type of program/strategy	
Brief description of program/strategy (content, aims, etc.)	DVICM aimed to achieve key improvements (bullet points listed above) via “improved policing practice, more efficient court practices, greater victim support, and improved management of offenders involved in domestic violence-related crimes” (p. 4).
Collaborating agencies	<p>“The DVICM was developed as an interagency model, with a Memorandum of Understanding between the NSW Attorney General’s Department (AGD), the NSW Police Force, the Department of Community Services (DoCS), the Department of Corrective Services (DCS), the Legal Aid Commission of NSW and the NSW Department of Housing” (p. 3).</p> <p>Key stakeholder agencies:</p> <ul style="list-style-type: none"> <li>• “Aboriginal Legal Services</li> <li>• Attorney General’s Department of NSW</li> <li>• Benevolent Society</li> <li>• Campbelltown Victims’ Advocate</li> <li>• Campbelltown Local Court</li> <li>• Macarthur Legal Centre</li> <li>• NSW Department of Community Services</li> <li>• NSW Department of Corrective Services</li> <li>• NSW Department of Housing</li> <li>• NSW Judiciary</li> <li>• NSW Legal Aid Commission</li> <li>• NSW Police Force</li> </ul>

(NSW) Evaluation 4	Notes
	<ul style="list-style-type: none"> <li>• Wagga Wagga Client Advocate</li> <li>• Wagga Wagga Local Court</li> <li>• Wirringa Baiya</li> <li>• Women's Domestic Violence Court Assistance Scheme" (p. 96).</li> </ul>
Lead agency	NSW Attorney-General's Department
Definition of "integration" within program/strategy	
Key program/strategy elements and practice approaches	<p>Key DVICM initiatives</p> <ol style="list-style-type: none"> <li>1. Domestic violence (DV) evidence collection kits <ul style="list-style-type: none"> <li>• These kits were distributed to police to help with improved evidence collection – included a digital camera, video camera and victim support packs.</li> </ul> </li> <li>2. Victims' Advocate <ul style="list-style-type: none"> <li>• Victims' Advocate services were established in Campbelltown and Wagga Wagga to provide support to victims throughout the court process, as well as brokerage funds to assist victims with other aspects, such as additional security.</li> <li>• "...the DVICM implemented an automatic police referral process, where victims' contact details were faxed through to the Victims' Advocates following the charging of the perpetrator" (p. 4), giving all victims access to this service.</li> </ul> </li> <li>3. Local Court Practice Note <ul style="list-style-type: none"> <li>• "In order to increase court efficiency, a DVICM specific Local Court Practice Note was issued by the Chief Magistrate on 31st August 2006, instructing the prosecution to serve a copy of the main parts of the brief of evidence on the defence no later than the first mention date in court. This brief includes the alleged facts, a copy of the victim's statement and any relevant photographs" (p. 4).</li> <li>• The DVICM also "aimed to finalise all matters within 12 weeks of the offender's first appearance in court" (p. 4).</li> </ul> </li> <li>4. Domestic Violence Perpetrator Program <ul style="list-style-type: none"> <li>• "As part of the sentence, if deemed appropriate by the Magistrate, the offender was placed on a perpetrator program run by Probation and Parole in Wagga Wagga and Campbelltown" (p. 5).</li> </ul> </li> <li>5. Regular meetings at local and senior levels <ul style="list-style-type: none"> <li>• "To assist with implementation and ongoing interagency relationship development, Regional Reference Groups (RRGs) were established. Local level representatives from agencies involved in the DVICM met monthly to discuss relevant operational and strategic issues" (p. 5).</li> <li>• "In addition to the RRG, a Senior Officers Group (SOG) was established that included senior representatives of the key agencies involved in the DVICM. The SOG met centrally at the NSW Attorney General's Department Sydney office every two or three months, depending on the needs of the pilot" (p. 5).</li> <li>• "To increase information sharing between the Victims' Advocates, NSW Police Force, NSW Department of Corrective Services and Department of Community Services, casetracking meetings were established and held once a week. These meetings involved a run-through of upcoming and current matters at court and updating of key details relating to the victims and perpetrators"(p. 5).</li> </ul> </li> </ol>
Services provided (e.g. DFV, SXA, both)	

(NSW) Evaluation 4		Notes	
<b>Details of stakeholder alliances (formal MoU, shared principles, etc.)</b>			
<b>Target group</b>	<b>Diverse population groups (please specify)</b>	<b>Indigenous women</b>	“About 18% of the respondents identified themselves as Aboriginal or Torres Strait Islander. These numbers were similar within Campbelltown and Wagga Wagga” (p. 38).
		<b>Young people</b>	Not explicitly stated.
		<b>CALD women</b>	8.2% of victim participants across two pilot sites noted they were born outside Australia, the United Kingdom, or New Zealand (p. 38).
		<b>Not specified</b>	Requirement for disability taxi a response in victim survey regarding any special needs they may have had at the hearing (p. 94).
	<b>Geographical location</b>	<b>Metropolitan</b>	Campbelltown (Sydney).
		<b>Remote</b>	n/a
		<b>Rural</b>	n/a
		<b>Not specified</b>	Outer regional Wagga Wagga - second pilot site.
<b>Evaluation Details</b>			
<b>Key information</b>	<b>Funder</b>	NSW Government	
	<b>Length of evaluation</b>	Time period used for data analyses “For most of the analyses, four pre-DVICM periods and three post-DVICM periods were used. Each of these time periods was six months in duration. Because the DVICM commenced in Campbelltown/Macquarie Fields a month prior to commencing in Wagga Wagga the time frames in the two locations differ” (p. 7) – spanning from October 2003 to April 2007.	
	<b>Evaluation governance</b>	NSW Bureau of Crime Statistics and Research (BOCSAR) was commissioned by the NSW Government to undertake the evaluation.	
	<b>Purpose of evaluation</b>	To determine the success of DVICM (p. 5).	
<b>Evaluation Goals and Objectives</b>			
<b>Research questions</b>	<ol style="list-style-type: none"> <li>“Was there any change in the number of domestic violence-related incidents recorded by police? ...</li> <li>Was there an increase in the number of alleged domestic violence offenders brought before the courts? ...</li> <li>Has there been any change in court outcomes of charges and any associated penalties for domestic violence-related offences? Four important questions were addressed under this heading: <ul style="list-style-type: none"> <li>Has there been a change in the proportion of domestic violence-related charges withdrawn by the prosecution or dismissed by the courts since the commencement of the DVICM?</li> <li>Has there been an increase in conviction rates in the DVICM period?</li> <li>Has there been an increase in the proportion of domestic violence-related offences for which a guilty plea was entered by the defendant since the commencement of the DVICM?</li> <li>Has there been a change in the types of penalties issued?</li> </ul> </li> </ol>		

(NSW) Evaluation 4		Notes
		<p>4. Have domestic violence matters been dealt with more expeditiously in the DVICM courts? ...</p> <p>5. Were victims satisfied and did they feel safe? Specific questions addressed included:</p> <ul style="list-style-type: none"> <li>• how satisfied victims were with the way their matter was handled by agencies involved</li> <li>• how safe victims felt at the time of the interview, and</li> <li>• how willing victims were to report another domestic violence-related incident to the police in the future.</li> </ul> <p>6. Did key stakeholders think the DVICM was a success? Feedback from key stakeholders was sought to gauge their level of satisfaction with the DVICM and to gain an idea of which elements were effective and which needed further development. The issue of whether the pilot should continue and/or be rolled out was also addressed. ..." (pp. 5-6).</p>
Evaluation components	Outcomes	Police and court data analysis, and victim satisfaction survey.
	Process	Key stakeholder interviews
	Economic	n/a
	Other (please specify)	
Relevant legislative and policy context		NSW Office of Drug and Alcohol Policy. (2004). <i>Changing the culture of alcohol use in NSW</i> , Recommendation 9.34 (as cited on p. 3).
Methodology	Design	<p>The evaluation comprised three different studies:</p> <ul style="list-style-type: none"> <li>• police and court data analysis (recorded crime data and local court data);</li> <li>• survey of victims from pilot sites; and</li> <li>• interviews with key stakeholders (p. 6).</li> </ul> <p>Survey – structured instrument including close and open-ended questions. In addition to collecting demographic information, the survey focused on:</p> <ul style="list-style-type: none"> <li>• “experiences with the police and feelings towards the defendant being charged;</li> <li>• ADVO [i.e. Apprehended Domestic Violence Order] applications and reporting of any ADVO breaches;</li> <li>• levels of support received from the Victims’/Client Advocate service;</li> <li>• experience with the court process, including level of victim satisfaction with outcomes; and</li> <li>• the overall experience - including how safe victims felt from the defendant at the time of the interview and how likely they would be to report any future domestic violence incidents” (p. 11).</li> </ul> <p>Key stakeholder interviews “The interviews were semi-structured and consisted of eight questions aimed to broadly address the different issues related to the DVICM” (p. 11).</p>

(NSW) Evaluation 4		Notes
	<b>Sampling</b>	<p>Victims</p> <p>After no responses were received through the first recruitment method, the researchers used two different strategies:</p> <ul style="list-style-type: none"> <li>• In Campbelltown – “the primary author (interviewer) attended the main DV hearing day (Monday) and the AVO [i.e. Apprehended Violence Order] list day (Tuesday) in most weeks during the period of November 2006 to February 2007. Following the finalisation of a matter, staff from the Victims’ Advocate, Macarthur Women’s Domestic Violence Court Assistance Scheme (WDVCAS) or the Domestic Violence Liaison Officer from the NSW Police Force introduced the victim to the interviewer if there was an opportunity to do so. The interviewer then explained the research and asked if the victim would like to participate” (p. 10).</li> <li>• In Wagga Wagga – “the interviewer attended on a number of separate occasions to conduct blocks of interviews across two or three days. The Wagga Wagga Client Advocate organised the interviews by telephoning a sample of their current and past clients, providing them with details on the study and inviting them to participate” (p. 10). “In total, 76 victims were invited to participate in the survey and 50 interviews were conducted, giving an overall response rate of 65.8 per cent” (p. 10).</li> </ul> <p>Key stakeholders</p> <p>“Representatives from the Campbelltown and Wagga Wagga Regional Reference Groups as well as members of the Senior Officers Group were invited to participate in the key stakeholder component of the evaluation. A total of 41 individuals were interviewed” (p. 11).</p>
<b>Study Limitations</b>		<p>“It is important to recognise that within each of the components of the evaluation, there wasn’t an appropriate control group available to directly compare with the DVICM sites.</p> <p>The main threat to study power was the volatility of key trends.</p> <p>Although all measures were put in place to ensure the lag in court data was accounted for in the analyses, there was still a reasonably high percentage of missing court outcomes in the most recent post-DVICM data. This means that a number of the analyses related to court outcome could not include this time period” (p. 69).</p>
<b>Diverse population groups and/or geographical locations addressed?</b>	Yes	No
		Not explicitly

(NSW) Evaluation 4		Notes
Key findings	Process	See “Integration” and “Strengths of model”
	Outcomes	<p>Police and Local Court outcomes:</p> <ul style="list-style-type: none"> <li>• “The proportion of alleged domestic violence offenders charged by Campbelltown and Macquarie Fields LACs showed an increase after the DVICM commenced, however the increase in Campbelltown appeared to reflect a trend that began prior to the DVICM” (p. vii). However, the increased charge rates were not restricted to these two DVICM pilot sites.</li> <li>• “Wagga Wagga LAC had high charge rates prior to the DVICM and these remained high throughout the DVICM period” (p. vii).</li> <li>• Limited evidence of DVICM success in local courts in Campbelltown and Wagga Wagga – “The percentage of matters finalised by guilty plea did not shift in Campbelltown, and in Wagga Wagga actually decreased after the DVICM was introduced” (p. viii).</li> <li>• “Court duration for matters that proceeded to hearing improved in Campbelltown Local Court after the DVICM but remained stable in Wagga Wagga Local Court” (p. viii).</li> </ul> <p>Victim satisfaction:</p> <ul style="list-style-type: none"> <li>• “Overall, victims reported that they were very satisfied with the police response in both Campbelltown/Macquarie Fields and Wagga Wagga LACs” (p. viii).</li> </ul>
	Integration	<p>Key stakeholder satisfaction:</p> <ul style="list-style-type: none"> <li>• “The majority of key stakeholders believed the DVICM was a successful pilot and that the model should be continued in Campbelltown and Wagga Wagga and also be considered for implementation in other locations, with a controlled and staged approach taken to any rollout of the model” (p. viii).</li> </ul> <p>DVICM meant an increased workload (both administrative and operational) and strained resources in some agencies (p. 58).</p> <p>Negative aspects of DVICM</p> <ul style="list-style-type: none"> <li>• “Insufficient consultation with agencies prior to implementation;</li> <li>• Need for role definition and clarification relating to agency expectations;</li> <li>• Resource/staffing issues and associated time pressures;</li> <li>• Limited community marketing;</li> <li>• Police training on and use of new technologies; and</li> <li>• Reliance on key individuals/inconsistency” (p. 69).</li> </ul>

(NSW) Evaluation 4		Notes
	<b>Strengths of model</b>	<ul style="list-style-type: none"> <li>• “The positive aspect of the DVICM most frequently cited was increased inter-agency collaboration and communication, in relation to both DVICM-specific processes and the general working relationships between agencies” (p. 58).</li> <li>• “It was also acknowledged that the inter-agency model had increased the accountability of agencies, as well as the understanding of the role each agency played in the DVICM” (p. 58).</li> <li>• Case-tracking process, while time-consuming, was effective for information sharing (p. 58).</li> </ul> <p>Positives:</p> <ul style="list-style-type: none"> <li>• “Increased interagency collaboration and communication;</li> <li>• Victim support services;</li> <li>• Improvement in police response and attitude;</li> <li>• Improvements in the Local Court; and</li> <li>• Effectiveness of specialised roles” (p. 69).</li> </ul>
<b>Conclusions/recommendations</b>		“Recommendations by stakeholders relating to the future of the DVICM in the pilot sites as well as in other locations focused around the need to ensure adequate resources and to ensure the future of the DVICM is carefully planned and approached in a staged manner. Other considerations included legislative change and further community marketing to ensure the message is reaching the communities” (p. 69).
<b>Findings useful for wider program development/practice?</b>		Yes, particularly with regards to integration and implementation.

Program Summary	
(NSW) Evaluation 5	Notes
Author/Year/Title	Laing, L. & Toivonen, C. (2010) <i>Bridging the gap: Evaluation of the Domestic Violence and Mental Health Pilot Project</i> . Prepared for Joan Harrison Support Services for Women. University of Sydney. Retrieved from <a href="http://ses.library.usyd.edu.au/bitstream/2123/6118/1/JHSSW%20_final.pdf">http://ses.library.usyd.edu.au/bitstream/2123/6118/1/JHSSW%20_final.pdf</a> .
Jurisdiction	NSW
Name of evaluated program/strategy	Domestic Violence & Mental Health (DV&MH) position - refers to a specialist position, rather than a program.
Inclusion rationale	DV&MH position functions as a coordination role between two sectors (DFV and mental health), and facilitates the provision of services across multiple agencies, with formal service agreements across the sectors.
Nature/type of program/strategy	Case work, counselling, advocacy, generalist support, community development, cross-sector training and education.
Brief description of program/strategy (content, aims, etc.)	<p><i>(All page references herein refer to the evaluation report).</i></p> <p>“The DV&amp;MH service works with women who have experienced both domestic violence and mental illness/health concerns. The DV&amp;MH worker provides ongoing case work, counselling, advocacy and generalist support to these women. The DV&amp;MH worker also provides a community development, training and education service to service providers working across the Liverpool area. Extending cross sector collaboration is a core focus of the position” (p. 3).</p> <p>“The Domestic Violence and Mental Health (DV&amp;MH) position was established by Joan Harrison Support Services for Women as a pilot project in 2008. It was a direct response to findings from the Towards Better Practice (TBP) research project. Joan Harrison Support Services for Women was one of several specialist domestic violence services that participated actively in the Liverpool/Fairfield TBP steering committee that was established to develop and trial local collaborative initiatives” (p. 3). The Liverpool/Fairfield TBP steering committee introduced collaborative initiatives in 2006/07:</p> <ul style="list-style-type: none"> <li>• “Launch of a formal service agreement between the two sectors;</li> <li>• Active involvement in promoting domestic violence routine screening training for mental health workers;</li> <li>• Development of a training package for domestic violence and mental health workers across South West Sydney and an ongoing series of regular training seminars” (p. 8).</li> </ul> <p>“The DV&amp;MH position works closely with TBP steering committee which continues to meet monthly to plan and review the collaborative activities” (p. 8).</p>
Collaborating agencies	Agencies across two sectors (mental health and domestic violence), involving NGOs and government organisations (Police, Centrelink and a number of community service providers) (p. 33).
Lead agency	Joan Harrison Support Services for Women
Definition of “integration” within program/strategy	The DV&MH position is centrally concerned with collaboration and the facilitation of service responses cross-sectorally, including providing training and education services to service providers.
Key program/strategy elements and practice approaches	DV&MH position key to continuing and extending collaborative practices – cross-sector collaboration is a central focus of the role.
Services provided (e.g. DFV, SXA, both)	DFV and mental health
Details of stakeholder alliances (formal MoU, shared principles, etc.)	Not explicitly detailed.

(NSW) Evaluation 5		Notes	
Target group	Diverse population groups (please specify)	Indigenous women	14% of women who used the service identified as Aboriginal and Torres Strait Islander (p. 13).
		Young people	35% of women who used the service fell in the 18-30 year age group (p. 13).
		CALD women	19% of women who used the service were from a Middle Eastern background (p. 13).
		Not specified	
	Geographical location	Metropolitan	Liverpool/Fairfield (Sydney)
		Remote	n/a
		Rural	n/a
Not specified			
<b>Evaluation Details</b>			
Key information	Funder	DV&MH Project funding for two years by the NSW Department of Premier and Cabinet.	
	Length of evaluation	Not stated, however: <ul style="list-style-type: none"> <li>“A quantitative audit of the case files of all the clients seen by the service for the period August 2008 to January 2008 to January 2010 was undertaken to identify demographic characteristics, referral sources, domestic violence and mental health issues and the nature and scope of interventions” (p. 11).</li> <li>Service provider telephone snapshot was taken during the month of October 2009 (p. 20).</li> </ul>	
	Evaluation governance	Report undertaken by University of Sydney researchers for Joan Harrison Support Services for Women. Lesley Laing was one of three investigators in the original TBP research (2006-09); Cherie Toivonen was Senior Research Officer on the TBP research (p. 9).	
	Purpose of evaluation	Not stated	
Evaluation Goals and Objectives		<p>Aims of evaluation:</p> <p>To identify:</p> <ul style="list-style-type: none"> <li>“The demographic characteristics, domestic violence experiences and mental health issues of the service clients;</li> <li>Referral sources;</li> <li>The range and scope of activities of the position in direct client work; and</li> <li>The range and scope of activities of the position in facilitating and strengthening cross sector collaboration” (p. 4).</li> </ul> <p>To explore:</p> <ul style="list-style-type: none"> <li>“the experiences of women clients of the assistance offered by the service;</li> <li>the perceptions of service providers in both the mental health and domestic violence sectors about the contribution of the service to the strengthening of the collaborative work that had begun in the earlier action research project” (p. 4).</li> </ul>	
Research questions		Not stated - see “Evaluation Goals and Objectives” above.	

(NSW) Evaluation 5		Notes
Evaluation components	Outcomes	Case file and service provider engagement audit, telephone snapshot, and interviews with clients.
	Process	Case studies, and interviews with service providers.
	Economic	n/a
	Other (please specify)	
Relevant legislative and policy context		
Methodology	Design	<p>Qualitative and quantitative data were collected.</p> <p>Data sources included:</p> <ul style="list-style-type: none"> <li>• Semi-structured, in-depth interviews with clients of the service</li> <li>• Semi-structured, in-depth interviews with service providers</li> <li>• Case file audit</li> <li>• Case studies</li> <li>• Audit of engagement with service providers</li> <li>• “Data was collected in relation to: consultancy work, inter-agency meetings attended and training provided to services in both Liverpool and wider Sydney” (p. 11).</li> <li>• Service provider telephone snapshot (p. 4).</li> </ul>
	Sampling	<p>“Seven clients of the service were interviewed...this is not a random sample but provides an opportunity for some of those most vitally affected by the service, to provide input into the evaluation” (p. 24).</p> <p>“...invitations were only extended to clients of the service whose health and safety would not be jeopardised by their participation in the judgement of the DV&amp;MH worker. Although this provides a potential source for bias in the findings, this approach struck a balance between ethical considerations in dealing with a vulnerable client group and providing the opportunity for some of the women to participate in the evaluation” (p. 10).</p> <p>“Workers from both the mental health and domestic violence sectors in Liverpool were invited to take part in an interview. Participants included service managers, outreach workers, educators, social workers and caseworkers from both government and non-government services” (p. 11). Number of service providers who participated in interviews was not stated.</p>
Study Limitations		None mentioned.
Diverse population groups and/or geographical locations addressed?	Yes	No
		Addressed by program, but not specifically addressed by evaluation, except through analysis of demographic data.

(NSW) Evaluation 5		Notes
Key findings	Process	Findings framed as outcomes
	Outcomes	<p>The DV&amp;MH service:</p> <ul style="list-style-type: none"> <li>• “Provides practical support, therapeutic interventions and advocacy for a vulnerable group of women with complex needs” who would have otherwise “fallen through the gaps” in service provision between the mental health and domestic violence service sectors” (p. 5)</li> <li>• Connected with hard to reach clients (including younger women, Aboriginal women, CALD women) (p. 5).</li> <li>• “[C]reated connections with the mental health sector which has allowed identification and easy referral of women in a mental health setting who were experiencing domestic violence” (p. 5).</li> <li>• Women were positive about service impact, with all women interviewed leaving DV and reporting improved mental health (p. 5).</li> <li>• “The holistic and feminist approach of the DV&amp;MH worker allowed a connection and trusting relationship to develop” (p. 5) between them and their clients. Women were listened to and validated (p. 5).</li> <li>• “The service model provided the type of assistance that women interviewed in the original TBP research identified as essential” (p. 5).</li> </ul>
	Integration	<p>“The DV&amp;MH worker provides specialist consultancy to other service providers in the area over the phone, via email, through training sessions, and through networking at meetings and other inter-agencies. Service providers have contacted the DV&amp;MH service in a consultancy capacity, requiring information and advice about:</p> <ul style="list-style-type: none"> <li>• legal procedures such as ADVOs;</li> <li>• what to do in situations if the woman is experiencing mental health issues such as threatening self harm;</li> <li>• how to facilitate women’s access to refuges and other accommodation;</li> <li>• how to advocate for women trying to negotiate the system;</li> <li>• the links between domestic violence and mental health issues; and</li> <li>• practice with women experiencing both mental health concerns and domestic violence” (p. 20).</li> </ul> <p>“Training and information sessions which focus on the link between domestic violence and mental health and how the DV&amp;MH service can assist both women and service providers continue to be a core activity of the service” (p. 22).</p> <p>“The DV&amp;MH worker also participates in local committees and interagency forums. These include:</p> <ul style="list-style-type: none"> <li>• Member of the Liverpool Domestic Violence Liaison Committee which meets monthly (a network of local services to discuss and work together on domestic violence issues);</li> <li>• Member and key organiser of the local ‘Towards Better Practice’ committee which meets fortnightly (local mental health and domestic violence workers working on initiatives to see these two sectors working better together); and</li> <li>• Member of the Memorandum of Understanding Committee (MOU), a committee which meets bi-monthly made up of local mental health workers and the police to discuss common issues” (p. 23).</li> </ul>

(NSW) Evaluation 5		Notes
	<b>Strengths of model</b>	<ul style="list-style-type: none"> <li>• “The expertise of the DV/MH worker is highly regarded by service providers in both sectors and the consultation offered is both accessible and highly valued” (p. 5).</li> <li>• “The activities of the DV&amp;MH worker have improved mental health service providers’ understanding of the impact of domestic violence on women’s mental health; their ability to identify underlying domestic violence in clients of mental health services; and promoted better practice with women who experience the complex interaction of both issues” (p. 5).</li> <li>• “In addition to direct work with women, improving collaborative initiatives across sectors has remained a central aspect of the DV/MH role through training, networking and consultation” (p. 6).</li> <li>• “DV&amp;MH role has proved an effective way to ‘bridge the gap’ between the mental health and domestic violence sectors in the Liverpool area through a combination of collaborative initiatives and direct practice” (p. 6).</li> </ul>
<b>Conclusions/recommendations</b>		No specific recommendations offered - conclusions summarised findings as detailed above.
<b>Findings useful for wider program development/practice?</b>		“The model of service is consistent with evidence-based practice with co-occurring mental health and domestic violence: i.e. it is an example of integrated, ‘trauma informed’ service provision (Markoff, Finkelstein, Kammerer, Kreiner, & Prost, 2005 [as cited on p. 6]). It is an innovative model of service provision that can inform service delivery across the health system, beyond the Liverpool area” (p. 6).

Program Summary	
(NSW) Evaluation 6	Notes
Author/Year/Title	Lormer, L. (2004) Evaluation of the Domestic Violence Proactive Support Service - March 2003-March 2004.
Jurisdiction	NSW
Name of evaluated program/strategy	Domestic Violence Proactive Support Service (DVPASS)
Inclusion rationale	Interagency model, and multiple agencies.
Nature/type of program/strategy	DV victim support and referral.
Brief description of program/strategy (content, aims, etc.)	<p><i>(All page references herein refer to the evaluation report).</i></p> <p>DVPASS provides support for DV victims “especially in the period between police intervention and court appearance” (p. 4).</p> <p>DVPASS aims to:</p> <ul style="list-style-type: none"> <li>• “Decrease the possibility of women and children falling through the net after Police intervention</li> <li>• Increase their knowledge of and access to services that will alleviate the impact of domestic violence</li> <li>• Provide them with relevant and appropriate information on “Breaking the Cycle of Violence” (p. 5).</li> </ul>
Collaborating agencies	Collaboration between Campsie Local Area Command (LAC) and the Canterbury Domestic Violence Liaison Committee (p. 4); auspiced by the Woman’s Centre on behalf of Canterbury Domestic Violence Liaison Committee (p. 4).
Lead agency	See above
Definition of “integration” within program/strategy	Collaborative partnership between two agencies; wider referral network of services. This is largely a referral service however - conduit between police who pass on yellow cards with victim consent for referral to The Woman’s Centre for support.
Key program/strategy elements and practice approaches	<p>DVPASS seeks to achieve its aims by:</p> <ul style="list-style-type: none"> <li>• “Seeking the consent of the victim on the yellow card for proactive referral to The Woman’s Centre for support from the Domestic Violence Support Worker (DVSW)</li> <li>• Providing a timely response to the victim</li> <li>• Monitoring and evaluating the DVPASS to ensure satisfactory outcomes for victims, Campsie Local Area Command and The Woman’s Centre” (p. 5).</li> </ul>
Services provided (e.g. DFV, SXA, both)	DFV
Details of stakeholder alliances (formal MoU, shared principles, etc.)	“As a matter of course, a Memorandum of Understanding is negotiated with each new service entering the DV network so that smooth liaison, referral and procedure are in place” (p. 15).

(NSW) Evaluation 6		Notes	
Target group	Diverse population groups (please specify)	Indigenous women	
		Young people	
		CALD women	
		Not specified	Not specified
	Geographical location	Metropolitan	Yes
		Remote	
		Rural	
		Not specified	
<b>Evaluation Details</b>			
Key information	Funder	Canterbury City Council	
	Length of evaluation	March 2003 - March 2004	
	Evaluation governance	Independent evaluator; program auspiced by the Woman's Centre.	
	Purpose of evaluation	Not stated	
Evaluation Goals and Objectives		Not stated	
Research questions		Not stated - program performance indicator measures addressed (pp. 9-10).	
Evaluation components	Outcomes	Data collection between March 2003 and March 2004.	
	Process	Interviews and surveys.	
	Economic	n/a	
	Other (please specify)		
Relevant legislative and policy context		Not stated	
Methodology	Design	<ul style="list-style-type: none"> <li>Client phone surveys: participants approached by DVSW for consent. Two consultations (same questions each time) – March - August 2003 (surveys conducted by DVSW); Sep 2003 - March 2004 (survey conducted by consultant).</li> <li>DVSW and Domestic Violence Liaison Officer (DVLO) interviewed together.</li> <li>Interview with comparable service.</li> <li>Police survey: given to DVLO, who distributed surveys. 11 survey questions.</li> <li>Canterbury Domestic Violence Liaison Committee group discussion.</li> <li>DVSW collected data in two periods: six months from March - August 2003; seven months from Sep 2003 - March 04 (p. 10).</li> </ul>	
	Sampling	Police surveys: n = 11. Client surveys: n = 7.	
Study Limitations		“It is difficult to ascertain whether this specific early intervention service was the critical factor in making a difference to the lives of victims of domestic violence” (p. 18).	

(NSW) Evaluation 6		Notes
<b>Diverse population groups and/or geographical locations addressed?</b>	<b>Yes</b>	No
<b>Key findings</b>	<b>Process</b>	Multilingual brochure made available to clients from a non-English speaking background (p. 7).  Campsie LAC staff may need more training in use of yellow card (p. 17). “Through the use of the multilingual brochure, victims of domestic violence who have not initially given consent to be contacted have come to see the DVSW” (p. 16). Greater demand for service puts pressure on funded hours (p. 16). Feedback on police operation in program positive (p. 16). Information package compiled by DVSW for clients successful (p. 16).
	<b>Outcomes</b>	Between March 2003 and March 2004, DVPass received 1077 yellow cards: 63.2% gave consent to be contacted. Of those followed up: <ul style="list-style-type: none"> <li>• 5.6% required an interpreter</li> <li>• 17.6% were referred to another service and all of them (100%) followed up the referral;</li> <li>• 39.5% were sent information packs</li> <li>• 8.3% attended counselling at The Woman’s Centre (p. 7).</li> </ul>
	<b>Integration</b>	“The DVSW uses the organisations on the Canterbury DV Liaison Committee as referral agencies. The communication and service is of a high quality because the referral agencies own the project” (p. 15). “As a matter of course, a Memorandum of Understanding is negotiated with each new service entering the DV network so that smooth liaison, referral and procedure are in place” (p. 15). “The partnership with Canterbury City Council is important because their support has been vital for the funding and publicity of the project” (p. 15).
	<b>Strengths of model</b>	Strong partnerships between community agencies – solid project infrastructure. High quality management provided by The Woman’s Centre. Civilian DVSW based in community agency (ex-police officer). Flexible working hours. Full support of Campsie LAC – provision of full-time DVLO (p. 17).

(NSW) Evaluation 6	Notes
<b>Conclusions/recommendations</b>	<p>Successful model - effective use of yellow card scheme.</p> <p>Proper implementation will build community networks and ensure sustainability.</p> <p>Key program benefit is provision of choice to clients to access appropriate services (p. 19).</p> <p>Ten recommendations made, covering issues such as further evaluation, establishment of a client database, continued funding, data collection by participating agencies, forging connections with emerging communities, DVSW and DVLO to increase informal training/feedback to Campsie LAC, resourcing, and statewide implementation (pp. 18-19).</p>
<b>Findings useful for wider program development/practice?</b>	No - quite program specific

Program Summary			
(NSW) Evaluation 7		Notes	
Author/Year/Title		Willis, M., Hastings, C., & Busby, K. (2003). <i>Northern Region Domestic Violence Referral Project (DVRP): Evaluation report</i> . Report prepared by and New South Wales Attorney General's Department Violence Against Women Specialist Unit; NSW Attorney General's Department, NSW Strategy to Reduce Violence Against Women; and NSW Police, Northern Region Command. Sydney: Violence Against Women Specialist Unit, NSW Attorney-General's Department.	
Jurisdiction		NSW	
Name of evaluated program/strategy		NSW Police Northern Region Domestic Violence Referral Project (DVRP)	
Inclusion rationale		Interagency model, and multiple agencies.	
Program/Strategy Description		Referral to a community agency offered to DV victims by attending police officers. A "sticker" system recording victim consent permitted information sharing between agencies.	
Nature/type of program/strategy		Referrals, and information sharing.	
Brief description of program/strategy (content, aims, etc.)		Early intervention strategy to provide to support to victims, and victims record their consent to have their information shared with other agencies via signing of a referral "sticker".	
Collaborating agencies		NSW Police Northern Region (across 6 LACs); 3 Women's Domestic Violence Court Assistance Schemes; 3 Women's Refuges; 2 women's services; 5 family & community support services.	
Lead agency		NSW Police Northern Region	
Definition of "integration" within program/strategy		<i>(All page references herein refer to the evaluation report).</i> No specific definition. Report notes that responses require a "multi-agency, cohesive response. Improving coordination, communication and cooperation between all government and non-government agencies is central to this response" (p. 10).	
Key program/strategy elements and practice approaches		The short-term aim of the DVRP was to provide victims with; an earlier connection with community agencies; an increased understanding of the contents and conditions of their AVO order; and clarification of processes regarding withdrawing, changing and/or breeches of AVO orders. The longer term aim of the DVRP was to; reduce repeat offenders, reduce police workloads; and reduce court time dealing with domestic violence incidents (p. 11).	
Services provided (e.g. DFV, SXA, both)		DFV	
Details of stakeholder alliances (formal MoU, shared principles, etc.)		Not detailed in this report.	
Target group	Diverse population groups (please specify)	Indigenous women	Not detailed in this report.
		Young people	Not detailed in this report.
		CALD women	Not detailed in this report.
		Not specified	n/a

(NSW) Evaluation 7		Notes
<b>Geographical location</b>	<b>Metropolitan</b>	No.
	<b>Remote</b>	Yes, Northern NSW region covers regional, rural and remote areas.
	<b>Rural</b>	Yes, Northern NSW region covers regional, rural and remote areas.
	<b>Not specified</b>	n/a
<b>Evaluation Details</b>		
<b>Key information</b>	<b>Funder</b>	Not specified in this report.
	<b>Length of evaluation</b>	July 2001 - December 2002
	<b>Evaluation governance</b>	Published by Violence Against Women Specialist Unit, NSW Attorney-General's Department.
	<b>Purpose of evaluation</b>	To evaluate the use and effects of the new Police Domestic Violence stickers being developed by the Regional Area Command.
<b>Evaluation Goals and Objectives</b>		This report evaluates the implementation and conduct of the NSW Police Northern Region Domestic Violence Referral Project (p. 11).
<b>Research questions</b>		<p>Review Indicators</p> <ul style="list-style-type: none"> <li>• The conduct and implementation of the Domestic Violence Referral Project.</li> <li>• The number of women/clients referred to community agencies.</li> <li>• The expected outcomes for clients.</li> <li>• The impact the Domestic Violence Referral Project had on the policing of domestic violence and whether a reduction could be detected in repeat victimisation.</li> <li>• The expected outcome for community agencies participating in the Domestic Violence Referral Project (p. 15).</li> </ul>
<b>Evaluation components</b>	<b>Outcomes</b>	<p>Surveys with service providers measured total number of referrals received from police, total number of referrals from police because of the domestic violence consent sticker being signed, number of direct initial contacts with clients as a result of the domestic violence consent sticker being signed, and outcome of initial contact with clients (p. 47).</p> <ul style="list-style-type: none"> <li>• The number of women/clients referred to community agencies.</li> <li>• The expected outcomes for clients.</li> <li>• The impact the Domestic Violence Referral Project had on the policing of domestic violence and whether a reduction could be detected in repeat victimisation (p. 15).</li> </ul>

(NSW) Evaluation 7			Notes
	<b>Process</b>		<p>Survey with police officers measured number of domestic violence instances attended, how often they offered the victims the domestic violence consent sticker, how many times a victim signed the sticker, what reasons the victim gave for not signing the sticker, and what they perceive as benefits/limitations of the sticker; whether they think police should continue with its use (pp. 45-46).</p> <p>Survey with service providers asked what they perceived as benefits for victims, what they perceived as being limitations for victims, and would they recommend the program continue (p. 48).</p> <p>“Process analysis was used to assess the overall program quality and whether the program is delivered at an appropriate standard” (p. 15).</p> <ul style="list-style-type: none"> <li>• The conduct and implementation of the Domestic Violence Referral Project.</li> <li>• The expected outcome for community agencies participating in the Domestic Violence Referral Project (p. 15).</li> </ul>
	<b>Economic</b>		n/a
	<b>Other (please specify)</b>		n/a
<b>Relevant legislative and policy context</b>			Not specified, although mentions Laing, Mulrone Gietzelt March 2003 <i>Co-ordinated Responses to Domestic Violence: Australian Models</i> , Sydney, ADFVC [as cited on p. 7]; and Keys Young. (2000). <i>Evaluation of ACT Inter-agency Family Violence Intervention Program: final report</i> . Canberra: ACT Department of Justice and Community Safety [as cited on p. 7].
<b>Methodology</b>	<b>Design</b>		<ul style="list-style-type: none"> <li>• The evaluation reflects a process analysis (p. 15).</li> <li>• Surveys conducted with three groups: six Domestic Violence Liaison Officers (DVLOs) in Northern Region; 15 General Duties officers in each of the six LACs; and 14 community agencies (support and referrals) (p. 15).</li> </ul>
	<b>Sampling</b>		Surveys received from five DVLOs, 57 General Duties staff across four of the six LACs, and 11 community agencies.
<b>Study Limitations</b>			“This evaluation is limited by the fact that it has not sought information from the individual clients who were assisted (or not assisted) by the Domestic Violence Referral Project... This evaluation is also limited by the brief detail sought in the survey. Interviews and focus groups were not conducted in this study” (p. 16).
<b>Diverse population groups and/or geographical locations addressed?</b>	<b>Yes</b>	<b>No</b>	Yes - Diverse geographical locations considered.

(NSW) Evaluation 7		Notes
<b>Key findings</b>	<b>Process</b>	<ul style="list-style-type: none"> <li>• 47% of police officers who responded to the survey had attended over 30 incidents of domestic violence during the pilot period. 33% had attended between 10-30 incidents of domestic violence (p. 19).</li> <li>• 42% of officers said they “mostly” offered the consent sticker to victims, while a further 19% said they always provided the consent sticker (p. 19).</li> <li>• 33% of officers said victims mostly signed the sticker, while 28% said they often or mostly signed the sticker (p. 19).</li> <li>• While all Domestic Violence Liaison Officers were of the opinion that the pilot should continue, general duties officers were evenly split, with 51% saying the program should continue operating (p. 21).</li> <li>• Service providers noted a number of limitations of the scheme; geographically isolated women have huge difficulties accessing police even where an Apprehended Violence Order (AVO) is in place; lack of confidentiality; women not understanding the program; and referrals being made for women living outside the service area (p. 27).</li> <li>• Other limitations were time delays in police referrals; police processes/culture; and resources and administration (pp. 28-29).</li> </ul>
	<b>Outcomes</b>	Survey responses varied between the Local Area Commands in which the services operated. The number of police referrals received by community agencies ranged from one LAC which had two, to another which recorded 286 (the LACs were de-identified). Interviews and phone contact with a client as a result of the police referral ranged from 1-100% between the LACs. Removing these two outliers, the responses ranged from 42-91% of clients who had a referral receiving an interview or phone contact. Without further evidence around these discrepancies it is hard to draw a conclusion from these numbers (pp. 24-25).
	<b>Integration</b>	Not detailed in this report.
	<b>Strengths of model</b>	<p>Perceived benefits of the program identified by general duties officers were: an anticipated reduction in the incidence of domestic violence, an appreciation that victims of domestic violence will become more aware of services that are available to help them and an appreciation that the piloted program requires services to initiate contact with victims, rather than victims being required to initiate contact (p. 20).</p> <p>Service providers were generally positive, with the main benefit perceived as being the fact clients were given information and/or support. Three of the referral services indicated that they believed the referral process was effective in linking women to support services (p. 27).</p>

(NSW) Evaluation 7	Notes
<b>Conclusions/recommendations</b>	<ol style="list-style-type: none"> <li>1. “That co-ordinated data systems be developed with standardised data collection forms and processes to ensure consistency of information within and between services” (p. 31).</li> <li>2. “That where services are accepting referrals from police and these referrals cause a significant increase in workload, the continuation of the DVRP is contingent on the allocation of these services” (p. 32).</li> <li>3. “That police ask women how services should contact them and what the most appropriate time of contact would be” (p. 33).</li> <li>4. “That future referral systems require the development of a protocol between police and support agencies that identifies an appropriate time-frame in which referrals are to be made by the police to referral agencies” (p. 34).</li> <li>5. “That Crime Management Units monitor the workload of the DVRO created by the referral system and assist with additional personnel where necessary” (p. 35).</li> <li>6. “That services receiving referrals from the Police provide feedback on the outcome of their intervention” (p. 35).</li> <li>7. “That general duties police officers receive specific training regarding the implementation of a proactive referral process which is monitored by the DVLO in relation to victims of domestic violence” (p. 36).</li> <li>8. “That referral to community agencies is offered to all victims of domestic violence by all attending police officers” (p. 37).</li> <li>9. “That attending police officers obtain a signature to indicate where women have declined to consent for referral” (p. 38).</li> </ol>
<b>Findings useful for wider program development/practice?</b>	Yes - Although the findings are focussed on the project being analysed, the usefulness of involving police in the evaluation would prove useful for programs seeking to integrate their service with local police, especially around the importance of having the support of general duties officers.

Program Summary	
(NSW) Evaluation 8	Notes
Author/Year/Title	Wangmann, J. (2003). <i>The Tamworth domestic violence project: an evaluation of a different model of service provision to victims of domestic violence in a police setting</i> . Sydney.
Jurisdiction	NSW
Name of evaluated program/strategy	The Tamworth Domestic Violence Project
Inclusion rationale	Interagency model, and multiple agencies.
Nature/type of program/strategy	Counselling, support and referral.
Brief description of program/strategy (content, aims, etc.)	<p>(All page references herein refer to the evaluation report).</p> <p>To integrate a dedicated and independent project officer within Tamworth police station to provide counselling, support and referrals to victims of domestic violence.</p> <p>“Three key aims;</p> <ul style="list-style-type: none"> <li>• to reduce the incidence of repeat domestic violence victimisation (p. 8);</li> <li>• to provide appropriate and adequate support, counselling and referral to victims of domestic violence (p. 8);</li> <li>• and, to develop, implement and evaluate an alternative model of service provision to victims of domestic violence” (p. 8).</li> </ul>
Collaborating agencies	NSW Department of Family and Community Services (FaCS) Regional Violence Prevention Specialists, Tamworth Women and Children’s Refuge, the Tamworth Family Support Service, Centrelink (social worker) and New England Health - now known as Hunter New England Health Service (Area Sexual Assault Coordinator).
Lead agency	Oxley Local Area Command (LAC), NSW Police.
Definition of “integration” within program/strategy	The evaluation did not provide a specific definition of integration. It does refer to itself as a type of “in between” service, which it defines as not having the same stigma or connotations as other specialist DV services or refuges, it also notes ease of access as an important element of the service (p. 8).
Key program/strategy elements and practice approaches	“A Project Officer (PO) was situated within Tamworth police Station. The police provided the PO with a print-out of the domestic violence COPS [i.e. Computerised Operational Policing System] entries for the previous 24/48 hours. The PO would then attempt to make contact with victims to offer support, information and referral. Generally the PO invited victims to attend the police station to meet with her face-to-face. It was intended that contact with the PO would be brief and the PO would refer victims to other appropriate services in the area. However, for a number of victims, contact with the PO was extensive – with many face-to-face contacts and telephone calls” (p. 15).
Services provided (e.g. DFV, SXA, both)	DFV
Details of stakeholder alliances (formal MoU, shared principles, etc.)	Interagency Working Party

(NSW) Evaluation 8		Notes	
Target group	Diverse population groups (please specify)	Indigenous women	Not detailed in this report.
		Young people	Not detailed in this report.
		CALD women	Not detailed in this report.
		Not specified	n/a
	Geographical location	Metropolitan	No
		Remote	No
		Rural	Yes - Tamworth is a rural/regional area in NSW
	Not specified	n/a	
<b>Evaluation Details</b>			
Key information	Funder	Commonwealth Government, under Partnerships Against Domestic Violence.	
	Length of evaluation	The evaluation was conducted during 2001 - early 2002	
	Evaluation governance	External evaluation by Jane Wangmann.	
	Purpose of evaluation	<ul style="list-style-type: none"> <li>• “Did the project reduce repeat incidents of domestic violence?”</li> <li>• Did the project provide appropriate and adequate support and counselling to victims of domestic violence?</li> <li>• To develop, implement and evaluate an alternative model of service provision to victims of domestic violence” (p. 15).</li> </ul>	
Evaluation Goals and Objectives		See above.	
Research questions		<ul style="list-style-type: none"> <li>• “Did the project reduce repeat incidents of domestic violence?”</li> <li>• Did the project provide appropriate and adequate support and counselling to victims of domestic violence?</li> <li>• To develop, implement and evaluate an alternative model of service provision to victims of domestic violence” (p. 15).</li> </ul>	
Evaluation components	Outcomes	Yes - semi-structured client interviews, and analysis of de-identified police data and reports (p. 17). “Did the project reduce instances of repeat domestic violence victimisation? Did the project provide appropriate and adequate support, counselling and referral to victims of domestic violence?” (p. 15)	
	Process	Yes - semi-structured interviews with professionals, survey of police (p. 17). The semi-structured interviews with clients also ascertained the client’s age, racial background, relationship to the perpetrator, whether they were separated and whether they had children/how many? (pp. 17-18)	
	Economic	Not detailed in this report.	
	Other (please specify)	n/a	
Relevant legislative and policy context		The project was consistent with the NSW Police Domestic Violence Policy and Standard Operating Procedures.	

(NSW) Evaluation 8		Notes
Methodology	Design	“The methodology involved the use of a variety of data sources and included: a focus group with police early in the project; semi-structured qualitative interviews with 15 people who were assisted by the project; semi-structured interviews and focus groups with key professionals; a survey of police at the end of the project; and an examination of client data and the COPS data for the period in which the project operated” (p.17).
	Sampling	Case study site. Participants in the survey were selected at random from the client group.
Study Limitations		The study, and project was time limited. Need a longer study to determine outcomes. The study also noted limitations around the lack of a client database and difficulty pinpointing what actually made the “changes” that occurred for clients (p. 19).
Diverse population groups and/or geographical locations addressed?	Yes	No
Key findings	Process	<ul style="list-style-type: none"> <li>• The process of referring victims from police to the Project Officer was critical to the project (p. 10).</li> <li>• Some victims of domestic violence require intensive contact (p. 9).</li> <li>• The Project Officer role is critical in gaining a more comprehensive understanding of the violence being experienced (p. 11).</li> <li>• 84% of people assisted by the project were aged between 21-50 (p. 23).</li> <li>• 76.6% of people assisted said the perpetrator was a current or former spouse, with a further 12.8% identifying the perpetrator as a relative (p. 24).</li> </ul>
	Outcomes	<p>“The client interviews showed that the project was successful in providing appropriate and adequate support and counselling to victims of domestic violence. The project officer role was also found to be critical in gaining a more comprehensive understanding of the violence experienced, with 72.34% (n = 68) respondents revealing additional forms of violence to that detailed in the police database entry. The service also provided victims with appropriate referrals to services in the Tamworth area” (p. 11).</p> <p>“Although police data showed that there was an increase in repeat domestic violence victims over the evaluation period, this could possibly be attributed to an increase in reporting, especially as the service encouraged reporting of AVO breaches” (pp. 36-37).</p>
	Integration	No specific findings around integration.
	Strengths of model	They found that “a critical component of the program was the location of the project officer in the Police station, along with the fact the Project Officer was not a police officer, noting that Police support and cooperation increased over time. Benefits of the location included; safety; access to information; breaking down negative perceptions of police; adds credibility to the police response; and it may assist Aboriginal and Torres Strait Islander women to contact police” (p. 9).
Conclusions/recommendations		Recommendations: That NSW police fund Tamworth Domestic Violence Project to enable it to be trialled for a longer period of time (it is recommended this be at least three years) in order to further assess its effectiveness. They also recommended that “NSW Police, in conjunction with the VAWSU, develop a study that compares different models of crisis intervention involving the police, to ascertain what is the most effective approach to be adopted” (p.13)
Findings useful for wider program development/practice?		Although the findings relate specifically to this program, the model of integrating a DV service within a police station could be beneficial to other programs seeking to do this.

Program Summary	
(NSW) Evaluation 9	Notes
Author/Year/Title	Wangmann, J. (2011) <i>Evaluation of the Sutherland Domestic Violence Pro-Active Support Service (DVPASS)</i> . Unpublished report.
Jurisdiction	NSW
Name of evaluated program/strategy	Sutherland Domestic Violence Pro-Active Support Service (DVPASS)
Inclusion rationale	Integrated model involving two key agencies and wider referral network.
Nature/type of program/strategy	DV support and police response.
Brief description of program/strategy (content, aims, etc.)	<p><i>(All page references herein refer to the evaluation report).</i></p> <p>“The DVPASS model facilitates a proactive, coordinated approach to assist victims of domestic violence soon after they have had contact with the police. It does this by implementing a formal process whereby the police ask victims whether they consent to their contact details being provided to the DVPASS. The DVPASS then telephones the victim, ideally, within 72 hours. In that telephone contact, the DVPASS provides crisis support, counselling, referral and other assistance” (p. 6).</p> <p>“The Sutherland DVPASS aims to:</p> <ul style="list-style-type: none"> <li>• Improve police responses to domestic violence incidents;</li> <li>• Improve the safety of victims of domestic violence;</li> <li>• Reduce the rate of ADVO [i.e. Apprehended Domestic Violence Order] withdrawals;</li> <li>• Increase victims’ access to support services in their area;</li> <li>• Improve coordination and networking between agencies to further assist victims of domestic violence;</li> <li>• Reduce repeat victimisation and offending behaviour;</li> <li>• Prevention and early intervention of domestic and family violence; and</li> <li>• Allow police to do their core work – policing” (p. 9).</li> </ul>
Collaborating agencies	Sutherland Shire Family Services; and Sutherland and Miranda Local Area Commands, NSW Police (p. 6).
Lead agency	Sutherland Shire Family Services (SSFS) (auspice agency) - “The Sutherland DVPASS is located in a family support service - it is the only DVPASS in NSW located in such a service. This provides an important contextual framework for how the DVPASS operates - and also a vital link to the wide range of services and projects operated by SSFS” (p. 13).
Definition of “integration” within program/strategy	<p>“Integrated or coordinated service delivery systems have, over the last decade, been emphasised as critical to effectively responding to the problem of domestic violence – indeed we see different models and approaches, which operate in different ways on different levels, across Australia and in many other countries. The DVPASS model sits within these developments as an example of a localised coordinated project, involving the police and the DVPASS staff working together to improve service delivery with an emphasis on victim support. There are many similar projects and initiatives that operate around Australia that may be variously referred to as ‘yellow card’ projects, ‘fax back’ projects, DVPASSs and so on, often reflecting the mode of referral between the police and the support service” (p. 6).</p> <p>Collaborative partnership between two agencies; wider referral network of services. This is largely a referral service however - conduit between police who pass on yellow cards with victim consent for referral to further services.</p>

(NSW) Evaluation 9		Notes	
<b>Key program/strategy elements and practice approaches</b>		<p>“Under the Sutherland DVPASS model the police attend a domestic violence incident and inform the victim(s) that there is a service available (the DVPASS) that can provide follow up information, support and referral. The police ask the victim whether they consent to their contact information being passed on to the DVPASS so that the DVPASS can initiate contact with them.</p> <p>If the victim agrees to this they are asked by the police to indicate their consent, by ticking a box and signing the ‘yellow card’ (specifically designed for this purpose). This is why the project may also be referred to as the “yellow card” project. The yellow card details the victim’s name, telephone number, preferred time to call, whether an interpreter is required (and if so, the language required). The police also complete details about whether any legal action has been taken and on the reverse side is a checklist for police. All the completed cards are forwarded to the DVLOs [i.e. Domestic Violence Liaison Officers] at Miranda or Sutherland LAC [i.e. Local Area Command] who check that the information on the card is correct, including court dates (where appropriate) and whether there is a child at risk (CAR). The DVLO then delivers the cards to the DVPASS and conveys any additional information about particular concerns regarding any of the victims. This information is important in prioritising cases. The aim is for the DVLO to provide the yellow cards to the DVPASS within 24 hours of the incident (if the incident takes place on the weekend then the DVLO provides the yellow cards to the DVPASS on the next working day). The DVPASS then attempts to contact the victim within 72 hours of the initial police contact. The purpose of contact by the DVPASS at this time is multiple: to provide immediate counselling support, assess the person’s immediate needs and provide supported (or active) referrals to appropriate services in the local area” (p. 8)</p> <p>“The DVPASS is supported by a Reference Group which meets monthly. The Reference Group is attended by:</p> <ul style="list-style-type: none"> <li>• the manager of the SSFS;</li> <li>• DVPASS staff;</li> <li>• representatives from NSW Police (the DVLOs and the Crime Managers from Sutherland and Miranda LACs; and the Regional Domestic Violence Coordinator);</li> <li>• the SSWDVCAS [i.e. Southern Sydney Women’s Domestic Violence Court Advocacy Service]; and</li> <li>• the Caringbah Community Health Domestic Violence Counselling Service (NSW Health)” (p. 12).</li> </ul>	
<b>Services provided (e.g. DFV, SXA, both)</b>		DFV	
<b>Details of stakeholder alliances (formal MoU, shared principles, etc.)</b>		MoUs	
<b>Target group</b>	<b>Diverse population groups (please specify)</b>	<b>Indigenous women</b>	
		<b>Young people</b>	
		<b>CALD women</b>	
		<b>Not specified</b>	No target group specified.
	<b>Geographical location</b>	<b>Metropolitan</b>	Metropolitan location (Sutherland).
		<b>Remote</b>	
		<b>Rural</b>	
		<b>Not specified</b>	

(NSW) Evaluation 9		Notes
<b>Evaluation Details</b>		
<b>Key information</b>	<b>Funder</b>	NSW Government
	<b>Length of evaluation</b>	2009-10 - Client data sourced December 2009 - November 2010; police snapshot month (August 2009).
	<b>Evaluation governance</b>	<p>“The DVPASS is supported by a Reference Group which meets monthly. The Reference Group is attended by:</p> <ul style="list-style-type: none"> <li>• the manager of the SSFS;</li> <li>• DVPASS staff;</li> <li>• representatives from NSW Police (the DVLOs and the Crime Managers from Sutherland and Miranda LACs; and the Regional Domestic Violence Coordinator);</li> <li>• the SSWDVCAS; and</li> <li>• the Caringbah Community Health Domestic Violence Counselling Service (NSW Health)” (p. 12).</li> </ul>
	<b>Purpose of evaluation</b>	Not noted.
<b>Evaluation Goals and Objectives</b>		Not stated - appears to be mapped to Sutherland DVPASS objectives (see above).
<b>Research questions</b>		Not noted.
<b>Evaluation components</b>	<b>Outcomes</b>	Data/statistical analysis.
	<b>Process</b>	Literature review, interviews and document analysis.
	<b>Economic</b>	n/a
	<b>Other (please specify)</b>	
<b>Relevant legislative and policy context</b>		<i>Crimes (Domestic and Personal Violence) Act 2007</i> (NSW) and <i>Children and Young Persons (Care and Protection) Act 1998</i> (NSW).
<b>Methodology</b>	<b>Design</b>	<ul style="list-style-type: none"> <li>• “Semi structured interviews with victims of domestic violence assisted by the DVPASS;</li> <li>• Semi structured interviews with key professionals (including professionals involved in the daily operation of the DVPASS, and professionals working in key referrals services – some of the professionals interviewed straddled both of these positions);</li> <li>• Survey of NSW police general duties officers at Miranda and Sutherland LACs;</li> <li>• Analysis of DVPASS client data sheets;</li> <li>• Examination of documentation related to the DVPASS project; and</li> <li>• Examination of police statistics on repeat victimisation” (p. 16).</li> </ul>
	<b>Sampling</b>	<ul style="list-style-type: none"> <li>• Client interviews (n = 11): “Interview participants were selected by the DVPASS staff from people assisted over the past 12 months” (p. 16);</li> <li>• Key professionals interviews (n = 9): “These professionals were either closely involved with the operation of the DVPASS or were a key referral service (in two cases the professional straddled both of these positions)” (p. 17);</li> <li>• Police survey (n = 44): Survey sent via email to all general duties officers at Miranda and Sutherland LACs - “Most officers who completed the survey came from Miranda LAC (32, 72.7%) with only 12 responses from Sutherland LAC (27.3%)” (p. 18);</li> <li>• Client data sheets drawn from 12 months between December 2009 - November 2010 (n = 112): Like the client interviewees, the client data sheets “were selected by the DVPASS staff who, again, aimed to provide a cross section of the types of clients that they assist...” (p. 18);</li> <li>• Police statistics: August 2009 snapshot month - victims that reported a DV incident to Sutherland and Miranda police during this time (p. 19); “The Sutherland and Miranda DVLOs undertook the task of collating the data for the evaluator” (p. 20).</li> </ul>

(NSW) Evaluation 9		Notes	
Study Limitations		<ul style="list-style-type: none"> <li>• “This type of intermesh and overlapping service delivery network makes it difficult to indicate which service made the difference. So while the evaluation might be able to indicate a change in a certain direction – it cannot necessarily be causally link to the DVPASS (or indeed another intervention)” (p. 21).</li> <li>• DVPASS facilitates referral, and as such, client contact is often brief - “it was often difficult to pinpoint and articulate the impact of such a brief connecting intervention whose main role is to facilitate appropriate referrals thus bridging gaps in service delivery” (p. 22).</li> <li>• Complex nature of articulated aim of reducing repeat victimisation - “Reducing repeat victimisation is a long term aim that requires a more extensive evaluation. It is recommended that any future evaluation examine repetition for a period longer than 12 months” (p. 22).</li> <li>• “The evaluation revealed that at present there is an absence of data in some areas to be able to adequately measure or assess some of the stated aims of the DVPASS” (p. 24).</li> </ul>	
Diverse population groups and/or geographical locations addressed?		Yes	No
Key findings		Process	<ul style="list-style-type: none"> <li>• “The DVPASS clearly works with the police in allowing the police to focus on investigating and gathering evidence, while the DVPASS is able to address other issues (this is particularly important in terms of the ability of the DVPASS to take a broad approach in its interventions that do not focus solely on the ‘violence’)” (p. 66).</li> <li>• “The extent to which the police offer the yellow card at every incident has increased markedly since the 2008 evaluation and attests to their commitment, and in particularly the commitment of the hierarchy to the DVPASS. Consent however continues to remain an issue that needs to be investigated further” (p. 67).</li> <li>• “Offering the yellow card is a complex process – while it is critical in terms of being the entry point to the project it is also acknowledged that it is offered to people at a difficult and often chaotic time where little information may be effectively conveyed. It is therefore essential that police are trained in explaining the DVPASS and its benefits as effectively and simply as possible” (p. 67).</li> <li>• “The aim to reduce repeat victimisation is a complex, long term aim. Certainly there appears to be mixed and unclear evidence arising in the evaluation that requires further, more detailed, and longitudinal examination. There is tension between encouraging victims to report and the aim to reduce repetition and over what time frame such a reduction is expected to be seen. The evaluation found no reduction of statistical significance in repetition comparing a group of victims who consented to the yellow card and those that did not in terms of experiencing further incidents over a 12 month period” (p. 67).</li> <li>• Critical comments: “difficulties accessing the service (limited number of staff and opening hours), the lack of availability of referral services (while not a criticism of the DVPASS itself may be useful to monitor to recommend future services for the area), and lack of follow up” (p. 67).</li> <li>• “Clients of the DVPASS indicated that the DVPASS referred them to, and told them about, services that they were not aware existed” (p. 66)</li> <li>• “Police were overwhelmingly positive about the DVPASS and the way that it is complementary to the police role” (p. 66).</li> <li>• “The training the DVPASS provides to the police is positively received and is clearly critical in increasing the police confidence to ‘sell’ the yellow card and to also have reinforced to them the benefits of the DVPASS (most importantly through a victim telling them the difference it made to their situation)” (p. 67).</li> <li>• “All the professionals interviewed were incredibly positive about the DVPASS – this is evidenced in their enthusiasm to consolidate the project and to look for areas where it could expand and be improved” (p. 67).</li> </ul>

(NSW) Evaluation 9		Notes
	<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• In 2009, Sutherland LAC made 761 referrals to DVPASS; Miranda LAC made 534 referrals (1295 total) (p. 39).</li> <li>• In 2010, Sutherland LAC made 739 referrals to DVPASS; Miranda LAC made 472 referrals (1211 total) (p. 39).</li> <li>• "...the [yellow card] rate of consent remains low, in 2009 the rate of consent was 61% and for Miranda 53%, while in 2010 it was 60% for Sutherland and 58% for Miranda" (p. 30).</li> <li>• "The analysis of the client data sheets for the 12 month period indicated that 33.9% had only had the one contact with the DVPASS, 47.3% had experienced a further incident that put them in contact with the DVPASS again, 12.5% had experienced two further incidents, 8% had experienced three or four further incidents, and 5.4% had experienced five or more further incidents" (p. 54).</li> <li>• "Depending upon how the time frame is examined (whether from the incident in terms of working days or from the receipt of referral from the police) the DVPASS makes contact with a large number of clients within the desired time frame. Between 52.7%-75% were contacted within three days, and between 74.2%-83.9% were contacted within five days. This time period of 3-5 days is important as it assists with further uptake of services, and ensures safety. However what is the best time is open to considerable variation as was reflected on in the interviews with professionals and clients of the service" (p. 67).</li> </ul>
	<b>Integration</b>	
	<b>Strengths of model</b>	<ul style="list-style-type: none"> <li>• "Clients of the DVPASS interviewed for this evaluation were highly positive about the service that they received from the DVPASS (key features mentioned were the link between the police and the DVPASS, the proactive contact, the provision of a service to victims, and the skills and knowledge that the DVPASS staff brought to their role and intervention).</li> <li>• Key benefits of the model highlighted in the evaluation are that it is: <ul style="list-style-type: none"> <li>• a proactive service (this seemed to be particularly important as an early intervention and prevention tool particularly for those for whom the police have not taken any legal action);</li> <li>• is a non government service (a key message in selling the service to victims is that it is not provided by the police or community services);</li> <li>• some professionals raised benefits of the use of the telephone as the primary means of communication in terms of selling is as a minimal intervention ('it is just one call') and that it provides anonymity;</li> <li>• able to be flexible in service delivery, with some clients reporting that they were able to have some face-to-face contact with the DVPASS staff" (p. 66).</li> </ul> </li> </ul>

(NSW) Evaluation 9		Notes
Conclusions/ recommendations		<ol style="list-style-type: none"> <li>1. “Any future evaluation of the Sutherland DVPASS should seek to examine repetition for a period longer than 12 months. Any evaluation should not only examine repetition through police data, but also interview or survey victims assisted by the DVPASS over a period of time...” (p. 68).</li> <li>2. “It is recommended that the DVPASS Reference Group discuss improving data collection. Of particular importance is the need to obtain a better understanding of the profile of clients that access the service and to be able to monitor whether the DVPASS is achieving its aims” (p. 68).</li> <li>3. “That the DVPASS Reference Group closely monitor the rate of compliance and the rate of consent. This should involve more than simply noting the statistics on these each month. The Reference Group should investigate reasons for the low rate of consent...” (p. 68).</li> <li>4. “DVPASS training to police should actively address, if it does not already do so, the points of frustration expressed by some police regarding the mandatory nature of the yellow card, and the importance of continuing to offer it despite previous refusals (or previous consents)” (p. 68).</li> <li>5. “The time frame between police intervention and contact by the DVPASS is an important benchmark for intervention and safety. The DVPASS should continue to monitor the extent to which it makes contact within the desired time frame” (p. 68).</li> <li>6. “That the DVPASS revise the client data sheet [to record times DVPASS attempts contact; nature of work a case requires; number of DVPASS contacts with victim from same police referral; number of times client recontacts DVPASS without police intervention]” (pp. 68-69).</li> <li>7. “The DVPASS Reference Group should continue in its present form, however there should be a clearer delineation between day-to-day operational matters that are best discussed between the key partners (the SSFS and the Police) and more general policy and directional issues” (p. 69).</li> <li>8. “Training the police about the DVPASS is an important strength of the DVPASS project and is key to ensuring both compliance and mechanisms to promote consent. Training needs to occur on a regular basis and to include a victim’s perspective” (p. 69).</li> <li>9. “That the DVPASS develop more effective ways of tracking the uptake and usefulness of the referrals made. This could be achieved in two ways: <ul style="list-style-type: none"> <li>• Working with the top five or ten referral services to better record data where the referral has come from, this could then be compared with the number of referrals made by the DVPASS;</li> <li>• Providing some follow-up contact with victims, particularly those provided with supported referrals, asking whether they have made contact with that service and whether the referral was appropriate” (p. 69).</li> </ul> </li> </ol>
Findings useful for wider program development/practice?		Yes

Program Summary	
(NSW) Evaluation 10	Notes
Author/Year/Title	Breckenridge, J., Hamer, J., Newton, B.J., & valentine, k. (2013). <i>NSW Homelessness Action Plan (HAP) extended evaluation: Final evaluation report for long-term accommodation and support for women and children experiencing domestic and family violence</i> . Centre for Gender Related Violence Studies (CGRVS) and Social Policy Research Centre (SPRC). Sydney: University of New South Wales. Other reports: Hunter, Illawarra and Greater Western Sydney reports.
Jurisdiction	NSW
Name of evaluated program/strategy	HAP DV Project (HAP DV)
Inclusion rationale	Multiple agencies (government and NGOs). Housing provision with an integrated support package.
Nature/type of program/strategy	Case management, housing, and brokerage funding.
Brief description of program/strategy (content, aims, etc.)	<p><i>(All page references herein refer to the evaluation report).</i></p> <p>“HAP DV projects provide eligible women and children with appropriate housing (through either Start Safely or social housing) alongside an integrated support package which includes case management and highly flexible brokerage funding. HAP DV packages are income tested and dependent on an initial assessment of the complexity of women’s housing and support needs by Housing NSW. SHLV [i.e. Staying Home Leaving Violence] clients are not eligible for a HAP DV package as they are already deemed to be accessing an appropriate service.</p> <p>Women with personal assets such as a mortgage are also screened out of the program due to failing the assets test” (pp. 10-11). The program’s objectives include: improving women and children’s safety; reducing the time families who have experienced domestic violence spend in crisis accommodation services; and increasing housing options for women and children who have experienced domestic violence by providing integrated support services to improve their ability to access both the private rental market and maintain their tenancies in both private and social housing. This dual safety and housing focus is seen as key to enabling women and children escaping domestic violence to remain in the home of their choice (p. 10).</p>
Collaborating agencies	Wimlah Women’s and Children Refuge, NOVA Women’s Accommodation and Support Service, and Wollongong Women’s Refuge.
Lead agency	Housing NSW (Department of Family and Community Services)
Definition of “integration” within program/strategy	“Integration of Service Provision: There is a suite of domestic violence programs operating across NSW and each HAP DV auspice agency is responsible for linking with and building on the existing DV local service system. However, providing an integrated service necessarily also involves forging partnerships with other mainstream [non-DV] services to provide assistance with identified client needs including issues such as housing, health, mental health, drug and alcohol difficulties, education, training and employment, pregnancy and parenting support, financial counselling, child support and legal advice” (p. 9).

(NSW) Evaluation 10		Notes	
<b>Key program/strategy elements and practice approaches</b>		<p>Key program elements in HAP are the provision of appropriate housing alongside an integrated support package. The package includes intensive, flexible case management with the ability to “buy in” to specialised services, so case management is hosted within the most suitable organisation. Flexible brokerage funding beyond material housing-related needs is another key program element. The project consists of three pilot projects, all of which come under the HAP DV projects: one in Greater Western Sydney, implemented by Wimlah Women’s and Children’s Refuge; the second in the Hunter Region, implemented by NOVA Women’s Accommodation and Support Service; and the third in the Illawarra Region, implemented by Wollongong Women’s Refuge. “The unique components of HAP DV within this context are its capacity to provide more intensive, flexible and targeted support than any other program currently in place. It achieves this through its capacity to ‘buy in’ specialised services; to provide variable financial and material support; and to host case management within the most appropriate organisation.” (p. 12).</p> <p>HAP DV is “a holistic, housing-focused response that engages with women who may be dealing with the longer-term impact of domestic violence” (p. 12). Local control of service provision, enabling the primary organisation to provide individualised case plans and to designate flexible brokerage funds, was identified as a key practice approach. Transparent governance of brokerage allocation was also seen to be important, as well as shared accountability for outcomes between the homelessness and DV sectors. Centralised and skilled coordination by the auspice agency was seen to “ensure a fast, consistent and well-managed response to clients” (p. 5).</p>	
<b>Services provided (e.g. DFV, SXA, both)</b>		DFV	
<b>Details of stakeholder alliances (formal MoU, shared principles, etc.)</b>		Formal service agreement.	
<b>Target group</b>	<b>Diverse population groups (please specify)</b>	<b>Indigenous women</b>	The data demonstrates that the projects successfully reached a proportion of Indigenous Australian communities. “All of the regions reported working with Aboriginal organisations to engage clients and this has been the main access strategy. Client numbers from the 2011-12 year in each project approximated the available Indigenous homeless figures from the 2006 census (although)... Indigenous homelessness is generally considered to be underestimated. Furthermore, extensive engagement in the evaluation by the Aboriginal service sector did not occur and the absence of more detailed qualitative data invites some caution in the interpretation of these figures” (pp. 49-50). The percentage of HAP DV clients who identified as Indigenous ranged from 5.25% (5.2% in the 2006 census) in Greater Western Sydney, to 9.4% (9.7% in the 2006 census) in the Hunter Region, and 9.9% (9.6% in the 2006 census) in the Illawarra. The report does not comment on whether tailored service models were applied to Indigenous women in the HAP DV projects (tailored service models are indicated as useful for Indigenous women in the literature).
		<b>Young people</b>	Not detailed in this report.
		<b>CALD women</b>	Information on CALD populations was drawn from the data monitoring portal for each project. The number of CALD clients was obscured due to the only relevant demographic category being labelled as “born overseas – non-English speaking”: a woman may be born in Australia but identify strongly with a non-English language, culture, religion and/or ethnicity. Aside from this the 2011/12 data indicate that women born overseas (non-English speaking) make up five % (Greater Western Sydney), 6% (Illawarra) and 5% (Hunter) of total clients. “The three projects’ particular use of brokerage funding also indicates a response to the specific needs of non-English speaking clients (such as through language classes or support to attend cultural activities)” (p. 51).
		<b>Not specified</b>	n/a

(NSW) Evaluation 10		Notes
Geographical location	Metropolitan	Yes, Greater Western Sydney.
	Remote	The report noted the importance for agencies to have the ability to purchase services from small, local providers in order to tailor packages for women in isolated and rural locations. The flexibility of HAP DV was seen as a significant strength for supporting rural and remote populations.
	Rural	Yes - Hunter and Illawarra are regional locations in NSW.
	Not specified	n/a
<b>Evaluation Details</b>		
Key information	Funder	The evaluation was funded by Housing NSW (Department of Family and Community Services).
	Length of evaluation	Four months. Data was collected between September and December 2012.
	Evaluation governance	The HAP evaluation strategy was developed in consultation with government agencies and the NGO sector, and involves three inter-related components: self-evaluations; extended evaluations (involving 15 selected projects and service approaches to addressing homelessness), including support for women and children escaping domestic violence; and meta-analysis, to synthesise aggregated findings from self-evaluations, extended evaluations and any other available evaluations regarding HAP activities.
	Purpose of evaluation	The aim of this report is to evaluate the effectiveness of the HAP DV service model, which takes a different form across its regional projects; hence the three additional project-specific reports.
Evaluation Goals and Objectives		<p>The evaluation strategy is aligned with the HAP strategic directions, which projects align with one of three directions:</p> <ul style="list-style-type: none"> <li>• “Preventing homelessness: to ensure that people never become homeless</li> <li>• Responding effectively to homelessness: to ensure that people who are homeless receive effective responses so that they do not become entrenched in the system</li> <li>• Breaking the cycle: to ensure that people who have been homeless do not become homeless again” (p. 7).</li> </ul>
Research questions		While there are no explicit research questions stated, the overall aim of the report is to “provide an overview of the general service model and brief comment on implementation differences between the three HAP DV projects where relevant, as well as drawing together the similarities in relation to the HAP DV projects’ service model as a whole” (p. 8).
Evaluation components	Outcomes	Yes. Outcome measures included the establishment and maintenance of safe, ongoing tenancies for vulnerable women and their children. However, validated outcome measures were not administered to clients from the commencement of service at regular intervals over time. Short and medium-term client outcomes were reported in monitoring data and included in the evaluation; however long-term client outcomes were unavailable.
	Process	Yes. Number of clients engaged with the service, and demographic data.
	Economic	Provides an analysis of program costs and qualitative descriptions of the use of resources, however the absence of robust outcomes data and comparative measures means that an economic evaluation (cost-benefit analysis or cost effectiveness analysis) is not possible (p. 36).
	Other (please specify)	n/a

(NSW) Evaluation 10		Notes	
<b>Relevant legislative and policy context</b>		The report directly references the 2009 <i>NSW Homelessness Action Plan 2009-2014</i> (HAP) (New South Wales Government, 2009), which effectively created the HAP DV program. Other influential NSW policies include the <i>Going Home Staying Home Reform Plan</i> (New South Wales. Department of Family and Community Services, 2014). Influential federal policies noted in the report include: <i>The road home: A national approach to reducing homelessness</i> report (Australia. Department of Families, Housing, Community Services and Indigenous Affairs & Australia. Homelessness Taskforce, 2008); the <i>National Partnership Agreement on Homelessness</i> (NPAH) (Council of Australian Governments, 2009); and the <i>Going Home Staying Home Reform Plan</i> (FACS, 2013).	
<b>Methodology</b>	<b>Design</b>	The evaluation had a mixed-method approach, comprised of service monitoring data as well as 58 qualitative interviews with clients, service providers, auspice agency staff and other key stakeholders (including contract managers, Private Rental Brokerage Specialist staff and Housing NSW staff). A systematic review and thematic analysis of data applied, including reference against the literature.	
	<b>Sampling</b>	The primary sources of data included: <ul style="list-style-type: none"> <li>• formal self-evaluation reports as required by Housing NSW;</li> <li>• administrative data including: client numbers and outcomes, budgets, process records, promotional materials, client case plans and service provider contracts;</li> <li>• interviews with clients, auspice agency staff, service providers and other key stakeholders (58 in-depth, qualitative interviews); <ul style="list-style-type: none"> <li>• extensive written client feedback;</li> <li>• annual service reviews conducted by the projects internally; and</li> <li>• independent project evaluations undertaken in Greater Western Sydney and the Hunter HAP DV projects (p. 16).</li> </ul> </li> </ul>	
<b>Study Limitations</b>		The following limitations need to be taken into account when considering the data: <ul style="list-style-type: none"> <li>• The evaluation relies heavily on self-reported information.</li> <li>• A relatively small sample of clients (17 in total) was accessible within the available time-frame for data collection.</li> <li>• It was not possible to contact those who had commenced engagement but then dropped out of the project.</li> <li>• Long-term outcomes are unavailable (see following section).</li> </ul>	
<b>Diverse population groups and/or geographical locations addressed?</b>	<b>Yes</b>	<b>No</b>	

(NSW) Evaluation 10		Notes
Key findings	Process	<p>Key lessons learnt (in relation to the overall service model):</p> <ol style="list-style-type: none"> <li>1. “Flexible brokerage funding is a critical component of a sufficient and effective service response to meet the needs of women and children who are at risk of homelessness due to domestic or family violence” (p. 5). It should be housing focused but not housing constrained.</li> <li>2. Local control to enable flexible application of project resources is a highly effective means of meeting client needs” (p. 5). Sustainable housing for the target group is supported by addressing a holistic range of client needs and homelessness programs must therefore be able to select the best match of service provider to the client, spend money on non-housing items or support services and not be confined to rigid cut-off times.</li> <li>3. Strong and transparent governance of brokerage allocation and expenditure is important to retain a DV and homelessness focus.</li> <li>4. Although both case planning and brokerage are well established means of supporting women leaving violence, there was little specific evidence guiding the financial allocations for initial support packages and the amounts turned out to be unrealistic. This led to significant administrative challenges in managing and carrying forward unspent funds. Future projects with similar models would benefit from a more comprehensive planning process around likely expenditures.</li> <li>5. Access to the project could be greatly improved by the review and development of up-to-date screening tools and staff training in Housing NSW, to increase the speed and accuracy of initial approvals.</li> <li>6. Financial and other administrative procedures between the auspice agency and service providers need to be as streamlined as possible to minimise onerous paperwork and delays in client access to support.</li> <li>7. Centralised, skilled coordination of the project by the auspice agency supports a fast, consistent and well managed response to clients in need.</li> <li>8. The eligibility criteria for accessing HAP DV support exclude some women in need and the specific criteria for high and low need packages do not appropriately reflect the complexity of real life circumstances. In addition, interpretations of the eligibility criteria have been varied. A review of these at the program level is therefore necessary to increase appropriateness and consistency of application.</li> <li>9. A key strength of the model is its flexibility, especially in responding to women’s changing needs over time. Although the regions anticipated that needs would become less intense as case plans progressed, there was also capacity to increase intensity where needed. However, the time limits on support meant that women with ongoing needs which last longer than 12 months could be denied essential support to enable them to maintain their tenancy and stay safe. Alignment with the Start Safely timeframes would be appropriate to address this issue. It is also worth noting that for engagement of Indigenous clients a longer timeframe is often required. Therefore Indigenous women may effectively receive a shorter period of support than other clients within a 12 month period (pp. 67-68).</li> </ol>

(NSW) Evaluation 10		Notes
	<b>Outcomes</b>	<p>Sustainable housing outcomes were achieved in each of the projects. For the selected snapshot year of 2011/12 the Illawarra and Greater Western Sydney demonstrated they had either successfully housed or maintained the existing “at risk” tenancies of 100% of their clients. A small number of these tenancies in the Illawarra (6) were ultimately relinquished where clients decided to seek other living arrangements. Notwithstanding these few clients, the figures indicate strong outcomes in terms of homelessness prevention. This included enhancing the home environments and life circumstances of a large number of children.</p> <p>The Hunter project also established sustainable tenancies for many clients, but faced greater difficulties with a lack of affordable housing in the region. This was by far the most dominant concern overall for the Regional Housing Committee.</p> <p>Case management and brokerage significantly assisted in stabilising the lives of HAP DV clients in terms of health and wellbeing but for a proportion, support did not include the establishment of secure long-term housing and as such these were potentially fragile gains. This problem is well beyond the project’s sphere of influence and highlights ongoing concerns of the inability of housing products and support to prevent homelessness without the concrete provision of safe and sustainable accommodation.</p> <p>The Hunter experience suggests they may need to remain engaged with their clients for a much longer period than the 12 month timeframe, in order to provide continuing support while awaiting suitable housing options (pp. 63-64).</p>
	<b>Integration</b>	<p>Integration and collaborative practice happen most effectively when equally underpinned by two elements:</p> <ol style="list-style-type: none"> <li>1. Shared accountability for outcomes – Both the Homelessness and DV sectors share accountability for HAP DV outcomes. In addition, local structures for the formal participation of other stakeholders ties them to project success.</li> <li>2. Financial resources managed at the local level – as indicated in point 2 under “Process”.</li> </ol>
	<b>Strengths of model</b>	<p>The overall evaluation “found ten (10) key success factors for the model:</p> <ol style="list-style-type: none"> <li>1. A combination of program elements that mutually enhance one another</li> <li>2. Ongoing, flexible case management with a shared DV/Housing focus</li> <li>3. Brokerage aligned to the case plan</li> <li>4. A housing focus but not housing constrained</li> <li>5. Eligibility screening within Housing NSW</li> <li>6. Inter-agency influence, education and knowledge exchange</li> <li>7. Local adaptation of the overall program model</li> <li>8. Strong management, coordination skills and practice expertise in the auspice agency</li> <li>9. Additional resources for local service providers</li> <li>10. Case management focused on client empowerment and learning to use the service system” (p. 4).</li> </ol>

(NSW) Evaluation 10	Notes
<b>Conclusions/recommendations</b>	<p>The authors make recommendations that are clearly related to the findings. Review of eligibility criteria for entry to the HAP DV program was advised in the evaluation, as at the time they were assessed as too strict. Training and support for Housing NSW staff on the effects of domestic violence was recommended to address this, as was the application of consistent criteria and clear communication of the criteria to all stakeholders. As well as ongoing specialist training in domestic violence, supervision and the development of adequate screening tools were also recommended as urgent priorities.</p> <p>The sharp division between high needs (linked in the original program to social housing) and low needs clients (linked in the original program to the Start Safely private rental subsidy) was assessed as ineffective and counter to the overall HAP DV philosophy. All HAP DV projects were flexible in their implementation of support packages, and this flexibility was seen to support better client outcomes. The finding that the need for resources and intensive case management is not necessarily linked to housing product eligibility is important. Complex need is not confined to social housing tenants, thus using the housing product as an indicator of need is unhelpful.</p> <p>The report recommended that future projects should comprehensively plan for likely expenditures, as well as investigate ways to simplify financial and administrative processes. Transparent and collaborative decision-making structures between various agencies were encouraged.</p> <p>While the flexible and individualised use of case management hours and financial resources seem to have responded well to the needs of children, the report recommended that the needs of this group be considered as a key part of any future programs. Inclusion of children's needs in program planning would include consideration of resource allocation in budgets and performance measures, with recognition of the ongoing need for flexibility in case management hours.</p> <p>The report recommended that pre-tenancy support to assist women to secure housing would be useful, either as a separate service or as part of the HAP DV package. Pre-tenancy support would include "assistance with attending open inspections, support to be removed from 'bad tenant' lists, and guidance on how to complete rental assistance and tenancy applications" (p. 49). The conclusions drawn were supported by the data analysis.</p>
<b>Findings useful for wider program development/practice?</b>	<p>The findings directly inform broader practice and program development. The finding that women's capacity to establish and maintain independent housing is related to the level of personal support received, medium-term financial and material assistance, the ability to attend to the immediate needs of their children and ongoing development of skills and confidence is highly significant. The existence of a safe place is insufficient without the provision of ongoing support and financial assistance. The flexible nature of this support and, in particular, the possibility of intensive assistance for up to 12 months, is a significant finding that informs ongoing practice. The provision of flexible brokerage dollars, not constrained by a narrow definition of housing purposes, is also a useful finding that informs practice and program development. This was achieved in the project by using brokerage funding for specialist services and/or by placing client support/case management hours within non-housing agencies.</p> <p>These findings are highly important and inform ongoing clinical work. The multiple data sources across various agencies and roles, extensive documentation of client feedback and previous reviews, as well as the consistency across stakeholder comments and statistical information contribute to the rigour of the findings. This holds true despite the evaluation's limitations, which include: reliance on self-reported information, a small client sample, inability to contact clients who had dropped out of the project, and the lack of data on long-term outcomes. The holistic service model of HAP – in particular the ongoing, intensive and flexible support in the form of case management, in addition to assistance in the provision of a safe, appropriate and independent physical home – is transferable to other jurisdictions. In particular, the evidence of flexible brokerage funding and the option to access case support for up to 12 months, and the powerful combination of these factors, is important evidence that is internationally influential.</p>

Program Summary	
(NSW) Evaluation 11	Notes
Author/Year/Title	Breckenridge, J., Walden, I. & Flax, G. (2014). <i>Staying home leaving violence: Evaluation final report</i> . Gendered Violence Research Network, UNSW, Sydney.
Jurisdiction	NSW
Name of evaluated program/strategy	Staying Home Leaving Violence (SHLV) Program
Inclusion rationale	Interagency model, multiple agencies, and case management model.
Nature/type of program/strategy	Case management, referral services, and limited brokerage.
Brief description of program/strategy (content, aims, etc.)	The primary aim of SHLV is to prevent women and children's homelessness by enabling women who have experienced domestic violence to remain safely in their own homes without the violent partner. The Eastern Sydney pilot provided: risk assessment and safety planning; security upgrades to the victim's home (using brokerage funding); court support and advocacy in relation to applications for exclusion orders; liaison and advocacy with the police; case work to address financial, tenancy and other issues; referrals to legal advice, counselling, and other support services; and support and resourcing of clients at family court proceedings. The service is available to victims of domestic violence, regardless of whether they are in private rental, social housing or own their own home (pp. 4-5). The Eastern Sydney model involved the development of a coordinated service framework with key agencies that provided support to victims and/or perpetrators of domestic violence in the Eastern Sydney area. The support provided to clients was entirely flexible and responsive to client needs, and was not time limited.
Collaborating agencies	Housing NSW, NSW Police, and Women's Domestic Violence Court Advocacy Service (WDVCAS).
Lead agency	SHLV is led and funded by the Department of Family and Community Services (FACS), and it contracts service providers in a range of non-government organisations to undertake the program. While Housing NSW and NSW Police auspice one SHLV project each.
Definition of "integration" within program/strategy	(All page references herein refer to the evaluation report). No specific definition - notes the importance of "joined-up solutions to joined-up problems" (p. 27). Coordinated service framework for victim support.
Key program/strategy elements and practice approaches	"The SHLV service is evidence based, providing a case-management model which is needs based, non-time limited and integrated with key professional partnerships to ensure that a flexible range of effective services are delivered to clients. SHLV provides referral services prior to and during client engagement with the service, case coordination for clients who enter the SHLV program with an existing case-manager and more intense, longer term case management. Limited brokerage is available to all SHLV clients specifically targeting client safety by upgrading home security provisions" (p. 19). Aimed at preventing homelessness and making women and children safer through a flexible response that is needs based, support for women to apply for a violence restraining order (VRO). SHLV has dedicated workers that are based in specialised DV services. Referrals for other relevant services and ongoing support for the woman. Brokerage funds can be used for safety upgrades. Closely working relationship with the police to focus on risk and accountability in relation to the perpetrator. Access to safety alarms for some individuals. Unlike many DV interventions can offer longer term service to women.
Services provided (e.g. DFV, SXA, both)	DFV

(NSW) Evaluation 11		Notes	
Details of stakeholder alliances (formal MoU, shared principles, etc.)		Formal MoU	
Target group	Diverse population groups (please specify)	Indigenous women	Analysis of data from the study enabled the evaluation team to measure the level of reach and participation into Aboriginal and Torres Strait Islander and CALD communities, women living with disabilities and SHLV clients who are carers of children with disabilities, as well as clients from remote and disadvantaged communities. “The total number of Aboriginal and Torres Strait Islander clients (both case managed and case coordinated) was 171 during the study period. These clients were responsible for the care of 345 children, an average of 2 children per client- a slightly higher figure than for SHLV clients overall” (p. 84).
		Young people	Not detailed in this report.
		CALD women	CALD women: 20.8% of clients. In addition, 18% of the total case- managed SHLV clients in the study period spoke a language other than English at home. Languages most frequently spoken (other than English) were: Arabic 24 (14.9%), Spanish 17 (10.6%) and Hindi 13 (8.1%). All other languages were small numbers and generally single cases.
		Not specified	n/a
	Geographical location	Metropolitan	Nine of the SHLV projects are in metropolitan locations.
		Remote	Twelve of the SHLV projects are in regional and rural locations.
		Rural	Twelve of the SHLV projects are in regional and rural locations.
		Not specified	n/a
<b>Evaluation Details</b>			
Key information	Funder	NSW Family and Community Services	
	Length of evaluation	Analysis of administrative data: October 2012 - September 2013. Qualitative fieldwork and SOS Response System data: between January 2014 - 31 August 2014.	
	Evaluation governance	Ethics approval for the research was granted by UNSW Human Research Ethics Committee.	
	Purpose of evaluation	The overarching research question guiding the evaluation was: “Does the SHLV enable women and children to remain free from domestic and family violence in a home of their choice, over time?” (p. 5).	
Evaluation Goals and Objectives		<p>“The evaluation goals ... are to:</p> <ul style="list-style-type: none"> <li>• Measure the effectiveness of the SHLV program</li> <li>• Measure the effectiveness of the SOS Response System</li> <li>• Make recommendations to improve both of the above” (p. 40).</li> </ul>	

(NSW) Evaluation 11		Notes
<b>Research questions</b>		<p>The evaluation specific questions were: Does the SHLV program...:</p> <ol style="list-style-type: none"> <li>1. “Assist clients to maintain safe and stable accommodation of their choice?”</li> <li>2. Assist clients to maintain control of their finances?</li> <li>3. Increase client’s capacity to make choices which enhance their safety and wellbeing?</li> <li>4. Increase the wellbeing of women and their children who use the program?</li> <li>5. Facilitate an integrated and effective partnership response to intervention?</li> <li>6. Ensure open access to all families (including agreed client sub-groups)?” (p. 40).</li> </ol> <p>Two additional evaluations questions were added later by FACS and project partners:</p> <ol style="list-style-type: none"> <li>7. “Do women issued with an SOS Response System alarm (who are also in the SHLV program) report feeling safer after the issue of the device?”</li> <li>8. Do police report the SOS Response System acts as a deterrent to repeat breaches and further incidents of serious harm to clients?” (p. 40)</li> </ol>
<b>Evaluation components</b>	<b>Outcomes</b>	Yes - The Outcome Rating Scale (ORS) was administered to clients from all SHLV services - 1 October 2012 until the 30 September 2013; client wellbeing questionnaire; semi-structured, in-depth interviews with existing or former clients of SHLV projects; and SOS Response System questionnaire.
	<b>Process</b>	Yes - SHLV administrative data from the performance monitoring portal, focus group consultations with SHLV staff and managers; electronic and administrative data from NSW Police and Central Monitoring Services, and consultation with relevant stakeholders.
	<b>Economic</b>	Not detailed in this report. Does note that early intervention strategies can reduce the need for high-cost interventions at a later stage.
	<b>Other (please specify)</b>	n/a
<b>Relevant legislative and policy context</b>		<i>Residential Tenancies Act 2010</i> (NSW).
<b>Methodology</b>	<b>Design</b>	This evaluation used a mixed-method approach, combining service monitoring data, validated scales and measures, and qualitative interviews and focus groups with both workers and women who used SHLV.
	<b>Sampling</b>	Self-selected. It is possible, as with all evaluations where workers are gate-keepers, that agencies may have selected clients with positive experiences for interviews and surveys, which has the potential to skew the evaluation findings in a particular direction. However, the analysis of multi-layered SHLV data for this evaluation has revealed strong consistency between participant comments and the statistical information, which supports the reliability of the evaluation findings.
<b>Study Limitations</b>		Limitations in methodology include the absence of a control group, so it is not possible to disentangle these potential effects of the SOS alarm devices from the effects of the SHLV program or from time itself.
<b>Diverse population groups and/or geographical locations addressed?</b>	<b>Yes</b>	<b>No</b>

(NSW) Evaluation 11		Notes
<b>Key findings</b>	<b>Process</b>	<p>“The average length of service received by all SHLV clients (case managed and case coordinated) was 7 months. Case managed clients remained with the SHLV program for an average of 8 months, compared to 5 months for case coordinated clients” (p. 7). From October 2012 - September 2013, “1,324 clients were assisted by the SHLV program across all project locations. This consisted of 880 case-managed clients, 444 case-coordinated clients. An additional 863 people received ‘referral only’ service (typically information or further referral)” (p. 6). Case loads were on average 60, well above contracted requirements of 30.</p> <p>“1,532 women were referred in to SHLV services across NSW during the study period of whom, 669 were taken on as new SHLV clients, either for case management or case coordination” (p. 6). Three top Referrals came from Police (22.2%), Women’s Domestic Violence Advocacy Service (20.3%), and self-referrals (16.4%).</p>
	<b>Outcomes</b>	<p>Client outcomes:</p> <ul style="list-style-type: none"> <li>• “93.3% of clients were living in safe long-term accommodation at the time of exit from the program</li> <li>• 52.5% of clients had remained living in the same home” (p. 7).</li> </ul> <p>“Of those no longer living in the same home:</p> <ul style="list-style-type: none"> <li>• 84.7% said it had been their choice to move</li> <li>• 87% of clients reported an improvement in their feeling of safety at home by the time they exited the SHLV program</li> <li>• 83% of clients believed their children were safer as a result of SHLV” (p. 7).</li> </ul>
	<b>Integration</b>	<ul style="list-style-type: none"> <li>• “WDVCAS, Police and Housing NSW were identified as the most critical partnerships that SHLV services collaborate with to deliver integrated responses to assist and protect clients remaining safely housing following DFV” (p. 91).</li> <li>• Need to “[e]ncourage larger MOU partner organisations to provide key contact officers for SHLV in each location, to optimise the efficiency and effectiveness of communication and integrated work” (p. 95).</li> </ul>
	<b>Strengths of model</b>	<p>Clients reported a great improvement in feelings of safety in their home as a direct result of their time with the SHLV service, and “most indicated they felt their children were also safer as a result of SHLV (83%)” (p. 58). SHLV assisted those women who decided to stay as well as those who re-located to improve safety. “Of those clients for whom it was a stated goal, 94% felt more able to find or keep a job because of the service... [and] 98% felt more able to start or keep studying because of the service” (p. 8).</p>
<b>Conclusions/recommendations</b>		<p>“Maintain SHLV as a comprehensive program where a flexible suite of services can be individually tailored to meet clients’ needs at different points of time, recognising that SHLV program elements do not necessarily work, or work as well, when offered separately” (p. 79). Greater consideration of provision to children in the program. Brokerage funding widen criteria to use for sustaining future efforts (e.g. study) and do not narrow. Women felt safer with security upgrades. Clients reported a great improvement in feelings of safety in their home as a direct result of their time with the SHLV service, and “most indicated they felt their children were also safer as a result of SHLV (83%)” (p. 58).</p> <p>SHLV assisted those women who decided to stay as well as those who re-located to improve safety. “Of those clients for whom it was a stated goal, 94% felt more able to find or keep a job because of the service... [and] 98% felt more able to start or keep studying because of the service” (p. 8).</p>

(NSW) Evaluation 11	Notes
Findings useful for wider program development/practice?	Development of models of practice for future “Safe at Home” programs. Need to have specialised services with flexibility. Successful model of homelessness prevention and supports planned approach rather than crisis response. Pays attention to the role of social support and social capital, for example, school, friends, etc. Highlights importance in outcomes that comes from longer term support. Continue to combine a dual focus on housing and client safety, supported by the criminal justice sector as well as effective partnerships with other integral agencies. Critical role of magistrates in granting exclusions and ouster orders as SHLV is often dependent for success on this. Evaluation shows the importance of having good administrative data to build picture of work being undertaken and its strengths.

Program Summary	
(NSW) Evaluation 12	Notes
Author/Year/Title	Griffiths, A., Zmudzki, F. & valentine, k. (2014). <i>Evaluation of Start Safely private rental subsidy for FACS-Housing NSW: final report</i> . Sydney: Social Policy Research Centre, UNSW.
Jurisdiction	NSW
Name of evaluated program/strategy	Start Safely Private Rental Subsidy
Inclusion rationale	Interagency model, and multiple agencies.
Nature/type of program/strategy	Financial assistance, and referral services.
Brief description of program/strategy (content, aims, etc.)	<p>(All page references herein refer to the evaluation report).</p> <p>“The Start Safely Program Guidelines (FaCS, 2009 [as cited on p. 7]) describe the purpose of Start Safely and the eligibility criteria.</p> <p>The purpose of Start Safely is to provide time-limited financial assistance to eligible clients escaping domestic or family violence to assist them to access appropriate, affordable and safe housing in the private rental market. Start Safely provides financial relief to the client for a period after leaving violence until their situation is stabilised. Where needed, Start Safely applicants will be referred to support services, including domestic violence services.</p> <p>Start Safely aims to achieve the following client outcomes:</p> <ul style="list-style-type: none"> <li>• reduce the number of clients and their children who are forced into homelessness because of domestic and family violence;</li> <li>• reduce the number of clients who return to dangerous home environments from crisis accommodation;</li> <li>• reduce time spent in temporary accommodation which is often inappropriate for clients with children escaping violence;</li> <li>• reduce time in crisis accommodation by assisting transition into safe, secure accommodation; and</li> <li>• provide a long-term housing option in the private rental market with short to medium-term government assistance (FaCS, 2009: 1 [as cited on p. 8])” (p. 7-8).</li> </ul>
Collaborating agencies	Local service providers
Lead agency	NSW Family and Community Services (FACS) - Housing NSW
Definition of “integration” within program/strategy	See commentary under “Key Program Elements” below.
Key program/strategy elements and practice approaches	Interagency service collaboration/networks emerge as essential to “Safe at Home” (SAH) programs, and Start Safely (SS) is no exception (multiple government departments, service providers), with a need for “Start Safely to be one component of a responsive, resourced support system for women who have experienced domestic violence” (p. 3). Integrated service delivery was also presented as a key success of SS: the coordination between FACS NSW-Housing and service providers is shown to provide support to address the needs of women and their children (p. 3). FACS NSW-Housing and service providers were positive about the benefits of service integration to ensure clients receive the most comprehensive support (p. 4). The SS program does not make provision for support for women and their children wishing to remain in the family home once the perpetrator has been removed.
Services provided (e.g. DFV, SXA, both)	DFV

(NSW) Evaluation 12		Notes	
Details of stakeholder alliances (formal MoU, shared principles, etc.)		Interagency groups and committees.	
Target group	Diverse population groups (please specify)	Indigenous women	The report does not specifically look at whether SAH programs are effective for different populations, but does identify specific population needs and make evidence-based practice recommendations. The evaluation identified that Aboriginal clients faced specific barriers such as: <ul style="list-style-type: none"> <li>• cultural barriers to receiving support</li> <li>• more complex needs (including poor tenancy histories)</li> <li>• family and community pressure not to report family violence</li> <li>• reluctance to engage with services</li> <li>• racism and discrimination (pp. 34-35).</li> </ul>
		Young people	No
		CALD women	Barriers for clients include: <ul style="list-style-type: none"> <li>• cultural or religious restrictions</li> <li>• reluctance to report domestic violence for fear of repercussions (such as alienation from family/community)</li> <li>• lack of understanding of what is acceptable in relationships</li> </ul> The researchers underline that culturally specific support services are critical. Additionally, information and materials in community languages with improved distribution would be beneficial (pp. 35-36).
		Not specified	n/a
	Geographical location	Metropolitan	Yes - Various metropolitan sites.
		Remote	No - The remote districts of Western NSW and Far West were not included in the interviews for this study.
		Rural	Yes - Various rural sites.
		Not specified	n/a
<b>Evaluation Details</b>			
Key information	Funder	NSW Family and Community Services - Housing NSW	
	Length of evaluation	Administrative program data analysis was undertaken over three complete financial years (2010/11; 2011/12; 2012/13). Qualitative data collection (interviews) were conducted in September, October and November 2013.	
	Evaluation governance	Social Policy Research Centre (SPRC) at the University of New South Wales and Epoque Consulting were commissioned by FACS-Housing NSW.	
	Purpose of evaluation	Evaluation of the implementation, value and cost effectiveness of the program, and its strategic alignment with NSW Government housing policy.	
Evaluation Goals and Objectives		The evaluation goals and objectives relates directly to assessments of 16 questions explicitly set out in the FACS-Housing NSW specification, grouped into four key areas: Outcomes; Implementation; Value and cost effectiveness; and Policy review. See listed questions in outcome and process measures used below.	

(NSW) Evaluation 12		Notes
<b>Research questions</b>		See listed questions in outcome and process measures used below.
<b>Evaluation components</b>	<b>Outcomes</b>	<p>Specific attention is given to outcomes, prescribed as one of the key areas in the FACS-Housing NSW specification, with corresponding evaluation questions that are addressed. Outcomes are also assessed in the key areas of policy review and value and cost effectiveness, as well as through the review of administrative data. Again, the prescription of FACS-Housing NSW in its specification detailing 16 specific questions in four key areas ensures an appropriate match between outcome measures and research questions.</p> <p>Questions used for evaluation:</p> <ul style="list-style-type: none"> <li>• What impact has participating in the Start Safely program had for clients housing and safety outcomes? Has the subsidy contributed to other non-housing outcomes?</li> <li>• Are there significant variations in access and outcomes for Start Safely for different client populations (such as culturally and linguistically diverse and Aboriginal people and families)?</li> <li>• What are the housing outcomes/options for households who are assessed as eligible for the subsidy but are unable to take it up? What are barriers and enablers to participation for those eligible for the subsidy?</li> <li>• What factors are facilitating or inhibiting sustainable housing outcomes for Start Safely clients? What proportion of recipients seek further housing assistance (extended subsidy, social housing wait list, priority housing, etc.) and key factors associated with the need for further assistance?</li> </ul>
	<b>Process</b>	<p>Specific attention is given to implementation, prescribed as one of the key areas in the FACS-Housing NSW specification, with corresponding evaluation questions that are addressed. Process is also assessed through the review of administrative data.</p> <p>Questions used for evaluation:</p> <ul style="list-style-type: none"> <li>• Are clients provided with an appropriate service that recognises the difficulties of their situation, need for urgent assistance, importance of confidentiality?</li> <li>• Is the client assessment process working well to identify appropriate clients for assistance and put in place steps that enable clients to transition to paying market rent?</li> <li>• How could the client assessment process be improved to optimise outcomes?</li> <li>• How well are Start Safely clients linked to the support services they require (such as Staying Home Leaving Violence)?</li> <li>• Is there a difference in the outcomes achieved for clients who had a support plan to those who only received the subsidy?</li> <li>• What part does a support plan play in access to services?</li> <li>• Is the program being implemented as intended and are established processes (such as the quarterly review) occurring effectively?</li> <li>• Are there potential changes that could improve effectiveness and efficiency of the program?</li> <li>• What are most effective models of program delivery?</li> <li>• Does the availability of Private Rental Brokerage Service (PRBS) resources impact on the effective delivery of Start Safely?</li> <li>• Are the current policy settings and processes effective for achieving the intent and purpose of the Start Safely subsidy?</li> <li>• How well are the current policy settings and processes working?</li> </ul>

(NSW) Evaluation 12		Notes
	<b>Economic</b>	<p>The following questions were evaluated:</p> <ul style="list-style-type: none"> <li>• What are the costs (average per client and overall) of delivering Start Safely and achieving sustainable housing outcomes?</li> <li>• How has the extension of the subsidy to a maximum of 24 months impacted on the overall operating costs? Has the extension contributed significantly to improved client outcomes?</li> <li>• Are there opportunities to improve the cost effectiveness of the program while continuing to support client outcomes (such as tapering of the subsidy amount towards the end of the subsidy period, better assessment and management of the length of assistance required)?</li> <li>• What are the estimated savings to government of Start Safely compared to other forms of housing assistance for clients escaping violence? For example, is there any evidence that expenditure on Start Safely has prevented greater expenditure on other programs such as homelessness responses?</li> </ul>
	<b>Other (please specify)</b>	n/a
<b>Relevant legislative and policy context</b>		<p>The report notes SS aligns with the aims of current reforms in housing in NSW (pp. 9-10). It identifies key policies as:</p> <ul style="list-style-type: none"> <li>• Community and Private Market Housing Branch, Department of Family and Community Services – Private Rental Assistance Strategic Framework.</li> <li>• Women NSW. (2014). <i>It Stops Here: Standing together to end domestic and family violence in NSW. The NSW Government's Domestic and Family Violence Framework for Reform</i>. Sydney: Women NSW.</li> <li>• NSW Family and Community Services. (2013). <i>Going Home Staying Home Reform Plan</i>. Sydney: FACS.</li> </ul>
<b>Methodology</b>	<b>Design</b>	Review of program data, qualitative data collection from FACS-Housing NSW staff and other stakeholders, qualitative data collection from service providers, qualitative data collection from Start Safely clients, and a review of literature and policy.
	<b>Sampling</b>	<p>Qualitative data collection from FACS-Housing NSW staff and other stakeholders (19 FACS staff interviewed).</p> <p>Qualitative data collection from service providers (8 service providers interviewed).</p> <p>Qualitative data collection from Start Safely clients (9 clients from two districts).</p> <p>Recruitment was undertaken using a referral/snowballing approach. This strategy enabled data that represented different stakeholders and cohorts in assessing program effectiveness.</p>
<b>Study Limitations</b>		While multiple data sources have been drawn upon, the primary sources of qualitative data were specialist FACS-Housing NSW staff, most of whom were closely involved in the administration of Start Safely. In addition, only a small number of clients were accessible within the timeframe of the data collection period and they provided information through personal interviews.
<b>Diverse population groups and/or geographical locations addressed?</b>	<b>Yes</b>	<b>No</b>

(NSW) Evaluation 12		Notes
<b>Key findings</b>	<b>Process</b>	<ul style="list-style-type: none"> <li>• The program is implemented in different ways across offices and Districts – sometimes due to local responsiveness, other times due to poor communication/lack of training.</li> <li>• Generally, process of identifying clients and providing support works well.</li> <li>• Program would be further improved by ensuring that all staff who may undertake initial screening of clients participate in available training – also, ongoing opportunities for training and debriefing should be offered.</li> <li>• Recommends the approach to resourcing the program and distributing the resources should be reviewed to achieve an appropriate distribution of resources to support program delivery.</li> </ul>
	<b>Outcomes</b>	<p>Factors facilitating sustainable outcomes:</p> <ul style="list-style-type: none"> <li>• Start Safely (SS) provides stable living environment, schooling, childcare, financial needs associated with children.</li> <li>• SS offers more than housing outcomes – fosters independence and confidence, facilitates improved education and employment opportunities.</li> <li>• Recommendation: “Critical component of support provided in conjunction with the Start Safely subsidy should be the continued provision of ongoing financial, legal and social support to mitigate these long-term effects of domestic violence and ensure that women can sustain their tenancies” (p. 2).</li> </ul> <p>Factors inhibiting sustainable outcomes:</p> <ul style="list-style-type: none"> <li>• Housing affordability – shortage of affordable properties may result in lower program uptake in some areas.</li> <li>• Servicing debt places significant burdens – SS should include provision of specific comprehensive legal and financial advice.</li> <li>• Strength of SS – links between FACS-Housing NSW and support services addressing a range of needs, though not all clients receiving support</li> <li>• Private Rental Specialists (PRS) need to receive further support and training to connect with the local services network, which needs to be sufficiently resourced.</li> </ul>
	<b>Integration</b>	<p>Interagency networks and the benefits of integrated service provision emerges strongly in the evaluation, along with:</p> <ul style="list-style-type: none"> <li>• Appropriate resourcing</li> <li>• Clear program guidelines</li> <li>• Monitoring and ongoing evaluation (p. 6).</li> </ul>
	<b>Strengths of model</b>	See above.

(NSW) Evaluation 12	Notes
<b>Conclusions/recommendations</b>	<p>The evaluation identifies a number of actions and recommendations for consideration:</p> <ul style="list-style-type: none"> <li>• Clarification of program guidelines.</li> <li>• Improved resource planning and allocation through consideration of the appropriate distribution of resources to support program delivery.</li> <li>• Improved training and support for staff involved in delivering the program.</li> <li>• Ensuring Start Safely is linked to a strong support network.</li> <li>• Examination of alternative approaches to ensuring that clients such as Aboriginal people access appropriate assistance.</li> <li>• Reviewing any amendments to processes arising from the extension of the service to men.</li> <li>• Improved management reporting and evidence based enquiry capability through improved data collection and enhancement to the HOMES client system.</li> <li>• Improved monitoring and ongoing evaluation of the Program (p. 6).</li> </ul>
<b>Findings useful for wider program development/practice?</b>	<p>Interagency networks and the benefits of integrated service provision emerges strongly in the evaluation, along with:</p> <ul style="list-style-type: none"> <li>• appropriate resourcing;</li> <li>• clear program guidelines; and</li> <li>• monitoring and ongoing evaluation (p. 6).</li> </ul>

Program Summary	
(NSW) Evaluation 13	Notes
Author/Year/Title	Purple Kangaroo Consultants. (2007). <i>Final report of the SHLV project evaluation</i> . Bega, NSW: Bega Women's Refuge..
Jurisdiction	NSW
Name of evaluated program/strategy	Staying Home Leaving Violence (SHLV) - Bega
Inclusion rationale	Interagency model, multiple agencies, and case management.
Nature/type of program/strategy	Applications for exclusion orders; liaison and advocacy with the police; case work; referrals, counselling, and other support services; and safety planning.
Brief description of program/strategy (content, aims, etc.)	<p><i>(All page references herein refer to the evaluation report).</i></p> <p>Support and assistance to women and accompanying children who had experienced DFV and who wished to remain in their homes in the Bega Valley region.</p> <p>The SHLV pilot was based upon the Australian Domestic Violence Clearinghouse research project of the same name. The Bega pilot began in October 2004 and was auspiced by Bega Women's Refuge. The project provided support and assistance to women and accompanying children who had experienced domestic and family violence and who wished to remain in their homes in the Bega Valley region. The SHLV pilot had two staff positions: that of case manager, and community development worker. Overall the project was focused on keeping women safely in their homes through the provision of personal safety packages (providing locks, alarms, telephones and security doors etc.). As well as this, the case manager was able to provide crisis counselling and emotional support, court assistance and referral to other agencies (p. 3).</p>
Collaborating agencies	Local Police (Southern Far Coast Local Area Command (LAC)) and the Magistrate's Court are mentioned as key agencies.
Lead agency	Bega Women's Refuge (BWR)
Definition of "integration" within program/strategy	Coordinated service provision, with dedicated staff (Case Manager and Community Worker) to work with clients and liaise with agencies.
Key program/strategy elements and practice approaches	Key program elements included: the ability to provide personal safety packages (safety upgrades to the home as well as access to a telephone emergency alarm system); the provision of flexible, ongoing support and financial brokerage; and the employment of both a Case Manager to work with clients, and a Community Worker to liaise with agencies and develop policies and community awareness of the pilot. The evaluation identified the flexibility of support as a key strength of the program. A strengths-based approach to work with clients was also seen as vital. Most significantly, the evaluation identified that a strong, coordinated and consistent approach from agencies, particularly from Police and the Court system, communicating the message that women and children could remain safely in their home after leaving a violent relationship and that their safety would be prioritised by said agencies, was vital to supporting clients to remain in the home of their choice. While the evaluation cited a lack of consistency in this way of working within the pilot, this strong and coordinated approach was recommended as vital to any future programs.
Services provided (e.g. DFV, SXA, both)	DFV
Details of stakeholder alliances (formal MOU, shared principles, etc.)	MoU with Southern Far Coast LAC.

(NSW) Evaluation 13		Notes	
Target group	Diverse population groups (please specify)	Indigenous women	The flexibility of the program, and the ability of support packages to be individually tailored for clients, meant that diverse needs could be catered for. However, data were not presented around effectiveness for population groups. The report noted that ten (10) of the 44 clients engaged with the pilot in the survey period were Indigenous or Maori, or had Indigenous partners. Given the high rate of domestic violence in Indigenous communities, the report noted that the number of Indigenous women and children reached by the Bega pilot could increase. The report also noted that several women were excluded from accessing SHLV due to their remote locations, and the inability to guarantee a prompt police response to their place of residence: a key factor for eligibility in the pilot.
		Young people	Not mentioned in this report.
		CALD women	Not mentioned in this report.
		Not specified	n/a
	Geographical location	Metropolitan	No
		Remote	No
		Rural	Bega is a rural location in NSW.
		Not specified	n/a
<b>Evaluation Details</b>			
Key information	Funder	Funding for the evaluation appears to have been provided by the NSW Department of Housing.	
	Length of evaluation	Data captured between May 2005 and March 2007.	
	Evaluation governance	Independent evaluation by Purple Kangaroo Consultants.	
	Purpose of evaluation	The aims of the evaluation were: 1) to evaluate the success of the Bega SHLV pilot in meeting its aims, 2) to analyse pilot data and information collected between May 2005 and March 2007, and 3) to examine the systemic issues that affected the Bega pilot (p. 1).	
Evaluation Goals and Objectives		See above.	
Research questions		See above.	
Evaluation components	Outcomes	Yes - Client feelings of safety, client reported experiences with the program (positive or negative) through case studies and interviews with staff.	
	Process	Yes - Client demographics, number of clients accessing the program through analysis of available client data; in addition, the SHLV workers conducted a client file review to collate information relating to: reasons for client withdrawal from the service and client outcomes.	
	Economic	Not detailed in this report.	
	Other (please specify)	n/a	

(NSW) Evaluation 13		Notes
<b>Relevant legislative and policy context</b>		<p>The evaluation noted that “the legislative and policy framework that currently exists in a number of other States and Territories clearly promotes a more coordinated approach to domestic and family violence than in New South Wales” (pp. 21-22). The report recommended a more organised approach to supporting women escaping violent relationships to remain in their own home or the home of their choice, including amendments to the <i>Crimes Act [1900 [NSW]]</i>. The legal provisions for ouster or exclusion orders were seen as essential in promoting a SHLV model of intervention. The report also insisted that a shift was required in “policies and institutions such as the Police, the Courts, housing and child protection organisations” (p. 4). The evaluation found there were very low rates of Apprehended Domestic Violence Order (ADVO) breaches that were followed by criminal charges, as well as a small number of ADVO orders granted in the year preceding the release of the final report.</p> <p>The authors noted that the philosophy of supporting women to remain in their homes following domestic violence had not successfully filtered through to local institutions.</p>
<b>Methodology</b>	<b>Design</b>	<p>This evaluation had a mixed-methods approach and synthesised information from: 1) the previous three evaluation reports, 2) policy documents and publications relating to the SHLV pilot, 3) the use of primary documents, 4) the use of secondary documents, and 5) analysis provided by the Community Development worker and Case Manager employed in the pilot. Police and Court data was accessed at the start of the project, but not comparative figures were available at the time of the evaluation.</p> <p>Quantitative data were collected by SHLV project workers and agencies involved in partnership agreements. Qualitative information was gathered from interviews and focus groups conducted by the researchers. The researchers also interviewed sixteen (16) clients of the pilot.</p>
	<b>Sampling</b>	Case study sites
<b>Study Limitations</b>		Baseline or comparative data are not available from the Police or local courts in relation to applications for exclusion orders (and their outcomes) and incidents of breaches. It has therefore been difficult to assess the impact of SHLV on legal protection of clients.
<b>Diverse population groups and/or geographical locations addressed?</b>	<b>Yes</b>	<b>No</b>

(NSW) Evaluation 13		Notes
<b>Key findings</b>	<b>Process</b>	<p>The evaluation found that clients of the SHLV project were more likely to own their own home, be older, have children and be employed than women living in the Bega Women's Refuge. The pilot appears to have reached some women who may not have otherwise sought help from a refuge. Sixty percent of pilot clients experienced positive outcomes. The personal safety packages were the most valued service provided with 30 provided over the life of the pilot. While all 16 clients interviewed reported feeling safer after becoming involved with the SHLV pilot, many also reported their involvement with Police as unsupportive.</p> <p>The situations of women who experienced negative outcomes appear much more complex than those of the women with positive outcomes. Some negative outcomes resulted from inadequate or unsupportive responses from Police and the Court, while in other cases the women who applied for SHLV were not yet ready to leave their violent relationships.</p>
	<b>Outcomes</b>	<p>The case information indicates that where violent or potentially violent breaches have occurred, the women have used the safety strategies discussed with the SHLV worker, and the safety plan has resulted in more positive safety outcomes than would otherwise have been the case. Clients have also reported a greatly increased sense of safety as a result of the support provided by SHLV.</p> <p>A large majority of women who were employed at the time of referral were able to maintain their employment. The majority of children maintained stability in education and childcare arrangements.</p> <p>The qualitative feedback from clients and the case studies indicate other positive benefits have occurred for these women and their children as a result of support provided by SHLV. These benefits include maintenance of support and cultural networks, enhanced sense of self-worth, confidence and control over their own lives.</p>
	<b>Integration</b>	Not detailed in this report.
	<b>Strengths of model</b>	Overall, the evidence of this evaluation indicates that the SHLV Eastern Sydney pilot project has developed strong and well-maintained linkages with other service providers, leading to appropriate referrals to SHLV, joint case management, and linking of clients to other support. The development of collaborative relationships with local service providers has been a key factor contributing to effective engagement and outcomes for clients.
<b>Conclusions/recommendations</b>		<p>Conclusions and recommendations were based on the findings. The report noted that the lack of a state-wide domestic violence outreach system in NSW significantly affected the pilot. The authors stated that it was "essential that the SHLV program maintains a focus on domestic violence prevention rather than developing policy under a housing focus" (p. 20). The report recommended an adjustment of the Bega intake procedure to reflect a two-step process, with women first interviewed for an intake assessment then given time to reflect on their situation and re-evaluated as ongoing clients, in consideration of women who may not have the resources to leave the violent relationship at the time of engagement with SHLV. The report stated that the "essential lesson" of the Bega pilot was the need for "strong, clear and formal MOUs or agreements between SHLV and other agencies that create an organisational relationship rather than relying on relationships between individual workers" to ensure continuity of service provision (p. 13). The evaluation suggested that the provision of separate perpetrator programs and support may assist and support the SHLV approach, as would a stronger monitoring system for perpetrators who were partners of the women involved in SHLV.</p>
<b>Findings useful for wider program development/practice?</b>		<p>The significance of flexible case support, provided within a strengths-based framework, and the usefulness of these combined factors is influential for wider practice. The emphasis on security upgrades for the home, in conjunction with broader agency and system support, were also seen as key factors for the success of the pilot that broadly inform the wider practice area.</p>

Program Summary	
(NSW) Evaluation 14	Notes
Author/Year/Title	RPR Consulting. (2007). <i>Evaluation of Staying Home Leaving Violence Eastern Sydney Pilot: final report</i> . NSW Department of Housing.
Jurisdiction	NSW
Name of evaluated program/strategy	Staying Home Leaving Violence (SHLV) - Eastern Sydney
Inclusion rationale	Multiple agencies, holistic and coordinated service provision.
Nature/type of program/strategy	Applications for exclusion orders; liaison and advocacy with the police; case work; referrals, counselling, and other support services; and safety planning.
Brief description of program/strategy (content, aims, etc.)	<p>(All page references herein refer to the evaluation report). The primary aim of SHLV is to prevent women and children's homelessness by enabling women who have experienced domestic violence to remain safely in their own homes without the violent partner.</p> <p>The Eastern Sydney pilot provided: risk assessment and safety planning; security upgrades to the victim's home (using brokerage funding); court support and advocacy in relation to applications for exclusion orders; liaison and advocacy with the police; case work to address financial, tenancy and other issues; referrals to legal advice, counselling, and other support services; and support and resourcing of clients at family court proceedings. The service is available to victims of domestic violence, regardless of whether they are in private rental, social housing or own their own home (pp. 4-5). The Eastern Sydney model involved the development of a coordinated service framework with key agencies that provided support to victims and/or perpetrators of domestic violence in the Eastern Sydney area. The support provided to clients was entirely flexible and responsive to client needs, and was not time limited.</p>
Collaborating agencies	Junction Neighbourhood Centre, Maroubra.
Lead agency	NSW Department of Housing, Homelessness Unit.
Definition of "integration" within program/strategy	No specific definition provided in this report.
Key program/strategy elements and practice approaches	Key program elements included: an MOU with the local Police, who handed out SHLV information cards to potential clients; a two-step intake process, which allowed women time to reflect on whether SHLV was suitable for them; support provided to clients was totally flexible, responsive to client needs and not time limited. The evaluation identified a number of good practice approaches that contributed to effective engagement of clients and positive client outcomes, including: 1) proactive and timely outreach; 2) provision of holistic support, which addressed the range of issues impacting on the client and her children; 3) being responsive to client needs and goals; 4) increasing flexibility in relation to duration and intensity of support; 5) working in a way which is appropriate to the cultural background of the client; and 6) working in a collaborative and coordinated way with other service providers (p. 9).
Services provided (e.g. DFV, SXA, both)	DFV
Details of stakeholder alliances (formal MOU, shared principles, etc.)	MoU with NSW Police Eastern Beaches Local Area Command (LAC)

(NSW) Evaluation 14		Notes	
Target group	Diverse population groups (please specify)	Indigenous women	Approximately 8% (3) clients identified as Aboriginal or Torres Strait Islander. This number was considered non-representative, considering evidence of prevalence of domestic and family violence in Aboriginal and Torres Strait Islander communities. The evaluation suggested that a different approach may be needed in working with Aboriginal communities.
		Young people	No
		CALD women	CALD clients: Over one third of clients (36.1% or 13) were from culturally and linguistically diverse backgrounds.
		Not specified	Six (6) of the case managed clients had a disability, as did two children of clients. Thus approximately 22% of clients had specific needs arising from disability. 11.1% (4) clients case managed in the pilot were aged over 50 years.
	Geographical location	Metropolitan	South-East Sydney is a metropolitan location.
		Remote	n/a
		Rural	n/a
		Not specified	n/a
<b>Evaluation Details</b>			
Key information	Funder	NSW Department of Community Services	
	Length of evaluation	The evaluation period ran from September 2005 until May 2007.	
	Evaluation governance	External evaluation completed by RPR Consulting.	
	Purpose of evaluation	See below.	
Evaluation Goals and Objectives		The evaluation focused on three key areas: 1) client characteristics and outcomes; 2) the operation of SHLV within the local service system; and 3) governance and systemic issues. Although broad, these aims were appropriate for the evaluation.	
Research questions		The report did not specify any research questions.	
Evaluation components	Outcomes	Yes - Children's education, women's employment outcomes, and maintenance of tenure in the home of choice.	
	Process	Yes - Client demographics (including housing tenure, employment status, cultural background).	
	Economic	Not detailed in this report.	
	Other (please specify)	n/a	
Relevant legislative and policy context		The evaluation noted significant systemic issues relating to: 1) incongruities between legislative pieces concerning AVOs and tenancy law; 2) immigration policy and extensive barriers for women where immigration status is dependent on her partner; 3) the Family Law system, with victims of domestic violence subject to repeated and lengthy processes in the Family Court, with proceedings used to further harass and abuse women; 4) Centrelink policies: denial of income support due to immigration status and the halving of income upon separation from a violent partner had a direct effect on clients returning to violent partners in the project. Also assets in the woman's name may lead to ineligibility for income support payments, regardless of whether the violent partner was controlling the assets or not; and 5) financial stress: many women, particularly those caring for children, suffered from financial stress. Financial stress was also experienced by women with assets, as these were frequently controlled by the perpetrator of abuse and often meant women were effectively ineligible for Centrelink benefits or Legal Aid.	

(NSW) Evaluation 14		Notes
<b>Methodology</b>	<b>Design</b>	The methodology included: site visits with project staff; interviews with staff including those directly on the project, others from the Homelessness Unit as well as Police and Court Magistrates; examination of project documentation; analysis of available client data including a client file review by SHLV workers; development of client case studies; and a workshop with key service providers who had collaborated with the project.
	<b>Sampling</b>	Case study site.
<b>Study Limitations</b>		Not detailed in this report.
<b>Diverse population groups and/or geographical locations addressed?</b>	<b>Yes</b> <b>No</b>	
<b>Key findings</b>	<b>Process</b>	<p>The evaluation has identified a number of good practice approaches used by SHLV Eastern Sydney, which have contributed to effective engagement of clients and outcomes. These include: proactive and timely outreach; providing holistic support, which addresses the range of issues impacting on the client and her children; being responsive to client needs and goals, including flexibility in relation to duration and intensity of support; working in a way which is appropriate to the cultural background of the client; working in a collaborative and co-ordinated way with other service providers.</p> <p>The SHLV Eastern Sydney workers have developed a comprehensive risk assessment and safety planning process and tools which are designed to address the specific risks of women who remain in their own homes after domestic violence. These processes and tools are very different to those used in other domestic violence services (where there is an assumption about the woman needing to flee the home). This indicates that there is a need to develop a standardised training package for implementation with new SHLV workers, covering specialised areas of risk assessment and safety planning.</p>
	<b>Outcomes</b>	<p>Client data showed that close to two-thirds of the SHLV clients (64% of 22 case managed clients) were able to remain living in their own home with the perpetrator of violence excluded. Five clients (14%) reconciled with their partner. Six clients (17%) relocated by choice; while this was often done to improve their safety, instead of fleeing during a crisis they were able to make a planned move; meaning they did not require crisis accommodation and were better able to manage transitions between jobs, childcare, schools and support services with minimal impact.</p> <p>Clients reported a greatly increased sense of safety as a result of the support provided by SHLV. A large majority of women who were employed at the time of referral were able to maintain their employment. The majority of children maintained stability in education and childcare arrangements. Other positive benefits identified by clients included maintenance of support and cultural networks, enhanced sense of self-worth, confidence and control over their own lives. Sixty-nine percent of clients experienced some form of abuse after separation, with the most common form reported as financial abuse (41% of clients).</p>
	<b>Integration</b>	Not directly addressed, although they note a number of positive outcomes that can be attributed to the integrated nature of the service.
	<b>Strengths of model</b>	The SHLV Eastern Sydney pilot has confirmed the findings of the research in relation to the preference of many women who are victims of domestic violence to remain living in their own home with the perpetrator excluded. The pilot has shown that the model can work effectively with a broad range of women – the strategy has been effective with women across all socio-economic groups and in various forms of housing tenure, and has been effective in reaching women that have not previously engaged with other welfare services.

(NSW) Evaluation 14	Notes
<b>Conclusions/recommendations</b>	<p>The evaluation identified three areas for future enhancement of the practice approach:</p> <ol style="list-style-type: none"> <li>1. Strengthening support for women in the Family Court process;</li> <li>2. Developing strategies to help women to not only maintain but to extend their social support networks; and</li> <li>3. Strengthening support to children to overcome and heal from the trauma of domestic violence.</li> </ol> <p>The evaluation also recommended:</p> <ol style="list-style-type: none"> <li>1. Formal protocols to be drawn up between SHLV staff, and Department of Housing and Department of Community Services (DoCS) staff;</li> <li>2. Priority should be given to addressing access barriers for Aboriginal women;</li> <li>3. That the management of the SHLV Eastern Sydney program should continue to be held by a government agency, with the Department of Housing recommended due to its ability to influence Department of Health (DOH) policy and systems relating to clients who have experienced domestic violence;</li> <li>4. That a standardised training package for implementation with new SHLV workers, covering specialised areas of risk assessment and safety planning, be designed and implemented</li> <li>5. That a minimum of two full-time positions be established for the SHLV model to operate effectively, with the staff having a high degree of experience and skill in casework with clients with complex needs, advocacy and community education;</li> <li>6. That regular, external clinical supervision continue to be provided for SHLV workers and funded in the project budget;</li> <li>7. That SHLV workers be provided with a duress alarm linked to the Police</li> <li>8. That SHLV workers be given delegated authority to make routine decisions around allocation of brokerage funds;</li> <li>9. That a realistic geographic catchment area is designated at the outset of any other SHLV projects; and</li> <li>10. That the establishment of an advisory committee is critical to the local implementation of the model.</li> </ol>
<b>Findings useful for wider program development/practice?</b>	The findings have influenced program development and practice. The significance of flexible case support including access to flexible brokerage, and the many implementation-specific recommendations are highly informative.

## Queensland

Program Summary	
(QLD) Evaluation 1	Notes
Author/Year/Title	Kaspiew, R., De Maio, J., Deblaquiere, J. & Horsfall, B. (2012). <i>Evaluation of a pilot of legally assisted and supported family dispute resolution in family violence cases: final report</i> . Canberra: Attorney-General's Department. Retrieved from <a href="http://www.ag.gov.au/Publications/Documents/ArchivedFamilyLawPublications/CFDR%20Evaluation%20Final%20Report%20December%202012.PDF">http://www.ag.gov.au/Publications/Documents/ArchivedFamilyLawPublications/CFDR%20Evaluation%20Final%20Report%20December%202012.PDF</a> .
Jurisdiction	NSW, QLD, TAS and WA
Name of evaluated program/strategy	Coordinated Family Dispute Resolution (CFDR) Pilot Program
Inclusion rationale	Multi-agency, multi-disciplinary approach.
Nature/type of program/strategy	<i>(All page references herein refer to the evaluation report).</i> <p>“The CFDR process implemented in the pilot is at the cutting edge of family law practice for a number of reasons. It involves the conscious application of mediation where there has been a history of past and/or current family violence. It also involves collaborative multidisciplinary practice in a multi-agency setting, with the nature of the collaboration being clinical rather than at the level of referral and support” (p. x).</p>
Brief description of program/strategy (content, aims, etc.)	<p>“CFDR is a service for separated families who need assistance to resolve parenting disputes where there has been a history of past and/or current family violence” (p. ix). The CFDR process assists parents with post-separation parenting arrangements following incidence(s) of family violence. This process is facilitated by a multi-disciplinary, multi-agency approach, which provides intensive support. “The process involves a case manager/family dispute resolution practitioner (FDRP), a specialist family violence professional (SFVP) for the person assessed to be the ‘predominant victim’ in the language of the model, a men’s support professional (MSP) for the person assessed to be the ‘predominant aggressor’ (when they are male), a legal advisor for each party and a second FDRP. Child consultants are part of the professional team and may be called upon to feed into case management decisions” (p. ix). CFDR Pilot objectives are as follows:</p> <ol style="list-style-type: none"> <li>1. In families where there is past or current family violence, and where the family is assessed as suitable to participate, CFDR aims to achieve safe and sustainable post-separation parenting outcomes for children and their families.</li> <li>2. Issues of emotional and physical safety and risk for all participants, but in particular for victims of family violence and their children, are kept central to and underpin all CFDR roles, decision-making and processes.</li> <li>3. All professionals involved in the CFDR model have a responsibility to make issues of safety and risk central to their professional practice.</li> <li>4. In meeting “the best interests of the child” in families where there is past or current family violence, CFDR aims to: <ol style="list-style-type: none"> <li>a. address issues of safety and risk, especially for the victims of family violence and their children; and</li> <li>b. achieve arrangements that protect the emotional and physical safety of the child in the short and long term, consistent with the Family Law Act.</li> </ol> </li> <li>5. All the professionals involved will practice, as far as possible, aspects of a coordinated community response (CCR) to family violence outlined in the model ([Women’s Legal Service], 2010 [as cited on p. 6])” (p. 6).</li> </ol>

(QLD) Evaluation 1	Notes
<b>Collaborating agencies</b>	<p>“The organisations in each partnership include:</p> <ul style="list-style-type: none"> <li>• a service providing FDR [i.e. Family Dispute Resolution] (including professionals who are accredited FDR practitioners and, if appropriate, qualified “child practitioners”);</li> <li>• a specialist domestic violence service;</li> <li>• a men’s service; and</li> <li>• legal services able to provide legal assistance and advice to each party” (p. 2).</li> </ul>
<b>Lead agency</b>	<p>CFDR was implemented in five sites across Australia, with the following lead agencies:</p> <ul style="list-style-type: none"> <li>• Perth (Legal Aid Western Australia)</li> <li>• Brisbane (Telephone Dispute Resolution Service (TDRS), run by Relationships Australia Queensland)</li> <li>• Newcastle (Interrelate)</li> <li>• Western Sydney (Unifam)</li> <li>• Hobart (Relationships Australia Tasmania)</li> </ul>
<b>Definition of “integration” within program/strategy</b>	See detail in “Stakeholder Alliances” commentary below.
<b>Key program/strategy elements and practice approaches</b>	<p>Risk assessment and case management are central to CFDR, and the integrated model involves a four-phase process as follows:</p> <ul style="list-style-type: none"> <li>• Phase 1: Intake, involving specialist risk assessment and the development of a safety plan.</li> <li>• Phase 2: Preparation of the parties for FDR (including each party obtaining legal advice in two separate sessions, attending three communication sessions, and attending a CFDR mediation preparation workshop), and a CFDR-specific intake process in which the CFDR practitioner (in consultation with the other professionals) assesses the readiness and capacity of the parties to engage in CFDR.</li> <li>• Phase 3: Participation in CFDR, usually applying a co-mediation model, with a legal and possibly a non-legal advocate present for each client.</li> <li>• Phase 4: Follow-up at between 1-3 and 9-10 months after completion of CFDR (pp. 2-3).</li> </ul>
<b>Services provided (e.g. DFV, SXA, both)</b>	DFV
<b>Details of stakeholder alliances (formal MoU, shared principles, etc.)</b>	<p>A multi-disciplinary collaborative partnership; non-hierarchical; each organisation has particular expertise; lead agency coordinates the partnership at each pilot site (p. 2). Regular weekly practice meetings of all CFDR professionals at each pilot site (pp. 5, 25). No details regarding formalised partnership agreements are stated. CFDR is a case-managed process (p. 5). Each partnership involves the following organisations:</p> <ul style="list-style-type: none"> <li>• “a service providing FDR (including professionals who are accredited FDR practitioners and, if appropriate, qualified ‘child practitioners’);</li> <li>• a specialist domestic violence service;</li> <li>• a men’s service; and</li> <li>• legal services able to provide legal assistance and advice to each party” (p. 2).</li> </ul>

(QLD) Evaluation 1		Notes	
<b>Target group</b>	<b>Diverse population groups (please specify)</b>	<b>Indigenous women</b>	“14% of pilot cases involved clients from CALD backgrounds and 6% involved Aboriginal or Torres Strait Islander families... Around 70% of professionals who completed the Professionals Survey agreed that the CFDR program was sufficiently flexible to respond to the needs of a diverse range of families” (p. 36). Pilot group files showed “proportionately more clients from CALD or Aboriginal and Torres Strait Islander backgrounds” (p. 45).
		<b>Young people</b>	“Professionals were generally positive about the capacity of CFDR to produce child-sensitive outcomes and agreements that worked for children” (p. 138).
		<b>CALD women</b>	See above. Planning at one pilot site took into account that over 90% of the local catchment area were from a non-English speaking background (p. 36) - adapted pilot model, involved interpreters, staff with multiple languages. Professionals reported that CFDR support helped engage clients from CALD backgrounds (p. 36).
		<b>Not specified</b>	
	<b>Geographical location</b>	<b>Metropolitan</b>	Perth, Western Sydney, Brisbane and Hobart.
		<b>Remote</b>	n/a
		<b>Rural</b>	n/a
		<b>Not specified</b>	Regional: Newcastle.
<b>Evaluation Details</b>			
<b>Key information</b>	<b>Funder</b>	Australian Government Attorney-General's Department.	
	<b>Length of evaluation</b>	Evaluation covers the period from the commencement of the pilot (final quarter 2010; Brisbane site delayed until mid-2011) to 31 August 2012 (final data collection) (p. xi).	
	<b>Evaluation governance</b>	Report commissioned by the Australian Government Attorney-General's Department (AGD), conducted by Australian Institute of Family Studies (AIFS) researchers.	
	<b>Purpose of evaluation</b>	Not stated	
<b>Evaluation Goals and Objectives</b>		Not stated - evaluation questions only.	
<b>Research questions</b>		<ul style="list-style-type: none"> <li>• “Is the safety of children, parents and professionals adequately maintained in the pilot program processes?”</li> <li>• Is the safety of children and parents adequately maintained in the arrangements produced as a result of the application of the model?</li> <li>• Are the outcomes reached in the pilot consistent with the best interests of the children?</li> <li>• Do the processes applied in the pilot adequately address power imbalances between the parents?</li> <li>• What challenges and advantages arise from the interdisciplinary nature of the model?” (p. 8).</li> </ul>	

(QLD) Evaluation 1		Notes
Evaluation components	Outcomes	Analysis of case file data.
	Process	Case file analysis, interviews and survey.
	Economic	n/a
	Other (please specify)	
Relevant legislative and policy context		2006 Family Law Reforms (p. 1); <i>Family Law Act 1975</i> (Cth) (p. 1).
Methodology	Design	<p>Mixed-methods approach (see further detail in ‘Sampling’ and ‘Primary data collected’ below) comprising:</p> <ul style="list-style-type: none"> <li>• “a study based on case file data from the entire cohort of CFDR files up to 30 June 2012 (n = 126), and a sample of comparison group files (n = 247) drawn from services run by each of the lead partners where CFDR services were not offered;</li> <li>• a qualitative study based on interviews with professionals working in the pilot (n = 37) in the early stages of implementation, and a second study comprising interviews with professionals (n = 33) near the end of the evaluation data collection period (April - June 2012);</li> <li>• mixed-profession focus groups (participants: n = 37), conducted between August and November 2011;</li> <li>• an online survey of professionals, conducted in June - July 2012 (n = 88, with a response rate of 68%);</li> <li>• interviews with parents who received the CFDR services and progressed to mediation, conducted as eligible parents became available (n = 29). An online survey was also available to parents; however, the smaller-than-expected number of pilot cases meant very small numbers of people were eligible to complete the survey. Therefore, the evaluation team focused on conducting interviews with as many parents as possible and incorporated data from the seven completed online surveys in the analysis of the qualitative data; and</li> <li>• requests for information (conducted via discussions with location coordinators) that examined how the model was adapted and implemented in each location” (p. x).</li> </ul>
	Sampling	<p><u>Interviews with professionals</u></p> <p>“Location coordinators provided a list of CFDR professionals in their partnership and/or distributed the study invitation and helped arrange one-on-one (or occasionally two-person) interview appointments. Professionals were also invited to contact AIFS directly, and additional interviews were arranged as required” (p. 10). Thirty-seven interviews with professionals were conducted.</p> <p><u>Focus Groups</u></p> <p>“Professionals from each of the five professional groups in each location—FDRPs, lawyers, women’s SFVPs, MSPs and child consultants (where they were involved in the program)—were invited to participate in this study via an invitation letter. Additional material—including an information sheet about the evaluation and a consent form—was also distributed to all professionals in the program” (pp. 10-11). Thirty-seven professionals participated in the focus groups.</p>

(QLD) Evaluation 1		Notes
		<p><u>Online surveys with professionals</u></p> <p>“All professionals involved in the pilot received an invitation email containing a personalised link to the secure AIFS website hosting the survey” (p. 11). Eighty-eight surveys completed – 68% response rate (p. 12).</p> <p><u>Processes and outcomes data collection – Pilot and comparison cases</u></p> <p>Comparison cases: “247 comparison case profile forms were received, comprising 50 each from four locations and 47 from one location” (p. 12).</p> <p>CFDR Pilot: 126 CFDR pilot case profile forms received, and a further 16 Phase 4 follow-ups from the sample of 126 CFDR cases completed. This sample ranged from 13 cases in one location to 37 cases in another (p. 12).</p>
		<p><u>Parent interviews</u></p> <p>“Eligible parents were asked by the case manager/location coordinator if they would be interested in talking about their experience in the pilot with a professional who was evaluating the program.” Participation was voluntary. Twenty-nine interviews were completed (pp. 13-14).</p> <p><u>Quantitative study of parent experience</u></p> <p>“When a case advanced to Phase 2, the case manager/location coordinator gave eligible parents a prepared information sheet explaining the evaluation and this particular study” (p. 15). Only seven interviews were achieved (p. 15).</p> <p><u>Follow-up interviews with professionals</u></p> <p>“The research team used the email contact list constructed for Study 3 to invite all professionals involved in the pilot to contact the research team if they wanted to be interviewed for this final study” (p. 16). Thirty-three interviews were achieved.</p>
<b>Study Limitations</b>		None stated. Small sample of parent interviews.
<b>Diverse population groups and/or geographical locations addressed?</b>	<b>Yes</b> <b>No</b>	See detail above
<b>Key findings</b>	<b>Process</b>	<ul style="list-style-type: none"> <li>• Due to limited number of cases, question arises as to whether the process should be primarily FDR, or “a service focussed more on referral and support with FDR (and possible agreement) as an ancillary component of the process” (p. 140).</li> <li>• “In practice, the focus of CFDR is significantly wider than dispute resolution: the proportion of single-party cases and the level of service they receive highlights the wider role of CFDR as a support and referral mechanism” (p. 141).</li> <li>• Different approaches to risk assessment were undertaken at different pilot sites, and different approaches could create partnership tensions (p. 144).</li> <li>• “It is clear that processes around risk assessment and management and making clinical judgments about the conduct of FDR are areas in which particular challenges arise in multi-disciplinary, multi-agency practice” (p. 144).</li> <li>• Some clients felt emotionally unsafe despite efforts to address power imbalances between parents, while others felt empowered and supported when participating in FDR (p. 145).</li> </ul>

(QLD) Evaluation 1		Notes
	<b>Outcomes</b>	<p>During the evaluation period, “the five pilot sites collectively completed 126 cases: 27 of these cases reached mediation. Of these cases, mediation resulted in a partial agreement in relation to parenting issues for 13 cases (48%) and full resolution in 10 cases (37%). The rest exited at various points and for varying reasons” (p. xi).</p> <p>Number of caseloads across all pilot sites considerably fewer than anticipated: data suggests this was due to a slow build of referrals and challenges in engaging both parents (p. 140).</p> <p>Role of lawyers and MSPs is important in adjusting expectations – evidence to suggest that “where these professionals see clients together there is a greater possibility of shifts in attitude occurring” (p. 145).</p> <p>Modest conclusion that CFDR “heightens (but does not guarantee) the possibility that the appropriate process for considering arrangements consistent with ‘best interests’ will be applied in any given matter” (p. 146).</p>
	<b>Integration</b>	<ul style="list-style-type: none"> <li>Information-sharing is a complex aspect of collaborative practice (p. 142).</li> </ul>
	<b>Strengths of model</b>	Multi-disciplinary practice has a number of benefits, and provides a more comprehensive and holistic service (p. 142).
<b>Conclusions/recommendations</b>		<ul style="list-style-type: none"> <li>“The start-up phase of such a program is likely to be intensive and require considerable resourcing. Significant effort should be put into developing the capability of professionals and organisations to operate in CFDR prior to clients being accepted into the service.</li> <li>Leaving administrative type matters to professionals is clearly an inefficient use of resources. Therefore funding models should include provision for administrative support for case and client management.</li> <li>Partnership formation should be carefully considered and significant groundwork occur to ensure that all professionals involved understand their respective roles, professional obligations and practice models. A past history of successful co-operation will accelerate the process of partnership formation.</li> <li>Training should include in-depth mechanisms to assist participants to deal with issues such as role differentiation and conflict management. Such mechanisms could include training exercises based on simulated cases to expose professionals to a variety of different situations and to road-test their capacity to deal with them as a group. The exercises should be designed to raise challenging practice issues and build understanding of the role of each professional in responding to the challenges.</li> <li>Memoranda of Understanding governing the partnerships might include clauses dealing with the management and resolution of disputes involving the partners, with provision for recourse to externally supported dispute resolution mechanisms.</li> <li>Protocols concerning information sharing require ongoing development. These protocols could build on work already done in the area and include attention to issues such as the following: the circumstances under which lawyers might seek consent to share information with other professionals; other professionals continuing to develop protocols regarding how and in what circumstances it will be in the interests of individual clients and their families to share information with legal and non-legal CFDR professionals; and ways in which lawyers might exchange information about what their instructions are in relation to relevant facts (i.e., family violence, child safety) prior to FDR sessions” (p. 143).</li> </ul>

(QLD) Evaluation 1	Notes
	<ul style="list-style-type: none"> <li>• Suggest development of practice guidelines; uniform risk assessment framework applied; common training (pp. 144-145).</li> <li>• Suggest SFVPs and MSPs to be present at least one legal advice session; mediators have an obligation to act protectively, mediation should occur over several sessions, and should commence with individual sessions (p. 145).</li> <li>• Suggest proposed practice guidelines should set out an agreed approach to the application of Child Inclusive Practice, including instances in which it should and should not be considered; aims of CIP [i.e. child-inclusive practice] in CFDR context; and that CIP be applied by experienced practitioners (p. 146).</li> <li>• Further research is also suggested.</li> </ul>
Findings useful for wider program development/practice?	Yes - relating to best practice in integration.

Program Summary			
(QLD) Evaluation 2		Notes	
Author/Year/Title		Meyer, S. (2014). Victims' experiences of short- and long-term safety and wellbeing: Findings from <i>an examination of an integrated response to domestic violence</i> . Trends & Issues in Crime and Criminal Justice, No. 478. Canberra: Australian Institute of Criminology.	
Jurisdiction		QLD	
Name of evaluated program/strategy		Police-led integrated response to domestic violence (no specific title given).	
Inclusion rationale		Interagency model involving four key agencies, identification of high-risk clients, and information sharing.	
Nature/type of program/strategy		Integrated response to identify high-risk clients and refer for support.	
Brief description of program/strategy (content, aims, etc.)		See "Key program elements" below.	
Collaborating agencies		<ul style="list-style-type: none"> <li>• Police</li> <li>• Probation</li> <li>• Child safety</li> <li>• Domestic violence support service</li> </ul>	
Lead agency		Police	
Definition of "integration" within program/strategy		<p>(All page references herein refer to the evaluation report).</p> <p>"Integrated response work involved information sharing between the four key partner agencies to facilitate identification of high-risk cases, adequate support referrals for women classified as high risk and joint monitoring of children's safety, as well as perpetrator compliance with Domestic Violence Order (DVO) conditions" (p. 2).</p>	
Key program/strategy elements and practice approaches		<p>"Individualised" risk assessment – based on presence of risk factors (controlling and obsessive behaviour by perpetrator; threats to kill victims; increasing frequency and severity of abuse) and overall judgment of a domestic violence liaison officer (p. 2).</p> <p>Further to information sharing and collaboration on high risk cases, "the project had a high-risk intervention officer who was a social worker from the regional domestic violence support service based at the local police station. This strategic placement of a non-government organisation worker at the local police station further facilitated both victim support at the initial point of police contact, as well as subsequent cross-agency collaboration and communication" (p. 2).</p>	
Services provided (e.g. DFV, SXA, both)		DFV	
Details of stakeholder alliances (formal MOU, shared principles, etc.)		Not stated	
Target group	Diverse population groups (please specify)	Indigenous women	Not mentioned
		Young people	Not mentioned
		CALD women	Not mentioned
		Not specified	

(QLD) Evaluation 2		Notes	
	<b>Geographical location</b>	<b>Metropolitan</b>	Caboolture (greater Brisbane metropolitan area).
		<b>Remote</b>	
		<b>Rural</b>	
		<b>Not specified</b>	
<b>Evaluation Details</b>			
<b>Key information</b>	<b>Funder</b>	Unclear	
	<b>Length of evaluation</b>	Covers the 24-month pilot project.	
	<b>Evaluation governance</b>	Evaluation appears to be undertaken by University of Queensland.	
	<b>Purpose of evaluation</b>	Not explicitly stated, though surveys and interviews were designed to look at women's perception of safety and wellbeing before, during and after the initial 6 week support period.	
<b>Evaluation Goals and Objectives</b>			
<b>Research questions</b>			
<b>Evaluation components</b>	<b>Outcomes</b>	Pre- and post surveys, interviews (including sustainability of women's safety).	
	<b>Process</b>		
	<b>Economic</b>		
	<b>Other (please specify)</b>		
<b>Relevant legislative and policy context</b>			
<b>Methodology</b>	<b>Design</b>	<p>Evaluation examined pilot phases of this integrated response – mixed-method approach.</p> <p>Pre- and post-support surveys (n = 78).</p> <p>In-depth interviews with high-risk victims (n = 7).</p> <p>Pre-and post-surveys – "...designed to capture women's self-rated level of safety and wellbeing at their initial contact with the high-risk intervention officer and at the end of the six week support period" to establish whether their overall safety and wellbeing had changed through the support period (p. 3).</p> <ul style="list-style-type: none"> <li>• "Items included in this survey were drawn from a previous internal evaluation of a similar integrated response run in a different geographic location. Using the same items allowed a comparison across projects for internal purposes" (p. 3).</li> <li>• "While all surveys were self-administered, the high-risk intervention officer was available to clarify different questions or items and help clients with reading or writing difficulties at the time of survey completion" (p. 3).</li> </ul> <p>In-depth interviews – to provide further information about women's perception of safety and wellbeing "and its sustainability after the initial support period" (p. 3).</p>	

(QLD) Evaluation 2		Notes
	<b>Sampling</b>	<p>Survey sample – “78 high-risk victims supported through the integrated response during a selected three month period towards the end of the 24 month pilot period” (p. 2).</p> <p>Interview sample – women interviewed three months after initial support period concluded. “Ten women were approached for interview by the local domestic violence liaison officer and a total of seven agreed to be interviewed by a researcher from the University of Queensland; either face-to-face or by phone” (p. 3).</p> <p>“Selection of interviewees was informed by the researcher to ensure diversity across a number of items, including demographic characteristics, different levels of satisfaction with the integrated response (identified from satisfaction survey results reported elsewhere) and different levels of improvement in safety and wellbeing over the six week support period.” (p. 3).</p>
<b>Study Limitations</b>		None mentioned.
<b>Diverse population groups and/or geographical locations addressed?</b>	Yes	No
<b>Key findings</b>	<b>Process</b>	
	<b>Outcomes</b>	Evaluation found “an overall improvement in women and children’s safety and wellbeing throughout and beyond their initial involvement with an integrated response to domestic violence”, with surveys showing “a clear improvement of women’s overall situation during the initial support period” (p. 5).
	<b>Integration</b>	No evaluation instruments used to gauge success of this aspect.
	<b>Strengths of model</b>	See above
<b>Conclusions/recommendations</b>		<p>Data from the surveys and interviews:</p> <ul style="list-style-type: none"> <li>• “indicates the need for a two-fold intervention strategy to address women and children’s initial need for support to sustain initial improvement around safety and wellbeing” (p. 5).</li> <li>• “The second component of a two-fold integrated response strategy...needs to incorporate a needs assessment that goes beyond initial crisis support to enable women to maintain their newly established safety and support them in transitioning towards safe and sustainable housing solutions” (p. 5)</li> <li>• “From a policy perspective, it is...crucial for both the Australian and territory and state governments to further invest in affordable housing solutions for women with dependent children” (p. 6).</li> <li>• “...perpetrator accountability needs to become a core component of integrated responses that couple initial (legal) accountability with subsequent monitoring and treatments options for perpetrator...” (p. 6).</li> <li>• This would allow integrated responses “to address victims’ needs, support their safety and wellbeing through greater collaboration, communication and shared monitoring responsibilities...” (p. 6).</li> <li>• “...integrated responses need to incorporate a two-fold approach that combines short-term crisis support that holds offenders accountable and supports women in establishing safe and sustainable home environments for themselves and their children” (p. 6).</li> </ul>
<b>Findings useful for wider program development/practice?</b>		Yes

Program Summary	
(QLD) Evaluation 3	Notes
Author/Year/Title	Meyer, S & Rhodes, A. (2011). <i>Partnership Responses at Domestic Violence Occurrence (PRADO)</i> . Prepared for the Department of Communities and Queensland Police Service. UniQuest.
Jurisdiction	QLD
Name of evaluated program/strategy	Partnership Responses at Domestic Violence Occurrence (PRADO) - Caboolture District DV integrated response
Inclusion rationale	Partnership between a DV service, other support services and police, team-based response (DV specialist and police), and case management with dedicated staff support.
Nature/type of program/strategy	DV support, and case management model.
Brief description of program/strategy (content, aims, etc.)	<p>(All page references herein refer to the evaluation report).</p> <ul style="list-style-type: none"> <li>• “This project is specifically targeted at enhancing the policing and prevention of DV and focuses on three critical issues: enhanced support for victims of DV; better cooperation between Caboolture District police and other agencies with key responsibilities, especially the Caboolture Regional Domestic Violence Service Inc. (CRDVS); and more effective first response policing” (p. 3).</li> <li>• “Project PRADO commenced operations on 16th January 2010, funded by a Queensland Service Community Crime Prevention Funding grant for the initial twelve months. Department of Communities have funded the project for the subsequent 12 months concluding on the 25th January 2012” (p. 5).</li> </ul> <p>The Caboolture District DV integrated response strategy involves two key elements:</p> <ol style="list-style-type: none"> <li>1. Introduction of the Domestic Violence Integrated Response Team (DVIRT) <ul style="list-style-type: none"> <li>“The DVIRT consists of the Domestic and Family Violence Coordinator (DFVC) and three general duties officers on a rotational secondment (1- 3 months). The DVIRT plays a critical and pivotal role in DV investigations and delivering an integrated response. The intent of the DVIRT is to: <ul style="list-style-type: none"> <li>• Provide investigative and administrative support to first response officers;</li> <li>• Strategically develop a case management and whole-of-government model of service for clients in particular those who require repeat calls for service by police;</li> <li>• Actively case tracking of DV matters;</li> <li>• Create a centralised approach to DV-related offences; and</li> <li>• Ensure persons presenting as victims of DV are afforded a ‘good practice’ of protective and support services from police in conjunction with the Caboolture Regional Domestic Violence Service Inc.” (pp. 3-4).</li> </ul> </li> </ul> </li> <li>2. Introduction of the High Risk Domestic Violence Intervention Officer (HRDVIO) <ul style="list-style-type: none"> <li>“The HRDVIO is employed by Caboolture Regional Domestic Violence Service Inc. and is collocated with the DVIRT at Caboolture Police station. The HRDVIO provides a case management strategy in terms of planned support with the aim to provide vulnerable families with individual support promoting the wellbeing and safety of children and young people.</li> </ul> </li> </ol> <p>Functions:</p> <ul style="list-style-type: none"> <li>• Links police referrals to the systematic network of support services provided by the CRDVS in conjunction with the community sector.</li> </ul>

(QLD) Evaluation 3	Notes
	<ul style="list-style-type: none"> <li>Conducts initial and follow-up contacts with all referred clients so as to maximise the likelihood of clients engaging in the support services offered by the CRDVS in conjunction with the community sector. (p. 4).</li> </ul> <p>“The HRDVIO is integral to the transfer of clients from a law enforcement body to a support service. The HRDVIO supports policing responses through case management monitoring and review at a local level. Police referred clients are offered an outreach based service that, provides information, referral, and advocacy to maximize the likelihood of them engaging in appropriate support services so as to reduce repeat occurrences of DV” (p. 4).</p>
Collaborating agencies	Caboolture Regional Domestic Violence Service (CRDVS), Caboolture Police, and other support services.
Lead agency	HRDVIO employed by CRDVS, collocated with DVIRT at Caboolture Police Station.
Definition of “integration” within program/strategy	Two key program elements reflect a collaborative integrated response - team-based response comprising police and DV specialists; and dedicated staff support for case management and coordination between police and support referrals network, as well as client liaison.
Key program/strategy elements and practice approaches	<p>Project PRADO has adopted a collaborative case management model. Five components of this case management framework were identified:</p> <ol style="list-style-type: none"> <li>1. Targeting persons at risk with children “Connecting with families to support a safe community and reduce disadvantage for children at risk. Working with Child Safety and Probation to discuss clients of mutual concern, facilitate inter-agency collaboration and maximise the safety of affected children” (p. 5).</li> <li>2. Changing the way we work “Establishing partnerships and building a Collaborative Community of Practice amongst stakeholders with a client centered focus. It’s about making sure people don’t slip through the cracks and get caught up in what can be a complex system of services and court processes. It is the stakeholders in the processes that will make the links to reduce the risk” (p. 5).</li> <li>3. Harnessing motivation “Persons at risk are compelled to meet basic needs at a critical time for change and the project harnessed this natural motivation. 24-48 hour contact by the HRDVIO connected people at a critical time for change and intensive case follow supported them through this change” (p.5-6).</li> <li>4. Providing multiple points of contact “Minimum of 6 intensive follow up contacts were made with priority cases during critical time for change. 24-48 hour initial contact followed by intensive case follow-up supported clients through this critical and vulnerable time” (p. 6).</li> <li>5. Ensuring protection and support “Police Domestic and Family Violence Coordinator and HRDVIO working in partnership to manage priority families at risk. Coordination of the case management strategy requires the implementation of case management tools” (p. 6).</li> </ol> <p>“Project PRADO provides a good practice framework for an integrated response to DV through the implementation of the High Risk Domestic Violence Intervention Officer” (p. 6).</p>
Services provided (e.g. DFV, SXA, both)	DFV

(QLD) Evaluation 3		Notes	
Details of stakeholder alliances (formal MoU, shared principles, etc.)		Not explicitly stated.	
Target group	Diverse population groups (please specify)	Indigenous women	Demographic data shows of PRADO clients, 3.1% were Aboriginal, and 4.3% were Torres Strait Islander (p. 13).
		Young people	Mean age 30.86 (p. 13).
		CALD women	No mention
		Not specified	
	Geographical location	Metropolitan	Greater Brisbane metropolitan area (Caboolture).
		Remote	n/a
		Rural	n/a
		Not specified	
<b>Evaluation Details</b>			
Key information	Funder	Queensland Department of Communities (in kind support from Queensland Police Service (PRADO Team), the Department of Communities and the University of Queensland (Institute for Social Science Research)).	
	Length of evaluation	April - June 2011.	
	Evaluation governance	Undertaken by researchers from the University of Queensland (UQ).	
	Purpose of evaluation	"...to examine women's experiences with the PRADO response specific to high-risk women with dependent children between April and June 2011" (p. 7).	
Evaluation Goals and Objectives		None stated (see purpose of evaluation above).	

(QLD) Evaluation 3		Notes
<b>Research questions</b>		<p>No explicit research questions detailed in report. In terms of queries the research team sought to answer through their research, the survey instruments covered the following areas:</p> <p><u>Client satisfaction surveys</u></p> <ul style="list-style-type: none"> <li>• “Satisfaction with information update provided around processes and outcomes of police and court actions taken;</li> <li>• Satisfaction with action taken by DV Unit officers to maximise client’s safety;</li> <li>• Satisfaction with safety planning tools provided by the PRADO Team;</li> <li>• Satisfaction with help and support provided by the PRADO HRDVIO; and</li> <li>• Satisfaction with support/agency referral made by the PRADO HRDVIO” (pp. 7-8).</li> </ul> <p><u>Pre- and post-intervention surveys</u></p> <p>Client’s self-rated their level of wellbeing against the following items:</p> <ul style="list-style-type: none"> <li>• “Respondent’s physical safety;</li> <li>• Children’s physical safety;</li> <li>• Respondent’s emotional wellbeing;</li> <li>• Children’s emotional wellbeing;</li> <li>• Respondent’s substance use;</li> <li>• Legal issues/concerns;</li> <li>• Housing stability;</li> <li>• Financial stability;</li> <li>• Parenting skills;</li> <li>• Access to social support; and</li> <li>• Sense of identity” (p. 9).</li> </ul>
<b>Evaluation components</b>	<b>Outcomes</b>	Data analysis, satisfaction surveys, and pre- and post-intervention surveys.
	<b>Process</b>	Interviews
	<b>Economic</b>	n/a
	<b>Other (please specify)</b>	
<b>Relevant legislative and policy context</b>		<p><i>Australasian Policing Strategy 2008 ‘Prevention and Reduction of Family Violence</i> (Australasian Police Leaders, 2008) and <i>For our sons and daughters: A Queensland Government strategy to reduce domestic and family violence 2009-2014</i> (Queensland Government, 2009) - this DFV project addresses key elements of these policies (p. 3). Also, <i>Protecting children is everyone’s business. National Framework for Protecting Australia’s Children 2009-2020: An initiative of the Council of Australian Governments</i> (COAG, 2009b) (p. 5).</p>

(QLD) Evaluation 3		Notes
Methodology	Design	<p><u>Mixed-method approach</u></p> <p>Quantitative data collection from:</p> <ol style="list-style-type: none"> <li>1. Queensland Police Service (QPS) PRADO records (n = 164) based on all female clients with dependent children who came in contact with PRADO between April and June 2011 (includes demographics, nature and severity of DV, number of children, client referrals, and any QPS contact after intervention period);</li> <li>2. data derived from pre- and post-intervention surveys (n = 78) with clients monitored through PRADO between April and June 2011 (clients self-identified needs and risks at initial PRADO contact and at the end of the support period). Draft survey based on a similar program implemented in Rockhampton - amended in consultation with the PRADO team (p. 8);</li> <li>3. data derived from satisfaction surveys (n = 69) administered to PRADO clients at the end of their 6 weeks PRADO intervention between April and June 2011 (gauging satisfaction with information received about police/court component, safety planning component, and support and referrals) (p. 7).</li> </ol> <p>Qualitative data collection:</p> <ul style="list-style-type: none"> <li>• Face-to-face interviews were conducted with women who had been involved with PRADO “to gather some more in-depth information around women’s experiences with PRADO in establishing safer home environments for themselves and any dependent children” (p. 9).</li> <li>• “A structured, open-ended interview guide was used to gather consistent information across all interviews” (p. 11).</li> </ul>
	Sampling	<p>Interviews</p> <ul style="list-style-type: none"> <li>• Seven face-to-face interviews conducted - “While not representative in nature, the data collected through these interviews offers some contextual information around aspects of PRADO that women experienced as helpful or challenging” (p. 9).</li> <li>• “To assist the PRADO Team in the selection process, the UQ research team identified a number of cases (based on available de-identified unique case IDs) meeting different combinations of [specific] selection criteria according to PRADO records and survey data. This information was provided to the PRADO Team and Child Safety. Whether any of these cases were approached for interviews is unclear because this information was not made available to the research team” (p. 10).</li> <li>• “Potential interviewees were contacted by a QPS VIP [i.e. Volunteer in Policing] over the phone to identify whether they would be willing to participate in an interview with a researcher from the University of Queensland” (p. 10).</li> </ul> <p>Satisfaction surveys</p> <ul style="list-style-type: none"> <li>• “The satisfaction survey was completed by n = 69 PRADO clients at the end of their monitoring Period” (p. 18).</li> </ul> <p>Pre- and post-intervention surveys (n = 78)</p> <ul style="list-style-type: none"> <li>• “While all surveys were self-administered, the HRDVIO was available to clarify different questions or items and help clients with reading or writing disabilities” (p. 8).</li> </ul>
Study Limitations		None noted
Diverse population groups and/or geographical locations addressed?	Yes	No
Not mentioned in report, apart from demographic detail noted above, and not a focus of the evaluation.		

(QLD) Evaluation 3		Notes
<b>Key findings</b>	<b>Process</b>	<ul style="list-style-type: none"> <li>“One aspect that emerged repeatedly from both survey and interview data is the lack of positive experiences described by women when coming in contact with police staff external to the immediate DV Unit. Feedback was consistently positive where women’s contact with police involved the DFVC and the HRDVIO” (p. 37).</li> </ul>
	<b>Outcomes</b>	<ul style="list-style-type: none"> <li>“[T]he vast majority of clients were satisfied/ highly satisfied with the services and support they received through PRADO” (p. 18).</li> <li>“Overall, findings from [the pre-] and [post-intervention] surveys suggest that PRADO has a positive impact on the safety, stability and wellbeing of women and their children” (p. 22).</li> <li>“[Interview] [f]indings regarding women’s overall situation since their initial involvement with PRADO further support the quantitative survey data presented in section 4.4. While few women described their situation as ‘ideal’ at the time of the interview, all but one said their overall safety and wellbeing had significantly improved since their initial PRADO contact” (p. 35).</li> </ul>
	<b>Integration</b>	Not covered in evaluation.
	<b>Strengths of model</b>	Not covered in evaluation.
<b>Conclusions/recommendations</b>		<p>Police Contact</p> <ul style="list-style-type: none"> <li>“It may...be beneficial for specialised DV Units to encourage greater collaboration between other staff and the unit” (p. 38).</li> <li>“...findings suggest that victims’ experiences when contacting the police are more positive when coming in contact with specialised staff in the area of DV. While it is impossible for general frontline officers to have the same level of in-depth understanding of DV and its complexities as the DV Unit staff, more respectful and understanding encounters need to be fostered” (p. 39).</li> </ul> <p>Child Safety Contact</p> <ul style="list-style-type: none"> <li>“While it cannot be expected from an agency whose primary concern is the right of the child to offer adult victim support, a greater awareness needs to be generated that in order to establish child safety, adult victim support is crucial” (p. 39).</li> <li>“It is...important for the Department of Child Safety to ensure help-seeking women are referred to relevant support service providers (e.g. CRDVS) to ensure ongoing support throughout transition towards safer and sustainable family environments and living arrangements” (p. 39).</li> <li>“In addition to ensuring an adequate response to women’s calls for help when contacting the Department for DV-related support it is further important to listen to women and take their concerns seriously when reporting concerns around their children’s wellbeing while residing or visiting the other parent” (pp. 39-40).</li> </ul> <p>Improving Women’s Safety and Wellbeing through Partnership Responses</p> <ul style="list-style-type: none"> <li>“...findings also suggest that partnership responses to DV need to incorporate a two-fold intervention strategy” (p. 40).</li> <li>“Women’s immediate safety and protection therefore needs to be ensured before moving on to the second stage of the overall intervention, which can incorporate a longer-term needs assessments and the identification of adequate referrals to additional support services. In this second stage, it is important to focus on needs that need to be addressed to enable women in maintaining newly established safer living arrangements, including emotional support to improve women and children’s overall wellbeing and coping mechanisms and more tangible support for mothers with housing, employment and child care” (p. 40).</li> </ul>
Findings useful for wider program development/practice?		Yes

Program Summary	
(QLD) Evaluation 4	Notes
Author/Year/Title	Nancarrow, H. & Viljoen, R. (2011). <i>Breaking the Cycle - Trial integrated response to domestic and family violence in Rockhampton: Client experiences and outcomes</i> . Queensland: Queensland Centre for Domestic and Family Violence Research, CQUniversity Australia. Retrieved from <a href="http://www.noviolence.com.au/sites/default/files/reportfiles/btctricalcdfvrreport.pdf">http://www.noviolence.com.au/sites/default/files/reportfiles/btctricalcdfvrreport.pdf</a> .
Jurisdiction	QLD
Name of evaluated program/strategy	Breaking the Cycle (BTC)
Inclusion rationale	Integrated response involving case coordination (child safety, police, and specialist DV services), as well as a wider suite of services (legal, community, and court). Supported by information-sharing protocol.
Nature/type of program/strategy	Coordinated response, case management, risk and needs assessments, and safety planning.
Brief description of program/strategy (content, aims, etc.)	<p><i>(All page references herein refer to the evaluation report).</i></p> <p>“Within the context of its whole-of-Government strategy to reduce domestic and family violence (<i>For our sons and daughters 2009-2014</i> [(Queensland Government, 2009)], the Queensland Government (under the leadership of the Department of Communities) has been trialling an integrated response to domestic and family violence in Rockhampton, Central Queensland, known as Breaking the Cycle (BTC)” (p. 1). The BTC trial commenced in November 2009 (p. 14).</p> <p>“This integrated service delivery model aims to: improve the safety and well-being of people affected by domestic and family violence; reduce the demand on the current service systems (statutory, courts, human services); increase the efficiency and effectiveness of the human and justice service systems in responding to domestic and family violence; and build the skills of service providers to increase their ability to provide the best possible services to clients and break down the barriers to integrated working” (p. 1).</p>
Collaborating agencies	<p>“CCT [i.e. Case Co-ordination Team] comprises statutory child safety officer, a police officer and a specialist domestic and family violence worker, co-located within the Department of Communities” (p. 13).</p> <p>Additional to the CCT, coordinated responses are provided by:</p> <ul style="list-style-type: none"> <li>• Queensland Police Service</li> <li>• Magistrates Court</li> <li>• Legal Aid</li> <li>• Child Safety Services</li> <li>• Several community-based services (p. 13).</li> </ul>
Lead agency	Queensland Department of Communities

(QLD) Evaluation 4	Notes
<b>Definition of “integration” within program/strategy</b>	<p>“Integrated service delivery ‘is more than co-ordinated service delivery – it is a whole new service’ (Domestic Violence and Incest Resource Centre 2004, p.11 [as cited on p. 5]).” The [Australian Law Reform Commission] and [New South Wales Law Reform Commission] (2010 [as cited on p. 5]) further suggest a distinction be made between integrated and ‘whole of government’ responses, stating that the latter ‘may form an element of an integrated response, but they do not necessarily exhibit other features of an integrated response such as mechanisms for inter-agency collaboration and service delivery’ (p.1351 [as cited on p. 5]). They define integration as including: common objectives and policies, interagency collaboration, victim support service provision, training and education, ongoing collection of data, system evaluation and review and specialised family violence courts” (p. 5).</p>
<b>Key program/strategy elements and practice approaches</b>	<p>The BTC model has the following components:</p> <ul style="list-style-type: none"> <li>• a CCT: includes a statutory child safety officer, a police officer and a specialist domestic and family violence worker, co-located within the Department of Communities (p. 13).</li> <li>• intensive case management services;</li> <li>• an integrated specialised court program;</li> <li>• a behavioural change program for perpetrators of violence;</li> <li>• legal services for both aggrieved and respondents to domestic violence orders and related matters (pp. 12-13).</li> </ul> <p>“The CCT conducts a range of risk, security and needs assessments for individuals and families who have been referred to, and have consented to participate in, the trial. Based on these assessments and supported by an information sharing protocol, the CCT develops a detailed response and safety plan involving the referral of clients to the range of services required to address their particular circumstances” (p. 13).</p> <p>“In addition to the CCT, the trial involves co-ordination of responses from the Queensland Police Service, the Magistrates Court, Legal Aid, Child Safety Services and several community based services...” (p. 13).</p> <p>“The integrated specialised court program includes:</p> <ul style="list-style-type: none"> <li>• Specific list days to hear domestic and family violence cases;</li> <li>• provision of space for victims in court and supports for both aggrieved and respondents during the court process;</li> <li>• referral of cases to the CCT based on agreed criteria;</li> <li>• information exchange between the CCT and the court to enable monitoring of the respondent and conditions on protection orders;</li> <li>• a dedicated court liaison officer to work with the CCT” (p. 14).</li> </ul> <p>“The BTC initiative also aims to build capacity by supporting service providers through a series of training opportunities, workshops and the establishment of a ‘community of practice” (p. 13).</p>
<b>Services provided (e.g. DFV, SXA, both)</b>	DFV
<b>Details of stakeholder alliances (formal MoU, shared principles, etc.)</b>	Not explicitly stated

(QLD) Evaluation 4		Notes	
Target group	Diverse population groups (please specify)	Indigenous women	“Two of the nine participants identified as Aboriginal” (p. 18). This refers to the evaluation research participants, not to the program as a whole.
		Young people	“There were six female and three male participants ranging in age from 27 to 50 years old” (p. 18). This refers to the evaluation research participants, not to the program as a whole.
		CALD women	
		Not specified	“Only two of the participants had been participating in the BTC trial because they had perpetrated domestic or family violence; seven had been victimised and one of those was also the subject of a ‘cross-order’” (p. 18). This refers to the evaluation research participants, not to the program as a whole.
	Geographical location	Metropolitan	n/a
		Remote	n/a
		Rural	n/a
		Not specified	Regional - “Eight [participants] lived in or close to Rockhampton and the remaining participant lived in Yeppoon” (p. 18). This refers to the evaluation research participants, not to the program as a whole.
<b>Evaluation Details</b>			
Key information	Funder	The Queensland Centre for Domestic and Family Violence Research (CDFVR) received funding from the Queensland Department of Communities (“Acknowledgements” page).	
	Length of evaluation	First participant referral from service providers on 27 November 2010, with data collection period concluding on 14 February 2011 (p. 17).	
	Evaluation governance	“The Queensland Centre for Domestic and Family Violence Research (CDFVR) receives defined term funding from the Queensland Department of Communities to undertake research and develop educational resources pertaining to domestic and family violence in Queensland” (“Acknowledgements” page).	
	Purpose of evaluation	“The purpose of this research project [note the study is not referred to as an evaluation] was to establish client experiences and outcomes (from the clients’ perspectives) of the trial integrated response to domestic and family violence in Rockhampton” (p. 16).	
Evaluation Goals and Objectives		The key objectives of the evaluation are as follows: <ul style="list-style-type: none"> <li>“Provide evidence of the way the trial integrated response was experienced by clients; and evidence of what has been achieved for clients’ safety and well-being through participation in the trial; and to</li> <li>Inform the further development of client-centred responses to domestic and family violence in Queensland” (p. 1).</li> </ul>	
Research questions		None stated	
Evaluation components	Outcomes	Health and wellbeing closed questions in interviews.	
	Process	Interviews with BTC trial clients.	
	Economic	n/a	
	Other (please specify)		

(QLD) Evaluation 4		Notes
<b>Relevant legislative and policy context</b>		<i>For our sons and daughters: A Queensland Government strategy to reduce domestic and family violence 2009-2014</i> (Queensland Government, 2009); <i>Time for action: the National Council's plan for Australia to reduce violence against women and their children, 2009-2021</i> (National Council to Reduce Violence Against Women and Their Children, 2009).
<b>Methodology</b>	<b>Design</b>	<p>A separate holistic evaluation was undertaken by Department of Communities Projects and Review Unit - the research in the report detailed here is focused specifically on client experience of the integrated model (p. 14). A workshop with Department of Communities representatives and workers involved with the trial was held in Rockhampton prior to ethics clearance, in order to confirm and refine the research design, agree on interview schedules and format, and the recruitment process (p. 17).</p> <p>Different interview schedules used across 3 participant groups:</p> <ol style="list-style-type: none"> <li>1. Victims of DFV</li> <li>2. Perpetrators of DFV</li> <li>3. Children/young people with families affected by DFV</li> </ol> <ul style="list-style-type: none"> <li>• Key concepts were the same across all three schedules, “but the questions were oriented towards the participants’ status in relation to the experience of domestic or family violence and, therefore, the BTC trial” (p. 17).</li> <li>• “The research was conducted through semi-structured interviews with both open-ended questions (allowing participants to elaborate on their experiences) and closed questions that require responses in the form of nominal scales (i.e., nominal and ordinal categorical data)” (p. 1).</li> <li>• Researchers recruited and trained two Indigenous interviewers, one male and one female and one non-Indigenous female interviewer (p. 16). These interviewers were also able to de-brief after interviews with the principal research if needed (p. 16).</li> <li>• Participants were also debriefed after interviews (p. 18).</li> </ul>
	<b>Sampling</b>	<p>“There were six female and 3 male participants ranging in age from 27 to 50 years old. Two of the nine participants identified as Aboriginal. Eight lived in or close to Rockhampton and the remaining participant lived in Yeppoon” (p. 18).</p> <p>“Prospective participants were provided with written information about the research and an oral overview of the project by a service provider before the service provider sought permission to forward appropriate contact details to the research team. Participants were able to choose to be interviewed by an Indigenous male, an Indigenous female or a non-Indigenous female, who were employed by CDFVR as research assistants and had not had any involvement in the delivery of the BTC trial” (p. 16).</p> <p>Participants could also nominate a venue for the interview and had the option of a phone interview (p. 16).</p> <p>“Eligible research participants were people invited to participate in the BTC trial, who were aged at least 12 years of age and of sound enough mind and body to participate in an interview. They were to include people in one of the following three groups: 1) victims of domestic or family violence; 2) perpetrators of domestic or family violence; and 3) children/young people aged 12 to 18 years, whose families were affected by domestic or family violence” (p. 16).</p> <p>BTC service providers recruited participants on behalf of the research team (p. 17).</p>
<b>Study Limitations</b>		<ul style="list-style-type: none"> <li>• Recruitment by service providers – possible bias.</li> <li>• Smaller sample size than anticipated.</li> <li>• Length of participant involvement in trial – ranged from 2 – 6 months.</li> <li>• No comparison group (pp. 23-24).</li> </ul>

(QLD) Evaluation 4		Notes	
Diverse population groups and/or geographical locations addressed?	Yes	No	See above
Key findings	Process		<ul style="list-style-type: none"> <li>“Research participants, overall, indicated positive experiences with the trial integrated response to domestic and family violence in Rockhampton, Breaking the Cycle (the BTC). In particular, the BTC was highly valued by its clients for the practical help and emotional support and advice provided in confidence by empathetic, non-judgemental staff. Two participants in this group had negative experiences with information sharing and in both cases it involved service providers in the justice system” (p. 2).</li> </ul>
	Outcomes		<ul style="list-style-type: none"> <li>“The data related to safety and well-being before and after participation in the trial indicates positive outcomes for both groups of participants (those who had perpetrated domestic and family violence and those who had been victimised). Participants’ responses showed that their general health and well-being either improved or stayed about the same since participating in the trial. General health and well-being did not improve since participation in the trial only for those whose regular activities were limited by poor physical health” (p. 2).</li> <li>“From the limited data, due to only one of the participants who had engaged with the BTC because they had perpetrated domestic or family violence responding to all interview questions, and based on self-reported violence, it can be noted that the participant’s behaviour changed since being involved with the trial” (p. 34).</li> </ul>
	Integration		“It was clear from the interview data that when participants spoke of the BTC, they were mainly referring to the Case Co-ordination Team (CCT). This is illustrated by comments such as ‘the BTC linked me in with counselling’; ‘the BTC team were very friendly’; and ‘The BTC forwarded as much information as possible to the counselling service’” (p. 34).
	Strengths of model		“...the study found strong evidence of positive experiences with the BTC, particularly in relation to the provision of practical assistance, property security (through the safety upgrades initiative) and emotional support” (p. 35).
Conclusions/recommendations			<ul style="list-style-type: none"> <li>BTC trial clients participating in the study were positive overall “with the practical assistance, increased security and emotional support ranked highest in terms of client satisfaction with the trial” (p. 2).</li> <li>Improved information sharing processes was reported as a benefit.</li> <li>However, “improved information sharing in the justice system was identified as an area requiring improvement through increased resourcing for Legal Aid, in particular” (p. 2).</li> <li>“Clients also reported that perpetrators of domestic or family violence were appropriately held responsible for the violence” (p. 2).</li> <li>All participants in the research reported that they would recommend the BTC to others in similar circumstances” (p. 2).</li> </ul>
Findings useful for wider program development/practice?			Yes

Program Summary	
(QLD) Evaluation 5	Notes
Author/Year/Title	Finn, K. C.-K., Amy and D. V. P. C. G. C. Inc. (2014). <i>Domestic Violence Integrated Response Gold Coast: an examination of current practice and opportunities for development</i> . Gold Coast: Domestic Violence Prevention Centre.
Jurisdiction	QLD
Name of evaluated program/strategy	Domestic Violence Integrated Response Gold Coast (DVIRGC)
Inclusion rationale	Multiple agencies, and wraparound services.
Nature/type of program/strategy	Victim support, and perpetrator response.
Brief description of program/strategy (content, aims, etc.)	Community-based integrated response - agencies work together for coordinated interventions to DFV. Information sharing, coordinated multiagency responses to Domestic Violence Prevention Council's (DVPC) high risk clients, wraparound service as needed, collaboration/communication; training, coordinated referral, and risk assessment for Men's Domestic Violence Education and Intervention Program (MDVEIP).
Collaborating agencies	DVPC, Queensland Police Service (QPS), Corrective Services, Probation and Parole, Southport and Coolangatta Magistrates Courts, Department of Communities, Department of Housing and Public Works, two refuges, two hospitals, Legal Aid, and Centacare.
Lead agency	Not detailed in this report.
Definition of "integration" within program/strategy	<i>(All page references herein refer to the evaluation report).</i> <p>"The terms 'coordinated' and 'integrated' are both used in this document to refer to similar approaches along a continuum where integrated is a more advanced, seamless response providing wraparound interventions that minimize the risk of people falling through gaps. 'Coordinated community responses' is the term generally used to describe responses, whilst many responses aspire to full integration" (p. 2).</p> <p>"The GCDVIR partnership is more than a network of organisations; it is a coordinated (integrated) response" (p. 4).</p>
Key program/strategy elements and practice approaches	Established in 1996, the Gold Coast Domestic Violence Integrated Response (GCDVIR) is a community-based integrated response to domestic violence that focuses on agencies working together to provide coordinated interventions. The objective of the GCDVIR is to enhance victim safety, reduce secondary victimisation, and decrease the incidence of domestic violence through the enhancement and monitoring of inter-agency co-operation and collaboration. (p. 2) <p>"The cooperation has been developed and facilitated at a local level, and the GCDVIR predominantly still operates as a local initiative. In addition, the MoUs seek a commitment to raise awareness and promote the GCDVIR within the partner organisations (to the hierarchy and funders etc.). Now 18+ years old, as the profile and work of the GCDVIR has grown, there is buy-in at a regional level with some of the government partners and, in some cases, support at a state-wide level" (p. 14).</p>
Services provided (e.g. DFV, SXA, both)	DFV
Details of stakeholder alliances (formal MoU, shared principles, etc.)	MoUs, and formal protocols.

(QLD) Evaluation 5		Notes	
Target group	Diverse population groups (please specify)	Indigenous women	Not detailed in this report.
		Young people	Not detailed in this report.
		CALD women	Not detailed in this report.
		Not specified	n/a
	Geographical location	Metropolitan	Yes - Gold Coast is a metropolitan area in Queensland.
		Remote	No
		Rural	No
	Not specified	n/a	
<b>Evaluation Details</b>			
Key information	Funder	Unclear, not detailed in this report.	
	Length of evaluation	Not detailed in this report.	
	Evaluation governance	Not stated - evaluation conducted by Consultant and the Director of Domestic Violence Prevention Centre (DVPC).	
	Purpose of evaluation	The purpose of the analysis was to: <ul style="list-style-type: none"> <li>• reflect on mechanisms ensuring for safety and accountability;</li> <li>• benchmark the GCDVIR against the Duluth vision;</li> <li>• benchmark the GCDVIR against contemporary models in Australia; and</li> <li>• identify gaps and opportunities for development (p. 2)</li> </ul>	
Evaluation Goals and Objectives		See above.	
Research questions		See above.	
Evaluation components	Outcomes	No outcome measures used in this evaluation.	
	Process	<ul style="list-style-type: none"> <li>• benchmarking the GCDVIR against the Duluth vision;</li> <li>• benchmarking the GCDVIR against contemporary models in Australia; and</li> <li>• identifying gaps and opportunities for development (p. 2)</li> </ul>	
	Economic	Not detailed in this report.	
	Other (please specify)	n/a	
Relevant legislative and policy context		<i>For our sons and daughters: A Queensland Government strategy to reduce domestic and family violence 2009-2014</i> (Queensland Government, 2009).	

(QLD) Evaluation 5		Notes
Methodology	Design	<ul style="list-style-type: none"> <li>• “Desktop analysis of existing arrangements;</li> <li>• Review of existing documentation;</li> <li>• Research on contemporary Australian models;</li> <li>• Limited observation/interviews with DVPC staff;</li> <li>• The review has also been informed by preliminary discussions with community and government workers participating in responses to domestic and family violence in Western Australia, South Australia, Victoria, New South Wales and Tasmania” (p. 2).</li> </ul>
	Sampling	Case study sites.
Study Limitations		Not detailed in this report.
Diverse population groups and/or geographical locations addressed?	Yes	No
Key findings	Process	“The fundamental strength of the GCDVIR is the extent to which the model works to maintain the integrity of a Duluth-based model of intervention, as discussed in section 2.2. Particular strengths include: the work done with women victims, the work done with perpetrators of DFV, high-risk case management, and locally driven innovations around information sharing” (p. 38).
	Outcomes	No outcome measures used in this evaluation.
	Integration	<p>“Other key innovations and strengths of the GCDVIR relate to the well-established relationships and coordination between partner agencies and the provision of direct interventions with abusers in order to deter violence and to build risk assessment/monitoring and tracking into the system.</p> <p>Specifically, GCDVIR has an agreed purpose and operates across the civil and criminal jurisdictions providing:</p> <ul style="list-style-type: none"> <li>• Multi-agency collaboration/communication</li> <li>• Training and enhanced DV awareness</li> <li>• Coordinated multi-agency responses to DVPC clients</li> <li>• Multi-agency case management for the mandated MDVEIP participants and their ex/partners.</li> </ul> <p>Multi-agency case management for the MDVEIP has resulted in high levels of coordination between DVPC, MDVEIP facilitators, QPS and QCS [i.e. Queensland Corrective Services] (Probation and Parole) which enhances the DVPC high-risk process and case management of high-risk matters generally. As previously noted, the most formalised and comprehensive case management work of the GCDVIR is undertaken within the MDVEIP, facilitated by the high degree of multi-agency communication, engagement with both the woman victim and the perpetrator, and the sophistication of the assessment and monitoring processes” (p. 40).</p>

(QLD) Evaluation 5	Notes
	<p data-bbox="551 244 748 268"><b>Strengths of model</b></p> <p data-bbox="835 244 2085 427">“In Australia, this degree of integration and collaboration with Probation and Parole appears to be unparalleled, incorporating co-facilitation of the MDVEIP program, joint ongoing risk assessment (including assessment of perpetrator dangerousness), and MOU/information sharing arrangements. The DVPC/QCS partnership affords a combination of expertise that multiplies the effectiveness of risk assessment and management within the program. In addition, collaboration with QPS in the ongoing development and implementation of the GCDVIR and MDVEIP has been critical to the success of the model and the management of high-risk matters.</p> <p data-bbox="835 443 2085 531">The role of the Women’s Advocate in its current form is also unique in its detailed approach to working with both the women partners or ex partners and the Probation and Parole Officers (PPO), gathering relevant information and developing safety planning to support the risk management of offenders. Innovations which complement these collaborations include:</p> <ul data-bbox="835 539 2085 659" style="list-style-type: none"> <li data-bbox="835 539 2085 627">• The introduction of a family violence duty lawyer service by the Gold Coast Legal Service (one day per week) at the local courts alongside the DFV Court Support, Information and Advocacy workers working from a Court Safe Room, who work five days a week.</li> <li data-bbox="835 635 2085 659">• The close working relationship with the local office of Legal Aid Qld” (p. 41).</li> </ul>
<b>Conclusions/recommendations</b>	<ul data-bbox="835 675 2107 1177" style="list-style-type: none"> <li data-bbox="835 675 2107 762">• “In line with developments in other Australian states, the GCDVIR could be strengthened by the development of a common/agreed risk framework, an agreed risk assessment tool, and significant training across the GCDVIR partners as part of the implementation process (p. 42).</li> <li data-bbox="835 770 2107 794">• Formalise and expand existing information sharing mechanisms” (p. 43).</li> <li data-bbox="835 802 2107 858">• “The existing high-risk list and MDVEIP methodology could be used to expand the GCDVIR’s function to include a formalised, multi-agency, high-risk management process similar to the models operating in some of the other states” (p. 45).</li> <li data-bbox="835 866 2107 954">• “Introduction of Domestic and Family Violence Response Teams. Triage could include intervention, follow-up or warm referral by one of the team members, and referral into the high-risk management process (MACM [i.e. Multi-Agency Case Management]) as required” (pp. 48-49).</li> <li data-bbox="835 962 2107 1018">• “Future development of partnerships could focus on improving the intersection between and competing priorities of the domestic violence, child protection, and family law systems” (p. 50).</li> <li data-bbox="835 1026 2107 1114">• “Current governance arrangement should be reviewed to take into account any expansion of the role of the GCDVIR, which could include, inter alia, a high-risk multi-agency management model, common risk assessment mechanisms, and expanded information sharing” (p. 55).</li> <li data-bbox="835 1121 2107 1177">• “Systematic Improvement: opportunities to grow the response across adjoining areas and/or continue to use the knowledge and experience gained over the last 18+ years to promote systems development across the state” (p. 57).</li> </ul>
<b>Findings useful for wider program development/practice?</b>	<p data-bbox="835 1185 2085 1283">This is not an evaluation per se - it is a “desktop analysis/review” and involves research on other integrated models in Australia and Duluth. As it only compares the program to the Duluth vision and other Australian models, it is not necessarily useful for wider practice.</p>

Program Summary			
(QLD) Evaluation 6		Notes	
Author/Year/Title		Australia. Department of Family and Community Services (2004). <i>'The Safe House Project' report: Sustainable service responses to family violence in remote Aboriginal and Torres Strait Islander Communities in North Queensland</i> . Canberra: Commonwealth Department of Family and Community Services, Queensland Department of Communities.	
Jurisdiction		QLD	
Name of evaluated program/strategy		The Safe House Project	
Inclusion rationale		Review of DFV service responses in remote Indigenous communities.	
Nature/type of program/strategy		Report of research project: "Sustainable Service Responses to Family Violence in Remote Aboriginal and Torres Strait Islander Communities in North Queensland" ("The Safe House Project").	
Brief description of program/strategy (content, aims, etc.)		"This joint Commonwealth/State program provides transitional supported accommodation and a range of related support services to help people who are homeless or at imminent risk of homelessness, including people escaping unsecure family and abuses." (Australian Indigenous HealthInfoNet, 2009). Not an evaluation of a program - review of service responses on remote Indigenous communities. Safe Houses: shelters.	
Collaborating agencies		<i>(All page references herein refer to the evaluation report).</i> The project involved 12 Supported Accommodation Assistance Program (SAAP) funded services across North Queensland. The services are located at Aurukun, Mornington Island, Kowanyama, Doomadgee, Pormpuraaw, Bamaga, Thursday Island, Lockhart River, Hopevale, Yarrabah and Palm Island. (p. 11)	
Lead agency		Department of Communities, Queensland.	
Definition of "integration" within program/strategy		Not explicitly detailed in this report, however: "Remote Indigenous services need to be part of service system improvements and good practice developments such as the Strategy. This needs to occur in ways that are relevant and appropriate for remote contexts. With these remote Indigenous communities planning needs to be done at a very local level because of their geographical isolation. However their connections with nearby towns and major centres also need to be explored and developed further. As part of this project, services were able to focus on integrated service system responses in their local area in a similar way to non-Indigenous domestic violence services in other parts of Queensland" (p. 31).	
Key program/strategy elements and practice approaches		Not detailed in this report. See "brief description of program/strategy" above.	
Services provided (e.g. DFV, SXA, both)		DFV	
Details of stakeholder alliances (formal MoU, shared principles, etc.)		Reference Group - representatives from all participating services, and shared service principles.	
Target group	Diverse population groups (please specify)	Indigenous women	
		Young people	No
		CALD women	No
		Not specified	n/a

(QLD) Evaluation 6		Notes
Geographical location	Metropolitan	No
	Remote	Yes - Northern Queensland includes regional, rural and remote communities.
	Rural	Yes - Northern Queensland includes regional, rural and remote communities.
	Not specified	n/a
<b>Evaluation Details</b>		
Key information	Funder	This report was funded by the Commonwealth Department of Family and Community Services through the National Homelessness Strategy and the Department of Communities.
	Length of evaluation	2003-04
	Evaluation governance	Department of Communities, and Project Reference Group.
	Purpose of evaluation	<p>“The project aimed to:</p> <ul style="list-style-type: none"> <li>• document the unique models of service delivery operating in remote communities;</li> <li>• explore the strengths and weaknesses of the existing service responses; and</li> <li>• make recommendations around developing sustainable service responses for the future” (p. 2).</li> </ul>
Evaluation Goals and Objectives		<p>See above. “The project was also to consider the following:</p> <ul style="list-style-type: none"> <li>• The community context each service operates within and its impact on the service model;</li> <li>• Viability issues for existing services and building sustainable services long term;</li> <li>• Building Design of ‘safe house’ properties;</li> <li>• Practical service delivery issues, such as the role of police and other agencies, cultural issues, industrial relations and training issues; and</li> <li>• Current and future trends and how services fit into that future” (p. 11).</li> </ul>
Research questions		No specific research questions detailed in this report. See above “Purpose of evaluation” and “Evaluation Goals and Objectives”.
Evaluation components	Outcomes	“Service usage data provided by the safe houses to the National Data Collection Agency (NDCA) was also considered. Given the limitations of a desktop process the findings are only intended as a starting point for further work in this area” (p. 26).
	Process	Included individual interviews and group interviews, group meetings and two workshops; survey distributed to all communities to gather a range of views (e.g. clients/potential clients, council, other agencies) around the key issues and benefits of the existing model of service delivery (p. 26); and analysis of service usage and financial data, looking at the role of services (pp. 26-27).
	Economic	“In examining financial information, a review of current viability issues for ‘safe house’ services was undertaken and some draft benchmarks were explored through a desktop process. The data draws on information from the most recent financial audits submitted to the Department of Communities by each ‘safe house’ service. A comparison of funding and staffing levels across both ‘safe houses’ and other accommodation responses for women and children escaping violence was also undertaken” (p. 26).
	Other (please specify)	n/a

(QLD) Evaluation 6		Notes
Relevant legislative and policy context		<i>The Domestic and Family Violence Protection Act 1989</i> (Qld); the Queensland Government's <i>Meeting challenges, making choices: the Queensland Government's response to the Cape York justice study</i> (Queensland, 2002) (pp. 14-15).
Methodology	Design	Action research methodology; included individual interviews and group interviews, group meetings and 2 workshops; survey distributed to all communities; and analysis of service usage and financial data (p. 25).
	Sampling	120 surveys distributed - 71 returned; only 8 of the 12 safe houses had data analysed (p. 26).
Study Limitations		"The project was successful to some degree in considering all the issues that were identified initially. However, as expected with an action research project, the communities and service providers involved and the changing environment on the ground also shaped the focus for the project" (p. 11).
Diverse population groups and/or geographical locations addressed?	Yes	No
Key findings		<p>The geographical locations in this report are extremely diverse despite the fact they are all located in North Queensland.</p> <p>Role of services:</p> <ul style="list-style-type: none"> <li>• "The role of providing a safe place for women and children has broadened to a service and/or organisation that deals with all the social welfare needs for women and children" (p. 44).</li> <li>• "Many services are struggling with their level of staffing and funding to operate this expanded model of service" (p. 45).</li> <li>• "Most services also have 'quiet times' where demand for their services is limited and staff are not fully occupied" (p. 45).</li> <li>• "Many services appear to offer very limited case management to clients" (p. 45).</li> <li>• "Case management needs to be offered in a way that is culturally appropriate to each community and guided by cultural protocols" (p. 45).</li> <li>• "Services need to increase community awareness of their services and they need to be engaged in activities during quiet periods that contribute to the effectiveness of their services during the busy times. These activities would include community awareness activities around family violence" (p. 45).</li> </ul> <p>Support for services:</p> <ul style="list-style-type: none"> <li>• "...service providers' needs around support and information for developing their organisations and their practice in the family violence area are not being met" (p. 49).</li> <li>• "The project officer was able to assist some CROs [i.e. Community Resource Officers] in addressing unmet needs of service providers and communities" (p. 49).</li> <li>• "The employment of a Training Officer was useful in developing resources, exploring training opportunities and liaising with training providers. This role appeared to be a gap in meeting the needs of services around training" (p. 49).</li> </ul> <p>Viability and Benchmarking</p> <ul style="list-style-type: none"> <li>• "Over-expenditure in the area of operating costs was a feature in most services for which audits were available" (p. 52).</li> <li>• "Over-expenditure in operating costs is being funded largely by savings in the salaries area" (p. 52).</li> <li>• "It is not possible from a desktop exercise to determine any common cause for the overspending" (p. 52).</li> <li>• "Few 'safe houses' meet the travel costs of women/families exiting the community (possibly as this is paid for through dvconnect, the statewide domestic violence phone line)" (p. 52).</li> <li>• "A significant number of services are not recording any expenditure associated with the provision of food to clients. If services were providing food, the very high cost of food in communities would be expected to be a major factor affecting their operating budgets" (p. 52).</li> </ul>

(QLD) Evaluation 6		Notes
		<ul style="list-style-type: none"> <li>• “While there are considerable benefits to the co-location of services, there are indications that costs for some programs may be being passed onto the safe house service” (p. 52-53).</li> <li>• “While information is limited, all safe houses appear to be funding workers in line with other SAAP services and relevant Awards” (p. 53).</li> </ul>
	<b>Outcomes</b>	<p>The project survey was distributed amongst “safe house” services, community members, Councils and other services. There were a significant number of respondents (37%) to the project survey that indicated that not all women requiring assistance were accessing the service. There were a number of factors contributing to this practice. The major contributing factors expressed by survey respondents being:</p> <ul style="list-style-type: none"> <li>• lack of confidentiality - “Issues of appropriate staffing. Confidentiality is an issue. Council wanted people to be identified by name”.</li> <li>• fear - women are scared and frightened; they fear reporting their defacto/husband to the police; they fear angry partners and the backlash from them and their family; they fear leaving their children.</li> <li>• service provision and practice - sometimes people are not contactable; culture of the service and their rules eg having to call police when they access the service; there is no privacy to access the shelter; “shelter is too small and women have too many kids and it becomes uncomfortable”.</li> <li>• clan problems – problems between clan groups, clan fighting, clan culture.</li> <li>• shame – women don’t want to be seen at the shelter as it might affect their jobs or lead to gossip in the community: “shame if you are a councillor or someone in a high position, don’t want to know what is going on in your household”.</li> <li>• broader community values – acceptance that domestic violence is the norm. (p. 47)</li> </ul> <p>The Elder Clan women involved in these “safe houses” are and have been the keepers of the cultural knowledge and power. They bring to the service the traditional cultural authority that demands respect from the men and has the power to influence the behaviour of the younger women using the service.</p> <p>There is a struggle to maintain cultural protocols and practices within : “safe house” services, especially when general service delivery practice requires that cultural protocols are broken. The research found that cultural protocols are broken and practices ignored in order to meet accountability requirements of government. (pp. 46-47)</p>
	<b>Integration</b>	<p>Service System Responses:</p> <ul style="list-style-type: none"> <li>• “All services were aware of the need to work with other agencies in the community and most of them were working together but with varying degrees of success.</li> <li>• Remote Indigenous services need to be part of broader service system improvements and good practice developments. This needs to occur in ways that are relevant and appropriate for remote contexts.</li> <li>• The role of the project officer through facilitating initial meetings with all key stakeholders in Yarrabah was critical to the development of a successful local service system approach to addressing family violence.</li> <li>• Relationships with non-Indigenous services external to the communities appeared to be very limited.</li> <li>• There are common elements in the field of work being undertaken by both ‘safe house’ services and the non-Indigenous domestic violence services and it is clear that both have a lot to offer each other.</li> <li>• While ‘safe house’ services use dvconnect, the statewide telephone service, they experience some problems due to lack of awareness of some dvconnect staff around the context within which ‘safe house’ services operate.</li> </ul>

(QLD) Evaluation 6		Notes
		<ul style="list-style-type: none"> <li>• ‘Safe house’ services benefit from opportunities to network with each other and with other service providers and government agencies” (pp. 2-3).</li> </ul>
	<b>Strengths of model</b>	<p>The “universal principles” identified by this research are:</p> <ul style="list-style-type: none"> <li>• “Elders are the keepers of cultural knowledge</li> <li>• Holistic service responses to heal individuals, families and communities</li> <li>• Local services must reflect local needs and use local resources</li> <li>• Each tribe or clan must have access to their safe house</li> <li>• Culturally based problem solving</li> <li>• Community solutions must come from community</li> <li>• Combine traditional and contemporary practice</li> <li>• Violent people must be held accountable for their behaviour</li> <li>• Social change must come from cultural activities</li> <li>• Form partnerships, work with others, whole of community</li> <li>• Social, cultural, physical and spiritual healing</li> <li>• Service providers highlighted the need for whole of community responses and particularly some response for men who perpetrate violence.</li> <li>• An alternative model of service delivery is the healing services recently funded by the Department of Communities. Healing services focus on three areas: practical assistance in a crisis; support to deal with the effects of violence or related problems; and support to recover spiritually and emotionally from the long-term effects of violence” (p. 55).</li> </ul>
<b>Conclusions/recommendations</b>		<p>Recommendations:</p> <ol style="list-style-type: none"> <li>1. “The Department of Communities should provide additional resourcing and support for ‘safe house’ services” (p. 57).</li> <li>2. “The development of a network for the remote Indigenous Family Violence services” (p. 58).</li> <li>3. “The Department of Communities should develop plain English resources for remote Indigenous services, in particular resources to support community awareness around family violence and improved management of organisations” (p. 58).</li> <li>4. “Training providers, particularly Integrated Skills Development and TAFE Queensland, should improve their provision of training to service providers in remote Queensland communities” (p. 58).</li> <li>5. “Government, at both State and Commonwealth levels, should investigate the potential of new models of service delivery that focus on holistic responses to family violence” (p. 58).</li> <li>6. “More detailed examination of financial viability issues should be undertaken by the Queensland Department of Communities with a view to establishing funding and service delivery benchmarks for ‘safe house’ services” (p.59).</li> <li>7. “The Queensland Department of Communities should clarify with ‘safe house’ services that there is no regulation around not accommodating boys or young men over 11 years of age” (p.59).</li> </ol>
<b>Findings useful for wider program development/practice?</b>		<p>The usefulness of this report is that it considers integrated services in the context of their usefulness and appropriateness for Indigenous communities. The level of collaboration with local elders and the lessons learnt from this would be useful to any service.</p>

Program Summary	
(QLD) Evaluation 7	Notes
<b>Evaluation 7</b>	Queensland. Department of Communities (2012). <i>Initiative review: Domestic and family violence safety upgrades</i> . Queensland: Department of Communities.
<b>Jurisdiction</b>	QLD
<b>Name of evaluated program/strategy</b>	<b>Safety Upgrades</b>
<b>Inclusion rationale</b>	Multi-agency strategy
<b>Nature/type of program/strategy</b>	Safety planning, risk assessments and safety upgrades.
<b>Brief description of program/strategy (content, aims, etc.)</b>	Women are assisted with developing and implementing personalised safety plans there are brokerage funds included. There is no expectation or requirement that women will have any form of civil law protection or exclusion orders in place although a rigorous risk assessment process is conducted prior to arranging safety upgrades to ensure this is a safe option.
<b>Collaborating agencies</b>	Local DV Services funded by Department of Communities, Child Safety and Disability Services (DCCS&DS) for safety upgrades all have integrated local responses.
<b>Lead agency</b>	Queensland Department of Communities, Child Safety and Disability Services. Located within a preventing homelessness context
<b>Definition of “integration” within program/strategy</b>	<i>(All page references herein refer to the evaluation report).</i> Not an explicit definition - “The service provider organisations funded to implement the trial were expected to work collaboratively with relevant network partners to enhance the integration of the domestic violence, housing and homelessness sectors at the trial locations” (p. 4).
<b>Key program/strategy elements and practice approaches</b>	Department of Communities, Child Safety and Disability Services funds seven local DV services to provide safety upgrades. Essentially it provides funding for some nested strategies within existing integrated DV responses. Components funded included: funds for safety upgrades and some repairs and brokerage funds directly related to the woman remaining and/or partner leaving. Assumed trial sites had risk assessment and safety planning in place to wrap around etc. Nested strategy within existing DV responses. Safety upgrades and brokerage funds.
<b>Services provided (e.g. DFV, SXA, both)</b>	DFV
<b>Details of stakeholder alliances (formal MoU, shared principles, etc.)</b>	MoU with Queensland Police.

(QLD) Evaluation 7		Notes	
Target group	Diverse population groups (please specify)	Indigenous women	It was reported that staff reported they were accessible to Aboriginal and Torres Strait Islander clients.
		Young people	n/a
		CALD women	It was reported staff reported they were accessible to CALD. One site (Gold Coast) employed a part-time CALD worker to specifically target women.
		Not specified	n/a
	Geographical location	Metropolitan	Yes - Gold Coast, and Sunshine Coast.
		Remote	No
		Rural	Yes, Townsville.
		Not specified	n/a
<b>Evaluation Details</b>			
Key information	Funder	Queensland Department of Communities, Child Safety and Disability Services.	
	Length of evaluation	Length not stated but published in 2012.	
	Evaluation governance	Not discussed in this report.	
	Purpose of evaluation	Review objectives: reporting on and reviewing progress of the trial initiative; identifying strengths and weaknesses of trial model; identify strengths and weaknesses of differing implementation of model at trial sites; identify potential areas for program development and opportunities for service improvements; and providing information to support decision-making regarding extension and/or expansion of trial.	
Evaluation Goals and Objectives		See above	
Research questions		Review objectives: reporting on and reviewing progress of the trial initiative; identifying strengths and weaknesses of trial model; identify strengths and weaknesses of differing implementation of model at trial sites; identify potential areas for program development and opportunities for service improvements; and providing information to support decision-making regarding extension and/or expansion of trial.	
Evaluation components	Outcomes	Yes - maintenance of tenure in their home of choice, however these are of limited value in assessing the merits of the Safety Upgrades trial program, given the degree to which services and expenditure diverge from the service model. Also discussed children's education and women's ability to maintain employment, but these are not quantified.	
	Process	No process measures, especially given the degree to which services and expenditure diverged from the service model.	
	Economic	Not evaluation, but discuss costs of safety upgrades.	
	Other (please specify)	n/a	

(QLD) Evaluation 7		Notes
<b>Relevant legislative and policy context</b>		Relevant policy context: <i>For our sons and daughters: A Queensland Government strategy to reduce domestic and family violence 2009-2014</i> (Queensland Government, 2009); and 2015 report by the Special Taskforce on Domestic and Family Violence in Queensland, <i>Not now, not ever: putting an end to domestic and family violence in Queensland</i> (Queensland. Special Taskforce on Domestic and Family Violence in Queensland, 2015). Safety Upgrades framed as homelessness prevention and perpetrator responsibility - as a result of his behaviour he is excluded from home. More consequence than responsibility. Relevant legislation: <i>Domestic Violence and Family Protection Act 2012</i> (Qld).
<b>Methodology</b>	<b>Design</b>	Program logic framework. Methods were: literature review, departmental records analysis, monthly telelinks with program staff, quarterly status report, client case studies prepared by sites, and interviews with stakeholders and workers.
	<b>Sampling</b>	Self-selected from case-study sites.
<b>Study Limitations</b>		Not discussed in this report.
<b>Diverse population groups and/or geographical locations addressed?</b>	<b>Yes</b> <b>No</b>	Diverse populations assessed; Townsville, Gold Coast and Sunshine Coast.
<b>Key findings</b>	<b>Process</b>	Interview participants had a consistent understanding of the aims and intentions of the initiative as enabling women and children to remain safer in their own homes. Many participants mentioned the benefits of preventing disruption to informal and formal support networks, children's schooling and employment. Some participants also mentioned sending a message to perpetrators that their actions were unacceptable to the community. Service workers were careful to qualify that they could not guarantee complete safety and to stress the importance of feeling safer.
	<b>Outcomes</b>	The Sunshine Coast case studies show that nine of the 10 selected clients were able to remain in their homes after participating in the trial. The exception was a client with a temporary protection order who was unsuccessful in obtaining a permanent order, due to inability to locate the respondent for service, and whose landlord was unwilling to extend her lease. Some clients were experiencing difficulty with managing the expense of remaining in their home without the respondent, but this was being managed by bringing in share household members and through tenancy support services.  On the Gold Coast, three of the 10 case study clients were able to remain in their home after security upgrades to their home. In an additional case, the client was supported to stay in their home through provision of brokerage funds for legal services. Case studies in the evaluation report's appendices provide further information about client outcomes from the various services provided. Stakeholders including the workers mentioned that women were able to retain social and other supports and children remain in schools and women in employment. This was not quantified.
	<b>Integration</b>	Having embedded strategies within an overall DV response was viewed positively.
	<b>Strengths of model</b>	All three sites report a high degree of positive client feedback regarding the service. The Townsville service conducted a client focus group and collected additional information through feedback forms. These showed that clients felt safer in their homes, were generally satisfied with the timeliness of upgrades, felt that the contractors carrying out the upgrades were respectful to them, and appreciated the follow-up they received from the Safety Upgrades worker. Other services reported that clients had commented that they felt listened to, their needs were addressed, and they were supported to achieve the safety plan goals that had been put in place, and to access the other services that they required.

(QLD) Evaluation 7	Notes
<b>Conclusions/recommendations</b>	Appropriate to have as nested/embedded strategy. Narrowing and clarity about how brokerage funds can be used as variation in what it was used for and amounts across sites. Importance of having domestic violence orders with ouster order - greater use of legislation being applied.
<b>Findings useful for wider program development/practice?</b>	Highlights some of the issues with “Safety Upgrades” in relation to private rental where upgrades may be completed and then lease is terminated. Contributes to the debates within “safe at home” approaches about whether they should be stand alone programs or embedded strategies.

## South Australia

Program Summary	
(SA) Evaluation 1	Notes
Author/Year/Title	Migliore, C., Ziersch, E., Marshall, J., & Aird, E. (2014a). <i>Intervention Orders and the Intervention Response Model: evaluation report 2 (process evaluation)</i> . Government of South Australia, Attorney-General's Department <a href="http://www.ocsar.sa.gov.au/docs/evaluation_reports/Intervention_Order_Evaluation_Report_2.pdf">http://www.ocsar.sa.gov.au/docs/evaluation_reports/Intervention_Order_Evaluation_Report_2.pdf</a>
Jurisdiction	SA
Name of evaluated program/strategy	Intervention Orders and Intervention Response Model (IRM)
Inclusion rationale	Incorporates a multi-agency approach. The IRM involves a coordinated response within a criminal justice framework, involving multiple government and NGO agencies. Comprises a perpetrator program, and a protected person's safety program, with a dedicated Safety Contact Officer to information share, risk assess, facilitate support referrals etc.
Nature/type of program/strategy	Victim support; perpetrator response.
Brief description of program/strategy (content, aims, etc.)	<p>(All page references herein refer to the evaluation report).</p> <p>“On 9 December 2011, the Intervention Orders (Prevention of Abuse) Act 2009 (the Act) commenced in South Australia, repealing existing laws restraining the use of domestic and personal violence. The new Act provides police and courts with the power to issue intervention orders to protect people from abuse. At the same time, the IRM provides support and assistance to protected persons through the Women's Safety Contact Program, and responds to IO [i.e. Intervention Order] defendants through the Domestic Violence Perpetrator Program (DVPP)” (p. 1).</p> <p>“The Intervention Response Model aims to:</p> <ul style="list-style-type: none"> <li>• Enhance the level of safety of victims of domestic violence and abuse through the development of ongoing risk assessment and management by relevant agencies</li> <li>• Develop more integrated and coordinated responses within a justice system framework</li> <li>• Ensure that defendant intervention and protected person support is timely and complementary</li> <li>• Provide appropriate interventions to perpetrators of domestic violence, based on the level of risk, that focuses on holding them accountable for their behaviour and their responsibility to stop using violence</li> <li>• Reduce future victimisation and the incidence of domestic violence related offences</li> <li>• Assist in enhancing court decision making</li> <li>• Ensure that there are appropriate standards of ongoing risk assessment of both the defendant and the protected persons</li> <li>• Enable a range of responses, including but not limited to, programs relating to behaviour change, substance abuse and mental health” (Migliore, Marshall, Millsted, Aird, &amp; Smith, 2014a, pp. 8-9).</li> </ul>
Collaborating agencies	Courts Administration Authority (CAA); Department for Correctional Services (DCS); Department for Communities and Social Inclusion (DCSI); Department for Education and Child Development (DECD); domestic violence (DV) agencies; Office for Women; Onkaparinga Collaborative Approach; South Australia Police (SAPOL).
Lead agency	Unclear

(SA) Evaluation 1		Notes	
Definition of “integration” within program/strategy		Information sharing and referrals, but no clear statement of definition.	
Key program/strategy elements and practice approaches		<p>“The DVPP program, Bringing Peace to Relationships, is based on Moral Reconciliation Therapy (MRT). Under the program, defendants are required to attend weekly group sessions and complete 24 learning modules” (p. 1).</p> <p>Women’s Safety Contact Program (WSCP) - “Contact between a Women’s Safety Contact Officer (WSCO) and a protected person/s will occur once the defendant has commenced the DVPP and will cease once the defendant has completed the program. WSCOs provide protected persons with various services that include:</p> <ul style="list-style-type: none"> <li>• Assistance collating financial and tenancy information</li> <li>• Assistance collating information to prepare for an application for an intervention order</li> <li>• Completing ongoing risk assessments</li> <li>• Referring protected persons to domestic and non-domestic abuse services where appropriate including the Family Safety Framework</li> <li>• Sharing information with DCS to protect the safety of women and their children.” (Migliore et al., 2014a, p. 9)</li> </ul>	
Services provided (e.g. DFV, SXA, both)		DFV	
Details of stakeholder alliances (formal MoU, shared principles, etc.)		Shared protocols	
Target group	Diverse population groups (please specify)	Indigenous women	Cultural barriers re Indigenous communities raised in evaluation (pp. 22, 37).
		Young people	Limitations of IRM strategies to support this group raised in evaluation (p. 52).
		CALD women	Cultural appropriateness raised in evaluation (p. 37).
		Not specified	Limitations of IRM strategies to support individuals with disabilities raised in evaluation (p. 52).
	Geographical location	Metropolitan	“The IRM was designed to provide services to protected persons and defendants in the metropolitan area where the abuse occurred in a heterosexual, domestic relationship and where the defendant is male” (p. 9).
		Remote	Mentioned in the context of rural and remote Aboriginal communities (pp. 20, 22, 24, 37).
		Rural	Mentioned in the context of rural and remote Aboriginal communities (pp. 20, 22, 24, 37).
		Not specified	
<b>Evaluation Details</b>			
Key information	Funder	Evaluation commissioned by SA Attorney-General’s Department.	
	Length of evaluation	April - November 2013 (some additional information received in 2014) (p. 1).	
	Evaluation governance	<p>Conducted by the Office of Crime Statistics and Research (OCSAR) for the SA Attorney-General’s Department. Cabinet approved evaluation as part of measures to support the new Act.</p> <p>Evaluation undertaken on behalf of Intervention Order Steering Committee (p. 1).</p> <p>“The scope and design of the evaluation was developed in consultation with representatives from agencies impacted by the Intervention Order legislation, and approved by the Intervention Order Steering Committee” (p. 9).</p>	

(SA) Evaluation 1		Notes
	<b>Purpose of evaluation</b>	“The purpose of the process evaluation is to determine the extent to which the Intervention Orders (Prevention of Abuse) Act 2009, has been implemented as intended through the issue of intervention orders and the operation of the IRM. The evaluation will also identify any strengths and limitations of the initiative, as well as deviations (if any) that have occurred and their impact on the operation of the initiative” (p. 6).
<b>Evaluation Goals and Objectives</b>		<p>“The aim of the evaluation during 2013 was to assess the implementation and operation of the Act in its second year of operation, with respect to:</p> <ul style="list-style-type: none"> <li>• the effect of the Act and the IRM on agencies supporting this initiative;</li> <li>• any changes or improvements that have been made to its operations since the first evaluation was undertaken; and</li> <li>• the experience of protected persons and defendants” (p. 1).</li> </ul>
<b>Research questions</b>		Not stated
<b>Evaluation components</b>	<b>Outcomes</b>	n/a
	<b>Process</b>	Semi-structured interviews with stakeholders.
	<b>Economic</b>	n/a
	<b>Other (please specify)</b>	
<b>Relevant legislative and policy context</b>		<i>Intervention Orders (Prevention of Abuse) Act 2009 (SA)</i>
<b>Methodology</b>	<b>Design</b>	<p>Qualitative approach using semi-structured interviews with a range of stakeholders (see “Sampling” for breakdown).</p> <p>“Individuals who were interviewed for the first evaluation report were re-contacted and invited to participate in a follow-up interview to discuss what changes, if any, have occurred in the last 12 months. Additional stakeholders not captured in the first evaluation were contacted by the evaluator and also invited to participate in an interview to share their insights and experience of the initiative” (p. 9).</p>
	<b>Sampling</b>	<p>Interviews were conducted with the following participants:</p> <ul style="list-style-type: none"> <li>• Protected persons (n = 12)</li> <li>• Defendants (n = 3)</li> <li>• Courts Administration Authority (n = 8) (also provided written response to evaluators)</li> <li>• Department for Correctional Services (n = 4)</li> <li>• Department for Communities and Social Inclusion (n = 9)</li> <li>• Department for Education and Child Development (n = 9)</li> <li>• Domestic Violence Services and Office for Women (n = 8)</li> <li>• Onkaparinga Collaborative Approach (n = 9) (p. 9).</li> </ul> <p>“Facilitators from DCS, Court Assessors and WSCOs again assisted the principal researcher to recruit protected persons and defendants” (p. 9), and the evaluator then followed up with each potential participant to offer further information about the study and confirm their participation.</p>

(SA) Evaluation 1		Notes	
Study Limitations			<p>“It is acknowledged that very few defendants and protected persons participated in the evaluation. During the second year of the initiative, the evaluator received 12 consent to contact forms from defendants who agreed to be contacted in relation to an interview. However, only three defendants actually participated in an interview (compared with 17 for the first evaluation report). This has limited the ability of the evaluation to adequately capture the experiences of men who were referred to and/or participated in the DVPP.</p> <p>Similarly, only 12 protected persons agreed to be interviewed, including three who had been interviewed for the first evaluation report. As a result, it is possible that their responses are not representative of the experiences of all protected persons” (p. 50).</p>
Diverse population groups and/or geographical locations addressed?	Yes	No	
	Process		<ul style="list-style-type: none"> <li>• CAA responsiveness evidenced by work undertaken to fulfil their administrative requirements; staff training for processing; focus on relationship building with other agencies (p. 15).</li> <li>• Main issues for CAA included “incomplete or inaccurate documentation by SAPOL, the inefficient and time-consuming process to report a DVPP breach to SAPOL, and the relatively insignificant consequence of a breach in the form of an expiation fee” (p. 15).</li> <li>• DCSI staff continue to have problems with the quality of information provided by police on Intervention Orders, though have improved their client database (p. 20).</li> <li>• “Legislative amendment may be required to address the conflict between the Intervention Orders (Prevention of Abuse) Act and the Act underpinning Housing SA’s operation (South Australian Housing Trust, 1995), in order to adequately support defendants and protected persons in tenancy matters. It was also suggested that the issues faced by clients in transient communities need to be further considered in the implementation of IOs and IRM” (p. 20).</li> <li>• Issues identified by DECD in first report continue – incomplete information on Intervention Orders remains a problem, involving “identifying the protected child and responding appropriately according to the level of risk” (p. 24).</li> <li>• While further resources may be needed, Correctional Services “respondents would like the assessment process to more adequately screen for mental health issues and significant language or literacy barriers, and measure participants’ readiness to change” (p. 32).</li> <li>• DVPP: “Delivery of the DVPP continues to be impacted by heavy staff workloads, concerns about the adequate assessment and monitoring of risk in the absence of a case management framework, and the restrictive nature of MRT, which limits the flexibility of facilitators to challenge defendants’ beliefs and attitudes around domestic violence. It is noted that future service delivery changes should provide an opportunity to review a number of these issues” (p. 32). DVPP also noted as having a high rate of non-completion (p. 51).</li> <li>• WSCP: “Newer concerns revolved around delays in referral of protected persons to the WSCP, insufficient assistance provided to others exposed to domestic abuse, unavailability of other intervention options for the defendants, and lack of understanding of the dynamics of domestic violence. WSCOs also identified that the IRM could be improved by the inclusion of support to children, youth and Aboriginal women. WSCOs suggested that there be more mandated intervention options available to Magistrates so the most appropriate referrals can be given to defendants” (p. 38).</li> <li>• Mixed responses from protected persons regarding IO application process and seeking police support, though the majority were positive about the WSCO (p. 47).</li> </ul>

(SA) Evaluation 1	Notes
<b>Key findings</b>	<ul style="list-style-type: none"> <li>Some defendants reported police were not understanding; mentoring/networks were developed beyond the DVPP to support men; male facilitators would be more helpful; DVPP focuses more on the precipitating DV incident than building self-monitoring skills (p. 48).</li> <li>Interviewees noted IOs may not be an appropriate response for Aboriginal clients – more cultural awareness and consultation required (p. 24).</li> </ul>
	<b>Outcomes</b>
	<b>Integration</b> DECD “Interviewees also raised concerns with the lack of general protocols to guide information sharing with other agencies and the special considerations that apply to working with regional clients” (p. 24). Onkaparinga: “Overall respondents found the IRM to be a more comprehensive and better integrated approach to responding to interpersonal violence than what was offered under the previous model” (p. 42). Onkaparinga: “The main criticism of the IRM was reported to be the inconsistency in the response provided to protected persons at all levels of its operation. This lack of consistency was most commonly observed in relation to the police response, with differences in their willingness to issue an order, the content of orders, and their response to a breach. In addition, the variations made to orders at the police prosecution stage, primarily to reduce the likelihood of a matter proceeding to trial, was seen to undermine the safety of children and place the burden back on women to be responsible for their family’s safety” (p. 42).
	<b>Strengths of model</b> Correctional Services noted “[T]here were a number of identified strengths of the [DVPP] program including its ability to reach a large number of defendants, and its task oriented approach, which participants have responded well to. Facilitators have noticed positive changes in the attitudes and language of a number of participants, and found the group sessions and rolling intake to be an effective method of delivery” (p. 32). DVPP strengths noted as: <ul style="list-style-type: none"> <li>“the ability to administer the program to a large number of defendants at one time;</li> <li>the rolling nature of the DVPP, which allows defendants to enter at any time, combined with the group setting, which exposes participants to the change process of others and which provides opportunities for mentoring and support;</li> <li>the set structure of the program, which reduces session planning time; and</li> <li>the task-oriented structure of the program, which keeps the defendant focused on understanding how his behaviour resulted in the issue of an interim intervention order” (p. 51).</li> </ul>
<b>Conclusions/recommendations</b>	Volume of IOs remains high. Operational issues identified include manual processes for data management; quality of identifying information on police issued interim orders and court issued intervention orders (p. 54). DVPP - issues with assessment, compliance and structure - should be considered for future service delivery. Strong interagency networks have developed, but information sharing remains a problem. Legislative changes may be required regarding Family Court Orders/Intervention Order inconsistencies; enable better management of tenancy order requirements by Housing SA; address issues concerning anomalies in penalties for non-attendance in the DVPP. Work needed to improve IOs and the IRM for particular groups, including young people and Aboriginal clients (p. 54). Despite issues noted, a strong commitment to the IRM remains (p. 54).
<b>Findings useful for wider program development/practice?</b>	Quite program specific

Program Summary	
(SA) Evaluation 2	Notes
Author/Year/Title	Migliore, C., Ziersch, E., Marshall, J. & Aird, E. (2014b). <i>Intervention Orders and the Intervention Response Model: evaluation report 3 (statistical overview and outcome evaluation)</i> . Government of South Australia, Attorney-General's Department. <a href="http://www.ocsar.sa.gov.au/docs/evaluation_reports/Intervention_Order_Evaluation_Report_3.pdf">http://www.ocsar.sa.gov.au/docs/evaluation_reports/Intervention_Order_Evaluation_Report_3.pdf</a>
Jurisdiction	SA
Name of evaluated program/strategy	Intervention Orders and the Intervention Response Model (IRM)
Inclusion rationale	The IRM model involves a coordinated responses within a criminal justice framework, involving multiple government and NGO agencies. Comprises a perpetrator program, and a protected person's safety program, with a dedicated Safety Contact Officer to information share, risk assess, facilitate support referrals etc.
Nature/type of program/strategy	Victim support; perpetrator response.
Brief description of program/strategy (content, aims, etc.)	<p><i>(All page references herein refer to the evaluation report).</i></p> <p>“On 9 December 2011, the Intervention Orders (Prevention of Abuse) Act 2009 (the Act) commenced in South Australia, repealing existing laws restraining the use of domestic and personal violence.</p> <p>The new Act provides police and courts with the power to issue intervention orders to protect people from abuse. At the same time, the IRM provides support and assistance to protected persons through the Women's Safety Contact Program, and responds to IO defendants through the Domestic Violence Perpetrator Program (DVPP)” (p. 1).</p> <p>“The Intervention Response Model aims to:</p> <ul style="list-style-type: none"> <li>• Enhance the level of safety of victims of domestic violence and abuse through the development of ongoing risk assessment and management by relevant agencies</li> <li>• Develop more integrated and coordinated responses within a justice system framework</li> <li>• Ensure that defendant intervention and protected person support is timely and complementary</li> <li>• Provide appropriate interventions to perpetrators of domestic violence, based on the level of risk, that focuses on holding them accountable for their behaviour and their responsibility to stop using violence</li> <li>• Reduce future victimisation and the incidence of domestic violence related offences</li> <li>• Assist in enhancing court decision making</li> <li>• Ensure that there are appropriate standards of ongoing risk assessment of both the defendant and the protected persons</li> <li>• Enable a range of responses, including but not limited to, programs relating to behaviour change, substance abuse and mental health” (Migliore, Marshall, Millsteed, Aird, &amp; Smith, 2014a, pp. 8-9).</li> </ul>
Collaborating agencies	Courts Administration Authority (CAA); Department for Correctional Services (DCS); Department for Communities and Social Inclusion; Department for Education and Child Development; domestic violence (DV) agencies; Office for Women; Onkaparinga Collaborative Approach; South Australia Police (SAPOL).
Lead agency	Unclear
Definition of “integration” within program/strategy	Information sharing and referrals, but no clear statement of definition.

(SA) Evaluation 2		Notes	
<b>Key program/strategy elements and practice approaches</b>		<p>“The DVPP program, Bringing Peace to Relationships, is based on Moral Reconciliation Therapy (MRT). Under the program, defendants are required to attend weekly group sessions and complete 24 learning modules” (p. 1).</p> <p>Women’s Safety Contact Program (WSCP) - “Contact between a Women’s Safety Contact Officer (WSCO) and a protected person/s will occur once the defendant has commenced the DVPP and will cease once the defendant has completed the program. WSCOs provide protected persons with various services that include:</p> <ul style="list-style-type: none"> <li>• Assistance collating financial and tenancy information</li> <li>• Assistance collating information to prepare for an application for an intervention order</li> <li>• Completing ongoing risk assessments</li> <li>• Referring protected persons to domestic and non-domestic abuse services where appropriate including the Family Safety Framework</li> <li>• Sharing information with DCS to protect the safety of women and their children.” (Migliore et al., 2014a, p. 9)</li> </ul>	
<b>Services provided (e.g. DFV, SXA, both)</b>		DFV	
<b>Details of stakeholder alliances (formal MoU, shared principles, etc.)</b>		Shared protocols	
<b>Target group</b>	<b>Diverse population groups (please specify)</b>	<b>Indigenous women</b>	<p>“The Indigenous status of the primary protected person was recorded for 4,169 of the 4,371 protected persons, based on the Standard Indigenous Question asked by police. Overall, 690 primary protected persons identified as Aboriginal (16.6%), eight identified as Torres Strait Islander and a further three identified as Aboriginal/Torres Strait Islander” (p. 28).</p> <p>“Self-reported cultural identify of defendants revealed that the majority of men participating in the program were Australian (311, 77.2%) and a further 27 defendants (6.7%) identified as Aboriginal or Torres Strait Islander” (p. 39).</p>
		<b>Young people</b>	<p>From police records on Intervention Orders: “...the defendants in the 5,413 records were predominantly male (4,898 or 90.5%) and aged between 25 to 44 years (61.3%). The youngest defendant was aged 12 and the oldest 87 years” (p. 27).</p> <p>“The age of the primary protected person was recorded on 4,280 incident reports, including 752 police reports and 251 DV reports. The age of the primary protected person ranged between less than 1 year and 78 years, with a mean age of 33.0” (p. 29). DVPP profile: “The average age of defendants was 34 years, and the majority of defendants were aged between 25 and 44 years of age (295, 73.8%). Only eight (2.0%) defendants were aged over 55 years of age, with the oldest being 64 years” (p. 38).</p>
		<b>CALD women</b>	<p>“Overall, information on language was available for 4,159 intervention orders. English was the major language spoken at home for almost all of the primary protected persons (89.4%), followed by Australian Indigenous (5.3%) and Vietnamese (0.5%). Other languages, including Arabic, Dari, Mandarin, Persian, Polish and Russian, made up 2.0% of orders” (p. 29).</p>
		<b>Not specified</b>	

(SA) Evaluation 2		Notes
	<b>Geographical location</b>	<b>Metropolitan</b>
		<b>Remote</b>
		<b>Rural</b>
		<b>Not specified</b>
<b>Evaluation Details</b>		
<b>Key information</b>	<b>Funder</b>	Evaluation commissioned by SA Attorney-General's Department.
	<b>Length of evaluation</b>	<p>“Data on the number of referrals to the Domestic Violence Perpetrator Program was extracted from the CAA's CARDS [i.e. Court Assessment and Referral Diversion Scheme] database from 9 December 2011 to 24 March 2014” (p. 34).</p> <p>Data was extracted from the OCSAR [i.e. Office of Crime Statistics and Research] police apprehension database up to 31 December 2013 (p. 49).</p> <p>Surveys collected from August 2013 to the end of April 2014 (p. 66).</p> <p>For further detail, see “Design” below.</p>
	<b>Evaluation governance</b>	Conducted by OCSAR for the SA Attorney-General's Department.
	<b>Purpose of evaluation</b>	“The purpose of the outcome evaluation is to assess the extent to which the initiative has achieved its aims and objectives, including reducing domestic violence and other forms of abuse, and enhancing the safety of protected persons” (p. 5).
<b>Evaluation Goals and Objectives</b>		Not stated ( see “Purpose of evaluation” above).
<b>Research questions</b>		Not stated.
<b>Evaluation components</b>	<b>Outcomes</b>	Data analysis, surveys and case studies.
	<b>Process</b>	n/a
	<b>Economic</b>	n/a
	<b>Other (please specify)</b>	
<b>Relevant legislative and policy context</b>		<i>Intervention Orders (Prevention of Abuse) Act 2009 (SA)</i>

(SA) Evaluation 2		Notes
Methodology	Design	<p>CAA provided the following data for analysis:</p> <ul style="list-style-type: none"> <li>• “Extract on the number, type and outcome of intervention order applications and intervention order breaches;</li> <li>• Extract (from the Court Assessment and Referral Diversion Scheme (CARDS) database) on the total number of assessments from 9 December 2011 to 24 March 2014, and outcomes of assessment and participation in the DVPP;</li> <li>• Manual attendance spreadsheets with additional information on assessments and reasons for non-referral to the program;</li> <li>• A random, de-identified sample of 51 clinical assessments from Courts Assessors detailing the reasons why defendants were not recommended for participation in the DVPP;</li> <li>• Information on 10 de-identified participants who completed the DVPP for case study analysis” (p. 13).</li> <li>• “SAPOL provided three datasets covering the period 9 December 2011 to 8 December 2013” (p. 26). This included: <ul style="list-style-type: none"> <li>• “Extract of police apprehension reports for defendants linked to an IO;</li> <li>• Police Incident and Domestic Violence Reports of protected persons. Data included the type of orders issued, demographic characteristics of defendants and protected persons, associated charges linked with intervention orders and any apprehensions for the contravention of an intervention order” (p. 13).</li> </ul> </li> </ul> <p>DCS provided:</p> <ul style="list-style-type: none"> <li>• “Survey data of consenting defendants participating in the DVPP to assess if any changes in attitudes or knowledge of abusive behaviour and thoughts improved since they participated in the program [baseline and follow-up];</li> <li>• Attendance data of defendants participating in the DVPP provided from DCS facilitators;</li> <li>• Group interviews with DVPP facilitators to discuss case studies of a random sample of 10 defendants who completed the DVPP;</li> <li>• Database extract of custodial records of defendants issued with an intervention order” (p. 14).</li> </ul> <p>OCSAR databases:</p> <ul style="list-style-type: none"> <li>• “Extract of Police Apprehension Data on offences recorded prior to and following the issuance of an intervention order;</li> <li>• Justice Data Warehouse extract on penalties for breaches of the Intervention Orders (Prevention of Abuse) Act finalised between 9 December 2011 and 8 December 2013” (p. 14).</li> </ul>
	Sampling	<p>DVPP participant survey conducted between August 2013 and April 2014 (n = 10) (p. 42).</p> <p>“The DCS identification numbers of 10 defendants who completed the DVPP were randomly selected and provided to the facilitators. The facilitators were then interviewed about each defendant” (p. 43).</p>
Study Limitations		<p>“There is no single database which records all the details listed on an intervention order (such as the defendant, all protected persons listed and the conditions of the order). Instead, demographic information was obtained from police apprehensions data (for the defendant) and police incident report data (for the protected person). These sources exclude persons who apply directly to court for an intervention order. Data were also not available for police incident reports not linked to an apprehension report, reducing the number of protected person records available for analysis” (p. 32).</p> <p>Small sample size of DVPP survey participants.</p> <p>“While the survey and case study analyses are suggestive of some improvements in the attitudes of DVPP participants, overall the assessment is very limited, due to a lack of valid data” (p. 48).</p>

(SA) Evaluation 2		Notes
		“It is stressed, however, that the results of the re-offending analysis are indicative only. The analysis only includes offending which comes to the attention of police, so it is likely to under-estimate the extent of abuse. In addition, without a matched control group, it is not possible to attribute the changes to intervention orders and/or the DVPP alone” (p. 65).
Diverse population groups and/or geographical locations addressed?	Yes No	
Key findings	Process	n/a
	Outcomes	<ul style="list-style-type: none"> <li>• “The majority of intervention order lodgements resulted in an interim or confirmed order being in place at the last recorded hearing for the matter (71.0% of police interim order lodgements and 78.1% of applications to court, 68.6% of Youth Court lodgements). Similarly, most applications to vary or revoke an intervention order were granted (68.8% and 62.7% respectively) and most Foreign Order registration requests were registered (70.3%)” (p. 24).</li> <li>• “around nine in 10 protected persons in the dataset in the first two years of operation (where information was available) involved a female (3,893 or 90.9%)” (p. 28).</li> <li>• “Overall, despite some limitations, the demographic profile of defendants and protected persons based on police data is consistent with expectations” (p. 32).</li> <li>• “The number of IO defendants referred for assessment since December 2012, was relatively low, given the high number of metropolitan domestic IOs that were issued in the same period (917 referrals from approximately 2,185 relevant issuances)” (p. 36).</li> <li>• “Overall, the majority of case study defendants showed some improvement, either in their knowledge about different types of domestic abuse, awareness of the factors that contributed to their behaviour, or ways of challenging their thoughts” (p. 47).</li> <li>• “Overall, there were 4,539 intervention order defendants included in the re-offending analysis. Of these, 3,888 defendants were issued with a domestic intervention order and 651 were issued with a non-domestic order. The profile of defendants was consistent with all intervention order lodgements, in that defendants were predominantly male and aged in their mid-30s” (p. 62).</li> <li>• “Within the domestic IO group of defendants, there was a statistically significant reduction in the total number of offences involving an intimate partner relationship post-IO. This suggests that an intervention order has a greater impact upon offences involving this specific type of relationship compared with the broader domestic relationship category” (p. 65).</li> <li>• “There were mixed results from the analysis of the pre and post-IO offending profiles of DVPP participants compared with male non-program domestic IO defendants (for offences against intimate partners only). While there were no statistically significant differences in the offending profiles of DVPP completers and non-completers, there was some evidence to suggest that DVPP completers had slightly better offending outcomes compared to male non-program domestic IO defendants” (p. 65).</li> <li>• “The CAA have also advised of new service arrangement for the DVPP commencing in the second half of 2014. Under the new delivery arrangements, an expanded range of more flexible program options to meet the needs of defendants who have literacy problems, language, cultural, work or other barriers or mental health issues, will be delivered by the Offenders Aid Rehabilitation Service” (p. 48).</li> </ul>
	Integration	N/A

(SA) Evaluation 2	Notes
<b>Strengths of model</b>	n/a
<b>Conclusions/recommendations</b>	<p>“To enable any future assessment of the impact of the DVPP on all participants, it is suggested that appropriate clinical tools (not currently required under MRT) be incorporated into the program” (p. 64).</p> <p>“With regard to protected persons, interviews conducted during the process evaluation found that the majority did not feel any safer. However, a small number of follow-up interviews suggests that feelings of safety improve over time” (p. 65).</p> <p>“[The re-offending analysis] results suggest that intervention orders are associated with a positive change in offending behaviour. Specifically, there was a substantial reduction in the number of intervention order defendants apprehended for at least one interpersonal abuse offence after the intervention order. There was also a statistically significant reduction in the number of offences against the person and property damage offences post intervention order, for both domestic and non-domestic orders defendants. Importantly, these reductions were greater than that recorded for all offences against the person offences between 2009 and 2013” (p. 65).</p>
<b>Findings useful for wider program development/practice?</b>	There is potentially some wider benefit here regarding relevant legislation and/or men’s behaviour change programs.

Program Summary	
(SA) Evaluation 3	Notes
Author/Year/Title	South Australia. Department of Communities and Social Inclusion (2013). <i>Evaluation of the South Australian Homelessness Reforms: final report</i> . <a href="http://www.dcsi.sa.gov.au/_data/assets/pdf_file/0019/14617/Evaluation-of-South-Australian-Homelessness-Reforms-Report-FINAL-OCTOBER-2013.pdf">http://www.dcsi.sa.gov.au/_data/assets/pdf_file/0019/14617/Evaluation-of-South-Australian-Homelessness-Reforms-Report-FINAL-OCTOBER-2013.pdf</a>
Jurisdiction	SA
Name of evaluated program/strategy	South Australian Homelessness Reforms
Inclusion rationale	Overarching assessment of homelessness reforms that include integrated support initiatives bringing together a network of service providers.
Nature/type of program/strategy	Housing support; homelessness reduction
Brief description of program/strategy (content, aims, etc.)	<p><i>(All page references herein refer to the evaluation report).</i></p> <p>“On 19th December 2008 the Government of South Australia signed the National Partnership Agreement on Homelessness (NPAH), a multilateral agreement between all Australian State and Territory Governments and the Commonwealth Government. The aim of this partnership is to facilitate significant reforms to reduce homelessness” (p. 4).</p> <p>“As part of the reform, three state-wide gateway services (the Homelessness Gateway, Youth Gateway and Domestic/Aboriginal Family Violence Gateway) were established to provide information, intake assessment and supported referrals to crisis accommodation and specialist and mainstream services” (p. 9).</p>
Collaborating agencies	Not stated - network of service providers - “75 services and programs, delivered through 97 service outlets across South Australia” (p. 9).
Lead agency	Department of Communities and Social Inclusion (DCSI)
Definition of “integration” within program/strategy	<p>“The South Australian reform included a commitment to build regional responses to homelessness, with the aim of building more connected, integrated and responsive services through:</p> <ul style="list-style-type: none"> <li>• regional consolidation and collaboration</li> <li>• networks and integration mechanisms</li> <li>• local action plans” (p. 22).</li> </ul> <p>“The sector provides a coordinated and connected service, through integrated data collection, sharing of information, referrals and coordinated case management and service provision” (p. 70).</p>

(SA) Evaluation 3		Notes
<b>Key program/strategy elements and practice approaches</b>		<p>“South Australia has also rolled out a number of new service initiatives, including:</p> <ul style="list-style-type: none"> <li>• Supportive housing programs: linking new housing outcomes to homelessness support services to provide a ‘housing first’ approach to those in greatest need, including people who experience chronic homelessness and have complex and multiple needs</li> <li>• Intensive supported accommodation services for at risk or homeless young people with high and complex needs</li> <li>• Intensive Tenancy Support programs: a homelessness early intervention program supporting tenants to avoid tenancy disruption and eviction from public, community and private rental accommodation</li> <li>• Assertive Outreach Initiatives: providing an assertive and intensive case management response to people sleeping rough</li> <li>• Domestic Violence: a specific domestic violence and Aboriginal family violence service sector, distinct from the broader homelessness service sector, was developed, accompanied by significant new investment in support services and accommodation for women experiencing domestic violence; and the establishment of Domestic Violence Safety Packages and the Statewide CALD Domestic Violence Service</li> <li>• Child Focused Support Service: a model operating at two levels - as a specific program to support services in their delivery of support to children, and specialised therapeutic and case management for 0-12 year olds</li> <li>• Services for Aboriginal and Torres Strait Islander people – increased number of services that specifically target Aboriginal people who are at risk of homelessness or homeless” (p. 9).</li> </ul> <p>“As a key element of its reform, South Australia ambitiously committed to develop its own client data system for specialist homelessness services: Homeless2Home (H2H). H2H is significantly more complex and sophisticated than the data system used in other jurisdictions.</p> <p>H2H is a web-based case management and data collection system which was designed to:</p> <ul style="list-style-type: none"> <li>• ensure clients entering the homelessness, domestic or Aboriginal family violence services only need to tell their story once and receive an appropriate integrated response across the sector</li> <li>• support the delivery of NAHA [i.e. National Affordable Housing Agreement] Case Management</li> <li>• collect key performance and outcome data to meet South Australia’s requirements under the new Specialist Homelessness Services Collection and to monitor South Australia’s performance in reaching the targets stipulated under the NPAH” (p. 16).</li> </ul>
<b>Services provided (e.g. DFV, SXA, both)</b>		DFV
<b>Details of stakeholder alliances (formal MoU, shared principles, etc.)</b>		Not stated
<b>Target group</b>	<b>Diverse population groups (please specify)</b>	<p><b>Indigenous women</b></p> <p>In the one year study period, of the 21,003 clients who received homelessness support, 26% identified as Aboriginal or Torres Strait Islander (p. 9).</p> <p>“The percentage of Aboriginal people using homelessness services in SA has increased from 22.0% in 2009-11 and 22.8% in 2010-11 to 25.9% in the study period, well above the target of 20%” (p. 23).</p> <p>“The proportion who were housed at closure of their case management was 92% for those housed at risk at entry, 87% for those in short term or emergency accommodation at entry and 73% for those sleeping rough at entry. These results are slightly lower than for non-Indigenous clients (95% of those housed at risk, 91% in short term or emergency accommodation and 82% of rough sleepers)” (p. 48).</p> <p><b>Young people</b></p>

(SA) Evaluation 3		Notes	
		<b>CALD women</b>	<p>“Some 8% of clients in the one year study period were identified as having a CALD background” (p. 25).</p> <p>“CALD clients were less likely to have received case management: 43% of CALD clients had received case management during the study period compared to 52% of other clients (H2H data).</p> <p>CALD clients were more likely to have been provided assistance for domestic violence than other clients (23% to 17%) and were more likely to present with domestic and family violence as their main issue (40% to 30%)” (p. 25).</p> <p>“Responses from workers did not indicate a high use of specialist CALD services (such as the Migrant Resource Centre, Migrant Health Service, or the state-wide CALD service), with only about a quarter of respondents indicating use” (p. 26).</p>
		<b>Not specified</b>	
	<b>Geographical location</b>	<b>Metropolitan</b>	
		<b>Remote</b>	
		<b>Rural</b>	
		<b>Not specified</b>	Statewide
Evaluation Details			
<b>Key information</b>	<b>Funder</b>	Unclear - presume to be DCSI.	
	<b>Length of evaluation</b>	Data collection span from October 2011 to June 2013.	
	<b>Evaluation governance</b>	<p>Evaluation led and managed by the Research Unit, DCSI (p. 4).</p> <p>The evaluation was divided into three streams (strategic themes in the Reforms, thereby key priority focus area for the evaluation), with consultants appointed to lead work on these streams as follows:</p> <p><u>Stream: Achieving Sustainable Housing Outcomes, and Reducing Aboriginal Homelessness</u></p> <ul style="list-style-type: none"> <li>The Centre for Housing, Urban and Regional Planning (CHURP), University of Adelaide.</li> </ul> <p><u>Stream: Services to Children</u></p> <ul style="list-style-type: none"> <li>Australian Centre for Child Protection (ACCP), University of South Australia.</li> </ul> <p><u>Stream: Regionalisation</u></p> <ul style="list-style-type: none"> <li>School of Social Work and Social Policy, University of South Australia (p. 5).</li> </ul> <p>“The evaluation adopted a ‘collect once, use often’ approach to data collection. Under this approach, the Research Unit, DCSI, had responsibility for most of the data collection strategies (with input from consultants as to survey questions and design), with results provided to the consultants as researchable data sets to inform their analysis. The consultants from CHURP and ACCP provided interim reports to DCSI in late 2012; the ACCP and School of Social Work and Social Policy provided final reports in mid 2013” (p. 5).</p>	
	<b>Purpose of evaluation</b>	Not stated - evaluation of NPAH Agreement outcomes is noted as a requirement of the NPAH (p. 4).	

(SA) Evaluation 3		Notes
Evaluation Goals and Objectives		An evaluation framework was developed - see outcome schedule below. This framework guided assessment of the reforms and underpinned the evaluation.
Research questions		Mentioned as being part of the Evaluation Framework, but not stated in report (p. 4).
Evaluation components	Outcomes	<p>Data analysis; surveys</p> <p>Immediate Outcomes:</p> <ol style="list-style-type: none"> <li>1. “People receive services and supports which meet their immediate needs, address factors which precipitated their housing crisis, and build their capacity to achieve sustainable housing outcomes</li> <li>2. Fewer people become homeless <ol style="list-style-type: none"> <li>a. Fewer people are evicted from social and private rental</li> <li>b. People at risk of homelessness access accommodation</li> <li>c. Family breakdown is prevented</li> <li>d. Fewer families become homeless</li> <li>e. More women and children are able to stay in the family home and be safe</li> <li>f. More at risk people exiting care and custodial settings go into safe and appropriate housing</li> </ol> </li> <li>3. Homeless people are re-housed in housing that meets their needs, including: <ol style="list-style-type: none"> <li>a. Fewer people sleep rough</li> <li>b. People in chronic homelessness are supported and housed into sustainable accommodation</li> <li>c. People are homeless for shorter periods</li> <li>d. Housing First approach prioritises rapid re-housing</li> </ol> </li> <li>4. Children experiencing homelessness/family violence are kept safe and receive services which meet their needs.</li> <li>5. There are improvements in parent-child relationships and parenting capacity” (p. 36).</li> </ol> <p>Intermediate Outcomes:</p> <p>“The Evaluation Logic identifies two over-arching (intermediate) outcomes which are sought from the reform, namely:</p> <ol style="list-style-type: none"> <li>1. People achieve sustainable housing outcomes</li> <li>2. Aboriginal homelessness is reduced” (p. 53).</li> </ol>

(SA) Evaluation 3		Notes
	<b>Process</b>	<p>Interviews; Focus Groups; surveys; case studies</p> <p>“The outputs should ensure the overarching objective that ‘infrastructure and services are in place that will support and enable sustainable housing outcomes, reduce Aboriginal homelessness and build sector capacity’. The following process outcomes have been developed to assess progress in this area:</p> <ol style="list-style-type: none"> <li>1. Across South Australia, services are available to people who are homeless or at risk</li> <li>2. Core service elements are implemented and working well</li> <li>3. The workforce has the capacity to deliver the required services</li> <li>4. Case management is implemented and working well</li> <li>5. Homeless2HOME (H2H) is implemented and working well</li> <li>6. Supported Housing Packages are implemented and working well</li> <li>7. Effective coordination processes are in place across the sector and between homelessness and mainstream agencies</li> <li>8. The sector provides culturally appropriate services to Aboriginal and Torres Strait Islander people</li> <li>9. The sector provides culturally appropriate services to people from culturally and linguistically diverse (CALD) backgrounds, especially women escaping domestic violence</li> <li>10. The sector has a shared understanding of what is meant by services to children</li> <li>11. There is a cultural shift across the sector to address the needs of clients as parents, and children as clients</li> <li>12. There is an increase in the capacity of the sector to identify and respond to the needs of children</li> <li>13. There is an increase in service levels to children” (p. 8).</li> </ol>
	<b>Economic</b>	
	<b>Other (please specify)</b>	
<b>Relevant legislative and policy context</b>		National Partnership Agreement on Homelessness (NPAH).
<b>Methodology</b>	<b>Design</b>	<p>The mid-term report was based on several sets of data, namely:</p> <ol style="list-style-type: none"> <li>1. Administrative data collection (n = 21,003). Data on clients recorded by organisations providing homelessness services during a one year period (1 October 2011 to 30 September 2012) were analysed (p. 5).</li> <li>2. Surveys completed by clients (n = 687). Collected at three points (November 2011, May 2012 and November 2012), and targeted clients who had received a case-management service (p. 5).</li> <li>3. Two on-line surveys (n = 385). Conducted with team leaders and workers across the homelessness sector in November - ebruary 2011 and 2012 (p. 5).</li> </ol> <p>For the final report, additional data were drawn from:</p> <ol style="list-style-type: none"> <li>1. “Key Performance Indicators (KPIs) developed by Homelessness Strategy, Housing SA, based on 19,789 clients using homelessness services during a 9 month period from July 2012 to March 2013” (p. 6).</li> <li>2. Client Interviews (n = 82). In-depth client interviews conducted between November 2012 and March 2013.</li> <li>3. Case Studies (n = 10). Ten different homelessness services submitted “a written case study describing the work and support undertaken with a client and their housing outcomes” (p. 6).</li> </ol>

(SA) Evaluation 3		Notes
		<p>4. On-line survey “relating to the Homelessness Supportive Housing Program (HSHP), conducted in April 2013, including:</p> <ul style="list-style-type: none"> <li>• Preferred Service Providers (PSPs): team leaders and staff from Specialist Homelessness Services providing case management support to clients in the HSHP program</li> <li>• Preferred Growth Providers (PGPs): team leaders and staff from Community Housing Associations providing properties and tenancy management for the HSHP program</li> <li>• Housing SA Team leaders and Housing Officers providing property and tenancy management as part of the HSHP program” (p. 6).</li> </ul> <p>5. “Domestic Violence Services Focus Group including team leaders from services, exploring service provision to women from Culturally and Linguistically Diverse (CALD) backgrounds experiencing and/or escaping domestic violence was conducted (June 2013)” (p. 6).</p> <p>6. “Consultation with staff from Homelessness Strategy, Housing SA, DCSI in May 2013” (p. 6).</p>
	<b>Sampling</b>	See above.
<b>Study Limitations</b>		<p>“This report also highlights the challenges of assessing impact and outcomes in relation to homelessness, with limited information available. This is for a number of related reasons.</p> <p>Firstly, the specialist homelessness sector provides a short-term service which brings benefit to many; however, there is no data available which measures the sustainability of outcomes over the long-term: tracking people once they exit from services is not viable or possible; and all that can be reported is, therefore, immediate impact. Assessing long-term impact would require a major research investment.</p> <p>Secondly, the enumeration of homelessness occurs five-yearly through the ABS [i.e. Australian Bureau of Statistics] Census of Population and Housing and there is no intermediate data by which we can monitor changes in overall homelessness trends” (p. 59).</p>
<b>Diverse population groups and/or geographical locations addressed?</b>	<b>Yes</b> <b>No</b>	
	<b>Process</b>	<p>“The complexity and implementation of H2H presented a number of challenges requiring ongoing development and review” (p. 16).</p> <p>“It appears that the state-wide CALD DV service is not well-known or used and strategies are needed to address this situation” (p. 27).</p> <p>“Some evidence that the South Australian homelessness service sector is increasing the focus on assessing and responding to children’s needs in a range of concrete and creative ways. A variety of programs and supports, including specialist workers, are evident across the sector” (p. 34).</p>
	<b>Outcomes</b>	<p>“The...evidence suggests that generally people are re-housed in housing that meets their needs. In general, clients reported positive outcomes in terms of appropriate and safe housing” (p. 47).</p> <p>“The...evidence suggests that the number of people sleeping rough in South Australia and the Adelaide inner city area has declined since 2006. The Counts suggest that the number sleeping rough in the inner city of Adelaide has remained steady in 2012 and 2013” (p. 51).</p> <p>“There are encouraging indications of positive impacts and intermediate outcomes for people who received homelessness services. This can be expected to translate into longer term outcomes” (p. 56).</p>

(SA) Evaluation 3		Notes
		<p>“Despite limited data, client interviews included women and children who had escaped situations of domestic and family violence. Most women reported they were currently living in a safe environment and very few were concerned for their own and their children’s safety, in terms of being found by the perpetrator” (p. 56).</p>
	<b>Integration</b>	<p>“Results reported in this section indicate that case management has been implemented across the sector, and that there have been improvements in its quality and effectiveness. There are, however, challenges in the delivery of specific elements of case management. These require attention. Further professional staff development and support in this area could be considered” (p. 15).</p> <p>The process involved with the Homelessness Supportive Housing Program “is generally viewed positively and appears to enhance the development of collaborative relationships amongst program stakeholders” (p. 21).</p> <p>Regarding inter-agency relationships and coordination, “on-going attention is required to continue the momentum, especially in an environment where agencies generally are focused on ‘core business’ and resources are limited” (p. 23).</p> <p>“The above evidence suggests that there is a general agreement across the sector as to its role in providing services to children. However, there are still many services that rarely, if ever, see children. A shared sector-wide understanding of ‘services to children’ is expected to develop over time” (p. 28).</p>
	<b>Strengths of model</b>	<p>“South Australia has undertaken an extensive redevelopment of specialist homelessness and domestic/family violence services, including the introduction of a number of new services and service elements. The targets for client assistance have been exceeded and clients are provided with a range of supports. Together, these provide a strong foundation” (p. 10).</p>
<b>Conclusions/recommendations</b>		<p>Homelessness Supportive Housing Program: “Areas for further attention and development include:</p> <ul style="list-style-type: none"> <li>• Working relationships and communication between tenancy officers and case managers</li> <li>• Assertive case management and client engagement</li> <li>• Links to specialist support for complex client issues (such as mental health) to build upon the ‘generalist’ support provided by case managers</li> <li>• Sustainable housing options at exit” (p. 21).</li> </ul> <p>“The Regionalisation Evaluation has drawn attention to particular challenges and issues in implementation, including the need for processes and approaches which are collaborative, based on partnership principles and approaches, and flexible in light of local conditions and circumstances” (p. 23).</p> <p>“Based on these assessments, South Australia has made significant gains and has strong foundations on which to achieve impact in regards to homelessness. However, there are also many areas in which, whilst positive gains have been made, challenges are still clear and further work should be done” (p. 59).</p>
<b>Findings useful for wider program development/practice?</b>		Yes

Program Summary	
(SA) Evaluation 4	Notes
Author/Year/Title	Marshall, J., Ziersch, E., & Hudson, N. (2008) <i>Family Safety Framework. Final evaluation report</i> . Government of South Australia. Department of Justice.
Jurisdiction	SA
Name of evaluated program/strategy	Family Safety Framework (FSF)
Inclusion rationale	Multiple agencies
Nature/type of program/strategy	Risk assessment, safety planning and referral services.
Brief description of program/strategy (content, aims, etc.)	<p><i>(All page references herein refer to the evaluation report).</i></p> <p>An integrated and coordinated response to domestic and family violence (DFV), under the Women's Safety Strategy and Keeping them Safe - Child Protection Agenda, which aims to enhance the safety of victims, reduce victimisation and hold offenders accountable for their violence.</p> <p>Focuses on the safety of women and children and the accountability of offenders (p. i). A key element of the FSF is the multiagency Family Safety Meeting (FSM) that assesses cases of DFV as high risk using a common risk assessment tool. The "purpose of the meeting is to share information under the auspice of a specially developed Information Sharing Protocol and to implement a Positive Action Plan for each referral" (p. i).</p>
Collaborating agencies	South Australian Police; Department for Families and Communities (DFC); Department of Health; Department of Correctional Services; Department of Education and Children's Services; non-government women's domestic violence services
Lead agency	Office of Crime Statistics and Research, South Australian Attorney General's Department and Office for Women
Definition of "integration" within program/strategy	<p>"The clarification and common understanding of information sharing processes under the Information Sharing Protocol, which enabled agencies to provide/receive a much broader range of information essential to the development of appropriate responses" (p. iv). Agency accountability; consistent risk assessment - these factors are identified as strengths of the model (pp. iv-v).</p> <p>"The FSF involves an agreement across Departments and Agencies for a consistent understanding and approach to Domestic and Family Violence that has a focus on women's and children's safety and the accountability of offenders" (p. 1).</p>
Key program/strategy elements and practice approaches	The evaluation found that the major strengths of the FSM program related to: developing a common understanding of information sharing processes; an integrated response to domestic violence involving all agencies "at the table"; having a consistent risk assessment tool; and ensuring the accountability of agencies to respond. As an outcome of the FSF, a wide range of agencies meet to discuss women's safety which builds service networks to benefit clients and thus, responses to DV are more coordinated with improved understanding of different agency responsibilities and raising awareness of DV (p. v). A significant barrier was the resourcing of the initiative, such as additional administrative support to organise and document FSMs for SAPOL as the coordinating agency and for some agencies, the lack of funding for high level representatives to attend meetings (p. v).
Services provided (e.g. DFV, SXA, both)	DFV
Details of stakeholder alliances (formal MOU, shared principles, etc.)	Formal agreement

(SA) Evaluation 4		Notes	
Target group	Diverse population groups (please specify)	Indigenous women	A total of seven referrals (out of 67) involved an Aboriginal person were made to the FSMs between August 2007 and September 2008 (including two where only the perpetrator was Aboriginal). Two women and two perpetrators (four separate referrals) were Aboriginal at Holden Hill and two at Noarlunga and one at Port Augusta. "Aboriginal Cultural Consultants were made available to each of the three trial sites, to provide advice on the best way to implement agreed actions in a sensitive manner for Aboriginal referrals" (p.6).
		Young people	No
		CALD women	Four referrals were from a CALD background (Jordon and Romania at Holden Hill and Thailand and Africa at Noarlunga). "It was reported by DV services involved with the Holden Hill referrals that these women were particularly apprehensive regarding cooperation with SAPOL" (p.11). These numbers are not large enough to comment on.
		Not specified	n/a
	Geographical location	Metropolitan	Two metro sites: Holden Hill Local Service area; and the South Coast Local Service area (predominantly Noarlunga).
		Remote	No
		Rural	One rural site: Far North Local Service Area (Port Augusta) in January 2008 (p. i).
		Not specified	No
<b>Evaluation Details</b>			
Key information	Funder	Funded by SA Government.	
	Length of evaluation	1 year, August 2007 - September 2008.	
	Evaluation governance	Governance by SA Government.	
	Purpose of evaluation	See below.	
Evaluation Goals and Objectives		<p>The stated aims of the evaluation were:</p> <ul style="list-style-type: none"> <li>• "determine the extent to which the FSF was implemented and operated as intended</li> <li>• identify the strengths and weaknesses of the model in relation to providing better responses to women, children and young people</li> <li>• assess the extent to which the FSF is achieving its goal and intended outcomes; including whether the FSF makes a difference to the safety of women and children in high risk domestic violence situations;</li> <li>• identify any issues that need to be addressed if an eventual state-wide rollout of the FSF is to be considered" (p. ii).</li> </ul>	
Research questions		See above.	
Evaluation components	Outcomes	Yes - Risk and safety outcomes, such as assessment of cases, re-referral and re-victimisation.	
	Process	Yes - FSM demographics, actions and referral statistics, feedback from victims and service representatives.	
	Economic	Not detailed in this report.	
	Other (please specify)	n/a	
Relevant legislative and policy context			

(SA) Evaluation 4		Notes
Methodology	Design	The evaluation examined the outcomes of 45 FSMs involving 67 referrals, and gathered the perspectives of 50 stakeholders in metropolitan sites and Port Augusta and five victims involved in FSMs through interviews. The five victims interviewed reported that under the FSF there were no further incidents of DV and the support and responses to DV were improved because of restraining orders, being able to access safe shelter accommodation, being provided with a duress alarm and knowing their case is highlighted and will be responded to immediately (p. iv). The 50 “stakeholders were generally satisfied with the implementation and operation of the Family Safety Framework, with 47 of 50 respondents supporting the continuation and roll out of the Initiative” (p. iv).
	Sampling	See above. Sample was taken from the case study sites.
Study Limitations		All areas pertinent to this particular evaluation were touched on in the report.
Diverse population groups and/or geographical locations addressed?	Yes	No
Key findings	Process	The evaluation found that the major strengths of the FSM program related to: developing a common understanding of information sharing processes; an integrated response to domestic violence involving all agencies “at the table”; having a consistent risk assessment tool; and ensuring the accountability of agencies to respond. As an outcome of the FSF, a wide range of agencies meet to discuss women’s safety which builds service networks to benefit clients and thus, responses to DV are more coordinated with improved understanding of different agency responsibilities and raising awareness of DV (p. v). A significant barrier was the resourcing of the initiative, such as additional administrative support to organise and document FSMs for SAPOL as the coordinating agency and for some agencies, the lack of funding for high level representatives to attend meetings (p. v).
	Outcomes	The evaluation found that actions plans were developed in FSMs and participation included a wide range of government and non-government agencies; that the FSF enhanced victim safety and reduced re-victimisation, through “the coordination of alternative accommodation, the development of safety plans, the provision of security devices, and the provision of information regarding perpetrator movements” (pp. 48-49). However, FSM actions did not improve responses to men who use violence and “were generally not aimed at increasing perpetrator accountability. This was due in part to difficulties in locating perpetrators, but was also linked to constraints within existing systems such as a lack of a legislative base to enforce accountability and attendance at programs, coupled with a lack of programs to deal with men who use violence” (p. 48). Therefore, the aim to enhance the safety of victims and reduce victimisation for the purposes of this meta-evaluation was addressed – but it was found that the aim to hold offenders accountable for their violence (Marshall et al., 2008) was not. Since this evaluation, the <i>Intervention Orders (Prevention of Abuse) Act 2009</i> (SA) was also implemented in South Australia and evaluated. The aims of the evaluation were appropriate and realistic.
	Integration	Not detailed in this report.
	Strengths of model	The major strengths of the model were identified as: <ul style="list-style-type: none"> <li>• “The clarification and common understanding of information sharing processes under the Information Sharing Protocol, which enabled agencies to provide/receive a much broader range of information essential to the development of appropriate responses.</li> <li>• The shift to an integrated response to domestic violence, where all agencies are ‘at the table’ compared with the previous fragmented ‘silo’ approach.</li> <li>• Having a consistent risk assessment tool, which represents an agreement/common understanding of high risk factors for domestic/family violence and which subsequently forms the basis of consistent responses by different agencies.</li> <li>• Enhancing the accountability of agencies to respond to domestic violence through the development, monitoring and documentation of Action Plans as part of the FSM process” (p. 47).</li> </ul>

(SA) Evaluation 4	Notes
<b>Conclusions/recommendations</b>	<p>The intended outcomes of FSF were: “To provide coordinated, appropriate and consistent responses aimed at enhancing victim safety, reducing re-victimisation and increasing perpetrator accountability” (p. 48). The evaluation found that actions plans were developed in FSMs and participation included a wide range of government and non-government agencies; that the FSF enhanced victim safety and reduced re-victimisation by “the coordination of alternative accommodation, the development of safety plans, the provision of security devices, and the provision of information regarding perpetrator movements” (pp. 48-49). However, FSF actions did not improve legislation and services responses to men who use violence. The recommendation of this evaluation was that the FSF be continued and expanded across South Australia. Since this evaluation, the <i>Intervention Orders (Prevention of Abuse) Act 2009</i> (SA) was implemented in South Australia. The Marshall et al. (2008) evaluation found that the major strengths of the FSM program related to developing a common understanding of information sharing processes, an integrated response to domestic violence involving all agencies “at the table”; having a consistent risk assessment tool and ensuring the accountability of agencies to respond.</p> <p>As an outcome of the FSF a wide range of agencies meet to discuss women’s safety which builds service networks to benefit clients and thus, responses to DV are more coordinated with improved understanding of different agency responsibilities and raising awareness of DV (Marshall et al., 2008, p. v). A significant barrier was the resourcing of the initiative, such as additional administrative support to organise and document FSMs for SAPOL as the coordinating agency and for some agencies, the lack of funding for high level representatives to attend meetings (Marshall et al., 2008, p. v). The recommendation of this evaluation was that the FSF be continued and expanded across South Australia. The conclusions were supported by data analysis.</p>
<b>Findings useful for wider program development/practice?</b>	The Marshall et al. (2008) FSF evaluation focused primarily on the safety of women (and children) through integrated responses to domestic and family violence (Marshall et al., 2008).

## Tasmania

Program Summary	
(TAS) Evaluation 1	Notes
Author/Year/Title	Kaspiew, R., et al. (2012). <i>Evaluation of a pilot of legally assisted and supported family dispute resolution in family violence cases: final report</i> . Canberra: Attorney-General's Department, 2012.: xii, 153 p. <a href="http://www.ag.gov.au/Publications/Documents/ArchivedFamilyLawPublications/CFDR%20Evaluation%20Final%20Report%20December%202012.PDF">http://www.ag.gov.au/Publications/Documents/ArchivedFamilyLawPublications/CFDR%20Evaluation%20Final%20Report%20December%202012.PDF</a>
Jurisdiction	WA, QLD, NSW, TAS
Name of evaluated program/strategy	Coordinated Family Dispute Resolution (CFDR) Pilot Program
Inclusion rationale	Multi-agency, multi-disciplinary approach.
Nature/type of program/strategy	<i>(All page references herein refer to the evaluation report).</i> “The CFDR process implemented in the pilot is at the cutting edge of family law practice for a number of reasons. It involves the conscious application of mediation where there has been a history of past and/or current family violence. It also involves collaborative multidisciplinary practice in a multi-agency setting, with the nature of the collaboration being clinical rather than at the level of referral and support” (p. x).
Brief description of program/strategy (content, aims, etc)	“CFDR is a service for separated families who need assistance to resolve parenting disputes where there has been a history of past and/or current family violence” (p. ix). The CFDR process assists parents with post-separation parenting arrangements following incidence(s) of family violence. This process is facilitated by a multi-disciplinary, multi-agency approach, which provides intensive support. “The process involves a case manager/family dispute resolution practitioner (FDRP), a specialist family violence professional (SFVP) for the person assessed to be the ‘predominant victim’ in the language of the model, a men’s support professional (MSP) for the person assessed to be the ‘predominant aggressor’ (when they are male), a legal advisor for each party and a second FDRP. Child consultants are part of the professional team and may be called upon to feed into case management decisions” (p. ix). CFDR Pilot objectives are as follows (verbatim): <ol style="list-style-type: none"> <li>1. “In families where there is past or current family violence, and where the family is assessed as suitable to participate, CFDR aims to achieve safe and sustainable post-separation parenting outcomes for children and their families.</li> <li>2. Issues of emotional and physical safety and risk for all participants, but in particular for victims of family violence and their children, are kept central to and underpin all CFDR roles, decision-making and processes.</li> <li>3. All professionals involved in the CFDR model have a responsibility to make issues of safety and risk central to their professional practice.</li> <li>4. In meeting “the best interests of the child” in families where there is past or current family violence, CFDR aims to: <ol style="list-style-type: none"> <li>a. address issues of safety and risk, especially for the victims of family violence and their children; and</li> <li>b. achieve arrangements that protect the emotional and physical safety of the child in the short and long term, consistent with the Family Law Act.</li> </ol> </li> <li>5. All the professionals involved will practice, as far as possible, aspects of a coordinated community response (CCR) to family violence outlined in the model (WLS, 2010)” (p. 6).</li> </ol>

(TAS) Evaluation 1	Notes
<b>Collaborating agencies</b>	<p>“The organisations in each partnership include:</p> <ul style="list-style-type: none"> <li>• a service providing FDR (including professionals who are accredited FDR practitioners and, if appropriate, qualified “child practitioners”);</li> <li>• a specialist domestic violence service;</li> <li>• a men’s service; and</li> <li>• legal services able to provide legal assistance and advice to each party” (p. 2).</li> </ul>
<b>Lead agency</b>	<p>CFDR was implemented in five sites across Australia, with the following lead agencies:</p> <ul style="list-style-type: none"> <li>• Perth (Legal Aid Western Australia)</li> <li>• Brisbane (Telephone Dispute Resolution Service [TDRS], run by Relationships Australia Queensland)</li> <li>• Newcastle (Interrelate)</li> <li>• Western Sydney (Unifam)</li> <li>• Hobart (Relationships Australia Tasmania)</li> </ul>
<b>Definition of “integration” within program/strategy</b>	See detail in “Stakeholder Alliances” commentary below.
<b>Key program/strategy elements and practice approaches</b>	<p>Risk assessment and case management are central to CFDR, and the integrated model involves a four-phase process as follows:</p> <ul style="list-style-type: none"> <li>• Phase 1: Intake, involving specialist risk assessment and the development of a safety plan.</li> <li>• Phase 2: Preparation of the parties for FDR (including each party obtaining legal advice in two separate sessions, attending three communication sessions, and attending a CFDR mediation preparation workshop), and a CFDR-specific intake process in which the CFDR practitioner (in consultation with the other professionals) assesses the readiness and capacity of the parties to engage in CFDR.</li> <li>• Phase 3: Participation in CFDR, usually applying a co-mediation model, with a legal and possibly a non-legal advocate present for each client.</li> <li>• Phase 4: Follow-up at between 1–3 and 9–10 months after completion of CFDR (p. 2-3).</li> </ul>
<b>Services provided (eg DFV, SXA, both)</b>	DFV
<b>Details of stakeholder alliances (formal MOU, shared principles, etc)</b>	<p>A multi-disciplinary collaborative partnership; non-hierarchical; each organisation has particular expertise; lead agency coordinates the partnership at each pilot site (p. 2). Regular weekly practice meetings of all CFDR professionals at each pilot site (p. 5; p. 25). No details regarding formalised partnership agreements are stated. CFDR is a case-managed process (p. 5). Each partnership involves the following organisations:</p> <ul style="list-style-type: none"> <li>• “a service providing FDR (including professionals who are accredited FDR practitioners and, if appropriate, qualified “child practitioners”);</li> <li>• a specialist domestic violence service;</li> <li>• a men’s service; and</li> <li>• legal services able to provide legal assistance and advice to each party” (p. 2).</li> </ul>

(TAS) Evaluation 1		Notes	
Target group	Diverse population groups (please specify)	Indigenous women	“14 percent of pilot cases involved clients from CALD backgrounds and 6% involved Aboriginal or Torres Strait Islander families... Around 70% of professionals who completed the Professionals Survey agreed that the CFDR program was sufficiently flexible to respond to the needs of a diverse range of families” (p. 36). Pilot group files showed “proportionately more clients from CALD or Aboriginal and Torres Strait Islander backgrounds” (p. 45).
		Young people	“Professionals were generally positive about the capacity of CFDR to produce child-sensitive outcomes and agreements that worked for children” (p. 138).
		CALD women	See above. Planning at one pilot site took into account that over 90% of the local catchment area were from a NESB (p. 36) - adapted pilot model, involved interpreters, staff with multiple languages. Professionals reported that CFDR support helped engage clients from CALD backgrounds (p. 36).
		Not specified	
	Geographical location	Metropolitan	Perth; Western Sydney; Brisbane; Hobart
		Remote	N/A
		Rural	N/A
		Not specified	Regional: Newcastle
Evaluation Details			
Key information	Funder	Australian Government Attorney-General's Department.	
	Length of evaluation	Evaluation covers the period from the commencement of the pilot (final quarter 2010; Brisbane site delayed until mid-2011) to 31 August 2012 (final data collection) (p. xi).	
	Evaluation governance	Report commissioned by the Australian Government Attorney-General's Department (AGD), conducted by AIFS researchers.	
	Purpose of evaluation	Not stated	
Evaluation Goals and Objectives		Not stated - evaluation questions only.	
Research questions		<ul style="list-style-type: none"> <li>• Is the safety of children, parents and professionals adequately maintained in the pilot program processes?</li> <li>• Is the safety of children and parents adequately maintained in the arrangements produced as a result of the application of the model?</li> <li>• Are the outcomes reached in the pilot consistent with the best interests of the children?</li> <li>• Do the processes applied in the pilot adequately address power imbalances between the parents?</li> <li>• What challenges and advantages arise from the interdisciplinary nature of the model? (p. 8).</li> </ul>	
Evaluation components	Outcomes	Analysis of case file data	
	Process	Case file analysis; interviews; survey	
	Economic	N/A	
	Other (please specify)		
Relevant legislative and policy context		2006 Family Law Reforms (p. 1); <i>Family Law Act 1975</i> (Cth) (p. 1).	

(TAS) Evaluation 1		Notes
Methodology	Design	<p>Mixed-methods approach (see further detail in “Sampling” and “Primary data collected” below) comprising (verbatim):</p> <ul style="list-style-type: none"> <li>• “a study based on case file data from the entire cohort of CFDR files up to 30 June 2012 (n = 126), and a sample of comparison group files (n = 247) drawn from services run by each of the lead partners where CFDR services were not offered;</li> <li>• a qualitative study based on interviews with professionals working in the pilot (n = 37) in the early stages of implementation, and a second study comprising interviews with professionals (n = 33) near the end of the evaluation data collection period (April–June 2012);</li> <li>• mixed-profession focus groups (participants: n = 37), conducted between August and November 2011;</li> <li>• an online survey of professionals, conducted in June–July 2012 (n = 88, with a response rate of 68%);</li> <li>• interviews with parents who received the CFDR services and progressed to mediation, conducted as eligible parents became available (n = 29). An online survey was also available to parents; however, the smaller-than-expected number of pilot cases meant very small numbers of people were eligible to complete the survey. Therefore, the evaluation team focused on conducting interviews with as many parents as possible and incorporated data from the seven completed online surveys in the analysis of the qualitative data; and</li> <li>• requests for information (conducted via discussions with location coordinators) that examined how the model was adapted and implemented in each location” (p. x).</li> </ul>
	Sampling	<p><b>Interviews with professionals</b></p> <p>“Location coordinators provided a list of CFDR professionals in their partnership and/or distributed the study invitation and helped arrange one-on-one (or occasionally two person) interview appointments. Professionals were also invited to contact AIFS directly, and additional interviews were arranged as required” (p. 10). 37 interviews with professionals were conducted.</p> <p><b>Focus Groups</b></p> <p>“Professionals from each of the five professional groups in each location—FDRPs, lawyers, women’s SFVPs, MSPs and child consultants (where they were involved in the program)—were invited to participate in this study via an invitation letter. Additional material—including an information sheet about the evaluation and a consent form—was also distributed to all professionals in the program” (p. 10-11). 37 professionals participated in the focus groups.</p> <p><b>Online surveys with professionals</b></p> <p>“All professionals involved in the pilot received an invitation email containing a personalised link to the secure AIFS website hosting the survey” (p. 11). 88 surveys completed – 68% response rate (p. 12).</p> <p><b>Processes and outcomes data collection – Pilot and comparison cases</b></p> <p>Comparison cases: 247 comparison case profile forms were received - 50 each from four locations and 47 from one location” (p. 12).  CFDR Pilot: 126 CFDR pilot case profile forms received, and a further 16 Phase 4 follow-ups from the sample of 126 CFDR cases completed. This sample ranged from 13 cases in one location to 37 cases in another (p. 12).</p> <p><b>Parent interviews</b></p> <p>“Eligible parents were asked by the case manager/location coordinator if they would be interested in talking about their experience in the pilot with a professional who was evaluating the program” (p. 13). Participation was voluntary. 29 interviews were completed (p. 13-14).</p>

(TAS) Evaluation 1		Notes
		<p><b>Quantitative study of parent experience</b></p> <p>“When a case advanced to Phase 2, the case manager/location coordinator gave eligible parents a prepared information sheet explaining the evaluation and this particular study” (p. 15). Only 7 interviews were achieved (p. 15).</p> <p><b>Follow-up interviews with professionals</b></p> <p>“The research team used the email contact list constructed for Study 3 to invite all professionals involved in the pilot to contact the research team if they wanted to be interviewed for this final study” (p. 16). 33 interviews were achieved.</p>
<b>Study Limitations</b>		None stated. Small sample of parent interviews.
<b>Diverse population groups and/or geographical locations addressed?</b>	<b>Yes</b> <b>No</b>	See detail above
<b>Key findings</b>	<b>Process</b>	<p>Due to limited number of cases, question arises as to whether the process should be primarily FDR, or “a service focussed more on referral and support with FDR (and possible agreement) as an ancillary component of the process” (p. 140).</p> <p>“In practice, the focus of CFDR is significantly wider than dispute resolution: the proportion of single-party cases and the level of service they receive highlights the wider role of CFDR as a support and referral mechanism” (p. 141).</p> <p>Different approaches to risk assessment were undertaken at different pilot sites, and different approaches could create partnership tensions (p. 144).</p> <p>“It is clear that processes around risk assessment and management and making clinical judgments about the conduct of FDR are areas in which particular challenges arise in multi-disciplinary, multi-agency practice” (p. 144).</p> <p>Some clients felt emotionally unsafe despite efforts to address power imbalances between parents, while others felt empowered and supported when participating in FDR (p. 145).</p>
	<b>Outcomes</b>	<p>During the evaluation period, “the five pilot sites collectively completed 126 cases: 27 of these cases reached mediation. Of these cases, mediation resulted in a partial agreement in relation to parenting issues for 13 cases (48%) and full resolution in 10 cases (37%). The rest exited at various points and for varying reasons” (p. xi).</p> <ul style="list-style-type: none"> <li>• Number of caseloads across all pilot sites considerably fewer than anticipated: data suggests this was due to a slow build of referrals and challenges in engaging both parents (p. 140).</li> <li>• Role of lawyers and MSPs important in adjusting expectations – evidence to suggest that “where these professionals see clients together there is a greater possibility of shifts in attitude occurring” (p. 145).</li> <li>• Modest conclusion that CFDR “heightens (but does not guarantee) the possibility that the appropriate process for considering arrangements consistent with ‘best interests’ will be applied in any given matter” (p. 146).</li> </ul>
	<b>Integration</b>	<ul style="list-style-type: none"> <li>• Information-sharing is a complex aspect of collaborative practice (p. 142).</li> </ul>
	<b>Strengths of model</b>	<ul style="list-style-type: none"> <li>• Multi-disciplinary practice has a number of benefits, and provides a more comprehensive and holistic service (p. 142).</li> </ul>

(TAS) Evaluation 1	Notes
<b>Conclusions/recommendations</b>	<ul style="list-style-type: none"> <li>• “The start-up phase of such a program is likely to be intensive and require considerable resourcing. Significant effort should be put into developing the capability of professionals and organisations to operate in CFDR prior to clients being accepted into the service.</li> <li>• Leaving administrative type matters to professionals is clearly an inefficient use of resources. Therefore funding models should include provision for administrative support for case and client management.</li> <li>• Partnership formation should be carefully considered and significant groundwork occurs to ensure that all professionals involved understand their respective roles, professional obligations and practice models. A past history of successful co-operation will accelerate the process of partnership formation.</li> <li>• Training should include in-depth mechanisms to assist participants to deal with issues such as role differentiation and conflict management. Such mechanisms could include training exercises based on simulated cases to expose professionals to a variety of different situations and to road-test their capacity to deal with them as a group. The exercises should be designed to raise challenging practice issues and build understanding of the role of each professional in responding to the challenges.</li> <li>• Memoranda of Understanding governing the partnerships might include clauses dealing with the management and resolution of disputes involving the partners, with provision for recourse to externally supported dispute resolution mechanisms.</li> <li>• Protocols concerning information-sharing require ongoing development. These protocols could build on work already done in the area and include attention to issues such as the following: the circumstances under which lawyers might seek consent to share information with other professionals; other professionals continuing to develop protocols regarding how and in what circumstances it will be in the interests of individual clients and their families to share information with legal and non-legal CFDR professionals; and ways in which lawyers might exchange information about what their instructions are in relation to relevant facts (i.e., family violence, child safety) prior to FDR sessions” (p. 143).</li> <li>• Suggest development of practice guidelines; uniform risk assessment framework applied; common training (p. 144-145).</li> <li>• Suggest SFVPs and MSPs to be present at least one legal advice session; mediators have an obligation to act protectively, mediation should occur over several sessions, and should commence with individual sessions (p. 145).</li> <li>• Suggest proposed practice guidelines should set out an agreed approach to the application of Child Inclusive Practice, including instances in which it should and should not be considered; aims of CIP in CFDR context; and that CIP be applied by experienced practitioners (p. 146).</li> <li>• Further research is also suggested.</li> </ul>
<b>Findings useful for wider program development/practice?</b>	Yes - relating to best practice in integration.

Program Summary	
(TAS) Evaluation 2	Notes
Author/Year/Title	Tasmanian Government. (2014). <i>Safe at home internal performance review 2014</i> . Accessed February 2, 2015. Retrieved from <a href="http://www.safeathome.tas.gov.au/sah_internal_performance_review_2014">http://www.safeathome.tas.gov.au/sah_internal_performance_review_2014</a> .
Jurisdiction	TAS
Name of evaluated program/strategy	Safe at Home (SAH)
Inclusion rationale	Often cited as the pioneering Australian model of integrated service delivery in Australia - involves coordinated case management and criminal justice support, with a range of initiatives offered across five government departments.
Nature/type of program/strategy	Prosecution; criminal justice support; victim support; offender response.
Brief description of program/strategy (content, aims, etc.)	<i>(All page references herein refer to the evaluation report).</i> “Safe at Home is the Tasmanian Government’s integrated criminal justice response to family violence” (p. 4). SAH objectives are as follows: a. “improve the safety and security for adult and child victims of family violence in the short and long term; b. ensure that offenders are held accountable for family violence as a public crime [and change their offending behaviour]; c. reduce the incidence and severity of family violence in the longer term; and d. minimise the negative impacts of contact with the criminal justice system on adult and child victims” (p. 4).
Collaborating agencies	Partnership between: <ul style="list-style-type: none"> <li>• Departments of Police and Emergency Management (DPEM)</li> <li>• Department of Justice (DOJ)</li> <li>• Departments of Health and Human Services (DHHS)</li> <li>• Department of Education</li> <li>• Department of Premier and Cabinet (p. 4).</li> </ul>
Lead agency	Department of Justice
Definition of “integration” within program/strategy	Noted as a whole-of-government integrated response - “Safe at Home is an integrated response that relies on the cooperation of a range of services located within multiple Tasmanian Government agencies to provide a seamless service delivery system. A key component of the Safe at Home system is the ICC [i.e. Integrated Case Coordination] process. ICC is a systematic and holistic approach to coordinating interventions to address the risk and safety needs of Safe at Home clients across professional and agency boundaries. Information sharing between Safe at Home partners is enabled through s. 37 of the <i>Family Violence Act 2004</i> ” (p. 27).

(TAS) Evaluation 2		Notes
<b>Key program/strategy elements and practice approaches</b>		<p>“It is founded on the principle of the ‘primacy of the safety of the victim’ and uses a pro-arrest, pro-prosecution strategy to realise this principle” (p. 4). “A key component of the Safe at Home system is the ICC process. ICC is a systematic and holistic approach to coordinating interventions to address the risk and safety needs of Safe at Home clients across professional and agency boundaries. Information sharing between Safe at Home partners is enabled through s. 37 of the Family Violence Act 2004” (p. 27).</p> <p>“Integrated Case Coordination is supported by SIMS [i.e. Safe at Home Information Management System], a web-based case coordination database which enables the availability of comprehensive, comparable, accurate and timely case data essential to the effective management of risk and safety. SIMS is accessed by all ICC partners” (p. 27).</p>
<b>Services provided (e.g. DFV, SXA, both)</b>		DFV
<b>Details of stakeholder alliances (formal MoU, shared principles, etc.)</b>		
<b>Target group</b>	<b>Diverse population groups (please specify)</b>	<b>Indigenous women</b>
		<b>Young people</b>
		<ul style="list-style-type: none"> <li>• The pro-arrest, pro-prosecution policy was noted as having the following negative result: “Aboriginal children are being removed unnecessarily from their families if the non-offending partner (predominately the mother) is seen as not doing enough to protect children from witnessing family violence” However, it was also stated that “[t]his also applies to the non-Aboriginal community” (p. 13).</li> <li>• Under the SAH Coordination Unit, it was noted that a number of projects have been commenced but not completed: “In 2006, an Aboriginal Family Violence Offender Intervention Project was commenced with an Aboriginal project officer appointed. The project does not appear to have been completed and there are no clear outcomes from the project” (p. 38).</li> <li>• In the Court Support and Victim Liaison Service (established in 2004), “[a] designated statewide support worker for Aboriginal victims of family violence was also appointed. This is the only Safe at Home service to have an Aboriginal worker allocated” (p. 39).</li> <li>• As the number of incidents involving Aboriginal people was not significant enough to warrant a specialist statewide service, a decision was made to instead ensure services were culturally appropriate for Aboriginal victims and perpetrators. For this purpose, \$20,000 recurrent funding was allocated to the Office of Aboriginal Affairs in the Department of Premier and Cabinet (pp. 48-49).</li> <li>• To advise SAH service providers on culturally appropriate support/service provision for Aboriginal victims and perpetrators, the ya pulingina kani Aboriginal Advisory Group (comprised of representatives from the Aboriginal community) was initially established to provide ongoing advice, and funded for up to six meetings a year. However, this group was disbanded in late 2010 (p. 49).</li> <li>• “In 2011, the Office of Aboriginal Affairs returned unexpended funds to the Department of Justice who used the \$20 000 allocation to fund cultural awareness training for Safe at Home and Community Corrections staff. The Office of Aboriginal Affairs had the \$20 000 reinstated in 2012-13 to develop a model for responding to Aboriginal victims and offenders of family violence” (p. 49).</li> </ul>
		<ul style="list-style-type: none"> <li>• The SAH internal review recommends “that the Steering Committee be advised of steps to improve service provision for children and young people affected by family violence (p. 17). Through the DHHS, new services to support children and young people have been contracted including Pathways Home (Anglicare) and Gateway Integrated Family Support Services (IFSS) (p. 52).</li> </ul>

(TAS) Evaluation 2		Notes	
		<b>CALD women</b>	<ul style="list-style-type: none"> <li>Under the SAH Coordination Unit, it was noted that a number of projects have been commenced but not completed: “In 2006, a Safe at Home Culturally and Linguistically Diverse Liaison Project aimed at ensuring that culturally and linguistically diverse (CALD) communities have access to Safe at Home information and services was undertaken. A range of recommendations were made from the project, which have not been fully implemented” (p. 38).</li> <li>CALD information sheets are made available on the SAH website and updated regularly (p. 57).</li> </ul>
		<b>Not specified</b>	
	<b>Geographical location</b>	<b>Metropolitan</b>	
		<b>Remote</b>	
		<b>Rural</b>	
	<b>Not specified</b>	Statewide - “Integrated Case Coordination meetings are held weekly in the four Tasmania Police districts: Western; Northern; Southern; and Eastern” (p. 27).	
<b>Evaluation Details</b>			
<b>Key information</b>	<b>Funder</b>	Internal review led by the Tasmanian Department of Justice.	
	<b>Length of evaluation</b>	“The survey was open from 23 July until 27 August 2014” (p. 8).	
	<b>Evaluation governance</b>	Tasmanian Department of Justice.	
	<b>Purpose of evaluation</b>		
<b>Evaluation Goals and Objectives</b>		<p>At the time of the evaluation in 2014, SAH had been operating in Tasmania for 10 years. In September 2013, the SAH Steering Committee requested an internal performance review (current report) to be undertaken to ensure that the Program was meeting the original four objectives and had a foundation on evidence-based best practice.</p> <p>The terms of reference for the review were:</p> <ol style="list-style-type: none"> <li>“Review the progress of the recommendations from the Review of the Integrated Response to Family Violence (Success Works, 2009) and prepare a report on the status of outstanding recommendations.</li> <li>Examine the performance measures; service delivery models; and financial allocation to Safe at Home services, to determine if the Program is operating at optimal levels to achieve the four outcomes, and make recommendations as required.</li> <li>Draw on the findings of the current internal reviews by DPEM of the Victim Safety Response Teams and DHHS of the Family Violence Counselling and Support Service (Adult and Children) to assist with (2).</li> <li>Review the supporting structures of Safe At Home to ensure the Program is operating as an integrated and coordinated response to family violence as envisaged in the original Business Plan, and make recommendations for change as required.</li> <li>Develop a Safe At Home Strategic Plan 2014-2017 to ensure long-term accountability and sustainability” (p. 5).</li> </ol>	
<b>Research questions</b>		Not stated - see Terms of Reference for evaluation above.	

(TAS) Evaluation 2		Notes
Evaluation components	Outcomes	Interviews with stakeholders (internal and external) regarding how SAH has met its objectives.
	Process	Interviews with stakeholder regarding process to meet SAH objectives; analysis of historical SAH documents
	Economic	Examination of financial allocation and expenditure by SAH as part of performance measures
	Other (please specify)	
Relevant legislative and policy context		“The Safe at Home service system is underpinned by the <i>Family Violence Act 2004</i> (Tas) (p. 4) and the <i>Children, Young Persons and their Families Act 1997</i> (Tas) (p. 51).
Methodology	Design	<p>“This internal performance review has consisted of five components:</p> <ul style="list-style-type: none"> <li>• Analysis of the findings and progress of the recommendations of the review undertaken by Success Works in 2009.</li> <li>• Analysis of Safe at Home historical documents held by DOJ to inform reporting on the Safe at Home service delivery model.</li> <li>• Consultation with key internal stakeholders through targeted interviews and a questionnaire [“The interviews were based on a questionnaire about how Safe at Home has met its original objectives” (p. 7)]</li> <li>• Consultation with key external stakeholders, identified by the Safe at Home IDC [i.e. Interdepartmental Committee], through an invitation to participate in an online survey available through Survey Monkey.</li> <li>• Analysis of comments and preparation of a final report for the consideration of the Safe at Home Steering Committee” (p. 7).</li> </ul> <p>SAH services were asked for information regarding their:</p> <ul style="list-style-type: none"> <li>• Performance Measures</li> <li>• Service Delivery Model</li> <li>• Issues for the Service</li> <li>• Financial Allocation (p. 8).</li> </ul>
	Sampling	<p>Internal Stakeholders</p> <p>“Key internal stakeholders were identified and interviewed by the Senior Consultant, Safe at Home Coordination Unit.</p> <p>Managers (and senior team members in most cases) were interviewed from:</p> <ul style="list-style-type: none"> <li>• Court Support and Liaison Service</li> <li>• Legal Aid Commission of Tasmania</li> <li>• Community Corrections – Family Violence Offender Intervention Program</li> <li>• Magistrates Court</li> <li>• Victim Safety Response Teams</li> <li>• Police Prosecutions</li> <li>• Family Violence Counselling and Support Service (Adult)</li> <li>• Family Violence Counselling and Support Service (Children and Young Persons Program)</li> <li>• Child Protection Service</li> <li>• Defendant Health Liaison Service</li> <li>• Department of Education</li> <li>• Office of Aboriginal Affairs, Department of Premier and Cabinet” (pp. 7-8).</li> </ul>

(TAS) Evaluation 2		Notes	
			<p>Former SAH staff were also interviewed (p. 8).                  “The Safe at Home RCCs [i.e. Regional Coordinating Committees] were made aware of the online survey and five individual RCC members elected to complete the survey in their own right” (p. 8).</p> <p>External Stakeholders                  “Consultation was undertaken with key external stakeholders identified by the Safe at Home IDC. External stakeholders were contacted via email and invited to complete an online survey with the same questions posed to internal stakeholders” (p.8).                  “Twelve completed surveys were received, with a further 14 commenced but not completed. A reminder was sent to those who had begun the survey encouraging them to complete it” (p. 8).</p>
Study Limitations		None noted	
Diverse population groups and/or geographical locations addressed?	Yes	No	See above
Key findings		Process	<p>Findings are mapped to each of the four SAH objectives (see objectives listed above). This is an abridged list (here and below):</p> <ul style="list-style-type: none"> <li>• Both internal and external stakeholders expressed the view that Safe at Home cannot meet the long-term safety and security of adult and child victims without more offender interventions (Objective 1; p. 12).</li> <li>• A number of internal stakeholders expressed concern that the needs of children who have witnessed, or been subjected to, family violence are not being adequately met in the current Safe at Home response (Objective 1; p. 12).</li> <li>• Issues arise when the victim does not want to proceed with prosecution. Some regional differences were cited around proceeding to prosecution with a hostile witness. The need for attending police to be methodical in their collection of evidence was reinforced by internal stakeholders in case a witness does not want to proceed with prosecution (Objective 2; p. 18).</li> <li>• Internal and external stakeholders noted that some offenders have reconsidered their behaviour as a consequence of a court appearance – being held accountable and the immediacy of potential arrest can be a strong deterrent for some categories of offenders (Objective 2; p. 18).</li> <li>• Internal and external stakeholders expressed concern about the number of repeat offenders. The lack of offender interventions for low and medium risk offenders is seen as a barrier to offenders changing their offending behaviour (Objective 2; p. 18).</li> <li>• External stakeholders reported that they were seeing fewer victims of physical violence but increased numbers of victims experiencing psychological, emotional and financial abuse (Objective 2; p. 18).</li> <li>• Internal stakeholders commented that while victims are in the Safe at Home system the incidence and severity of family violence can be controlled (Objective 3; p. 22).</li> <li>• Some internal stakeholders commented that there is a need for a research component in Safe at Home to map trends which will inform improvements in the system, particularly around repeat offenders and victims (Objective 3; p. 22).</li> <li>• Internal and external stakeholders expressed the view that Safe at Home is a response system, not a system for changing family violence. Primary prevention and early intervention strategies working in tandem with Safe at Home are viewed as the most efficacious means to reduce the incidence of family violence and to break the intergenerational cycle of violence (Objective 3; p. 22).</li> <li>• The efficacy of the Risk Assessment Screening Tool (RAST) was raised by some internal stakeholders (Objective 4; p. 24).</li> <li>• Internal stakeholders expressed the view that the remote witness facilities should be utilised more for family violence cases, particularly where children are called to give evidence. The lack of specialist support for child witnesses was noted (Objective 4; p. 24).</li> </ul>

(TAS) Evaluation 2	Notes
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Removing the onus on the victim to proceed with arrest and prosecution and placing the decision with police has had both positive and negative results (Objective 1; p. 12).</li> <li>• The pro-arrest, pro-prosecution policy was viewed as having a deterrent effect for some family violence offenders and is also viewed as being an effective mechanism in reducing the severity of family violence (Objective 3; p. 22).</li> <li>• Internal and external stakeholders agreed that the increased range of support services for victims had helped minimise the negative impacts of contact with the criminal justice system.</li> <li>• The reduction of numbers in the Victim Safety Response Teams (VSRTs) was raised in relation to the level of front-end services delivered to victims (Objective 4; p. 24).</li> </ul>
<b>Integration</b>	<ul style="list-style-type: none"> <li>• The VSRTs are viewed as integral to the Safe at Home response system. Both internal and external stakeholders expressed concern at the cut to the number of the VSRTs and staffing levels (Objective 1; p. 12).</li> <li>• Internal and external stakeholders agreed the creation of the CSLS and the assistance offered before, during and after court is more likely to keep victims engaged in the court process (Objective 4; p. 24).</li> </ul>
<b>Strengths of model</b>	<ul style="list-style-type: none"> <li>• The majority of internal and external stakeholders believe Safe at Home provides an effective short-term response to family violence (Objective 1; p. 12).</li> <li>• The suite of coordinated support services for victims, and information sharing between services, has resulted in a victim not having to tell their story multiple times (Objective 1; p. 12).</li> <li>• The integrated case coordination model, which allows for the sharing of information between services, increases the ability to address the immediate risk and safety issues faced by victims, and is viewed as a key success of the Safe at Home model (Objective 1; p. 12).</li> <li>• Both internal and external stakeholders acknowledged that Safe at Home has been responsible for an attitudinal shift in the community, which now recognises family violence as a crime and not a “private” matter (Objective 1; p. 12).</li> <li>• The pro-arrest, pro-prosecution policy is seen as one of the greatest strengths for ensuring offenders are held accountable for family violence (Objective 2; p. 18).</li> </ul>
<b>Economic</b>	<p><u>DPEM Financial Expenditure 2013-14 (actual) (p. 36):</u>  Allocation: \$1,938,140  VSRT total: \$1,331,549  Prosecution total: \$400,953  Expenditure: \$1,995,143</p> <p><u>Safe at Home Coordination Unit Expenditure 2013-14 (actual) (p. 38):</u>  Allocation: \$178,663  Expenditure: \$209,351</p> <p><u>Magistrates Court Financial Expenditure 2013-14 (actual) (p. 39):</u>  Allocation: \$290,000  Expenditure: \$299,947</p> <p><u>Court Support and Liaison Service Financial Expenditure 2013-14 (actual) (p. 41):</u>  Allocation: \$537,528  Expenditure: \$560,685</p>

(TAS) Evaluation 2	Notes
	<p><u>Legal Aid Commission of Tasmania Financial Expenditure 2013-14 (actual) (p. 43):</u> Allocation: \$236,000 Expenditure: \$266,776.36</p> <p><u>Family Violence Counselling and Support Service Financial Expenditure 2013-14 (actual) (p. 47):</u> Allocation (from SAH 2003 Business Case): \$1,665,000 Expenditure: \$3,602,761</p> <p><u>Child Protection Service</u> Allocation (from SAH 2003 Business Case): \$548,000 Expenditure: \$988,117</p>
<b>Conclusions/recommendations</b>	<p>Seventeen recommendations are detailed in the Review, including (but not limited to):</p> <p>“Recommendation 1: That Tasmania Police invite external specialists in family violence dynamics and family violence legal proceedings to deliver specialist training to frontline police officers, including recruits, on an annual basis.</p> <p>...</p> <p>Recommendation 4: That the Safe at Home Steering Committee (the Steering Committee) request the Safe at Home IDC (the IDC) to undertake research into contemporary evidence-based best practice responses to, and interventions for, family violence offenders and make recommendations for models that might be adopted in Tasmania.</p> <p>Recommendation 5: That the Steering Committee be advised of steps to improve service provision for children and young people affected by family violence.</p> <p>...</p> <p>Recommendation 8: That the Department of Justice commence discussions with the Chief Magistrate on the feasibility of a Family Violence Court with dedicated Magistrates who understand the dynamics of family violence and family violence offender typology, as mooted in the original Business Case.</p> <p>Recommendation 9: That the feasibility of a family safety framework for responding to family violence in Tasmania be examined by the IDC, and the findings reported to the Steering Committee.</p> <p>...</p> <p>Recommendation 11: That a data collection and reporting framework be developed to allow reporting on the progress of Safe at Home. A set of Performance Indicators should be developed for the Safe at Home response. The Performance Indicators should align with the objectives of Safe at Home.</p> <p>Recommendation 12: That the Steering Committee meet annually with the IDC to reinforce the Steering Committee’s role as the decision making body for Safe at Home.</p> <p>Recommendation 13: That Community Corrections becomes a member of the ICCs for a trial period of three months to gauge the usefulness of participation for both Safe at Home and Community Corrections.</p> <p>...</p> <p>Recommendation 16: That statewide RCC meetings be held annually, or bi-annually at a minimum, to provide standard information and training for Safe at Home service providers.</p> <p>...” (pp. 10-11).</p>
<b>Findings useful for wider program development/practice?</b>	No - very SAH specific, as expected from an internal review.

Program Summary	
(TAS) Evaluation 3	Notes
Author/Year/Title	SuccessWorks (2009). <i>Review of the Integrated Response to Family Violence: final report</i> . Department of Justice. <a href="http://www.safeathome.tas.gov.au/pubs/legislation_and_reviews/SAH_Final_Report_FINAL_240609.pdf">http://www.safeathome.tas.gov.au/pubs/legislation_and_reviews/SAH_Final_Report_FINAL_240609.pdf</a>
Jurisdiction	TAS
Name of evaluated program/strategy	Safe at Home
Inclusion rationale	Often cited as the pioneering Australian model of integrated service delivery in Australia - involves coordinated case management and criminal justice support, with a range of initiatives offered across four government departments.
Nature/type of program/strategy	Prosecution; criminal justice support; victim support; offender response
Brief description of program/strategy (content, aims, etc.)	<p><i>(All page references herein refer to the evaluation report).</i></p> <p>“Safe At Home is the Tasmanian Government’s integrated whole-of-Government response to family violence” (p. 3).</p> <p>“Safe At Home comprises 16 separate funded initiatives across four government departments (Departments of Justice, Police and Public Safety, Health and Human Services and Premier and Cabinet) as well as the reforms contained within the <i>Family Violence Act 2004</i>” (p. 3).</p> <p>“The objectives of Safe At Home are to:</p> <ul style="list-style-type: none"> <li>• Achieve a reduction in the level of family violence in the medium to long term</li> <li>• Improve safety for adult and child victims of family violence</li> <li>• Change the offending behaviour of those responsible for the violence” (p. 3).</li> </ul> <p>“Safe At Home is based on the following principles:</p> <ul style="list-style-type: none"> <li>• Family violence is a crime and where evidence exists that it has been committed arrest and prosecution will occur</li> <li>• The safety of victims is paramount</li> <li>• Police are responsible for providing immediate intervention to secure victim safety and manage the risk that the offender might repeat or escalate the violence</li> <li>• The victim does not determine the response of the justice system</li> <li>• Wherever possible, victims should be able to choose to remain in or return (as soon as possible) to their own homes</li> <li>• The criminal justice response to family violence should be seamless and the roles and responsibilities of each participating agency and service should be clear” (p. 10).</li> </ul>
Collaborating agencies	Departments of Justice, Police and Public Safety, Health and Human Services, and Premier and Cabinet.
Lead agency	Department of Justice

(TAS) Evaluation 3	Notes
<p><b>Definition of “integration” within program/strategy</b></p>	<p>Noted as a whole-of-government integrated response - Of the 16 SAH initiatives: “...services were established or extended under the Safe At Home integrated response in order to meet the identified needs of adult and child victims and offenders or create critical systems linkages” (p. 11).</p> <p>“Safe At Home has been recognised nationally and internationally as a ‘benchmark’ in integrated responses to family violence and received an Australian Crime &amp; Violence Prevention Award in 2008 in recognition of its approach to ‘uniting police, prosecutors, counsellors, legal aid, court support and child protection workers in a collaboration that has led to increased community confidence” (p. 19).</p> <p>“Implementation of Safe At Home has been driven by collaborative service system planning and supported by the legislation and changes to Police Standing Orders (issued in September 2004)” (p. 19).</p>
<p><b>Key program/strategy elements and practice approaches</b></p>	<p>First point of contact is via the police.</p> <p>SAH initiatives:</p> <ul style="list-style-type: none"> <li>• Family Violence Response and Referral Line (run by Police and Public Safety)</li> <li>• Operational Police</li> <li>• Six specialist police prosecutors funded under SAH.</li> <li>• Integrated Case Coordination (ICC) – weekly meetings in each district of all relevant government SAH services (p. 13).</li> <li>• Family Violence Offender Intervention program</li> <li>• Court Support and Liaison Service</li> <li>• Child Witness Service</li> <li>• Legal Aid</li> <li>• Tasmanian Magistrates Court</li> <li>• Children and Young Persons Program (CHYPP)</li> <li>• Family Violence Counselling and Support Service</li> <li>• Offender Accommodation Brokerage</li> <li>• Special Needs Liaison Service</li> <li>• Funding to Child Protection</li> <li>• Ya Pulingina Kani Aboriginal Advisory Group</li> <li>• Family Violence Orders</li> </ul> <p>Victim Safety Response Teams (VSRTs): “The primary focus of the VSRTs is to enhance the safety of victims by:</p> <ul style="list-style-type: none"> <li>• Implementing strategies to minimise risk and maximise safety for victims and affected children</li> <li>• Providing quality assurance and review mechanisms in relation to the actions of operational police...</li> <li>• Providing case coordination of families where there a significant ongoing risk of violence</li> <li>• Liaising with other Safe At Home partners</li> <li>• Attending the Integrated Case Coordination (ICC) meetings” (p. 11).</li> </ul> <p>Run in all four districts (South, East, North, North West. Functions also include risk assessment; safety planning; offender management; and gathering evidence to support prosecutions.</p>

(TAS) Evaluation 3		Notes	
Services provided (e.g. DFV, SXA, both)		DFV	
Details of stakeholder alliances (formal MoU, shared principles, etc.)		MoU between SAH and Family Court; unclear on other formal arrangements.	
Target group	Diverse population groups (please specify)	Indigenous women	“Several consultations raised concerns about the capacity for Safe At Home to provide a culturally appropriate response to family violence in Aboriginal communities. There was a feeling that police required additional cultural awareness training and support to understand the impact of culture on the perceptions and actuality of violence in Aboriginal communities. It was also suggested that Police Aboriginal Liaison Officers could be more proactive in building strong links between Safe At Home and Indigenous groups and Indigenous service providers dealing with families affected by family violence” (p. 41).
		Young people	
		CALD women	“It was suggested throughout the first round of consultations that little use is made of interpreters within Safe At Home at any stage in the process and that there is a danger that people who do not understand English are not receiving the same level of information or support as other victims and families. It was suggested that lack of interpreters had [led] to specific misunderstandings and confusion on some occasions” (pp. 42-43).
		Not specified	“The consultations noted that male victims were not well catered for within Safe At Home currently” (p.44). “The first round of consultations identified the need for specific supports for people with disabilities affected by family violence, including people who are victims of violence from their carers” (p. 47).
	Geographical location	Metropolitan	
		Remote	
		Rural	
		Not specified	Statewide
<b>Evaluation Details</b>			
Key information	Funder	Presume to be the Department of Justice.	
	Length of evaluation	Data review and collection spanning 2004-09.	
	Evaluation governance	The Steering Committee overseeing the SAH evaluation is a sub-committee of the Statewide Steering Committee, chaired by the Department of Premier and Cabinet and involving relevant government departments (p. 19).	
	Purpose of evaluation	“The purpose of the review has been to examine: <ul style="list-style-type: none"> <li>• The achievements or otherwise of Safe At Home to date, including the strengths of the approaches used by Safe At Home</li> <li>• Whether the available resources are being appropriately aligned to achieve the objectives of the response to family violence</li> <li>• Whether the current programs and activities provided under Safe At Home are delivering the intended results</li> <li>• Whether there are any gaps in services or inefficiencies in the current system</li> <li>• How effective is the current state-wide, regional and local governance structure in the delivery and coordination of services and in addressing ongoing service delivery issues and improvements</li> <li>• Opportunities for the further integration and better coordination of Safe At Home and other services</li> </ul>	

<b>(TAS) Evaluation 3</b>		<b>Notes</b>
		<ul style="list-style-type: none"> <li>Relationships which should be developed between Safe At Home and other service providers to assist in the development of the response” (p. 7).</li> </ul> <p>“It is understood that the combined outcomes of this review and the 2008 review of the Family Violence Act 2004 by Urbis will be used to revise and improve the legislative framework and the integrated response to family violence in Tasmania where necessary” (p. 8).</p>
<b>Evaluation Goals and Objectives</b>		“The combined outcomes of this review and the 2008 review of the <i>Family Violence Act 2004</i> by Urbis will be used to revise and improve the legislative framework and the integrated response to family violence in Tasmania” (p. 3).
<b>Research questions</b>		<p>“Material from the interviews, focus groups, review and submissions are divided into:</p> <ul style="list-style-type: none"> <li>What is working well with Safe At Home from the perspective of those involved in the consultations</li> <li>The six questions formulated for the public submission process, namely: <ol style="list-style-type: none"> <li>What are the most important principles that should underlie Tasmania’s approach to family violence?</li> <li>What would achieve a reduction in the level of family violence in the medium to longer term?</li> <li>What would improve the level of safety for adult victims?</li> <li>What would improve the level of safety for child victims?</li> <li>What would reduce the offending behaviour of those responsible for the violence?</li> <li>What other policies or practices would make Tasmania’s approach family violence more effective?” (p. 31).</li> </ol> </li> </ul>
<b>Evaluation components</b>	<b>Outcomes</b>	Data analysis.
	<b>Process</b>	Consultations; written submissions.
	<b>Economic</b>	n/a
	<b>Other (please specify)</b>	
<b>Relevant legislative and policy context</b>		Reforms in the <i>Family Violence Act 2004</i> (Tas); Police Standing Orders 2004.

(TAS) Evaluation 3		Notes	
Methodology	Design	<p>Methodology includes the following processes:</p> <ul style="list-style-type: none"> <li>• “A review of national and international literature relating to best practice approaches to family violence</li> <li>• Analysis of Safe At Home data collated by the Department of Justice</li> <li>• A review of the findings from the Report on the <i>Family Violence Act 2004</i> by Urbis (2008)</li> <li>• An initial round of consultations in November and December 2008 to identify practice issues and experiences in relation to the operation of Safe At Home</li> <li>• Acceptance of written submissions from Safe At Home stakeholders (advertised in the local media)</li> <li>• Preparation of a Discussion Paper (March 2009) which set out a number of ideas and questions based on the literature review and first round of consultations</li> <li>• A second round of consultations in three regions (April 2009) to discuss the questions raised in the discussion paper and develop ideas to improve the response to family violence in Tasmania</li> <li>• Acceptance of written submissions from stakeholders in response to the Discussion Paper</li> <li>• A third round of consultations (May 2009) in relation to three specific priority areas (children, offenders and police and court processes) to consider the ideas identified during the second round workshops.</li> </ul> <p>In total there have been:</p> <ul style="list-style-type: none"> <li>• 15 consultation workshops (9 in Round One, three in Round Two and three in Round Three)</li> <li>• 18 written submissions (14 in Round One and four in Round Two)</li> <li>• 258 individuals involved in consultations (114 in Round One, 86 in Round Two, and 58 in Round Three)” (pp. 7-8).</li> </ul>	
	Sampling	See above	
Study Limitations			Not noted
Diverse population groups and/or geographical locations addressed?	Yes	No	

(TAS) Evaluation 3		Notes
Key findings	Process	<p>Areas noted as working well:</p> <ul style="list-style-type: none"> <li>• Integrated Case Coordination (ICC) Meetings – particularly effective. “This review finds that ICC should be formally recognised as a fundamental component of Safe At Home and should be supported to undertake their role though the provision of dedicated regional staff who can also be responsible for organising ‘case conferences’ as and when they are required” (p. 32).</li> <li>• Court Support Liaison Officers – trusted by victims and provide valuable conduct to legal process (p. 32).</li> <li>• Family Violence Counselling and Support Service – support enables victims to better participate in the legal process (p. 32).</li> <li>• ICC Database – further work is required, but this represents a great improvement on previous systems (p. 32).</li> </ul> <p><u>Consultation Question: What are the most important principles that should underlie Tasmania’s approach to family violence?</u></p> <ul style="list-style-type: none"> <li>• Human Rights</li> <li>• Family Safety</li> </ul> <p><u>Consultation Question: What would improve the level of safety for adult victims?</u></p> <p>“Key points to emerge from the first round of consultations concerning improvements to the safety of adult victims included:</p> <ul style="list-style-type: none"> <li>• A victim’s rights charter</li> <li>• After hours access to family violence counselling</li> <li>• Cultural competence</li> <li>• Further examination of male victims and their needs</li> <li>• Mandatory reporting of family violence</li> <li>• More attention to the needs of people with disabilities</li> <li>• Targeted education to improve understanding of family violence orders</li> <li>• Increasing material and practical support for victims” (p. 38).</li> </ul> <p><u>Consultation Question: What would improve the level of safety for child victims?</u></p> <p>“The key concerns raised during the consultations in relation to children experiencing family violence were:</p> <ul style="list-style-type: none"> <li>• Relationship to the Family Court</li> <li>• Supporting and protecting children through the legal process</li> <li>• Links between Safe At Home and the Department of Education</li> <li>• Links with child protection and the new child and family support system in Tasmania” (p. 49).</li> </ul> <p><u>Consultation Question: What would reduce the offending behaviour of those responsible for the violence?</u></p> <ul style="list-style-type: none"> <li>• The need for offender support services and programs.</li> <li>• Family Violence Offender Intervention Program: “The Family Violence Offender Intervention Program has been provided by Community Corrections for the last two years. Very few programs have been provided due to a lack of numbers referred to the program by the Courts and a lack of programs being offered by Community Corrections because of the need to build up a reasonably sized group in an area prior to commencement of the program (in anticipation of drop-outs) and the length and intensity of the FVOIP program” (p. 61).</li> <li>• Women Offenders: Recommended the DOJ “undertake further research on the offending needs and risks presented by women offenders” (p. 64).</li> </ul> <p><u>Consultation Question: What other policies or practices would make Tasmania’s approach to family violence more effective?</u></p> <ul style="list-style-type: none"> <li>• Specialist Family Violence Court.</li> <li>• Use of specialist prosecutors in FV matters (p. 64-65).</li> </ul>

(TAS) Evaluation 3		Notes
	<b>Outcomes</b>	<p>Police Activity: “During the first three years of Safe at Home the total incidents attended by police increased, before declining marginally in 2007/08. Specifically, the average number of family violence incidents per month increased from 279 to 310 (11%) between 2004/05 and 2006/07, and then decreased to 284 in 2007/08” (p. 77).</p> <p>Court Activity: “There was an approximate four-fold increase in the total number of new applications for orders between 2003/04 and 2004/05 (69 orders to 294 orders). The number of new applications then declined in 2005/06 (to 222 orders), and has been relatively steady across the last two financial years” (p. 79).</p> <p>Adult Counselling: “The average number of clients accessing adult counselling services increased by approximately 25% between 2004/05 and 2005/06 indicating the impact of Safe At Home on the utilisation of adult counselling services. Although the number of existing counselling clients remained relatively steady between 2005/06 and 2006/07, the number of new clients continued to grow, increasing the total number of clients. The total number of clients declined marginally in 2007/08” (p. 83).</p> <p>Child Counselling: “...the number of children receiving counselling declined between the March 2007 and June 2007 quarters, and remained at the lower level through to December 2007. The CHYPP program have indicated that they have a significant waiting list of children waiting for access to their services” (p. 84).</p> <p>Offender Program: “...the average number of offender program referrals has been significantly greater in the South region, compared with North and North-West between 2004/05 and 2006/07. However, this pattern changed somewhat in 2007/08, with a notable decline in the number of assessments in the South region, and notable increases in the number of assessment in the North and North West regions” (p. 85).</p> <p>Court Support: “...the average number of court support clients grew steadily between 2004/05 and 2006/07, before increasing substantially in 2007/08. Although there has only been a moderate increase in the average number of new clients using the service each month across the four year period (49 to 67, 37%), there has been an almost four-fold increase in the average number of existing clients per month (79 to 299, 278%)” (p. 87).</p> <p>Case Coordination (status of FV cases as at June 2009): “Across the state, only 2% of cases are classified as ‘active’ (meaning that they are reviewed weekly). About 72% of cases across the state have been closed with approximately one quarter of cases being classified as ‘inactive’ meaning that they remain on the case list for case coordination to review on a ‘less than weekly’ basis” (p. 89).</p>
	<b>Integration</b>	<p>Consultation Question: What would achieve a reduction in the level of family violence in the medium to longer term?</p> <ul style="list-style-type: none"> <li>• Prevention</li> <li>• Early intervention</li> <li>• Risk management</li> </ul> <p>“Risk management is achieved through:</p> <ul style="list-style-type: none"> <li>• Effective and comprehensive risk assessment</li> <li>• Focusing resources on high risk cases (at least in the first instance)</li> <li>• Case management for victims and offenders at the highest risk.</li> </ul> <p>These strategies are already in place or have commenced in Tasmania but require additional attention to be in place more consistently across the state” (p. 36).</p>

(TAS) Evaluation 3		Notes
		<p>Integrated effort</p> <p>“The best practice literature suggests that a range of agencies need to be involved in the case conferencing process. While it has been little used, there is capacity already within Safe At Home for case conferencing to take place involving a range of agencies” (p. 37).</p> <p>Integrated data systems</p> <p>“While the manually collated Safe At Home ICC case-based database was praised as a significant achievement by those in government who have access to it, there was strong support for the development of an integrated Safe At Home data system which links data electronically” (p. 37).</p>
	<b>Strengths of model</b>	<p>Main strengths of SAH:</p> <ul style="list-style-type: none"> <li>• FV is now clearly on the public agenda.</li> <li>• Improved legal recognition of FV.</li> <li>• Victims no longer have to drive a response – police take responsibility for pressing charges.</li> <li>• Improved police response to FV. (pp. 31-32)</li> </ul>
<b>Conclusions/recommendations</b>		<p>“Thirty-seven recommendations are included in Chapter 6. In summary, the most significant of these are as follows:</p> <ul style="list-style-type: none"> <li>• The adoption of family safety as a unifying paradigm</li> <li>• A strengthened risk management approach by Safe At Home</li> <li>• A Victims Rights Charter for Tasmania</li> <li>• Education programs in Tasmania’s schools to assist children and young people to develop healthy and respectful relationships</li> <li>• Support and training to achieve cultural competence by Safe At Home service providers</li> <li>• Improved understanding and recognition of violence against people with disabilities</li> <li>• Case management for victims and offenders in high risk situations</li> <li>• Research into the makeup and needs of male victims and female offenders</li> <li>• Establishment of a Specialist Family Violence Court</li> <li>• Improved support for children appearing in court</li> <li>• Use of specialist family violence prosecutors in family violence matters in the Supreme Court” (p. 3).</li> </ul>
<b>Findings useful for wider program development/practice?</b>		Yes

## Victoria

Program Summary	
(VIC) Evaluation 1	Notes
Author/Year/Title	Frere, M., Ross, S., Healey, L., Humphreys, C., & Diemer, K. (2008). <i>Northern Crisis and Advocacy Response Service (CARS) evaluation</i> . Parkville, Victoria: University of Melbourne. Retrieved from <a href="http://www.cfecfw.asn.au/sites/default/files/Frere-et-al_2008_NCARS-evaluation-report_gov.pdf">http://www.cfecfw.asn.au/sites/default/files/Frere-et-al_2008_NCARS-evaluation-report_gov.pdf</a> .
Jurisdiction	VIC
Name of evaluated program/strategy	Northern Crisis Advocacy Response Service (CARS)
Inclusion rationale	Network of service providers operating on a formalised service protocol for integrated service provision.
Nature/type of program/strategy	Crisis response, advocacy, and supports temporary accommodation.
Brief description of program/strategy (content, aims, etc.)	<p>(All page references herein refer to the evaluation report).</p> <p>“[T]he Crisis Advocacy Response Service (CARS)...was established to provide a 24 hour face-to-face crisis response to women experiencing family violence. The crisis intervention also allows women and their accompanying children to have access to a CARS Unit, a safe, comfortable space in a residential setting within which women can explore their options, supported by a CARS worker, whilst children have ‘time out’ from the precipitating situation” (p. 7). The evaluation assesses the first six months of the pilot project (p. 7).</p> <p>“CARS was developed by a network of service providers in the region to enhance the integration of the family violence service system and to provide better counselling, information, support and advocacy services” (p. 7). “CARS...represents a locally realised example of the implementation of the Integrated Family Violence Service Reform” (p. 7).</p>
Collaborating agencies	<ul style="list-style-type: none"> <li>• Victoria Police</li> <li>• Women’s Domestic Violence Crisis Service (WDVCS)</li> <li>• Northern Integrated Family Violence Service System, which includes: <ul style="list-style-type: none"> <li>• Women’s Health in the North (WHIN)</li> <li>• Berry Street, Northern Family &amp; Domestic Violence Service (NFDVS)</li> <li>• Georgina Collective (incorporating Martha and Georgina Women’s Refuges)</li> <li>• Mary Anderson Family Violence Service (MAFVS), Salvation Army / Crossroads Youth and Family Services Network (p. 7).</li> </ul> </li> </ul>
Lead agency	Women’s Domestic Violence Crisis Service (WDVCS) “acts as the central point for the coordination of CARS attendances on a 24/7 basis...” (p. 16).

(VIC) Evaluation 1		Notes	
<b>Definition of “integration” within program/strategy</b>		<p>“An important issue to consider in relation to the establishment of CARS is the context of statewide reform in Victoria and the implementation of the Integrated Family Violence System. This context is broadly understood as providing added impetus for the integration of services at local and sub-regional levels. Indeed, on the ground CARS is seen to encapsulate what the IFVS [i.e. Integrated Family Violence System] reform is all about” (p. 13).</p> <p>“The model is delivered through a shared service arrangement, with three week rosters that include Northern Family and Domestic Violence Service (Berry Street), Mary Anderson Family Services (Crossroads Youth and Family Services) and Georgina and Martina Women’s Refuges; a protocol with the Women’s Domestic Violence Crisis Line as the central referral point, and agreements with police (and to a lesser extent the major hospitals in the region) for referrals” (p. 16).</p>	
<b>Key program/strategy elements and practice approaches</b>		<p>“One of the key elements of the new approach encompassed by CARS was to provide a crisis response that recognised more fully the criminality of the offence and ensured that the women’s option took into account the new options available to her under law with a view to keeping women and children ‘safe at home’” (p. 15). Aimed to take a woman-centred right/advocacy approach (p. 15).</p>	
<b>Services provided (e.g. DFV, SXA, both)</b>		DFV	
<b>Details of stakeholder alliances (formal MoU, shared principles, etc.)</b>		Collaborating agencies are referred to as the “CARS Partnership” in the Service Protocol and Memorandum of Understanding (p. 7). “The model is delivered through a shared service arrangement, with three week rosters that include Northern Family and Domestic Violence Service (Berry Street), Many Anderson Family Services (Crossroads Youth and Family Services) and Georgina and Martina Women’s Refuges; a protocol with the Women’s Domestic Violence Crisis Line as the central referring point, and agreements with police (and to a lesser extent the major hospitals in the region) for referrals (p. 16). The CARS protocol takes precedence over the procedures of individual organisations (p. 16).	
<b>Target group</b>	<b>Diverse population groups (please specify)</b>	<b>Indigenous women</b>	“The number of Indigenous women using the service [only 5 cases] may reflect the existence of an alternative referral pathway for Indigenous women via Elizabeth Hoffman House” (p. 28).
		<b>Young people</b>	“Six in ten of the women had children in their care” (p. 28).
		<b>CALD women</b>	“The women using CARS... appear to be broadly representative of the ethnic diversity of the northern suburbs of Melbourne [15% of referrals required an interpreter]” (p. 28).
		<b>Not specified</b>	13 women reported some form of disability, with 52 cases having a mental illness (p. 28).
	<b>Geographical location</b>	<b>Metropolitan</b>	CARS operates in the Northern Metropolitan sub-region of Melbourne, which includes the Banyule, Darebin, Moreland, Nillumbik, Whittlesea, Hume and Yarra Local Government Areas (p. 7).
		<b>Remote</b>	n/a
		<b>Rural</b>	n/a
	<b>Not specified</b>	Service is targeted at women who live in the Northern sub-region or who are looking to relocate to this area (p. 16).	
<b>Evaluation Details</b>			
<b>Key information</b>	<b>Funder</b>	Department of Human Service (via a Best Practice Grant).	
	<b>Length of evaluation</b>	Covers CARS pilot operation from 1 February 2008 until 31 July 2008 (p. 12).	

(VIC) Evaluation 1		Notes
	<b>Evaluation governance</b>	Conducted by researchers from the University of Melbourne. “The evaluation was guided by the CARS Pilot Review Group which provided advice on study methodology, served as a form in which information collected during the course of the evaluation could be presented and discussed, and, read and commented on reports of the research findings” (p. 12).
	<b>Purpose of evaluation</b>	Not stated - refer to aims.
<b>Evaluation Goals and Objectives</b>		Two primary aims: 1. To document changes in multi-agency working relationships in an integrated crisis response service and gain service providers’ evaluation of this change; 2. To identify some of the outcomes as a result of the service reorientation (pp. 12-13).
<b>Research questions</b>		Research questions were mapped to the two aims (see above). “Aim 1: <ul style="list-style-type: none"> <li>• What changes in multi-agency working are required under the CARS model?</li> <li>• What are the enablers and barriers to implementing the model?</li> <li>• What does the model tell us about planning service responses into the future?</li> </ul> Aim 2: <ul style="list-style-type: none"> <li>• Who was represented in the service user group using CARS? What gaps were evident?</li> <li>• What were the service outcomes for women who use CARS?</li> <li>• What do the service outcomes indicate on the nature and level of needs to be responded to?” (pp. 12-13).</li></ul>
<b>Evaluation components</b>	<b>Outcomes</b>	Quantitative data analysis via documents provided by participating agencies.
	<b>Process</b>	Qualitative data through semi-structured interviews.
	<b>Economic</b>	n/a
	<b>Other (please specify)</b>	
<b>Relevant legislative and policy context</b>		
<b>Methodology</b>	<b>Design</b>	1. Document analysis, including the following: <ul style="list-style-type: none"> <li>• Protocols and MoUs</li> <li>• Funding submissions</li> <li>• Minutes of the Pilot Review Group (met fortnightly through pilot period) (p. 13).</li> </ul> 2. Collection of qualitative data (semi-structured interviews with representatives from all participating agencies). Interviews explored: <ul style="list-style-type: none"> <li>• Formation of partnerships and networks amongst service providers</li> <li>• Forms of information and data sharing amongst agencies</li> <li>• Service utilisation and changes to service pathways for users</li> <li>• Perceptions of effectiveness of changes in service orientation by service providers (p. 13).</li> </ul> 3. Collection of quantitative data, drawn from: <ul style="list-style-type: none"> <li>• CARS Intake and Referral form (details victim(s) characteristics, nature of incident(s), referral pathway, service responses identified/delivered through CARS)</li> <li>• Exception Reports (identify breaches of agreed CARS protocols)</li> <li>• Feedback/Evaluation Forms (service improvement ideas) (p. 13).</li> </ul>

(VIC) Evaluation 1		Notes
	<b>Sampling</b>	Interviews conducted with 23 CARS service providers, representing all parts of all participating organisations, as well as three representatives of Victoria Police (p. 13). Data from CARS Intake and Referral Form covers 168 women referred to CARS during the evaluation period. Forty-one Exception Reports and 16 Feedback/Evaluation Forms were also analysed (p. 13).
<b>Study Limitations</b>		“It is important when reading this report to bear in mind that it is primarily concerned with the crisis response provided through CARS. Many women who use CARS also require continuing support, and this may be provided by the agencies participating in CARS. However, information about this continuing service and support resides within these agencies and for the most part is invisible to this evaluation” (p. 13).
<b>Diverse population groups and/or geographical locations addressed?</b>	<b>Yes</b> <b>No</b>	Yes - see commentary above.
<b>Key findings</b>	<b>Process</b>	See “Integration” commentary below.
	<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Mean age of victims: 33 years.</li> <li>• 54% born in Australia, remaining from other countries.</li> <li>• Six in 10 women had children in their care (a mean of 2.2 children).</li> <li>• Circa four in 10 women referred has previously contacted a family violence service.</li> <li>• “Data from the Common Risk Assessment Framework undertaken by WDVCS on CARS clients and perpetrators indicates that nearly half of the 168 clients were assessed as living in circumstances of extreme danger given that 7 or more perpetrator risk factors were present” (p. 10).</li> <li>• 30% of referrals had an outcome related to an Intervention Order recorded (for two thirds of this cohort, an Intervention Order was already in place).</li> </ul> <p>Accommodation:</p> <p>Of 168 cases referred –</p> <ul style="list-style-type: none"> <li>• 123 returned home (45 had no further action recorded).</li> <li>• 26 stayed with family/friends.</li> <li>• 16 referred to housing service.</li> <li>• 19 referred to crisis accommodation service.</li> <li>• 5 referred to refuge (p. 10).</li> </ul> <p>“The likelihood that a woman would be referred to an accommodation service was related to whether there was an existing Intervention Orders, and especially if the Order included a sole occupancy condition” (p. 11).</p>

(VIC) Evaluation 1		Notes
	<b>Integration</b>	<p>Resources</p> <ul style="list-style-type: none"> <li>Resourcing will need to change for the sustainability of the project, with participating agencies facing resourcing challenges (with the exception of Victoria Police and WDVCS). For this reason, seeking external funding from the Government is logical (p. 8).</li> </ul> <p>Attitudinal and cultural shifts</p> <ul style="list-style-type: none"> <li>Development of integrated crisis response has had positive effects.</li> <li>Development of Service Protocol and MoU, with a shared vision for the implementation of the crisis response has had positive effects on inter-agency relationship.</li> <li>New relationships between family violence services and police have developed (pp. 8-9).</li> </ul> <p>Systems</p> <ul style="list-style-type: none"> <li>Development of adequate systems needed to sustain networks.</li> <li>Regular CARS forums and fortnightly pilot review meetings have facilitated face-to-face inter-agency relationships, problem solving and decision-making, with focus on data collection and information sharing.</li> <li>A body of evidence regarding referral pathways and outcomes has been gathered, however data collection methods could be improved.</li> <li>Strengthening vertical relationships is optimal, and “[f]urther ‘horizontal’ relationships may need to be developed that can provide secondary consultation and further pathways into the CARS system (such as Child FIRST, disability, Indigenous and CALD services, health services, courts and Men’s Behaviour Change Programs)” (p. 9).</li> </ul>
	<b>Strengths of model</b>	<p>Strengths of model were identified as:</p> <ul style="list-style-type: none"> <li>“Better engagement with women at time of crisis</li> <li>Access to the CARS Unit provides a comfortable space for decision-making (for women) and ‘time out’ (for children)</li> <li>More flexibility of response to women</li> <li>Immediate response satisfies all members of the CARS Partnership</li> <li>Increased awareness of services available by members of the CARS Partnership</li> <li>Enhanced communication and cooperation</li> <li>Better integration of services involved in crisis response</li> <li>Sharing of resources benefits agencies (especially small ones)</li> <li>Improved contact with police</li> <li>Better response to police</li> <li>More follow through, including court action</li> <li>Improved service for culturally and linguistically diverse (CALD) women” (p. 8).</li> </ul>

(VIC) Evaluation 1	Notes
<b>Conclusions/recommendations</b>	<p>CARS founding to be working well, and still in the process of development (p. 11). Five key recommendations made are as follows:</p> <ol style="list-style-type: none"> <li>1. “Government contributes funding to maintenance and sustainability of CARS.</li> <li>2. Government to improve access to current brokerage funds or establish a new fund for rapid access.</li> <li>3. CARS to expand services through cooperative relationship building, creating opportunities for secondary consultation and establishing more pathways into CARS.</li> <li>4. CARS strengthens data collection processes.</li> <li>5. CARS strengthens ‘vertical’ relationships throughout the family violence integrated response system” (p. 11).</li> </ol>
<b>Findings useful for wider program development/practice?</b>	Yes - in terms of best practice for integrated responses.

Program Summary		
(VIC) Evaluation 2		Notes
Author/Year/Title		Powell, M. & Cauchi, R. (2009b). <i>Victims' perceptions of the new SOCIT-MDC model adopted by Victoria Police</i> . Deakin University.
Jurisdiction		VIC
Name of evaluated program/strategy		SOCIT-MDC model (Sexual Offence and Child Abuse Investigation Teams - Multidisciplinary Centres)
Inclusion rationale		Co-located multi-agency, multi-disciplinary response.
Nature/type of program/strategy		Police investigation; counselling; medical assessment - co-located services.
Brief description of program/strategy (content, aims, etc.)		<p>(All page references herein refer to the evaluation report).</p> <p>The model includes two key components:</p> <ul style="list-style-type: none"> <li>“...the delivery of core services to the complainant (e.g. police investigation, counselling, medical assessment) at single, stand-alone service sites referred to as ‘Multidisciplinary Centres’ (p. 7).</li> <li>“...the establishment of specialist teams of police investigators, referred to as Sexual Offence and Child Abuse Investigation Teams (SOCITs). SOCITs are responsible for providing victim support and liaison, interviewing and conducting the investigation” (p. 7).</li> </ul>
Collaborating agencies		“...the services located at MDCs [i.e. Multidisciplinary Centres] include: (a) police (i.e., SOCITs), (b) Centres Against Sexual Assault (CASAs) which provide counselling and general victim advice and support, (c) Department of Human Services which investigate child protection matters, and (d) the Institute of Forensic Medicine which provides forensic medical examinations” (p. 10).
Lead agency		Victoria Police
Definition of “integration” within program/strategy		Not detailed in this report. See SOCIT-MDC “Stakeholders” evaluation report matrix.
Key program/strategy elements and practice approaches		<p>This new model was designed to provide a more streamlined, user-friendly and specialist service:</p> <ul style="list-style-type: none"> <li>“The preceding model of service delivery also contained specialist teams, referred to as Sexual Offences and Child Abuse Units (SOCAUs). However, unlike SOCITs, SOCAUs were not detective trained and thus their role was limited to interviewing and victim support—members of Criminal Investigation Units (CIUs) and Sexual Crimes Squads were responsible for the criminal investigation component” (p. 10).</li> </ul> <p>SOCIT members focus solely on sexual offences, and are given specialist training in investigative interviewing.</p>
Services provided (e.g. DFV, SXA, both)		SXA
Details of stakeholder alliances (formal MoU, shared principles, etc.)		Not stated
Target group	Diverse population groups (please specify)	Indigenous women
		Not mentioned

(VIC) Evaluation 2		Notes	
		<b>Young people</b>	Only mentioned mean ages of participants: (31 years at pilot sites; 30 years at comparison sites) (p. 16).
		<b>CALD women</b>	Not mentioned
		<b>Not specified</b>	
	<b>Geographical location</b>	<b>Metropolitan</b>	Not mentioned
		<b>Remote</b>	Not mentioned
		<b>Rural</b>	Percentage of cases from rural locations: 16% at pilot sites; 24% at comparison sites (p. 16).
		<b>Not specified</b>	
<b>Evaluation Details</b>			
<b>Key information</b>	<b>Funder</b>	Victoria Police	
	<b>Length of evaluation</b>	Interviews conducted face-to-face between months of May and June 2009 (p. 16).	
	<b>Evaluation governance</b>		
	<b>Purpose of evaluation</b>	Note stated - see "Objectives" below.	
<b>Evaluation Goals and Objectives</b>		"The aim of this study was to determine whether the new SOCIT-MDC model has resulted in more victim-centred and user-friendly service delivery by police" (p. 7). This study is the third in a series of SOCIT-MDC model evaluations (a fourth evaluation is planned to analyse further data - see "Conclusions" below).	
<b>Research questions</b>		None stated	
<b>Evaluation components</b>	<b>Outcomes</b>		
	<b>Process</b>	Interviews with victims - experiences of reporting and investigation process.	
	<b>Economic</b>	n/a	
	<b>Other (please specify)</b>		
<b>Relevant legislative and policy context</b>		None mentioned.	
<b>Methodology</b>	<b>Design</b>	<ul style="list-style-type: none"> <li>Conducted interviews with victims from the two pilot sites, and two comparison sites (p. 13).</li> <li>A structured interview schedule was used for all participants (p. 17).</li> <li>"Although the focus of the interviews was on victims' experiences of the reporting and police investigation process, victims were also invited to speak about their experiences of the other professional services they had accessed during the criminal justice process (e.g., police, CASA, FMOs [i.e. Forensic Medical Officers], DHS [i.e. Department of Human Services], court support services)" (p. 17).</li> </ul>	

(VIC) Evaluation 2		Notes
	<b>Sampling</b>	<ul style="list-style-type: none"> <li>• “The participants included 25 victims of sexual assault (24 females and 1 male) aged between 15 and 54 years” (p. 14). “Of the 25 victims, 7 accessed services from a SOCIT only, 7 accessed services from both a SOCIT and a team operating under the old model (i.e., SOCAU, CIU, Sex Crimes Squad) and 11 accessed services from teams operating under the old model only” (p. 14).</li> <li>• “...the level of heterogeneity (in terms of age, referral to the study, access to counsellors and case type and status) was largely consistent across the pilot and comparison sites” (p. 15).</li> <li>• Ethical considerations meant that the recruitment process went through SOCIT, SOCAU and CASA professionals already in contact with victims: “These professionals were provided with ‘recruitment packs’ including a cover letter detailing the nature and purpose of the current evaluation and an invitation to participate in the study, a Plain Language Statement and written consent form(s), and a reply-paid self-addressed envelope to distribute to the victims...Interested individuals were asked to return (by mail) the written consent form(s) directly to the researchers and also to provide a telephone number that they could be contacted on” (p. 15).</li> <li>• “...CASA counsellor was available on standby to provide immediate follow up counselling to any participant who took part in the study” (p. 17). Interviews took place in CASA counselling rooms (p. 18).</li> </ul>
<b>Study Limitations</b>		“A limitation that needs to be acknowledged, however, is that victims who took part in our research were not randomly selected (14 were referred by police and 7 in particular came through SOCITs). This raises the question of whether the findings are generalisable to all victims who accessed the services at the pilot sites” (p. 43).
<b>Diverse population groups and/or geographical locations addressed?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Key findings</b>	<b>Process</b>	<p>Key finding was the importance of dignified and respectful engagement with victims by service providers (p. 8). The following elements were key to this:</p> <ul style="list-style-type: none"> <li>• “being treated as a valued complainant;</li> <li>• privacy and anonymity;</li> <li>• minimising the number of service providers;</li> <li>• timely response;</li> <li>• accessibility of services (“Easy access to services was a major theme raised in the interviews. It was raised by all participants and 18% of all comments referred to this issue. Having the key services under one roof was considered by victims to be the ‘ideal’ form of service delivery” (p. 29)); and</li> <li>• understanding and keeping apprised of the legal status of the case.</li> </ul> <p>Importantly, these elements are highly compatible with the core features of the new SOCIT-MDC reform” (p. 8).</p> <p>Further findings:</p> <ul style="list-style-type: none"> <li>• “All except one victim who experienced the SOCIT-MDC system reported satisfaction with the process—this satisfaction rate (93%) was significantly higher than that of victims who attended the comparison sites (56%).</li> <li>• All but 3 of the 25 victims explicitly stated that they preferred the new model of service delivery.</li> <li>• When victims reflected on their experiences, a significantly greater number of positive comments and significantly fewer negative comments were made in relation to the SOCIT-MDC system compared to that of the comparison sites.</li> </ul>

(VIC) Evaluation 2		Notes
		<ul style="list-style-type: none"> <li>The only persons to indicate that they would not recommend reporting were from comparison sites (these decisions were attributed to negative experiences with police and/or the criminal justice system).</li> <li>Of those 7 victims who had access to police from SOCIT as well as other teams, all except 2 (71%) felt that overall, the SOCIT-MDC system was superior” (p. 9).</li> </ul>
	<b>Outcomes</b>	
	<b>Integration</b>	Not explicitly detailed, though victims not accessing services under one roof is ideal (see above).
	<b>Strengths of model</b>	Not explicitly detailed
<b>Conclusions/recommendations</b>		“The findings provide clear evidence to suggest that the response of Victoria Police to victims who report sexual assault has become more victim-centred under the new SOCIT-MDC model of service delivery. This conclusion is entirely consistent with the perception of the 90 stakeholders we interviewed for the first study of this evaluation. Analysis of the ‘hard’ indicators (e.g., number of complaints withdrawn across the pilot and comparison sites) is the focus of the fourth and final report of our series of evaluation studies” (p. 9).
<b>Findings useful for wider program development/practice?</b>		Yes

Program Summary	
(VIC) Evaluation 3	Notes
Author/Year/Title	Powell, M. & Wright, R. (2009a). <i>Stakeholders' perceptions of the new SOCIT and MDC model adopted by Victoria Police</i> . Deakin University.
Jurisdiction	VIC
Name of evaluated program/strategy	SOCIT-MDC model (Sexual Offence and Child Abuse Investigation Teams - Multidisciplinary Centres)
Inclusion rationale	Co-located multi-agency, multi-disciplinary response.
Nature/type of program/strategy	Police investigation, counselling, child protection, and medical examination - co-located services.
Brief description of program/strategy (content, aims, etc.)	<p><i>(All page references herein refer to the evaluation report).</i></p> <p>The SOCIT-MDC model includes:</p> <ol style="list-style-type: none"> <li>1. “the establishment of specialist teams of investigators, referred to as ‘Sexual Offence and Child Abuse Investigation Teams’ (SOCITs). SOCIT members are responsible for investigation of sexual offences and victim support”</li> <li>2. “the new method of operation includes the establishment of service sites referred to as ‘Multidisciplinary Centres’ (MDCs), where key services (i.e., investigation, counselling, medical examination, child protection) are accessed by victims in a single location separate from police stations” (p. 6).</li> </ol> <p>“In 2006, as part of the Victorian Government’s \$34 million sexual assault reform package, Victoria Police received \$6 million to pilot the model from January - February 2007 onwards at the two pilot sites. Frankston (which has one of the highest rates of sexual abuse) was chosen as the metropolitan pilot site and Mildura as the regional pilot site. One MDC was based at each pilot site, and the professionals servicing these included SOCIT investigators, CASA counsellors and (in the case of the metropolitan site only) DHS [i.e. Department of Human Services] members. Further, each site contained facilities to conduct medical examinations of victims on a needs basis by members of VIFM [i.e. Victorian Institute of Forensic Medicine]” (p. 12).</p> <p>“At the time of this evaluation, two MDCs had been in operation for approximately 18 months - one at Frankston (the metropolitan pilot site) and one at Mildura (the regional pilot site). The professional groups based at these sites included SOCIT investigators, counsellors and (in the case of the metropolitan site only) child protection (i.e., Department of Human Services [DHS]) officers. Further, each site contained facilities to conduct medical examinations of victims on a needs basis. The responsibility of the SOCITs was restricted to alleged penetrative offences of adults (and children for the metropolitan site only). Indecent assaults of a sexual nature (adults and children) and physical abuse of children were still being managed under the traditional model of service delivery” (p. 6).</p>
Collaborating agencies	<p>Organisations involved in MDC service provision:</p> <ul style="list-style-type: none"> <li>• Victoria Police (SOCITs);</li> <li>• Centres against Sexual Assault (CASAs): responsible for providing counselling and general advice and support to victims;</li> <li>• Department of Human Services (DHS): responsible for child protection investigation; and</li> <li>• Victorian Institute of Forensic Medicine (VIFM): conducts forensic medical examinations (FMEs) of abuse victims (pp. 10-11).</li> </ul>
Lead agency	Victoria Police

(VIC) Evaluation 3		Notes	
<b>Definition of “integration” within program/strategy</b>		“Compromise and collaboration among service providers are the keystones of truly victim-focused, comprehensive and effective systems for responding to sexual assault (Ahrens, Campbell, Wasco, Aponte, Grubstein, & Davidson, 2000 [as cited on p. 52]). Interdisciplinary collaboration is particularly relevant for police because evidence collated during an investigation of sexual assault is usually derived from a wide variety of sources. As acknowledged by the current stakeholders, however, good collaboration between professionals is not a direct consequence of working under the same roof. Co-location can only address those barriers to collaboration that normally arise from the existence of parallel independent service sites (e.g., increased travel time, lower levels of familiarity between professionals). Indeed, despite the fact that co-location of services at the MDCs facilitated collaboration related to case management, conflicts and tensions still arose between professionals” (p. 52).	
<b>Key program/strategy elements and practice approaches</b>		See above	
<b>Services provided (e.g. DFV, SXA, both)</b>		SXA	
<b>Details of stakeholder alliances (formal MoU, shared principles, etc.)</b>		Not explicitly detailed	
<b>Target group</b>	<b>Diverse population groups (please specify)</b>	<b>Indigenous women</b>	Not stated
		<b>Young people</b>	Not stated
		<b>CALD women</b>	Not stated
		<b>Not specified</b>	
	<b>Geographical location</b>	<b>Metropolitan</b>	Frankston (pilot site 1)
		<b>Remote</b>	
		<b>Rural</b>	
		<b>Not specified</b>	Mildura (regional; pilot site 2)
<b>Evaluation Details</b>			
<b>Key information</b>	<b>Funder</b>	Victoria Police	
	<b>Length of evaluation</b>	Interviews conducted between the months of August and December 2008 (p. 16).	
	<b>Evaluation governance</b>	Research conducted by Deakin University researchers.	
	<b>Purpose of evaluation</b>	Not stated	
<b>Evaluation Goals and Objectives</b>		Aims of evaluation are: 1. “to determine whether the new model of service delivery was associated with improved attitudes and quality of service delivery to victims of sexual assault” (pp. 6-7). 2. “to identify key issues for Victoria Police to consider which may assist in maximising the success of the model in the long term” (p. 7).	
<b>Research questions</b>		Not stated	

(VIC) Evaluation 3		Notes
Evaluation components	Outcomes	
	Process	Interviews
	Economic	n/a
	Other (please specify)	
Relevant legislative and policy context		“The rationale for the development of the new SOCIT and MDC model arose primarily from the [Victoria Law Reform Commission] final report on Sexual Offences which was tabled in Parliament in July 2004” (p. 11).
Methodology	Design	Semi-structured interview schedule used (p. 17).  In addition to an opening open-ended question about participant impressions of the reforms, the following areas were addressed in interviews: <ul style="list-style-type: none"> <li>• “factors integral to the success of SOCITs and MDCs;</li> <li>• the perceived impact of the new reforms;</li> <li>• subjective experiences of being co-located with other professional agencies; and</li> <li>• future concerns, considerations and support for a roll out of the model of service delivery” (p. 17).</li> <li>• Interviews mainly conducted face-to-face; some telephone interviews (p. 16).</li> </ul>
	Sampling	In-depth interviews with 90 stakeholders, including: <ul style="list-style-type: none"> <li>• MDC professionals (police, counsellors, child protection, medical practitioners).</li> <li>• Managers and senior executives from each organisation participating in the reforms.</li> <li>• Legal professionals.</li> <li>• Additionally, police members at two comparison sites were interviewed (p. 7).</li> </ul> <p>“Nominated stakeholders were individually invited (in writing) to partake in the current evaluation by the then Deputy Commissioner Simon Overland. Of the 104 professionals invited, 14 (from various regions, agencies and police units) declined to be involved due to their limited involvement and understanding of the new model and/or their inability to attend an interview” (p. 15).</p>
Study Limitations		“Little prior research has compared the relative effectiveness of specific components of co-located and specialised service delivery. Further, it needs to be considered that the system we evaluated was, and still is, continually evolving. Collectively, these factors make it difficult to draw conclusions about the long-term impact of any ‘perceived’ weaknesses in the system and the way in which they could or should be addressed in a roll out of the model” (p. 50).
Diverse population groups and/or geographical locations addressed?	Yes	No
Key findings	Process	See below
	Outcomes	
	Integration	“Across the large and heterogeneous group of stakeholders interviewed for this evaluation, perceptions of the work police members were doing in the new SOCIT-MDC model were also positive” (p. 9).  “Overall, our findings are entirely consistent with the central concept underlying the development of the new MDC and SOCIT reforms – a more accessible, efficient, coordinated and user-friendly service delivery” (p. 9).

(VIC) Evaluation 3	Notes
	<p>Concerns expressed, related to:</p> <ul style="list-style-type: none"> <li>• “the adequacy of future resourcing and staff numbers to fill the SOCIT positions</li> <li>• whether the current levels of leadership and collaboration between service providers would be maintained in the long term.</li> <li>• geographic location and design of future MDCs</li> <li>• allocation of cases to SOCIT members” (p. 8).</li> <li>• Number of stakeholders raised concerns about co-location of services as fostering inter-agency cohesion. Reported conflicts were related to: <ul style="list-style-type: none"> <li>• “Professionals perceiving that their own perspectives were being devalued</li> <li>• Insufficient communication between professionals about the process and outcome of investigations</li> <li>• Different perspectives among professionals regarding the credibility of a particular witness</li> <li>• A perception among certain individuals that others were trying to take control of the process and restricting people from fulfilling their roles correctly.</li> </ul> </li> </ul> <p>These professionals emphasised the need for more regular team meeting, informal liaison and case discussions between professionals across organisations” (p. 45)</p> <p>“The final aspect that professionals mentioned as being critical to the success of the reforms was strong strategic and centralised management to ensure consistency and high-quality service delivery. The need for strong management was reported by professionals from all organisations...” (p. 46).</p>
	<p><b>Strengths of model</b></p> <p>“All of the stakeholders who took part in the evaluation perceived that the adoption of a multidisciplinary, ‘victim-centred’, ‘one-stop shop’ model of service delivery was a major step forward in the service delivery to victims of sexual assault” (p. 7).</p> <p>“Further, the overriding perception was that having a qualified police member undertake the entire investigation (from the initial statement to brief authorisation) ensured a more efficient and user-friendly system for victims” (pp. 7-8).</p> <p>Four key strengths of the reforms were identified:</p> <ul style="list-style-type: none"> <li>• “co-location of key services;</li> <li>• the adoption of a neutral independent service facility;</li> <li>• increased specialisation of police; and</li> <li>• strong organisational commitment and support” (p. 8).</li> </ul> <p>“the reported outcomes of these elements [listed above] included improved collaboration, greater or increased victim satisfaction and reporting rates, increased referrals between professionals, reduced response and investigation times, better quality briefs and higher prosecution and conviction rates” (p. 8).</p>

(VIC) Evaluation 3	Notes
<b>Conclusions/recommendations</b>	<p>Six areas of concern for Victoria Police were identified:</p> <ul style="list-style-type: none"> <li>• Limitations in the design and location of the current MDCs.</li> <li>• The need to factor in increasing court time and administrative tasks into future SOCIT staffing and resource models.</li> <li>• Need for formalised processes to facilitate inter-agency collaboration.</li> <li>• Need for improved training in investigative interviewing.</li> <li>• Need for an ongoing built-in evaluation system.</li> <li>• Need for a review of the current procedures for managing work-related stress.</li> </ul> <p>The researchers note these issues should be addressed to ensure the ongoing success and sustainability of the model (p. 9).</p>
<b>Findings useful for wider program development/practice?</b>	Yes

Program Summary	
(VIC) Evaluation 4	Notes
Author/Year/Title	Thomson Goodall Associates Pty Ltd. (2013). <i>Evaluation of the Family Violence Strengthening Risk Management Demonstration Projects in Victoria: Final report to the Department of Human Services.</i>
Jurisdiction	VIC
Name of evaluated program/strategy	Strengthening Risk Management Demonstration Project (SRMDP)
Inclusion rationale	Coordinated multi-agency risk assessment and case management team.
Nature/type of program/strategy	DV support, risk assessment and case management.
Brief description of program/strategy (content, aims, etc.)	<p><i>(All page references herein refer to the evaluation report).</i></p> <p>“The SRMDP comprised two pilots, each funded to enhance family violence risk assessment and risk management practice, and to implement a strengthened multi-agency risk assessment and risk management model for women and women with children at imminent risk of serious harm or lethality from family violence. The Demonstration Project included an evaluation of both pilots” (p. i).</p> <p>“The Victorian SRMDP Pilot was established in 2011 in two local government areas – the City of Hume, and the Greater City of Geelong... In each area, the Department of Human Services funded an agency to auspice the implementation and operation of the SRMDP model – Berry Street (in the City of Hume), and Bethany Community Services (in the Greater City of Geelong)” (p. i).</p> <p>The aims of the SRM [i.e. Strengthening Risk Management] Demonstration Projects were:</p> <ul style="list-style-type: none"> <li>• “To test the implementation and delivery of coordinated multi-agency approaches to strengthen family violence risk assessment and management</li> <li>• To trial new integrated governance arrangements</li> <li>• To trial new roles and responsibilities</li> <li>• To trial new ways of working collaboratively</li> <li>• To support men’s behaviour change</li> <li>• To ensure integrated (on the ground) responses to family violence” (p. 1).</li> </ul> <p>“Key features of the Victorian SRMDP service model included a multi-agency risk assessment and management panel (RAMP), tasked with collaboratively providing risk assessment and risk management in identified high risk family violence situations; and the provision of an SRM case management response to the intended client groups” (p. 1).</p>
Collaborating agencies	RAMP – “A Risk Assessment and Management Panel (RAMP) was to be established in each pilot area, with core membership to include senior representatives from the pilot auspice agency (Berry Street and Bethany Community Services), Victoria Police, DHS [i.e. Department of Human Services] Child Protection, Corrections, Department of Health, and other relevant agencies and service providers” (p. ii). “Membership for both RAMPs included the auspice agency, Victoria Police, Corrections, DHS Child Protection and ChildFIRST. The Hume RAMP also included members from health, mental health, drug and alcohol, maternal and child health and Centrelink. The Geelong RAMP included representatives from the women’s family violence service, community legal services, health services, and Bethany men’s family violence service, and family services” (p. iv).
Lead agency	Department of Human Services.

(VIC) Evaluation 4		Notes	
<b>Definition of “integration” within program/strategy</b>		<p>“Key features of the Victorian SRMDP service model included a multi-agency risk assessment and management panel (RAMP), tasked with collaboratively providing risk assessment and risk management in identified high risk family violence situations; and the provision of an SRM case management response to the intended client groups” (p. 1).</p> <p>In the context of the Victorian FV reforms - “In order to facilitate a more integrated approach, several statewide and regional advisory structures were established to facilitate the implementation of the Government’s reform agenda. A Family Violence Interdepartmental Committee comprising Victoria Police, DoJ [i.e. Department of Justice], DHS, DPCD [i.e. Department of Planning and Community Development] and DEECD [i.e. Department of Education and Early Childhood Development] was established (chaired by DPCD). At regional and sub regional levels, Integrated Family Violence Committees were established, with membership comprising a wide range of community based family violence services, as well as police, Child Protection, courts, health services and schools” (p. 8).</p>	
<b>Key program/strategy elements and practice approaches</b>		<p>SRM pilots have two key components:</p> <ol style="list-style-type: none"> <li>1. Early identification of women and children at highest risk, engagement, and provision of risk assessment and risk management [where required, these women and children could be referred to the second component].</li> <li>2. A specialist Risk Assessment and Management Panel (RAMP) comprising senior staff of relevant partner agencies [met monthly for information sharing, risk assessment of cases and coordinate action plans for referred clients] (pp. i - ii).</li> </ol> <p>“Both pilot agencies established multi-agency Risk Assessment and Management Panels (RAMPs), and produced draft MoUs, and operating guidelines” (p. iii).</p>	
<b>Services provided (e.g. DFV, SXA, both)</b>		DFV	
<b>Details of stakeholder alliances (formal MoU, shared principles, etc.)</b>		“The operation of RAMPs, and in particular the sharing of confidential information, was to be covered by a Memorandum of Understanding (MoU) between member agencies within the RAMP” (p. ii).	
<b>Target group</b>	<b>Diverse population groups (please specify)</b>	<b>Indigenous women</b>	“Berry Street ‘located’ the SRMDP within the broader Northern Family and Domestic Violence Service (NFDVS). The NFDVS includes an Indigenous program (p. 41). The evaluation noted that RAMP core membership could include relevant Indigenous agencies (p. 71). Evaluation noted RAMP member organisations should “ensure women’s cultural backgrounds and experiences are understood and included in risk assessment and safety planning” (p. 89).
		<b>Young people</b>	Three young people were interviewed for this evaluation (aged 12, 18 and 18) - see below.
		<b>CALD women</b>	The evaluation noted that RAMP core membership could include relevant CALD agencies (p. 71). Evaluation noted RAMP member organisations should “ensure women’s cultural backgrounds and experiences are understood and included in risk assessment and safety planning” (p. 89).
		<b>Not specified</b>	“The intended target group [for the SRMDP pilot] included women, and women with children, who were experiencing or at risk of family violence, with a focus on imminent risk of serious harm or lethality” (p. i).
	<b>Geographical location</b>	<b>Metropolitan</b>	Pilot sites - City of Hume Local Government Area (LGA) and Greater City of Geelong LGA.
		<b>Remote</b>	n/a
		<b>Rural</b>	n/a
		<b>Not specified</b>	

(VIC) Evaluation 4		Notes
<b>Evaluation Details</b>		
<b>Key information</b>	<b>Funder</b>	Evaluation commissioned by the Department of Human Services' Housing and Community Building Division.
	<b>Length of evaluation</b>	Undertaken from May 2012 to December 2013 (p. i).
	<b>Evaluation governance</b>	"...commissioned by the Department of Human Services, and prepared by Thomason Goodall Associates Pty Ltd, independent evaluators and researchers" (p. i).
	<b>Purpose of evaluation</b>	Not explicitly stated - see aims below.
<b>Evaluation Goals and Objectives</b>		<p>Evaluation aims were:</p> <ol style="list-style-type: none"> <li>1. "to analyse and report on the extent to which the SRM Demonstration pilots have contributed to: <ul style="list-style-type: none"> <li>• increased safety for women and children;</li> <li>• increased accountability by men who use violence,</li> </ul> </li> <li>2. to conduct an ethical evaluation process which contributes to accurate and improved understandings of effective multi-agency responses to family violence" (p. 2).</li> </ol>
<b>Research questions</b>		<p>"The Department of Human Services specified that the evaluation should cover:</p> <ul style="list-style-type: none"> <li>• the process for the establishment of Risk Assessment and Management Panels (RAMPs) in each pilot location</li> <li>• the effectiveness of collaboration, information sharing and decision making between RAMP members</li> <li>• client outcomes including increased safety for women and children and holding men accountable for their use of violence</li> <li>• contribution to service system integration in responding to family violence</li> <li>• recommendations for potential rollout of SRM RAMPs across Victoria" (p. ii).</li> </ul>
<b>Evaluation components</b>	<b>Outcomes</b>	Data collection and analysis, and case studies.
	<b>Process</b>	Consultations, client interviews, RAMP observations and document review.
	<b>Economic</b>	n/a
	<b>Other (please specify)</b>	
<b>Relevant legislative and policy context</b>		"The SRMDP represented a logical progression in strengthening risk management, consistent with the Victorian Family Violence Reform agenda, and with the Commonwealth government's <i>National Plan to Reduce Violence against Women and their Children</i> " (p. i). Victoria's <i>Action Plan to Address Violence against Women and Children 2012-2015</i> (State Government Victoria, 2012) (p. 8).

(VIC) Evaluation 4		Notes
<b>Methodology</b>	<b>Design</b>	<p>Methodology included:</p> <ul style="list-style-type: none"> <li>• Consultations with auspice agencies and other key stakeholders.</li> <li>• Survey of RAMP members: sought views of RAMP processes, operations and areas for improvement. Twenty surveys were completed (p. 4).</li> <li>• Client interviews: conducted with 15 women and three young people (aged 12, 18 and 18).</li> <li>• Data collection and analysis: “Special data collections were designed in order to obtain information about numbers of clients assisted by the SRMDP, and other relevant information. Data were recorded by SRM Coordinators and/or case managers, on all clients presented to RAMP, and on a sample of clients provided with SRM case management during the 20 month period, from October 2011 to May 2013. A total of 204 client data records (for both agencies) were received and analysed” (p. 3).</li> <li>• Observation of RAMPs: a total of 11 RAMP meetings (six in Hume; five in Geelong) were observed by researchers (p. 3).</li> <li>• Review of RAMP minutes and action plans: de-identified minutes of 27 RAMP meetings (13 in Geelong; 14 in Hume) were reviewed (p. 4).</li> <li>• Review of nine case studies: thematic analysis conducted of de-identified case studies. This was “to enable agencies to provide a detailed description of different elements of the SRM model, including both the SRM case management, and the multi-agency (RAMP) component” (p. 4).</li> <li>• Review of other comparable initiative.</li> <li>• Facilitation of regional forums: one in Hume, one in Geelong.</li> <li>• A literature review.</li> </ul>
	<b>Sampling</b>	<p>“In total, more than 100 individuals contributed directly to the evaluation, many of whom contributed multiple times during the course of the project” (p. 5).</p> <p>“SRM staff assisted in the client interview recruitment process, consistent with the approved methodology” (p. 3).</p> <p>Specific research component sample numbers are offered above.</p>
<b>Study Limitations</b>		<p>“The processes for data collection had a number of methodological limitations...In summary these included retrospective data collection by agency staff, based on worker recollection and agency case files; and the use of subjective qualitative information by staff, particularly in relation to outcomes” (p. 34).</p>
<b>Diverse population groups and/or geographical locations addressed?</b>	<b>Yes</b>	<b>No</b>
		Not a specific focus of this evaluation or in the stated project aims - see above comments.
<b>Key findings</b>	<b>Process</b>	See below comments.
	<b>Outcomes</b>	See below comments.
	<b>Integration</b>	<p>“RAMPs contributed to greater coordination and service system integration, particularly among RAMP members. In addition, RAMPs contributed to increased accountability of men who use violence, through sharing information about perpetrator whereabouts and circumstances, and through coordination of responses involving Victoria Police and other RAMP members” (p. v).</p> <p>“A key objective of the strengthening risk management strategy is increasing the accountability of men who use violence. While RAMPs contributed to this objective, to some extent, the SRM men’s case management response in first year of the pilot, was not able to contribute to this objective to any degree” (p. vi).</p>

(VIC) Evaluation 4	Notes
	<p>“Both pilots achieved the primary aim of reduced risk and improved safety for women and children at highest risk... The allocation of case management resources to the pilot agencies enabled efficient identification and higher rates of engagement with high risk households, where workers had more time to persist in making contact and engaging with women” (p. vi).</p> <p><b>Strengths of model</b></p> <p>“Over the evaluation period, the RAMPs provided an integrated and valued response to women and children at high risk of severe harm and/or lethality. The two RAMPs made a significant contribution to keeping women and children at high risk, safe. The effectiveness of RAMPs is attributed to:</p> <ul style="list-style-type: none"> <li>• Commitment of partners;</li> <li>• Senior staff from multiple agencies sharing critical information about imminent risk of serious injury or lethality;</li> <li>• Strengthening their assessment of risk; and</li> <li>• Developing creative risk management options for increased safety for women and children” (p. v).</li> </ul> <p>“The RAMPs were effective in allocating short term tasks to address immediate critical risks, and tasks to underpin effective ongoing risk management. Both RAMPs recorded specific action plans for RAMP members” (p. v).</p>
<p><b>Conclusions/recommendations</b></p>	<p>“A strong authorising environment is fundamental to the successful roll out of the initiative across Victoria” (p. vii). Areas of improvement for RAMPS included:</p> <ul style="list-style-type: none"> <li>• “Using enhanced tools to facilitate risk assessment;</li> <li>• improving consistent attendance of members at RAMPs;</li> <li>• improving recording of minutes and actions;</li> <li>• improving the efficiency of discussions and RAMP processes; and</li> <li>• It is also considered important to broaden the range of referral sources to and from RAMP” (p. vi).</li> </ul> <p><u>Further comments on RAMPS included:</u></p> <p>RAMP members – should bring valuable perspective and information on risk; “appropriate levels of seniority for members would be based on their capacity or power to make executive decisions” (p. vii).</p> <p>“A coordination function is required for the establishment of RAMPs, and for their ongoing effectiveness and efficiency, in each region in Victoria” (p. viii).</p> <p><u>Improvements for SRM case management:</u></p> <p>“Risk assessment and management strategies, and roles and responsibilities in relation to children who have witnessed, or experienced family violence require further clarification within a strengthening risk management strategy” (p. vi).</p> <p>“The evaluation found that the ‘traditional’ case management response for men is not appropriate for the high risk dangerous target group. Instead of ‘case management’, a community based organisation could provide a ‘risk management’ response” (p. vi). SRM to be “integrated into existing specialist family violence outreach services” (p. viii).</p> <p>“...there is a need to strengthen risk assessment and management across the sector more broadly” (p. viii).</p> <p><u>Ongoing evaluation recommendations:</u></p> <p>“While a ‘reduction in risk’ to women and children is a primary outcome measure for the SRM pilot, a robust, more comprehensive outcomes framework is required for the future” (p. vii).</p>

(VIC) Evaluation 4	Notes
	<p><u>Specific recommendations:</u></p> <p>A set of 10 multi-part recommendations are set out, based on these conclusions. These recommendations note, among other things:</p> <ul style="list-style-type: none"> <li>• Framework and guidelines documents completed prior to statewide rollout.</li> <li>• Development of a standard MoU for RAMP member agencies.</li> <li>• Minimum RAMP membership to include senior reps from Victoria Police, family violence agencies, Corrections and DHS Child Protection.</li> <li>• Health services prioritised to participate in SRM (pp. viii-ix).</li> </ul>
<b>Findings useful for wider program development/practice?</b>	Yes

Program Summary	
(VIC) Evaluation 5	Notes
Author/Year/Title	WLK Consulting (2013). <i>High Risk Client Strategy Pilot 2008-2010: evaluation report</i> . Retrieved from <a href="http://www.wifvc.org.au/wordpress/wp-content/uploads/HRC-Report_web.pdf">http://www.wifvc.org.au/wordpress/wp-content/uploads/HRC-Report_web.pdf</a> .
Jurisdiction	VIC
Name of evaluated program/strategy	High Risk Client Strategy Pilot
Inclusion rationale	Multi-agency risk assessment/management model.
Nature/type of program/strategy	Multi-agency case management and response.
Brief description of program/strategy (content, aims, etc.)	See program elements below.
Collaborating agencies	<i>(All page references herein refer to the evaluation report).</i> The Critical Reference Group (CRG) partners were Victoria Police, Women's Health West, Melton East and Bacchus Marsh Community Health Centres, Relationships Australia Victoria and Lifeworks (p. 15).
Lead agency	Victoria Police
Definition of "integration" within program/strategy	"Collaboration – the highest end of the partnership continuum – is particularly required when partners wish to create a better or more seamless service system that is also sustainable in the longer term. Collaboration happens when partners enhance the capacity of each other for mutual benefit and a common purpose. It relies on each partner to 'give up a part of their turf' so that mutual gains occur and joint objectives are achieved. Partners might, for example, contribute resources from their organisations (in kind or otherwise) to establish and embed a program that addresses the unmet needs of their consumers. By these features, the HRC strategy was collaboration in every sense of the term" (p. 53).
Key program/strategy elements and practice approaches	"The High Risk Client (HRC) strategy is a rapid coordinated multi-agency and integrated response to assess and manage the immediate safety and welfare needs of women identified as being at high risk of lethality or serious injury because of extreme family violence in their lives. The strategy was developed by partners of the integrated family violence service system in Melbourne's west and piloted from 2008–2010" (p. 4). The HRC model involves three key steps: <ul style="list-style-type: none"> <li>• Referral, assessment and notification - Following initial contact, a referral is made to a specialist FV service for risk assessment. "If the result of the assessment is high risk, then the specialist family violence service provider issues a high risk notification to the police – specifically, the relevant Victoria Police Family Violence Liaison Officer (and copied to the Victoria Police Family Violence Advisor). The notifying agency also proceeds to convene an ICRC [i.e. Integrated Coordination and Response Conference] with other agencies pertinent to securing the client's safety and welfare" (p. 17).</li> <li>• Integrated Coordination and Response Conference (ICRC);</li> <li>• Actions and follow-up (p. 6). This step sees "all parties – including the client – implementing their agreed actions and reconvening within a four-week period" (p. 18).</li> </ul> "at the core of the strategy (and the centrepiece of its model) is the Integrated Coordination and Response Conference (ICRC)... [T]he ICRC is a multi-agency forum for integrated family violence services relevant to the safety and welfare of a high risk client. Agencies are formally brought together through the ICRC to share information about a client's situation, explore options to

(VIC) Evaluation 5		Notes	
		<p>secure her immediate safety, and coordinate agreed actions so that desired changes are brought about as efficiently as possible. Those attending the conference include the client, the police, specialist family violence service providers, and any other agencies identified as relevant to the client's safety and welfare. The conference is chaired by the agency that had first contact with the high risk client concerned" (p. 17).</p> <p>"One of the most novel features of the ICRC...is the inclusion of the client in the conference (unless there are mitigating circumstances against this). The ICRC is a truly woman-centred approach" (p. 17).</p>	
Services provided (e.g. DFV, SXA, both)		DFV	
Details of stakeholder alliances (formal MoU, shared principles, etc.)		Agencies of the integrated family violence service systems signatories to a memorandum of understanding (p. 15).	
Target group	Diverse population groups (please specify)	Indigenous women	
		Young people	
		CALD women	
		Not specified	High risk clients - other target group not specified.
	Geographical location	Metropolitan	"The HRC strategy was piloted in the local government areas (LGAs) of Brimbank, Hobsons Bay, Maribyrnong, Melton and Wyndham in Melbourne's west" (p. 4).
		Remote	
		Rural	
		Not specified	
<b>Evaluation Details</b>			
Key information	Funder	Report prepared for the Western Integrated Family Violence Committee.	
	Length of evaluation	18 month evaluation, 2008-10 (p. 1); data collection October 2012 - March 2013 (p. 29).	
	Evaluation governance	<p>"The pilot was overseen by a Critical Reference Group (CRG) of members drawn from agencies of the integrated family violence service system that agreed to participate in the strategy's first two years and support the protocols outlined in its framework. The CRG met once every three months during the pilot, and its work focused on monitoring the strategy and making necessary adjustments to the protocols for practice refinement" (p. 5).</p> <p>"The CRG also maintained close involvement with the entire evaluation process, especially where their role was to assist with certain aspects of the evaluation's execution and monitor its progress" (p. 26).</p>	
	Purpose of evaluation	"As the group monitoring the strategy, the CRG had access to data routinely collected and stored by partners during the course of strategy implementation, such as documented outcomes of ICRCs. But what is missing is a qualitative 'richness' about the strategy: how it achieved the results that it did, and why; or when it didn't quite do what it was meant to do, and why" (p. 24).	

(VIC) Evaluation 5		Notes
<b>Evaluation Goals and Objectives</b>		<p>“Thus, the evaluation set about to:</p> <ul style="list-style-type: none"> <li>• capture and consolidate meaningful evidence about the strategy’s success (and factors critical to that success) in increasing the safety and welfare of high risk women;</li> <li>• identify aspects of the strategy (i.e. partnerships, processes and practice) that worked well or could be improved upon for future implementation; and</li> <li>• examine the implications of the strategy for integrated family violence service delivery – in the west and beyond” (p. 25).</li> </ul>
<b>Research questions</b>		<p>“Key questions guiding the evaluation included:</p> <ol style="list-style-type: none"> <li>1. How effective was the strategy in developing partnerships, processes and practice for a rapid and coordinated multi-agency response to high risk women?</li> <li>2. What did the strategy mean in terms of integrated family violence partnerships? AND What are the implications of the strategy for the standard integrated family violence service system response?</li> <li>3. What did the strategy mean to the women who were engaged with it?” (p. 24).</li> </ol>
<b>Evaluation components</b>	<b>Outcomes</b>	
	<b>Process</b>	Qualitative method: interviews, focus groups, and document review.
	<b>Economic</b>	
	<b>Other (please specify)</b>	
<b>Relevant legislative and policy context</b>		<p>“Five policy initiatives and one legislative reform are identified as particularly significant to setting the scene for the HRC strategy pilot. These are:</p> <ol style="list-style-type: none"> <li>1. The Victorian Government family violence reform package which was announced in 2005, with the statewide integration process rolling out regionally from 2006.</li> <li>2. A common family violence risk assessment framework, Family violence risk assessment and risk management: Supporting an integrated family violence service system, released in 2007.</li> <li>3. The Family Violence Protection Act 2008 which commenced in December 2008.</li> <li>4. Victoria Police’s <i>Living free from violence – Upholding the right: Victoria Police strategy to reduce violence against women and children 2009–2014</i>, launched in 2009.</li> <li>5. The Victorian Government’s <i>A right to safety and justice: Strategic framework to guide continuing family violence reform in Victoria 2010–2020</i>, launched in 2010.</li> <li>6. Victoria Police’s <i>Code of practice for the investigation of family violence 2nd edition, 2010</i>” (p. 20).</li> </ol>

(VIC) Evaluation 5		Notes
Methodology	Design	<p>Evaluation takes a participatory approach (p. 25).</p> <ul style="list-style-type: none"> <li>• Document review: “The evaluation commenced with a review of relevant partnership and policy documents provided by the CRG” (p. 26).</li> <li>• “Semi-structured interviews with the two participating women were conducted by the evaluator in October 2012” (p. 28).</li> <li>• “Focus groups [held] with specialist family violence service workers and police members who were part of an ICRC during the first two years of the strategy” (p. 29).</li> <li>• “[T]elephone interviews were conducted with one specialist family violence worker and four police members who were not able to take part in the relevant face-to-face discussions” (p. 29).</li> <li>• “The evaluator conducted an evaluation activity with the CRG to gain their perspectives and insights about the HRC strategy during its first two years of operation – particularly its successes and challenges – and to reflect on their role in developing and monitoring it” (p. 30).</li> <li>• “The ICRC notes relevant to the two women participating in the research – held by the agencies representing them in their conference – were a final source of information for the evaluation. The evaluator was given access to the ICRC notes for analysis. Written consent from the two women for the evaluator to review their material was obtained at the start of their interviews” (p. 30).</li> </ul>
	Sampling	<p>ICRCs were held for 16 women during the HRC strategy pilot - of these, two women were recruited to participate in interviews (p. 28).</p> <p>“Agency members of the CRG...made telephone contact with potential interviewees to recruit them to the study” (p. 27).</p> <p>“The evaluator conducted two focus groups: one for the specialist family violence workers and a second for police members...Five specialist family violence workers participated in their focus group (at Women’s Health West) and three police members in their focus group (at Footscray Police Station)” (p. 29).</p> <p>“In total, 21 participants were involved in various aspects of the evaluation’s data collection” (p. 7).</p>
Study Limitations		<p>“[T]he study was successful in recruiting two of the 16 women who had received ICRCs during the HRC strategy’s pilot... This small number of women was entirely practical and feasible within the scope of the participatory and ethical design of the research; however, it does pose limitations to how the women’s interviews can be interpreted as findings from the study. This evaluation recognises that the words of the two women do not and cannot speak for all 16 women” (p. 31).</p>
Diverse population groups and/or geographical locations addressed?	Yes	No

(VIC) Evaluation 5		Notes
Key findings	Process	<ul style="list-style-type: none"> <li>• “Overall, the specialist family violence workers and police members involved in the study demonstrated strong and shared understandings about the circumstances that indicate high risk. For their part, police members who participated in the study also showed an understanding of their role in the event of identifying women at potential high risk” (p. 33). However, “[t]he findings from the study suggest that not all police members would necessarily have the knowledge or experience of family violence to understand a high risk situation” (p. 34).</li> <li>• “One of the findings of this study, then, is that there is a gap in the HRC strategy in relation to workforce capacity building activities that are specifically about high risk, both within Victoria Police and across the integrated family violence service system more broadly” (p. 36).</li> <li>• “Findings from the research suggest that whilst the term [high risk] is understood and used with strong consistency amongst those closest to the strategy, the term gets used rather more loosely by stakeholders external to this group” (p. 37).</li> </ul>
	Outcomes	
	Integration	<p>“The research found that those involved in the ICRCs understood the role that was required of them, from information sharing and joint action planning to the commitment to carry out agreed actions. The research found that the ICRC is also very acceptable to the women and brought immediate benefits to their wellbeing as well as generating a number of other positive impacts. Overall, the findings suggest that the ICRC is the most functioning and successful part of the HRC strategy” (p. 40).</p> <p>“The research found that police members taking part in the first two years of the HRC strategy clearly understood their role in sharing information and what they can bring to an ICRC” (p. 41).</p> <p>“The ICRC has a practical and action-oriented focus; but findings from the research also show positive benefits to the agencies involved because of the nature of the process itself. As a multi-agency response, the ICRC provided professional development opportunities for those present to learn more about each other and the work that they do. The ICRC also showed partners that family violence work can be complex and intense, but there is value in investing time in a rapid multi-agency and coordinated response” (p. 42).</p> <p>“[T]he ICRC was found to be the most successful aspect of the strategy because of its highly functional characteristics. A key reason for this lies in the fact that women are at the centre of the process” (p. 43).</p> <p>“The main outcome of an ICRC is the action plan, which holds all present at the conference accountable to their actions... The action plan is then used as a basis for the follow up conference, which occurs within a four-week period following the ICRC. Those involved in the study noted that both the follow up meeting and the action plan worked effectively as an accountability tool” (p. 45-46).</p> <p>“Those involved in the research identified many examples where the different agencies came on board the ICRCs very quickly. But there were also examples where it was more difficult to get agencies together” (p. 38).</p> <p>“The HRC strategy pilot showed that innovation can be part of the business of integration without additional funding or another layer of infrastructure. It showed that starting up a dedicated strategy for high risk clients – women who otherwise might not receive a level of coordinated and integrated action needed for maximising their safety and welfare – is nothing more or less than partners doing integration as part of their day-to-day work and meeting a service need. It was, in short, integration in its essence” (p. 10).</p>

(VIC) Evaluation 5		Notes
	<b>Strengths of model</b>	<p>“The evaluation found that the HRC strategy pilot:</p> <ul style="list-style-type: none"> <li>operated highly successfully as measured by agreed indicators of success;</li> <li>met a service need with great economy;</li> <li>drew on integrated family violence partnerships and modelled it; and</li> <li>held significant meaning to the women who were engaged with it” (p. 7).</li> </ul> <p>“[T]he HRC strategy held significant meaning to the women who were engaged with it – both in the context of their immediate safety and wellbeing and as a pivotal moment in their family violence history” (p. 10).</p>
<b>Conclusions/ recommendations</b>		<p><u>Recommendation 1</u> That the CRG develops a program of workforce capacity building activities for Victoria Police and the wider group of agencies of the integrated family violence service system, and coordinates and monitors these activities.</p> <p>That these workforce capacity building activities include information about the HRC strategy and what is expected of agencies in the referral process.</p> <p>That there is information also on how the common risk assessment framework can be utilised by agencies to assist in their identification of women in family violence situations that are potentially high risk.</p> <p><u>Recommendation 2</u> That the CRG re-brands the HRC strategy as an “extreme risk strategy”.</p> <p><u>Recommendation 3</u> That Victoria Police initiate steps organisationally to formalise the role of Family Violence Teams in ensuring the participation of police members in a rapid, multi-agency and coordinated response to high risk women.</p> <p><u>Recommendation 4</u> That the workforce capacity building program (Recommendation 1) includes reasons why all partners must commit to attending an ICRC if requested to do so by the notifying agency.</p> <p><u>Recommendation 5</u> That the CRG identifies relevant regional, statewide and national forums to promote the high risk model and its successes, and share the learnings.</p> <p><u>Recommendation 6</u> That the HRC strategy continues to operate in Melbourne’s west with Victoria Police in a leadership role; but includes the practice enhancements and workforce capacity building activities suggested in the previous recommendations.</p> <p><u>Recommendation 7</u> That the CRG explores opportunities for mentoring a similar partnership group elsewhere in Victoria (preferably in an area neighbouring Melbourne’s west) to build a strategy for high risk women into their standard integrated family violence service system; and that the CRG seeks sources of funding to support them in such a mentoring role.</p> <p><u>Recommendation 8</u> That the CRG continues to monitor the strength of the HRC strategy’s partnerships by completing an appropriate partnerships audit exercise on an annual basis” (pp. 56-57).</p>
<b>Findings useful for wider program development/practice?</b>		Quite pilot specific

Program Summary	
(VIC) Evaluation 6	Notes
Author/Year/Title	Melvin, T., Muller, D., Chapman, A., Shin, R. & Edwards, R. (1999). <i>A Study in hope: A report of the family violence research and intervention project</i> . Canberra: Department of Social Services. Retrieved from <a href="https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/a-study-in-hope-a-report-of-the-family-violence-research-and-intervention-project?HTML">https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/a-study-in-hope-a-report-of-the-family-violence-research-and-intervention-project?HTML</a> .
Jurisdiction	VIC, WA
Name of evaluated program/strategy	Family Violence Research & Intervention Project (FVRIP) - two pilot sites (Relationships Australia in Victoria (RAV); Western Australia joint project between Centrecare (CC) & Relationships Australia WA (RAWA)).
Inclusion rationale	Group/individual counselling pilot project run across two pilot sites (one site run jointly by two organisations). Not a clear example of an integrated response.
Nature/type of program/strategy	Group interventions for men, women, children and adolescents; couples counselling; and behaviour change.
Brief description of program/strategy (content, aims, etc.)	<p>(All page references herein refer to the HTML evaluation report).</p> <p>“The purpose of the two projects was to develop integrated approaches that dealt with issues of violence in families as they presented primarily in the marriage/relationship counselling program. In particular the project was to, through ongoing evaluation, develop effective and cost efficient models of service delivery which:</p> <ul style="list-style-type: none"> <li>• offer support for women who have been abused by their partners</li> <li>• assist men who abuse their partners to take responsibility for their violent and abusive behaviour</li> <li>• support children and adolescents who are victims or witnesses of family violence</li> <li>• provide assistance to achieve the safety of all family members and the cessation of physical violence” (all page numbers from printed HTML document; pp. 3-4).</li> </ul>
Collaborating agencies	RAV, Centacare Catholic Family Services (CCFS), RAWA, and CC.
Lead agency	Joint project at one site between CC and RAWA; RAV in Victorian site.
Definition of “integration” within program/strategy	“Any family violence services provided by an organisation need to be situated within a broader community response to family violence. The establishment and maintenance of linkages with allied family violence services and agencies is important to ensure a more integrated approach. These linkages also facilitate transparency and accountability. The FVRIP endorses the importance and integration of services for men who abuse their partners. These programs must be linked with services for women who are abused and children who witness abuse, in order to provide a whole-of-family response. The FVRIP has highlighted the benefits of a holistic approach for families” (p. 8).

(VIC) Evaluation 6		Notes	
<b>Key program/strategy elements and practice approaches</b>		<ul style="list-style-type: none"> <li>“All three organisations proposed to run group interventions for men who abused their partners and for women who had been abused. Both RA organisations were to evaluate group interventions across multiple sites using their existing programs, while Centrecare focused on one city site from which their program was delivered. It was proposed that access to clients would be provided through established intake procedures. An important difference between the two state projects was the inclusion in Western Australia of group interventions for mandated male clients, although this was not an exclusive focus. Victoria, on the other hand, provided group interventions almost entirely for self-referred male participants” (p. 4).</li> <li>“Both RAV and RAWA proposed to deliver group interventions for children who witnessed abuse, in addition to the individual counselling that was already provided. It was decided that RAWA would focus on a children’s group and RAV would focus on adolescents. RAV also proposed to trial and evaluate a couples counselling intervention informed by the work of Virginia Goldner and her colleagues, who worked with couples experiencing family violence” (p. 4).</li> <li>“As a joint endeavour between RAV and Centacare Catholic Family Services (CCFS), an ethno-specific group for men who abused their partners was to be developed and delivered for and in cooperation with the Vietnamese community. This program was to build on the work of the Community Development Officer (CDO) Project which was exploring ways in which access to counselling services for culturally and linguistically diverse (CALD) clients could be improved” (p. 4).</li> </ul>	
<b>Services provided (e.g. DFV, SXA, both)</b>		DFV	
<b>Details of stakeholder alliances (formal MoU, shared principles, etc.)</b>		Not stated	
<b>Details of stakeholder alliances (formal MoU, shared principles, etc.)</b>	<b>Diverse population groups (please specify)</b>	<b>Indigenous women</b>	
		<b>Young people</b>	
		<b>CALD women</b>	“As a joint endeavour between RAV and Centacare Catholic Family Services (CCFS), an ethno-specific group for men who abused their partners was to be developed and delivered for and in cooperation with the Vietnamese community. This program was to build on the work of the Community Development Officer (CDO) Project which was exploring ways in which access to counselling services for culturally and linguistically diverse (CALD) clients could be improved” (p. 4).
		<b>Not specified</b>	
	<b>Geographical location</b>	<b>Metropolitan</b>	
		<b>Remote</b>	
		<b>Rural</b>	
		<b>Not specified</b>	Multiple locations
<b>Evaluation Details</b>			
<b>Key information</b>	<b>Funder</b>	Unclear	
	<b>Length of evaluation</b>	1996-99	
	<b>Evaluation governance</b>	Unclear - appears to be project staff across the two pilot sites (each site has its own Reference Group).	
	<b>Purpose of evaluation</b>	Not stated - evaluation referred to in project aims (see above).	
<b>Evaluation Goals and Objectives</b>		Not stated	

(VIC) Evaluation 6		Notes
<b>Research questions</b>		Not stated
<b>Evaluation components</b>	<b>Outcomes</b>	Retrospective analysis of FV cases between 1996-98 (RAV only). Quantitative data collection for group participants - assessment protocol, end of group questionnaire, and follow-up questionnaire (6 months after intervention).
	<b>Process</b>	Qualitative data collected - interviews and focus groups (at RAV, RAWA and CC).
	<b>Economic</b>	n/a
	<b>Other (please specify)</b>	
<b>Relevant legislative and policy context</b>		Not stated
<b>Methodology</b>	<b>Design</b>	Qualitative data collected - interviews and focus groups (at RAV, RAWA and CC); retrospective analysis of FV cases between 1996-98 (RAV only) (p. 4).  Quantitative data collection for group participants - assessment protocol, end of group questionnaire, and follow-up questionnaire (6 months after intervention).  “Quantitative data collection was standardised across organisations to enable the construction of a national database to increase numbers of participants and maximise statistical power” (p. 4).
	<b>Sampling</b>	Clients presenting at the pilot sites were invited to participate in the research. Interviews conducted with group participants, female partners of men in groups, and program staff.
<b>Study Limitations</b>		Not stated
<b>Diverse population groups and/or geographical locations addressed?</b>	<b>Yes</b> <b>No</b>	
<b>Key findings</b>	<b>Process</b>	<p><u>Women’s Group Intervention:</u></p> <ul style="list-style-type: none"> <li>“Qualitative data suggested women received a great deal of support through attending the women’s group, and the experience was pivotal in their movement away from feeling isolated. Women also appreciated the information provided in the group regarding resources. Self-reported help-seeking behaviour at end-of-group and during the six-month follow-up period suggests that a number of women utilised these resources. However, their experiences with these services (for example, refuges, the legal system, the police) were mixed. Women also reported feeling more confident and in control of their lives as they became more active in making decisions about their lives” (p. 7).</li> </ul> <p><u>Best practice:</u></p> <p>The pilot studies were concerned with the development of best practice models – the following principles were outlined:</p> <ul style="list-style-type: none"> <li>“It is important for family violence programs to build on a comprehensive behaviour change framework” (p. 8).</li> <li>“Relationship counselling services present windows of opportunity for intervention in family violence... Family violence services which take a holistic approach provide opportunities for early intervention and to break the intergenerational patterns of violence” (p. 8).</li> <li>Group or counselling interventions for FV should not be delivered in isolation – this is part of a broader process of a. initial contact; b. assessment and engagement; c. the core intervention; d. evaluation of progress; e. maintenance and follow-up (p. 8).</li> </ul>

(VIC) Evaluation 6	Notes
	<ul style="list-style-type: none"> <li>• The initial contact and screening process is the first critical step, followed by the intake and pre-intervention stage – “The success of this stage is determined by the competency of the counsellor” (p. 9).</li> <li>• “The review and maintenance stages presented problems due to a lack of resources” (p. 9).</li> </ul> <p><u>Human resources issues:</u></p> <ul style="list-style-type: none"> <li>• “The impact of family violence work on staff is emerging as an important occupational health and safety issue” (p. 10).</li> </ul> <p><u>Organisational issues:</u></p> <ul style="list-style-type: none"> <li>• “It was apparent before the project commenced that there were insufficient resources to provide a fully effective program” (p. 10).</li> <li>• “There were clear messages about cost – the high price of family violence work and the potential costs to staff and clients unless the work is adequately resourced” (p. 11).</li> </ul> <p><u>Vietnamese Pilot Project:</u></p> <ul style="list-style-type: none"> <li>• “Two Vietnamese male workers were selected by CCFS and trained by RAV. They were provided with ongoing supervision by both organisations throughout the project. A reference group, composed largely of representatives from the Vietnamese community, was established” (p. 11).</li> <li>• “This small Vietnamese pilot project has confirmed that it is possible to work with the men of these communities. It is possible also to adapt current ‘western’ models of working with men to the ethno-specific needs of CALD communities” (p. 11).</li> <li>• “The effectiveness of the intervention was severely limited by the lack of resources available. . . One of these difficulties was finding experienced and competent leaders to run these groups” (p. 11).</li> </ul>
<b>Outcomes</b>	<p><u>Men presenting for services:</u></p> <ul style="list-style-type: none"> <li>• “Men presenting to the program were predominantly Australian born and English speaking. Most men were between the ages of 30 and 40, and were employed full time. . . Of the men in a current relationship, one third of their partners were attending a program concurrently. The majority of men reported seeking assistance voluntarily” (p. 5).</li> </ul> <p><u>Women presenting for services:</u></p> <ul style="list-style-type: none"> <li>• “Women presenting for services were also predominantly Australian born and English speaking. Most women were between the ages of 30 to 40. Women mostly self referred to the program or were referred by friends” (p. 5).</li> </ul> <p><u>Men’s Group outcomes:</u></p> <ul style="list-style-type: none"> <li>• “Men who completed group programs reported significant reductions in their abusive behaviour” (p. 6).</li> <li>• “Men indicated significant increases in their acceptance of responsibility for their abusive behaviour” (p. 6).</li> <li>• “Men also indicated that skills learned during the program had assisted them in other areas of their lives” (p. 6).</li> </ul> <p><u>Women’s Group outcomes:</u></p> <ul style="list-style-type: none"> <li>• “Women also reported high levels of satisfaction with the groups and found them very helpful” (p. 6).</li> <li>• “The development of a safety plan was seen as an integral component of the women’s program” (p. 6).</li> <li>• “Additionally, women reported significant reductions in levels of psychological distress” (p. 6).</li> </ul>

(VIC) Evaluation 6	Notes
	<p><u>Children's Group outcomes:</u></p> <ul style="list-style-type: none"> <li>• “The groups and individual counselling for children at RAWA were also very successful. Data suggested that at the close of therapy, children were less likely to blame themselves for the violence they had witnessed” (p. 7).</li> <li>• “The majority of children had developed safety plans by the close of therapy, and children were reported by counsellors to make progress in displaying more appropriate age and/or peer-group behaviours” (p. 7).</li> </ul> <p><u>Individual/Couples counselling outcomes:</u></p> <ul style="list-style-type: none"> <li>• “A review of client participation rates suggested counselling interventions, whether individual or couple, were less effective than the groups. There were high attrition rates early on in the counselling process, suggesting groups are able to hold individuals more effectively” (p. 7).</li> </ul> <p><u>Other outcomes:</u></p> <ul style="list-style-type: none"> <li>• “Open and closed groups were trialled for both men and women. For women, a closed group structure appeared to be more appropriate and effective....For men, however, the picture is not as clear cut. Open and closed groups both have merits, and there is no evidence to support one being more effective than the other” (p. 7).</li> <li>• “Another outcome of the interventions was the trial of a male facilitator in the women's group at Centrecare. This was highly successful, with all women reporting that they preferred this gender combination” (p. 7).</li> </ul>
	<p><b>Integration</b></p> <p><u>Best practice principles arising from the two pilot studies are as follows:</u></p> <ul style="list-style-type: none"> <li>• “Any family violence services provided by an organisation need to be situated within a broader community response to family violence. The establishment and maintenance of linkages with allied family violence services and agencies is important to ensure a more integrated approach” (p. 8).</li> <li>• “Ideally, the delivery of family violence services should be provided within a flexible framework that incorporates a number of different interventions tailored to the needs of the individuals and families concerned. Staff need to be responsive to client needs and be able to integrate a range of theoretical orientations into service delivery” (p. 8).</li> </ul> <p><u>Human resources issues:</u></p> <ul style="list-style-type: none"> <li>• “The evolutionary nature of family violence work requires that ongoing professional development is provided for staff” (p. 9).</li> <li>• “The delivery of programs by specialist teams has proved valuable and effective. Through a team approach, responsibility for case management is shared and clients gain access to a wider pool of skills and expertise” (p. 9).</li> <li>• “There are problems in recruiting skilled and experienced staff” (p. 10).</li> <li>• “...programs and staff require close management and supervision” (p. 10).</li> </ul> <p><u>Organisational issues:</u></p> <ul style="list-style-type: none"> <li>• “The participating organisations lacked the sophisticated data collection systems necessary to distinguish between family violence and relationship counselling clients, or to enable comprehensive tracking of all aspects of the clients' passage through the program. As a consequence, the amount of family violence work being carried out was disguised” (p. 10).</li> <li>• “The FVRIP led to an increased awareness, confidence and sophistication in staff working in the area of family violence. Training, individual skill development and structural changes made necessary through the FVRIP led to a greater procedural clarity and more effective management of the work” (p. 10).</li> </ul> <p><u>Vietnamese Pilot Project:</u></p> <ul style="list-style-type: none"> <li>• “The experience of this small pilot has further demonstrated that these services must be delivered in a seamless and integrated way for best outcomes” (p. 11).</li> </ul>

(VIC) Evaluation 6		Notes
	Strengths of model	
Conclusions/recommendations		<p>Twenty-seven recommendations were made, including:</p> <p><u>Family Relationships Support Program (FRSP) and Family Violence Services</u></p> <p>“That FRSP establish a two-tier response to family violence service delivery in order to rationalise services and maximise resources across its funded organisations” (p. 12).</p> <p>“That FRSP allocate sufficient resources to its funded organisations providing family violence services in order to fully support the effective delivery of these services in an environment which is safe for staff and clients” (p. 13).</p> <p><u>FRSP and group and counselling interventions:</u></p> <p>“That family violence programs for men be linked and closely integrated with relevant services so that specific health and welfare issues which are associated with violent behaviour can be addressed” (p. 14).</p> <p>“That men’s programs be closely integrated with women’s family violence services (both in-house and external services) through clearly established protocols which ensure the safety needs of partners, and accountability” (p. 14).</p> <p>“That FRSP endorse an integrated approach to the provision of individual counselling, couples counselling and group work in family violence services within its funded organisations. This integrated approach will require that staff providing these interventions are appropriately trained in their use” (p. 14).</p> <p><u>Training and professional development:</u></p> <p>“Professional and administrative staff within FRSP-funded organisations are trained to a level of competency whereby they are able to screen, identify and refer family violence clients” (p. 14).</p> <p>“That FRSP organisations be resourced to provide training for their family violence staff which will equip them to operate at a level of competency and skill their work demands” (p. 15).</p> <p>“That FRSP organisations providing family violence services be resourced to provide regular supervision and debriefing opportunities for all their family violence staff” (p. 15).</p> <p><u>Program delivery:</u></p> <p>“That second tier family violence services be funded to provide staff with training in case management to facilitate the implementation of appropriate case management practices” (p. 15).</p> <p>“That documentation for family violence services include clear policies and procedures, program outcomes and ongoing evaluation strategies” (p. 16).</p> <p>“That second tier family violence services be resourced to incorporate research and development component in their program” (p. 16).</p> <p>“That family violence services be resourced to develop and maintain strong and effective linkages with other local family violence agencies and family violence networks” (p. 16).</p> <p>“That FRSP resource the development of standardised screening and assessment tools and processes to be implemented in all FRSP funded organisations” (p. 16).</p>
Findings useful for wider program development/practice?		Yes

Program Summary	
(VIC) Evaluation 7	Notes
Author/Year/Title	VicHealth. (2012). <i>Local government preventing violence against women: Networking and capacity building project. Evaluation report</i> . Carlton, Australia: Victorian Health Promotion Foundation (VicHealth).
Jurisdiction	VIC
Name of evaluated program/strategy	Local Government Networking and Capacity Building Project to Prevent Violence Against Women (LGPVAW)
Inclusion rationale	Cross-sectoral partnership model.
Nature/type of program/strategy	Primary prevention and capacity building.
Brief description of program/strategy (content, aims, etc.)	<p><i>(All page references herein refer to the evaluation report).</i></p> <p>“The Local Government Networking and Capacity Building Project to Prevent Violence Against Women (LGPVAW) is a primary prevention project designed to enhance the capacity of local government across Victoria to foster safe and inclusive environments in which women and men can participate equally” (p. 6).</p> <p>“This two-year initiative was funded by VicHealth and undertaken in partnership with Darebin City Council. The goal of the LGPVAW project was to enhance the leadership role of local government by:</p> <ul style="list-style-type: none"> <li>• strengthening networking activity and knowledge transfer across local government in Victoria</li> <li>• resourcing existing partnerships and developing new partnerships between local government and communities</li> <li>• building leadership and skills within and across local government to undertake primary prevention activity” (p. 6). <p>“The project aimed to capitalise upon the emerging leadership potential within local government by:</p> <ul style="list-style-type: none"> <li>• resourcing councils across Victoria to further build their workforce capacity for the prevention of violence against women</li> <li>• promoting and sharing current promising practice</li> <li>• providing networking opportunities, strengthening partnerships and offering training and development” (p. 16). </li></ul></li></ul>
Collaborating agencies	VicHealth, Darebin City Council and Office for Women. Project involved councillors and local government peak body staff, state government, and community partners (including family violence and women’s health services).
Lead agency	Partnership between VicHealth and Darebin City Council.
Definition of “integration” within program/strategy	Not specifically noted, but core objectives note a partnership approach between LG and communities. From summary of key activities and objectives: networking and knowledge transfer across local government, relationship building with peak bodies, “[r]esource existing partnerships and develop new partnerships between local governments and communities to support the primary prevention of violence against women”, and prevention of violence against women (PVAW) to become integrated into the work of councils (p. 17).

(VIC) Evaluation 7		Notes	
<b>Key program/strategy elements and practice approaches</b>		<p>“The project developed a series of initiatives to support councils already active in preventing violence against women as well as resources, training opportunities and networks to resource councils much newer to the work. Initiatives included:</p> <ul style="list-style-type: none"> <li>• Development of a local government specific website</li> <li>• Establishment of a steering committee of peak organisations and key leaders across local and state government</li> <li>• Dissemination of a regular e-bulletin</li> <li>• A series of regional local government leadership events</li> <li>• Provision of intensive support to two councils, one rural (Strathbogie Shire) and one metropolitan (Banyule City Council) in the development of their prevention work</li> <li>• Development of a local government leadership network</li> <li>• Hosting of a statewide inaugural “Local Government and Community Leaders Preventing Violence Against Women conference”</li> <li>• Piloting of the VicHealth Short Course on Preventing Violence Against Women” (p. 7; abridged list).</li> </ul>	
<b>Services provided (e.g. DFV, SXA, both)</b>		DFV and SXA (violence against women).	
<b>Details of stakeholder alliances (formal MoU, shared principles, etc.)</b>		Not stated	
<b>Target group</b>	<b>Diverse population groups (please specify)</b>	<b>Indigenous women</b>	
		<b>Young people</b>	
		<b>CALD women</b>	
		<b>Not specified</b>	Not specified
	<b>Geographical location</b>	<b>Metropolitan</b>	Darebin City Council.
		<b>Remote</b>	Support of rural and remote councils part of project.
		<b>Rural</b>	Support of rural and remote councils part of project.
		<b>Not specified</b>	
<b>Evaluation Details</b>			
<b>Key information</b>	<b>Funder</b>	VicHealth	
	<b>Length of evaluation</b>	September 2009 - September 2011.	
	<b>Evaluation governance</b>	<p>Project steering committee - evaluation findings reported bimonthly, 6 monthly reports to VicHealth, and project updates provided to the Evaluation and Sustainability Stakeholder Group (p. 21).</p> <p>“Along with the project leaders, VicHealth and Darebin City Council, the steering committee was composed of representatives from the Victorian Equal Opportunity and Human Rights Commission (VEOHRC), the Municipal Association of Victoria (MAV), Local Government Victoria (LGV), the Victorian Local Governance Association (VLGA), Domestic Violence Victoria (DV Vic), Maribyrnong City Council (MCC), Sport and Recreation Victoria (SRV), the Local Government Professionals Association of Victoria (LGPro) and the Office of Women’s Policy (OWP)” (p. 25).</p>	
	<b>Purpose of evaluation</b>	Not stated	

(VIC) Evaluation 7		Notes
Evaluation Goals and Objectives		Not stated
Research questions		“Project data has been gathered and aligned to specific objectives and...reported...according to activities undertaken” (p. 22).
Evaluation components	Outcomes	Surveys
	Process	Interviews, and reflective exercises.
	Economic	
	Other (please specify)	
Relevant legislative and policy context		<i>Preventing violence before it occurs: a framework and background paper to guide the primary prevention of violence against women in Victoria</i> (Webster, 2007) (p. 9).
Methodology	Design	<p>“The evaluation framework was developed using an evaluation capacity building model...draws upon the field of evaluation, organisational learning and change, and adult and workplace learning” (p. 21).</p> <p>“The plan was designed to guide evaluation activity as an integral part of project implementation in two ways:</p> <ul style="list-style-type: none"> <li>• process evaluation findings were used to inform ongoing monitoring and development of the project</li> <li>• impact evaluation findings were used to assess whether the project met its stated objectives” (p. 21). <p>Online surveys; key informant interviews; solicited and unsolicited feedback; reflective exercises.</p> <p>Project workers collected most of the data for evaluation (solicited/unsolicited feedback; survey responses). VicHealth conducted reflective interviews with project lead partners (p. 21).</p> </li></ul>
	Sampling	<p>Initial survey across 79 Victorian municipalities (p. 8).</p> <p>“[This evaluation] examines the support for and engagement of elected councillors, CEOs, executive managers and staff along with local government peak bodies, state government and community partners (including family violence and women’s health services)” (p. 19).</p>
Study Limitations		“While we can surmise the possible impacts of the project, it was beyond the parameters of our evaluation strategy to comprehensively measure the impact of the project on PVAW momentum and communication between councils or across internal council departments” (p. 60).
Diverse population groups and/or geographical locations addressed?	Yes	No

(VIC) Evaluation 7		Notes
Key findings	Process	<p>Initial survey noted a small group of councils beginning PVAW activities, and interest from less active councils was also identified (p. 8).</p> <p>“...[T]he project sought to proactively engage with a number of rural councils, acknowledging the challenges faced with small staff numbers working across large and diverse portfolios and large geographical distances. In particular, the partnership with Strathbogie Shire indicates strong promise regarding the capacity of rural councils to instigate innovative prevention initiatives using existing partnership and planning processes” (p. 8).</p> <p><u>Resourcing</u></p> <ul style="list-style-type: none"> <li>• “The initial work plan for the project was ambitious, with some of the strategies only partially achieved due to the limitations in resources” (p. 62).</li> <li>• “The initial work plan did not account for the level of support, information and resources councils would request on an ad hoc basis. Delivering presentations at forums and management groups, phone calls and one-on-one meetings, this was time intensive and drew critical resources from other strategies” (p. 62).</li> <li>• “Greater resources would be required to provide the level of intensive support originally envisaged for individual councils – Banyule City Council and Strathbogie Shire” (p. 62).</li> <li>• “The limited overall engagement of rural councils is a reflection of the multiple challenges they face, including limited funding, staffing across broad portfolio areas and geographical isolation” (p. 62).</li> <li>• “Resistance to take PVAW on board was expressed at some councils due to a lack of specific funding to develop such work. It was felt that PVAW was an issue that should be the responsibility of state or federal government.” (p. 62).</li> </ul> <p><u>Evaluation</u></p> <p>“Access to greater expertise in shaping the original research question would have helped refine the evaluation process and impact measures, thus tightening and making more realistic, the parameters of the project” (p. 63).</p> <p>“The multiple and competing demands of the project made it an ongoing challenge to maintain a focus and priority on evaluation” (p. 63).</p>
	Outcomes	<p>Each of the project initiatives (listed above) was supported and taken up by councils, evidenced by “steady increase in subscriptions to the e-bulletin; continued growth in councils uploading and downloading prevention work from the website; full attendance at each of the regional leaders’ events and the quarterly network meetings; and the unprecedented level of participation in the inaugural conference” (p. 8).</p> <p>“By project end, 80% of Victorian councils had engaged with the initiatives of the project. All 31 metropolitan councils and a significant number of regional councils participated, although the number of rural councils engaged was much lower” (p. 8).</p>

(VIC) Evaluation 7		Notes
	<b>Integration</b>	<p>“A number of key leaders, including women’s health and the domestic violence sectors, were strong advocates and partners throughout the life of this project” (p. 9).</p> <p>“The success of these partnerships has affirmed the wisdom of unifying to work across multiple settings and sectors on a set of evidence-based priorities to achieve long-term cultural change” (p. 9).</p> <p>“A key contributor to the success of the project has been the enabling environment created by the high-profile policies of both state and federal governments. A strong partnership was established between the LGPVAW project and the Victorian Government’s Office of Women’s Policy (OWP) in the development and delivery of a range of actions to prevent violence against women. The state government has also drawn heavily upon the VicHealth Framework for the Prevention of Violence Against Women in building its priorities” (p. 9).</p> <p><u>Integration</u></p> <ul style="list-style-type: none"> <li>• “More time was required for partnership development between the two lead organisations at the outset of the project. The roles and responsibilities between the two project leaders were not sufficiently defined” (p. 63).</li> <li>• “Discussion with the Australian Local Government Association (ALGA) did occur at the commencement of this project and the project was promoted at the ALGA Board meeting in 2009; however, further contact was limited due to a change of ALGA staff and the prioritising of the Victorian demands of the project” (p. 62).</li> </ul>
	<b>Strengths of model</b>	<p>“The project activities were highly effective in building capacity and enhancing the networking between local councils across Victoria. Project initiatives have been enthusiastically taken up by the Victorian local government sector and, in many instances, are now embedded into the work of both peak bodies and individual councils” (p. 8).</p>
<b>Conclusions/recommendations</b>		<p>Recommendations were made in the areas of:</p> <ul style="list-style-type: none"> <li>• evaluation (investment in strong evaluation expertise);</li> <li>• engagement of leaderships (further investment in engagement with leaders as PVAW advocates, development of peer-mentoring program, and re-engage original Steering Committee membership and ALGA); and</li> <li>• tools, resources and structures (state government and peak bodies continue to build LGA capacity and networks; continue communications through e-bulleting, website, events; and partnership investment and planning; regional/rural council support) (pp. 65-66).</li> </ul>
<b>Findings useful for wider program development/practice?</b>		Yes

Program Summary	
(VIC) Evaluation 8	Notes
Author/Year/Title	Spinney, A. (2012). <i>Home and safe? Policy and practice innovations to prevent women and children who have experienced domestic and family violence from becoming homeless</i> , AHURI Final Report No. 196. Melbourne: Australian Housing and Urban Research Institute.
Jurisdiction	VIC
Name of evaluated program/strategy	Findings from Australian Housing and Urban Research Institute (AHURI) project: Homelessness Prevention for women and children who have experienced DFV: innovations in policy and practice
Inclusion rationale	
Nature/type of program/strategy	Not a program - review of staying at home homelessness prevention measures.
Brief description of program/strategy (content, aims, etc.)	<p>(All page references herein refer to the evaluation report).</p> <p>“This report sets out the findings of a research project investigating the opportunities and challenges of preventing women and children who have experienced domestic and family violence from becoming homeless.</p> <p>The project responded to the AHURI Strategic Research Issue 1: Housing and related systems that prevent homelessness and promote wellbeing and stable housing outcomes, and the challenges outlined in the White Paper, <i>The road home: a national approach to reducing homelessness</i> (Commonwealth of Australia 2008 [as cited on p. 1]). The White Paper highlights prevention and early intervention as the most efficient and effective ways to reduce homelessness, and they are also embodied within National Affordable Housing Agreement objectives” (p. 1).</p>
Collaborating agencies	n/a
Lead agency	AHURI
Definition of “integration” within program/strategy	<p>“The Positioning Paper established that the most effective homelessness prevention measures for women and children who have experienced domestic and family violence often combine legal/judicial, housing and welfare policy and practices in an integrated manner in order to improve their safety. These include:</p> <ul style="list-style-type: none"> <li>• Legal/judicial: improving police responses to breaches of court orders, providing court-based family violence advocacy services, domestic violence courts, law reform.</li> <li>• Housing: private rental brokerage programs for women who have experienced family violence, 24-hour response services by housing agencies, Staying Home Leaving Violence (SHLV) type schemes, perpetrator accommodation.</li> <li>• Welfare: outreach services, ‘Sanctuary’ type schemes, emergency support, personal development and confidence building assistance” (p. 12).</li> </ul>
Key program/strategy elements and practice approaches	See research “Brief description of program/strategy” above.
Services provided (e.g. DFV, SXA, both)	DFV
Details of stakeholder alliances (formal MoU, shared principles, etc.)	Not a program - no specific stakeholders (case studies only).

(VIC) Evaluation 8		Notes	
Target group	Diverse population groups (please specify)	Indigenous women	Cultural appropriateness of SHLV schemes for Indigenous Australians questioned (p. 40).
		Young people	
		CALD women	
		Not specified	
	Geographical location	Metropolitan	
		Remote	
		Rural	
	Not specified	Various locations (England and Australia - New South Wales, Tasmania, Victoria).	
<b>Evaluation Details</b>			
Key information	Funder	Funding from the Australian Government and the Australian states and territory governments (p. ii).	
	Length of evaluation	The first of the two research questions (see below) notes interest in homelessness prevention strategies since the mid-1990s.	
	Evaluation governance	AHURI	
	Purpose of evaluation	“This project is specifically about exploring the value and implementation challenges of innovative staying at home homelessness prevention measures...” (p. 6).	
Evaluation Goals and Objectives		“The aim is to explore the value and implementation challenges of innovative staying at home homelessness prevention measures, such as Staying Home Leaving Violence schemes in Australia and Sanctuary Schemes in England” (p. 1).	
Research questions		<p>“The two broad research questions are:</p> <ul style="list-style-type: none"> <li>• How and to what extent have innovative homelessness prevention measures introduced in Australia and England since the mid-1990s been successful in enabling women and children to remain in their homes and localities?</li> <li>• What are the implications of these findings for policy on housing and homelessness in Australia and for improvements to practice?” (p. 1).</li> </ul>	
Evaluation components	Outcomes	n/a	
	Process	Literature review, interviews, case studies and workshops.	
	Economic	n/a	
	Other (please specify)		
Relevant legislative and policy context		White Paper, <i>The Road Home: A National Approach to Reducing Homelessness</i> (Australia. Department of Families, Housing, Community Services and Indigenous Affairs & Australia. Homelessness Taskforce, 2008) (p. 4).	

(VIC) Evaluation 8		Notes
Methodology	Design	<p>Stage 1: Desk-based literature review - resulted in Positioning Paper (Spinney &amp; Blandy, 2011) (p. 1).</p> <p>Stage 2: Comparative international methodology using two case studies - England and Australia (p. 1).</p> <p><u>Case studies:</u></p> <p>“The English case study involved visiting three Sanctuary homelessness prevention schemes in order to ascertain how they work and whether there are transferable policies and practices that could work effectively in Australia” (p. 1). White Paper, <i>The Road Home: A National Approach to Reducing Homelessness</i> (FAHCSIA &amp; Homelessness Taskforce, 2008). “The English case study involved visiting three very different Sanctuary homelessness prevention schemes at Breckland (Norfolk), Hull and Sheffield” (p. 6).</p> <p>“In the Australian case study, the three embedded units of analysis were New South Wales, Tasmania and Victoria. Homelessness prevention schemes were visited in each of these states and 45 semi-structured interviews were conducted” (p. 1).</p> <p>“Following thematic analysis of the interview findings, a series of workshops was facilitated in five state capitals with 47 policy-makers, practitioners and researchers attending presentations on the interim findings” (p. 1).</p> <p><u>Companion Study:</u></p> <p>“A companion study has been funded by the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) through the Homelessness Research Partnership Agreement, Early intervention strategies to reduce the need for women and children to make repeated use of refuge and other crisis accommodation. This research was conducted in conjunction with this AHURI project by the same researcher” (p. 2).</p>
	Sampling	<ul style="list-style-type: none"> <li>• “Twelve semi- structured interviews were held in England in January 2011 with practitioners, advocates and policy-makers working and involved with these schemes, with three academics and with John Bentham, a senior officer at the national Homelessness Strategy Unit at the Department for Communities and Local Government (DCLG) in central London who has been instrumental in the establishment of Sanctuary schemes at a national level” (p. 7).</li> <li>• “In New South Wales, three very different Staying Home Leaving Violence (SHLV) schemes were visited at Bega, Mt Druitt and Newcastle. Fourteen semi-structured interviews were conducted, with some interviewees giving a national perspective and others speaking from their extensive experience with state-based projects” (p. 7).</li> <li>• “In Tasmania, nine semi-structured interviews took place, with directors of two women’s refuges, a court support officer, a police domestic violence liaison sergeant, the chair of the Safe at Home Inter-Department Committee (IDC), manager and staff of the Family Violence Counselling and Support Services, DHHS [i.e. Department for Health and Human Services, Tasmania], and domestic violence workers at Centacare Tasmania” (p. 7).</li> <li>• “Ten semi-structured interviews were conducted in Victoria. These were with the chief executive of the Women’s Legal Service Victoria (WLSV), a policy officer at Domestic Violence Victoria (DV Vic), a court support officer, the chief executive of the Women’s Domestic Violence Crisis Service Victoria (WDVCS), a senior manager at the Public Interest Law Clearing House (PILCH), the project officer of Bsafe, the project officer of Tools for Change, the Loddon Campaspe regional integration coordinator, and the chief executive and a senior member of staff at the Eastern Domestic Violence Service (EDVOS)” (p. 7).</li> </ul>
Study Limitations		Not noted

(VIC) Evaluation 8		Notes
Diverse population groups and/or geographical locations addressed?	Yes	No
Key findings	Process	<p><u>Literature review</u>: “the most effective homelessness prevention measures for women and children who have experienced domestic and family violence often combine legal/judicial, housing and welfare policy and practices in an integrated manner in order to improve their safety” (p. 2). These include:</p> <ul style="list-style-type: none"> <li>• “Legal/judicial: improving police responses to breaches of court orders, providing court-based family violence advocacy services, domestic violence courts, law reform.</li> <li>• Housing: private rental brokerage programs for women who have experienced family violence, 24-hour response services by housing agencies, Staying Home Leaving Violence (SHLV) type schemes, perpetrator accommodation.</li> <li>• Welfare: outreach services, ‘sanctuary’ type schemes, emergency support, personal development and confidence-building assistance” (pp. 2-3) - the above constitutes the conceptual framework for this study (p. 12).</li> </ul> <p>“Staying Home/Leaving Violence homelessness prevention schemes have started to be developed in a piecemeal fashion in Australia in recent years, while Sanctuary Schemes in the UK have become mainstream policy” (p. 4).</p> <p><u>Case studies</u>: “The key finding of this research are that Australia should move to the provision of homelessness prevention SHLV-type schemes that are as extensive as the current provision of refuge and crisis accommodation across the country; that the schemes should use non-restrictive eligibility practices’ that they should include an element of social marketing, and that they should provide both practical and emotional support for clients” (p. 69).</p>
	Outcomes	
	Integration	<p>Sanctuary Schemes in England and SHLV schemes (NSW) both “involve a degree of collaboration and integration between police, courts and other welfare and housing support services that are effective in enabling women and children who have experienced domestic and family violence to remain in their homes” (p. 3).</p> <p>“Integrative approaches such as SHLV-type schemes have an important role to play in preventing homelessness for women and children who have experienced domestic and family violence, and that this is true for women living in very different situations in very different areas of Australia, including those previously thought not to be suitable” (p. 3).</p> <p>“One of the most important findings of the research is that integrated schemes such as SHLV have an important role to play in preventing homelessness for women and children who have experienced domestic and family violence, and that this is true for women living in very different situations in very different areas of Australia, including those previously thought not to be suitable. Women living in metropolitan areas, rural isolated areas, in owner-occupied, privately-rented, public housing, jointly-owned, jointly-tenanted, with injunctions and police orders or without, have all been assisted to remain living safely in their homes through the five projects highlighted” (p. 68).</p> <p>“The key findings from Chapters 4–7 demonstrated that legal, housing and welfare and support issues are all important in determining whether women will feel enabled to stay at home, and that their effectiveness is much enhanced when multi-sector approaches covering these issues are coordinated into an integrated service. The findings revealed that when such services are fully integrated and become available on a jurisdiction-wide basis to all who require them there is an enthusiastic uptake by clients, resulting in many being able to safely stay in their homes” (p. 66).</p>

(VIC) Evaluation 8		Notes
	<b>Strengths of model</b>	<p>“... SHLV schemes in particular are at the frontier of providing homelessness prevention services to women and children who have experienced domestic and family violence in Australia” (pp. 46-47).</p> <p>“In Victoria the relatively new Safe at Home integrated partnership model is also leading good practice in inter-agency working and in outreach work, which together assist with keeping women and children in their own home” (p. 47).</p>
<b>Conclusions/recommendations</b>		<p>A list of 18 implications for policy and practice is offered, with some key points as follows:</p> <p>“3. Further development of sharing of information throughout Australia between accredited agencies on domestic and family violence victims and perpetrators” (p. 69).</p> <p>“7. The provision of specialist domestic and family courts to be legislated for, and provided, throughout Australia. These would include court support workers for victims and perpetrators” (p. 69).</p> <p>“9. Dual risk assessments to be conducted by police and support agencies” (p. 69).</p> <p>“15. Provision of culturally appropriate schemes for Indigenous Australian women. The implications of mainstream law, legal and judicial systems and the practices of mainstream welfare agencies need to be specifically considered in each jurisdiction” (p. 70).</p>
<b>Findings useful for wider program development/practice?</b>		Yes

Program Summary	
(VIC) Evaluation 9	Notes
Author/Year/Title	Whitzman, C. (2011). Half-full or half-empty? Planning for Women's Safety in Victoria, Australia. In <i>Planning Theory &amp; Practice</i> , 12:3, pp. 367-385.
Jurisdiction	VIC
Name of evaluated program/strategy	Gender, Local Governance and Violence Prevention (GLOVE Project)
Inclusion rationale	Project involved partnerships between local governments and communities for Prevention of Violence Against Women (PVAW) work.
Nature/type of program/strategy	Action-research project, local government, primary prevention, and capacity building.
Brief description of program/strategy (content, aims, etc.)	<p>(All page references herein refer to the evaluation report).</p> <p>The GLOVE project was a 3 year action research project, funded by the Australian Research Council (ARC) and VicHealth from June 2006 to May 2009 (p. 368).</p> <p>“The project had two aims. The research aim was to investigate the continuing divide, in both research and public policy terms, between violence prevention in the public and in the private realm. The policy aim was to develop Australian local government policies and programmes that were capable of adopting an integrated approach to violence prevention in both public and private realms, while acknowledging gender differences in the experience of violence, utilizing a government – community partnership model. The GLOVE project worked with four local government–community partnerships in the Australian state of Victoria.” (p. 368).</p>
Collaborating agencies	<p>City of Maribyrnong, City of Casey, City of Greater Bendigo, and Shire of Loddon (p. 377).</p> <p>“Two of the four partnerships under discussion here were between local government and a regional health organization, one a women's health service, the other a mainstream health service. The third and fourth partnerships, in Bendigo and Loddon, were between local government and a gender-based violence prevention service (the Centre Against Sexual Assault serves male clients as well, but the majority of their clients are female and their mandate is explicitly feminist)” (p. 381).</p>
Lead agency	See above - four local government area (LGA)-community partnerships.
Definition of “integration” within program/strategy	“The policy aim was to develop Australian local government policies and programmes that were capable of adopting an integrated approach to violence prevention in both public and private realms, while acknowledging gender differences in the experience of violence, utilizing a government–community partnership model” (p. 368).
Key program/strategy elements and practice approaches	“The GLOVE project was intended to encourage local and state government to see gender-based violence as a public priority, and its success was to be measured by the inauguration of new local and state policies and programmes on violence prevention, and the creation of sustainable government–community partnerships” (p. 377). Integration, here, seems to refer less to a coordinated multi-agency or interagency approach, but about primary prevention activities being integrated into the work of local government through community partnerships.
Services provided (e.g. DFV, SXA, both)	DFV + SXA (VAW prevention).
Details of stakeholder alliances (formal MoU, shared principles, etc.)	MoUs

(VIC) Evaluation 9		Notes	
Target group	Diverse population groups (please specify)	Indigenous women	
		Young people	
		CALD women	
		Not specified	Not specified
	Geographical location	Metropolitan	Two LGA-community partnerships in the metropolitan area.
		Remote	
		Rural	One LGA-community partnership is rural area.
	Not specified	One LGA-community partnership in regional centre.	
<b>Evaluation Details</b>			
Key information	Funder	ARC and VicHealth.	
	Length of evaluation	Project length: June 2006 - May 2009.	
	Evaluation governance	Unclear	
	Purpose of evaluation	Not stated	
Evaluation Goals and Objectives		Not stated	
Research questions		Not stated	
Evaluation components	Outcomes		
	Process		
	Economic		
	Other (please specify)	Action-research; component detail not given.	
Relevant legislative and policy context		<i>Women's Safety Strategy</i> ([Department for Victorian Communities], 2002 [as cited on p. 375]).	
Methodology	Design	<p>The methodology of the project was based on community-based action research, wherein a community leader and a local government leader from each of the four localities were trained in the following:</p> <ul style="list-style-type: none"> <li>• undertaking a local government policy audit;</li> <li>• developing a vision and evaluation strategy; and</li> <li>• developing partnerships (p. 368).</li> </ul> <p>The local governments had to commit to a Memorandum of Understanding, which tied them to four outcomes:</p> <ul style="list-style-type: none"> <li>• an audit of local government policies for direct and indirect impacts on prevention of violence;</li> <li>• a community meeting to brainstorm ideas about local government policies and programmes;</li> <li>• the further development of these policies and programmes by local councils in partnership with the lead community organisation; and</li> <li>• evaluation of new policies and programmes after one year (p. 368).</li> </ul>	

(VIC) Evaluation 9		Notes
		<p>“...in parallel research, conducted by a PhD student, the eight ‘local leaders’ along with eight members of the Advisory Committee for the project were interviewed about their understanding of gender in relation to violence prevention. Subsequently, the relevant local and state policies were analysed for their inclusion of gender concerns” (p. 368).</p> <p>“A literature review of international best practice on gender mainstreamed local violence prevention initiatives was published (Hayes, 2006 [as cited on p. 378]), and a baseline policy audit of Metropolitan Melbourne local government community safety policies was undertaken” (p. 378).</p>
	<b>Sampling</b>	“Four local government – community partnerships were selected, which were all committed to developing integrated violence prevention plans, but did not yet have initiatives underway. In order to provide a range of case studies, one partnership was based in the inner city, one in a rapidly growing outer suburb, one in a regional city, and one in a rural area” (p. 377).
<b>Study Limitations</b>		Not noted
<b>Diverse population groups and/or geographical locations addressed?</b>	Yes	No
<b>Key findings</b>	<b>Process</b>	<p>“...a series of state policy changes in 2005–2007 had a detrimental impact on the final two years of the GLOVE project. While VicHealth funded some LGA initiatives, state support was withdrawn: “the Safer Streets and Homes policy lapsed at the end of 2005, and Crime Prevention Victoria was disbanded in 2006. Also in 2006, the Women’s Safety Strategy was transformed into a state- wide Strategy on Family Violence Prevention, the latter emphasizing regional service delivery over primary prevention of violence. As part of this process, a state programme funding the regional coordinators who worked with local government to develop prevention strategies was disbanded in 2007” (p. 378).</p> <p>“Another local partnership, in Bendigo, has developed some programmes to prevent violence, particularly in the area of men working to prevent violence against women. It audited local resources and capacities to tackle family violence, and held a successful public forum in the second year of the project. However, its intention to develop a comprehensive violence prevention plan stalled in the face of both council and community staff turnover, and lack of state policy direction and funding to create increased capacity for community safety” (p. 379).</p>
	<b>Outcomes</b>	<p>“By the end of the project, only one local government – community partnership (Maribyrnong) had developed a range of gender-mainstreamed policies and programmes to prevent violence in both the public and private realms, and had established a sustainable partnership” (p. 378).</p> <p>“The fourth local partnership, in Loddon, accomplished least, mostly because there were huge needs in this drought-affected region and virtually no resources available from either local or state government to meet these needs” (p. 379).</p> <p>“The final year of the GLOVE project was intended to roll out workshops for local governance partnerships in Victoria, based on what had been learned in the first two years of the project. But in the absence of any state-level policy or programme supporting community safety or women’s safety, the emphasis shifted to documenting innovative women’s safety work at the local level (Kwok, 2008 [as cited on p. 379]) and working with the state government on the preparation of a new plan to prevent violence against women ([Department of Planning and Community Development], 2009 [as cited on p. 379])” (p. 379).</p>

(VIC) Evaluation 9		Notes
	<b>Integration</b>	<p>City of Maribyrnong: “The Preventing Violence Against Women Action Plan works to address determinants of violence across all core business of council, from maternal and child health services, to aged and diversity services, from the network of community centres maintained by the council to strategic planning. Each recommendation has a responsible council department or community agency and an indicator that the recommendation has been accomplished” (p. 378).</p> <p>“Maribyrnong City Council is also working on improving data on incidents of family violence as reported by both community agencies and police. It is continuing to map both council services and community work to prevent violence through an ever-expanding membership base for the Family Violence Working Group, with a particular emphasis on new migrant groups” (p. 379).</p> <p>“A third local partnership, in Casey, was hampered by tensions between the organization that supplied the community leader and the consortium of community agencies that won a state contract for integrated family violence service delivery in 2007” (p. 379).</p>
	<b>Strengths of model</b>	<p>“All four local initiatives explored existing local government and community organization programmes and policies, to identify potential resources and unmet needs” (p. 378).</p> <p>“Two of the local initiatives developed plans—a Preventing Violence Against Women Action Plan 2007–2008 (City of Maribyrnong, 2007 [as cited on p. 378]), and a less detailed Bendigo Safe Community Forum Strategic Direction 2007–2009 (City of Greater Bendigo, 2006 [as cited on p. 378])” (p. 378).</p> <p>“The City of Casey obtained three years of federal government funding for a Promoting Peace in Families programme, which aimed to disseminate ‘no to violence’ public education messages by working with Christian faith leaders” (p. 378).</p>
<b>Conclusions/recommendations</b>		<p>“[A]ll sites found it difficult to engage with violence prevention in both the public and private realms, to address grounds of difference or marginalization other than gender, to apply a gender mainstreaming approach to all forms of violence, and to evaluate their efforts. With the exception of Maribyrnong, all partnerships focused solely on intimate partner violence, and all had only limited outreach to community organizations representing women with disabilities, women from religious and ethnic minorities, lesbians and bisexual women, homeless women, and those from aboriginal communities. Links between gender-based violence prevention and mainstream community safety efforts remained weak, despite Bendigo’s initial desire to look at alcohol-related public violence from a gendered perspective” (p. 380).</p> <p>“In the immediate aftermath of the GLOVE project, the ‘glass half empty’ attitude was seen in much of its evaluation. Yet the rapid turnover of both local government and community agency staff, and the project’s related failure to develop innovative, integrated community safety plans at the local level, were seen as structural outcomes of the disintegration of a state policy framework, rather than as faults of the partnerships or the individuals involved” (p. 380).</p> <p>“It is also possible to take a ‘glass half full’ approach to the GLOVE project. Both the project itself, and the local governance partnerships it documented and supported (Kwok, 2008; Nagle &amp; Murphy, 2010 [as cited on p. 381]), directly influenced the new state government policy on gender-based violence prevention, which in turn is aligned with the national government’s new policy” (p. 381).</p>
<b>Findings useful for wider program development/practice?</b>		Yes

Program Summary			
(VIC) Evaluation 10		Notes	
Author/Year/Title		Nicholson, D. (2012). <i>Bsafe from family violence: Business case and 2012 evaluation findings</i> . Wangaratta, Victoria: Women's Health Goulburn North East.	
Jurisdiction		VIC	
Name of evaluated program/strategy		Bsafe	
Inclusion rationale		Multiple agencies	
Nature/type of program/strategy		Safety planning	
Brief description of program/strategy (content, aims, etc.)		<p>Bsafe is a personal alarm system and risk management option primarily for people escaping family violence and sexualised assault perpetrated by intimate partners.</p> <p>Bsafe utilises a water-proof pendant that operates via the home telephone line that can be activated within the area of the victim's home and garden, and a "mobile unit" which is similar to a mobile phone.</p> <p>Eligibility criteria: Bsafe recipients must have an intervention order (IVO) with an exclusion clause that states the perpetrator is not allowed within a specified distance to the primary residence or workplace</p>	
Collaborating agencies		The SAFER team collaborated regarding the evaluation.	
Lead agency		Women's Health Goulburn North East	
Definition of "integration" within program/strategy		<p>(All page references herein refer to the evaluation report).</p> <p>"strengthening the relationship between family violence and sexual assault services, the police, health and community sectors and the community" (p.31).</p>	
Key program/strategy elements and practice approaches		The key element of this "safe at home" strategy was the provision of personal alarms, under the condition that women had an IVO with an exclusion clause. To be eligible for a Bsafe alarm the report also notes that women needed to be "at risk of the Intervention Order being breached" (p. 12). "At risk" eligibility was determined through the use of the Family Violence Common Risk Assessment Framework (CRAF) Comprehensive Risk Assessment Tool, which is approved by the Victorian State Government.	
Services provided (e.g. DFV, SXA, both)		DFV and SXA	
Details of stakeholder alliances (formal MOU, shared principles, etc.)		Steering Committee	
Target group	Diverse population groups (please specify)	Indigenous women	It was noted that a number of Aboriginal women had Bsafe units, however it was recommended that further education and community engagement occur within Aboriginal communities regarding the intervention.
		Young people	No
		CALD women	With CALD clients, consideration of accessibility was recommended.
		Not specified	While no women with disabilities were interviewed for the evaluation, it was noted that there were a number of women with disabilities in the Bsafe program at the time of the evaluation. The authors noted that accessibility for women with disabilities and/or hearing impairment has increased as alarm technology has become more sophisticated, and that Bsafe is a viable risk management option particularly for women who face the multiple disadvantage of rural isolation and disability (p. 20).

(VIC) Evaluation 10		Notes	
	Geographical location	Metropolitan	No
		Remote	No
		Rural	Goulburn is a regional/rural area in Victoria.
		Not specified	n/a
<b>Evaluation Details</b>			
Key information	Funder	Women's Health Goulburn North East.	
	Length of evaluation	March - August 2012.	
	Evaluation governance	The SAFER Team, in particular Dr Lucy Healey with Professor Cathy Humphreys and Dr Kristin Diemer, provided critical feedback and oversight throughout the evaluation project.	
	Purpose of evaluation	The aim was to validate previous Bsafe research.	
Evaluation Goals and Objectives		See above	
Research questions		Research question: Was Bsafe still providing a similar level of support and protection to women and their children two years after the previous evaluation survey?	
Evaluation components	Outcomes	Yes - client interviews; whether the safety and wellbeing of clients and their children was improved.	
	Process	Yes - interviews/surveys with Bsafe coordinators, Bsafe partner agency forum (five agencies attended); whether Bsafe saved time and resources within their agency, saved time and resources within agencies.	
	Economic	Yes - evaluates cost of service against alternatives.	
	Other (please specify)	n/a	
Relevant legislative and policy context		<p>Creation of an integrated family violence system (IFVS) in Victoria. The IFVS enabled system reform that responds more effectively to victims of family violence (including children), holds perpetrators accountable and provides opportunities to create a reduced tolerance for family violence in Victorian communities.</p> <p>In 2012, along with other States and the Federal Government, the Victorian Government reconfirmed their commitment to these aims by announcing significant funding for additional services to women, children and men in addition to further legislative and policy change that protects women and children, and makes men who use violence accountable.</p> <p>In September 2012, the Victorian Coalition Government announced new measures to help protect and support women and children who have experienced family violence and sexual assault. The package of \$16 million over four years is for the expansion of services included an extra \$9.25 million for additional family violence counselling and case management.</p>	
Methodology	Design	<p>The methodology is described as a participatory action research model. It utilised three methods:</p> <ol style="list-style-type: none"> <li>1. Interviews with Bsafe clients (eight telephone interviews).</li> <li>2. Interviews/surveys with Bsafe coordinators.</li> <li>3. Bsafe partner agency forum (five agencies attended).</li> </ol>	
	Sampling	Case study site	

(VIC) Evaluation 10		Notes
<b>Study Limitations</b>		Did not discuss long term viability of the scheme in terms of funding.
<b>Diverse population groups and/or geographical locations addressed?</b>	<b>Yes</b> <b>No</b>	
<b>Key findings</b>	<b>Process</b>	Workers agreed that generally Bsafe saved time and resources within agencies. The report noted that most women but especially those living on isolate properties reported that they felt secure in their homes with Bsafe; however a small number of women noted that Bsafe did not work where there was no mobile reception (p. 19).
	<b>Outcomes</b>	Most of the women reported that their wellbeing improved after getting the Bsafe unit. Bsafe was continuing to provide support and protection to women and their children.
	<b>Integration</b>	Not discussed in this report.
	<b>Strengths of model</b>	<p>A comparative financial analysis conducted for the Hume Region in 2011 found that a woman and her children are able to remain in their own home with the support of Bsafe at a cost of 63% less than that needed to enable the same woman and children to access a range of services, including relocation.</p> <p>A 3 year indicative budget shows the cost of providing 40 Bsafe units to high-risk women in each rural region across Victoria to be approximately \$512,000 in the first year.</p> <p>This cost decreases incrementally over the 3 years to approximately \$374,000 in the third year, and includes provision of a statewide Bsafe Coordinator role to ensure appropriate monitoring and support. For this cost a minimum of 200 women (and their children) across Victoria at any given time, who are at high risk of being further harmed by their ex-partner, will benefit from being on a Bsafe Program.</p>
<b>Conclusions/recommendations</b>		The report does not come to any general conclusions or make any recommendations. The report reinforces the findings of the 2010 evaluation – that clients and partner agencies valued the work of the BSafe scheme.
<b>Findings useful for wider program development/practice?</b>		The use of electronic technology in “safe at home” schemes is being looked at with interest by many, and these findings add to the evidence base about how clients respond favourably to their use.

Program Summary	
(VIC) Evaluation 11	Notes
Author/Year/Title	Taylor, E. (2010). <i>Bsafe pilot project 2007 – 2010: Interim evaluation report</i> . Wangaratta, Victoria: Women's Health Goulburn North East, and Taylor, E., & Mackay, R. (2011). <i>Bsafe pilot project 2007-2010: Final report</i> . Victoria Police and Women's Health Goulburn North East.
Jurisdiction	VIC
Name of evaluated program/strategy	Bsafe Pilot
Inclusion rationale	Multiple agencies
Nature/type of program/strategy	Safety planning
Brief description of program/strategy (content, aims, etc.)	<p>Bsafe is a personal alarm system and risk management option primarily for people escaping family violence and sexualised assault perpetrated by intimate partners.</p> <p>Bsafe utilises a water-proof pendant that operates via the home telephone line that can be activated within the area of the victim's home and garden, and a "mobile unit" which is similar to a mobile phone.</p> <p>The mobile unit is used where there is mobile coverage and allows Bsafe clients increased autonomy and security when out in the community.</p>
Collaborating agencies	Victoria Police
Lead agency	Women's Health Goulburn North East
Definition of "integration" within program/strategy	(All page references herein refer to the evaluation report). "Bsafe's integrated approach to family violence has been groundbreaking; allowing specialist family violence and sexual assault services, women's health services and Victoria Police to work in unison to support women's and children's endeavours to live a life free from violence" (p. 60).
Key program/strategy elements and practice approaches	<p>Two types of alarm systems were used: a home-based model that worked with a landline and a unit designed to work with mobile phones. The latter proved particularly useful for use out of the home, and meant that women and children could resume a more normal life. Bsafe provided an effective, integrated, multi-agency response that improves the safety and autonomy of victims of family violence and sexualised assault whilst increasing detection and accountability for those perpetrating such violence.</p> <p>The Bsafe project has two key objectives:</p> <ol style="list-style-type: none"> <li>1. To reduce homicides, assaults, sexualised assault and recidivism relating to family violence by funding the Bsafe kit and service to provide an additional level of support and service to victims of family violence so they can safely stay in their own homes and communities.</li> <li>2. To strengthen the relationship between the police, family violence, and health and community sectors and the community.</li> </ol>
Services provided (e.g. DFV, SXA, both)	DFV and SXA
Details of stakeholder alliances (formal MOU, shared principles, etc.)	Not specified

(VIC) Evaluation 11		Notes	
Target group	Diverse population groups (please specify)	Indigenous women	Not specified.
		Young people	Not specified.
		CALD women	Not specified.
		Not specified	n/a
	Geographical location	Metropolitan	No
		Remote	No
		Rural	Yes - Goulburn East is in rural Victoria.
	Not specified	n/a	
<b>Evaluation Details</b>			
Key information	Funder	Not explicit, copyright is with Women's Health Goulburn North East.	
	Length of evaluation	Bsafe was a three-year pilot program (2007-10).	
	Evaluation governance	Self-evaluation (report written by Bsafe Coordinator).	
	Purpose of evaluation	This is an evaluation of a 3 year pilot program.	
Evaluation Goals and Objectives		Evaluation aims not clearly specified, the evaluation does not include any critical comments on Bsafe as a program. Indeed, it is framed in a way that promotes the importance of Bsafe.	
Research questions		This is an evaluation of a 3 year pilot program. It uses an action research methodology and is very supportive of the role that Bsafe can play.	
Evaluation components	Outcomes	Yes - See below.	
	Process	Yes - Reflective workshops conducted with Bsafe's key stakeholders in 2008 and 2010. Key stakeholder questionnaires.	
	Economic	Not discussed in this report.	
	Other (please specify)	n/a	
Relevant legislative and policy context		Not specified.	
Methodology	Design	Methods of evaluation included: Comprehensive Risk Assessment Tool (CRAF), voluntary questionnaires with clients, semi-structured telephone interviews, reflective workshops and stakeholder questionnaires.	
	Sampling	Case study site	
Study Limitations		As an evaluation of Bsafe, it has some limitations. The evaluation does not include any critical comments on Bsafe as a program. Indeed, it is framed in a way that promotes the importance of Bsafe.	
Diverse population groups and/or geographical locations addressed?	Yes	No	No diverse regions, Goulburn is in regional Victoria.

(VIC) Evaluation 11		Notes
<b>Key findings</b>	<b>Process</b>	<p>The most successful elements of BSafe were;</p> <ul style="list-style-type: none"> <li>• Ongoing contact and risk assessment with clients.</li> <li>• Employment of Bsafe coordinator to oversee referral process, ensure timely kit installation, monitor activations and police response, and communicate with key stakeholders.</li> <li>• Training workers (police, service providers' workers) in the use of Bsafe.</li> <li>• Women using it whenever a breach occurred, however minor.</li> </ul> <p>The key findings are:</p> <ul style="list-style-type: none"> <li>• Bsafe provides a risk management option for high risk women and their children.</li> <li>• Bsafe could be incorporated into safety audits.</li> <li>• Bsafe is good risk management option for rural women.</li> <li>• Bsafe can fill a gap in the current integrated family violence service system – this system focuses on immediate crises rather than the need for longer-term support arising from the ongoing consequences of family violence.</li> </ul>
	<b>Outcomes</b>	See above.
	<b>Integration</b>	“Bsafe’s success is due to stakeholder cooperation and an integrated approach to family violence. Bsafe has contributed to strengthening the network between key stakeholders such as the police, the family violence and sexual assault services, VitalCall and the women involved in the project. As well as being of huge economic benefit to the community, Bsafe is a great example of integration at work. From the time a woman requests a kit, the streamlined process involves the woman, the police, the Bsafe Coordinator, the family violence worker and the security agency. This process leads to greater safety for women and their children to assist them to live free from fear” (p. 54).
	<b>Strengths of model</b>	See above.
<b>Conclusions/recommendations</b>		<p>BSafe was valued by the clients of the program and the finding of the evaluation was that the programme should continue to be funded and its use should become more widespread.</p> <p>The use of electronic technology combined with support and an effective justice response such as in the BSafe programme appear to be important elements in enabling women to remain safely in their home with confidence.</p>
<b>Findings useful for wider program development/practice?</b>		The use of mobile electronic technology could play a very useful part in integrated responses.

Program Summary	
(VIC) Evaluation 12	Notes
Author/Year/Title	Safe Futures Foundation. (2015). <i>Improving Safety in the Home Response: 12 month pilot evaluation report</i> . 05.11.2013 – 05.11.2014. Ringwood: Victoria.
Jurisdiction	VIC
Name of evaluated program/strategy	Improving Safety in the Home Response
Inclusion rationale	Multiple agencies
Nature/type of program/strategy	Safety planning, case management and risk assessment.
Brief description of program/strategy (content, aims, etc.)	<p>The Improving Safety in the Home is an early intervention, holistic response whose primary goal is to support women and their children to stay in their own homes when safe and appropriate and enhance their safety outcomes.</p> <ul style="list-style-type: none"> <li>• Includes a comprehensive risk and safety assessment, specialist case management support, IT, and cyber safety information and advice.</li> <li>• A specialised safety and risk audit of their property, identified safety upgrades on their property, access to funding, negotiations with landlords, and notifications to police.</li> </ul>
Collaborating agencies	Eastern Domestic Violence Outreach Service, Eastern Access Community Health, and Victoria Police.
Lead agency	Safe Futures Foundation
Definition of “integration” within program/strategy	<p>(All page references herein refer to the evaluation report).</p> <p>Not specified in this document, though this is noted: “Safe Futures Foundation has employed a Police Liaison Women’s Advocate (PLWA) to provide case managed support with the women involved in the response. The PLWA also accompanies the Safety Officer when conducting Home Safety and Risk audits, and conducts regular evaluations with all the women involved. The PLWA position and training is currently funded from the Safe Futures Foundation operational budget” (p. 6).</p>
Key program/strategy elements and practice approaches	<p>Key program elements included:</p> <ul style="list-style-type: none"> <li>• comprehensive risk and safety audits of home, IT and cyber environment, and assessment of cultural risk;</li> <li>• home safety and security upgrades for families identified as at-risk; and</li> <li>• provision of SafeTcards (personal safety devices that provide GPS tracking and live audio streaming to a security centre) and training.</li> </ul> <p>Program strategies included:</p> <ul style="list-style-type: none"> <li>• to enhance safety and stability outcomes for women and children;</li> <li>• to raise women’s awareness of their personal and environment safety;</li> <li>• to act as a deterrent to perpetrators breaching intervention orders;</li> <li>• to increase conviction in cases of intervention order breaches;</li> <li>• to improve the responsiveness of police and courts to victims of family violence;</li> <li>• to reduce police call outs for family violence; and</li> <li>• to support police responses aimed at recidivism.</li> </ul>

(VIC) Evaluation 12		Notes	
Services provided (e.g. DFV, SXA, both)		DFV	
Details of stakeholder alliances (formal MOU, shared principles, etc.)		Not specified	
Target group	Diverse population groups (please specify)	Indigenous women	Not specified in this report.
		Young people	Not specified in this report.
		CALD women	Not specified in this report.
		Not specified	n/a
	Geographical location	Metropolitan	Yes, Ringwood is a metropolitan location in Melbourne, Victoria.
		Remote	No
		Rural	No
		Not specified	n/a
<b>Evaluation Details</b>			
Key information	Funder	No formal funding provided.	
	Length of evaluation	5 November 2013 – 5 November 2014	
	Evaluation governance	Internal review by Safe Futures Foundation.	
	Purpose of evaluation	The purpose of the evaluation is not explicitly stated in the report.	
Evaluation Goals and Objectives		The goals and objectives of the evaluation are not explicitly stated in the report.	
Research questions		Why is the Improving Safety in the Home Response required? Are the Safety Upgrades working as a deterrence to breaching?	
Evaluation components	Outcomes	Yes - evaluations with program participants. The first Improving Safety in the Home response evaluation is conducted with each woman 1 month after her Home Safety and Risk audit occurs and then an ongoing review is conducted with each woman every 2 months.	
	Process	See above.	
	Economic	Not detailed in this report.	
	Other (please specify)	n/a	
Relevant legislative and policy context		<ul style="list-style-type: none"> <li>• <i>Family Violence Protection Act 2008</i> (Vic).</li> <li>• Increased investment by government and the community sector to enable women and children to stay safely in the home.</li> </ul>	
Methodology	Design	The methodology involved: <ol style="list-style-type: none"> <li>1. an evaluation with each woman one month after her Home Safety and Risk audit;</li> <li>2. subsequent reviews conducted every 2 months; and</li> <li>3. collation of these evaluations/reviews.</li> </ol>	
	Sampling	Involved responses from 21 women from the case study sites.	

(VIC) Evaluation 12		Notes
<b>Study Limitations</b>		Not detailed in this report.
<b>Diverse population groups and/or geographical locations addressed?</b>	Yes <b>No</b>	This evaluation did not make mention of any diverse population groups, apart from a “cultural risk report” for clients that was listed as an “administration requirement” (p. 9).
<b>Key findings</b>	<b>Process</b>	100% of the women stated that the Home Safety and Risk audit improved their awareness of their personal and home safety. Demographics of women in the scheme regarding housing tenure - transitional 26%, own the home 32%, private rental 32%, Office of Housing 10%.
	<b>Outcomes</b>	All women reported feeling safer after receiving the safety upgrade. Overall breaching of safety orders significantly decreased. Only seven women reported breaches of their intervention order after being involved in the response.
	<b>Integration</b>	Future funding of the Improving Safety in the Home response to ensure this response is fully integrated into other regional Victorian Police and agency initiatives to provide the best possible safety outcomes for women and children in the Eastern region.
	<b>Strengths of model</b>	<ul style="list-style-type: none"> <li>• Women reported feeling less stressed, more confident and empowered.</li> <li>• Decrease in breaches of intervention order.</li> <li>• Makes perpetrators accountable.</li> </ul> <p>One of the key components of the response is specialist case management and support to ensure all key aspects of safety and support are addressed. This level of intensive support required a full-time position.</p>
<b>Conclusions/recommendations</b>		<p>The recommendations made in the report are only partly based upon the evaluation findings.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> <li>• funding for a full-time Police Liaison Women’s Advocate;</li> <li>• that the “Improving Safety in the Home” response be fully funded to ensure ongoing relationships with external services and Police are strengthened, and to develop referral pathways and protocols in order to provide a State-wide consistent and effective response;</li> <li>• that future funding of the “Improving Safety in the Home” is given to ensure this response is fully integrated into other regional Victorian Police and agency initiatives to provide the best possible safety outcomes for women and children in the Eastern region;</li> <li>• that financial resources are required to continue the Home Safety and Risk audits and purchase the recommended safety upgrades required to enhance women and children’s safety;</li> <li>• that either the courts of police advise perpetrators of the safety upgrades and related consequences to ensure a safer approach for women;</li> <li>• that the Attorney General varies the existing VOCAT [i.e. Victims of Crime Assistance Tribunal] practice guidelines to enable a faster process where women can access immediate VOCAT funds to purchase recommended safety upgrades;</li> <li>• that the Response is considered a Crime Prevention strategy;</li> <li>• that a Crime Prevention Tribunal be established to provide funding to those identified at high risk of becoming victims of family violence; and</li> <li>• that funding for a part-time administrative officer is required (pp. 6-9).</li> </ul>
<b>Findings useful for wider program development/practice?</b>		The use of electronic technology is being looked at with interest by many, these findings add to the evidence base about how clients respond favourably to their use.

## Western Australia

Program Summary	
(WA) Evaluation 1	Notes
Author/Year/Title	Kaspiew, R., De Maio, J., Deblaquiere, J. & Horsfall, B. (2012). <i>Evaluation of a pilot of legally assisted and supported family dispute resolution in family violence cases: final report</i> . Canberra: Attorney-General's Department. Retrieved from <a href="http://www.ag.gov.au/Publications/Documents/ArchivedFamilyLawPublications/CFDR%20Evaluation%20Final%20Report%20December%202012.PDF">http://www.ag.gov.au/Publications/Documents/ArchivedFamilyLawPublications/CFDR%20Evaluation%20Final%20Report%20December%202012.PDF</a> .
Jurisdiction	NSW, QLD, TAS, WA
Name of evaluated program/strategy	Coordinated Family Dispute Resolution (CFDR) Pilot Program
Inclusion rationale	Multi-agency, multi-disciplinary approach.
Nature/type of program/strategy	“The CFDR process implemented in the pilot is at the cutting edge of family law practice for a number of reasons. It involves the conscious application of mediation where there has been a history of past and/or current family violence. It also involves collaborative multidisciplinary practice in a multi-agency setting, with the nature of the collaboration being clinical rather than at the level of referral and support” (p. x).
Brief description of program/strategy (content, aims, etc.)	<p>“CFDR is a service for separated families who need assistance to resolve parenting disputes where there has been a history of past and/or current family violence” (p. ix). The CFDR process assists parents with post-separation parenting arrangements following incidence(s) of family violence. This process is facilitated by a multi-disciplinary, multi-agency approach, which provides intensive support. “The process involves a case manager/family dispute resolution practitioner (FDRP), a specialist family violence professional (SFVP) for the person assessed to be the ‘predominant victim’ in the language of the model, a men’s support professional (MSP) for the person assessed to be the ‘predominant aggressor’ (when they are male), a legal advisor for each party and a second FDRP. Child consultants are part of the professional team and may be called upon to feed into case management decisions” (p. ix). CFDR Pilot objectives are as follows:</p> <ol style="list-style-type: none"> <li>1. “In families where there is past or current family violence, and where the family is assessed as suitable to participate, CFDR aims to achieve safe and sustainable post-separation parenting outcomes for children and their families.</li> <li>2. Issues of emotional and physical safety and risk for all participants, but in particular for victims of family violence and their children, are kept central to and underpin all CFDR roles, decision-making and processes.</li> <li>3. All professionals involved in the CFDR model have a responsibility to make issues of safety and risk central to their professional practice.</li> <li>4. In meeting ‘the best interests of the child’ in families where there is past or current family violence, CFDR aims to:             <ol style="list-style-type: none"> <li>a. address issues of safety and risk, especially for the victims of family violence and their children; and</li> <li>b. achieve arrangements that protect the emotional and physical safety of the child in the short and long term, consistent with the <i>Family Law Act</i>.</li> </ol> </li> <li>5. All the professionals involved will practice, as far as possible, aspects of a coordinated community response (CCR) to family violence outlined in the model ([Women’s Legal Service], 2010 [as cited on p. 6])” (p. 6).</li> </ol>

(WA) Evaluation 1	Notes
<b>Collaborating agencies</b>	<p>“The organisations in each partnership include:</p> <ul style="list-style-type: none"> <li>• a service providing FDR [i.e. Family Dispute Resolution] (including professionals who are accredited FDR practitioners and, if appropriate, qualified “child practitioners”);</li> <li>• a specialist domestic violence service;</li> <li>• a men’s service; and</li> <li>• legal services able to provide legal assistance and advice to each party” (p. 2).</li> </ul>
<b>Lead agency</b>	<p>CFDR was implemented in five sites across Australia, with the following lead agencies:</p> <ul style="list-style-type: none"> <li>• Perth (Legal Aid Western Australia)</li> <li>• Brisbane (Telephone Dispute Resolution Service (TDRS), run by Relationships Australia Queensland)</li> <li>• Newcastle (Interrelate)</li> <li>• Western Sydney (Unifam)</li> <li>• Hobart (Relationships Australia Tasmania)</li> </ul>
<b>Definition of “integration” within program/strategy</b>	See detail in “Stakeholder Alliances” commentary below.
<b>Key program/strategy elements and practice approaches</b>	<p>Risk assessment and case management are central to CFDR, and the integrated model involves a four-phase process as follows:</p> <ul style="list-style-type: none"> <li>• Phase 1: Intake, involving specialist risk assessment and the development of a safety plan.</li> <li>• Phase 2: Preparation of the parties for FDR (including each party obtaining legal advice in two separate sessions, attending three communication sessions, and attending a CFDR mediation preparation workshop), and a CFDR-specific intake process in which the CFDR practitioner (in consultation with the other professionals) assesses the readiness and capacity of the parties to engage in CFDR.</li> <li>• Phase 3: Participation in CFDR, usually applying a co-mediation model, with a legal and possibly a non-legal advocate present for each client.</li> <li>• Phase 4: Follow-up at between 1–3 and 9–10 months after completion of CFDR (pp. 2-3).</li> </ul>
<b>Services provided (e.g. DFV, SXA, both)</b>	DFV
<b>Details of stakeholder alliances (formal MoU, shared principles, etc.)</b>	<p>A multi-disciplinary collaborative partnership; non-hierarchical; each organisation has particular expertise; lead agency coordinates the partnership at each pilot site (p. 2). Regular weekly practice meetings of all CFDR professionals at each pilot site (pp. 5, 25). No details regarding formalised partnership agreements are stated. CFDR is a case-managed process (p. 5). Each partnership involves the following organisations:</p> <ul style="list-style-type: none"> <li>• “a service providing FDR (including professionals who are accredited FDR practitioners and, if appropriate, qualified ‘child practitioners’);</li> <li>• a specialist domestic violence service;</li> <li>• a men’s service; and</li> <li>• legal services able to provide legal assistance and advice to each party” (p. 2).</li> </ul>

(WA) Evaluation 1		Notes	
<b>Target group</b>	<b>Diverse population groups (please specify)</b>	<b>Indigenous women</b>	“Fourteen percent of pilot cases involved clients from CALD backgrounds and 6% involved Aboriginal or Torres Strait Islander families... Around 70% of professionals who completed the Professionals Survey agreed that the CFDR program was sufficiently flexible to respond to the needs of a diverse range of families” (p. 36). Pilot group files showed “proportionately more clients from CALD or Aboriginal and Torres Strait Islander backgrounds” (p. 45).
		<b>Young people</b>	“Professionals were generally positive about the capacity of CFDR to produce child-sensitive outcomes and agreements that worked for children” (p. 138).
		<b>CALD women</b>	See above. Planning at one pilot site took into account that over 90% of the local catchment area were from a non-English speaking background (p. 36) - adapted pilot model, involved interpreters, staff with multiple languages. Professionals reported that CFDR support helped engage clients from CALD backgrounds (p. 36).
		<b>Not specified</b>	
	<b>Geographical location</b>	<b>Metropolitan</b>	Perth, Western Sydney, Brisbane and Hobart.
		<b>Remote</b>	n/a
		<b>Rural</b>	n/a
		<b>Not specified</b>	Regional: Newcastle.
<b>Evaluation Details</b>			
<b>Survey information</b>	<b>Funder</b>	Australian Government Attorney-General's Department.	
	<b>Length of evaluation</b>	Evaluation covers the period from the commencement of the pilot (final quarter 2010; Brisbane site delayed until mid-2011) to 31 August 2012 (final data collection) (p. xi).	
	<b>Evaluation governance</b>	Report commissioned by the Australian Government Attorney-General's Department (AGD), conducted by Australian Institute of Families Studies (AIFS) researchers.	
	<b>Purpose of evaluation</b>	Not stated	
<b>Evaluation Goals and Objectives</b>		Not stated - evaluation questions only.	
<b>Research questions</b>		<ul style="list-style-type: none"> <li>• “Is the safety of children, parents and professionals adequately maintained in the pilot program processes?”</li> <li>• Is the safety of children and parents adequately maintained in the arrangements produced as a result of the application of the model?</li> <li>• Are the outcomes reached in the pilot consistent with the best interests of the children?</li> <li>• Do the processes applied in the pilot adequately address power imbalances between the parents?</li> <li>• What challenges and advantages arise from the interdisciplinary nature of the model?” (p. 8).</li> </ul>	
<b>Evaluation components</b>	<b>Outcomes</b>	Analysis of case file data.	
	<b>Process</b>	Case file analysis; interviews; survey	
	<b>Economic</b>	n/a	
	<b>Other (please specify)</b>		

(WA) Evaluation 1		Notes
<b>Relevant legislative and policy context</b>		2006 Family Law Reforms (p. 1); <i>Family Law Act 1975</i> (Cth) (p. 1).
<b>Methodology</b>	<b>Design</b>	<p>Mixed-methods approach (see further detail in “Sampling” and “Primary data collected” below) comprising :</p> <ul style="list-style-type: none"> <li>• “a study based on case file data from the entire cohort of CFDR files up to 30 June 2012 (n = 126), and a sample of comparison group files (n = 247) drawn from services run by each of the lead partners where CFDR services were not offered;</li> <li>• a qualitative study based on interviews with professionals working in the pilot (n = 37) in the early stages of implementation, and a second study comprising interviews with professionals (n = 33) near the end of the evaluation data collection period (April - June 2012);</li> <li>• mixed-profession focus groups (participants: n = 37), conducted between August and November 2011;</li> <li>• an online survey of professionals, conducted in June - July 2012 (n = 88, with a response rate of 68%);</li> <li>• interviews with parents who received the CFDR services and progressed to mediation, conducted as eligible parents became available (n = 29). An online survey was also available to parents; however, the smaller-than-expected number of pilot cases meant very small numbers of people were eligible to complete the survey. Therefore, the evaluation team focused on conducting interviews with as many parents as possible and incorporated data from the seven completed online surveys in the analysis of the qualitative data; and</li> <li>• requests for information (conducted via discussions with location coordinators) that examined how the model was adapted and implemented in each location” (p. x).</li> </ul>
	<b>Sampling</b>	<p><u>Interviews with professionals</u></p> <p>“Location coordinators provided a list of CFDR professionals in their partnership and/or distributed the study invitation and helped arrange one-on-one (or occasionally two-person) interview appointments. Professionals were also invited to contact AIFS directly, and additional interviews were arranged as required” (p. 10). Thirty-seven interviews with professionals were conducted.</p> <p><u>Focus Groups</u></p> <p>“Professionals from each of the five professional groups in each location—FDRPs, lawyers, women’s SFVPs, MSPs and child consultants (where they were involved in the program)—were invited to participate in this study via an invitation letter. Additional material—including an information sheet about the evaluation and a consent form—was also distributed to all professionals in the program” (pp. 10-11). Thirty-seven professionals participated in the focus groups.</p> <p><u>Online surveys with professionals</u></p> <p>“All professionals involved in the pilot received an invitation email containing a personalised link to the secure AIFS website hosting the survey” (p. 11). Eighty-eight surveys completed – 68% response rate (p. 12).</p> <p><u>Processes and outcomes data collection – Pilot and comparison cases</u></p> <p>Comparison cases: “247 comparison case profile forms were received, comprising 50 each from four locations and 47 from one location” (p. 12).</p> <p>CFDR Pilot: 126 CFDR pilot case profile forms received, and a further 16 Phase 4 follow-ups from the sample of 126 CFDR cases completed. This sample ranged from 13 cases in one location to 37 cases in another (p. 12).</p>

(WA) Evaluation 1		Notes
		<p><u>Parent interviews</u></p> <p>“Eligible parents were asked by the case manager/location coordinator if they would be interested in talking about their experience in the pilot with a professional who was evaluating the program.” (p. 12) Participation was voluntary (p. 12). Twenty-nine interviews were completed (p. 12).</p> <p><u>Quantitative study of parent experience</u></p> <p>“When a case advanced to Phase 2, the case manager/location coordinator gave eligible parents a prepared information sheet explaining the evaluation and this particular study” (p. 15). Only seven interviews were achieved (p. 15).</p> <p><u>Follow-up interviews with professionals</u></p> <p>“The research team used the email contact list constructed for Study 3 to invite all professionals involved in the pilot to contact the research team if they wanted to be interviewed for this final study” (p. 16). Thirty-three interviews were achieved.</p>
<b>Study limitations</b>		None stated. Small sample of parent interviews.
<b>Diverse population groups and/or geographical locations addressed?</b>	<b>Yes</b> <b>No</b>	See detail above
<b>Key findings</b>	<b>Process</b>	<ul style="list-style-type: none"> <li>• Due to limited number of cases, question arises as to whether the process should be primarily FDR, or “a service focussed more on referral and support with FDR (and possible agreement) as an ancillary component of the process” (p. 140).</li> <li>• “In practice, the focus of CFDR is significantly wider than dispute resolution: the proportion of single-party cases and the level of service they receive highlights the wider role of CFDR as a support and referral mechanism” (p. 141).</li> <li>• Different approaches to risk assessment were undertaken at different pilot sites, and different approaches could create partnership tensions (p. 144).</li> <li>• “It is clear that processes around risk assessment and management and making clinical judgments about the conduct of FDR are areas in which particular challenges arise in multi-disciplinary, multi-agency practice” (p. 144).</li> <li>• Some clients felt emotionally unsafe despite efforts to address power imbalances between parents, while others felt empowered and supported when participating in FDR (p. 145).</li> </ul>
	<b>Outcomes</b>	<p>During the evaluation period, “the five pilot sites collectively completed 126 cases: 27 of these cases reached mediation. Of these cases, mediation resulted in a partial agreement in relation to parenting issues for 13 cases (48%) and full resolution in 10 cases (37%). The rest exited at various points and for varying reasons” (p. xi).</p> <p>Number of caseloads across all pilot sites considerably fewer than anticipated: data suggests this was due to a slow build of referrals and challenges in engaging both parents (p. 140).</p> <p>Role of lawyers and MSPs important in adjusting expectations – evidence to suggest that “where these professionals see clients together there is a greater possibility of shifts in attitude occurring” (p. 145).</p> <p>Modest conclusion that CFDR “heightens (but does not guarantee) the possibility that the appropriate process for considering arrangements consistent with ‘best interests’ will be applied in any given matter” (p. 146).</p>
	<b>Integration</b>	Information-sharing is a complex aspect of collaborative practice (p. 142).
	<b>Strengths of model</b>	Multi-disciplinary practice has a number of benefits, and provides a more comprehensive and holistic service (p. 142).

(WA) Evaluation 1	Notes
<b>Conclusions/recommendations</b>	<ul style="list-style-type: none"> <li>• “The start-up phase of such a program is likely to be intensive and require considerable resourcing. Significant effort should be put into developing the capability of professionals and organisations to operate in CFDR prior to clients being accepted into the service.</li> <li>• Leaving administrative type matters to professionals is clearly an inefficient use of resources. Therefore funding models should include provision for administrative support for case and client management.</li> <li>• Partnership formation should be carefully considered and significant groundwork occur to ensure that all professionals involved understand their respective roles, professional obligations and practice models. A past history of successful co-operation will accelerate the process of partnership formation.</li> <li>• Training should include in-depth mechanisms to assist participants to deal with issues such as role differentiation and conflict management. Such mechanisms could include training exercises based on simulated cases to expose professionals to a variety of different situations and to road-test their capacity to deal with them as a group. The exercises should be designed to raise challenging practice issues and build understanding of the role of each professional in responding to the challenges.</li> <li>• Memoranda of Understanding governing the partnerships might include clauses dealing with the management and resolution of disputes involving the partners, with provision for recourse to externally supported dispute resolution mechanisms.</li> <li>• Protocols concerning information sharing require ongoing development. These protocols could build on work already done in the area and include attention to issues such as the following: the circumstances under which lawyers might seek consent to share information with other professionals; other professionals continuing to develop protocols regarding how and in what circumstances it will be in the interests of individual clients and their families to share information with legal and non-legal CFDR professionals; and ways in which lawyers might exchange information about what their instructions are in relation to relevant facts (i.e., family violence, child safety) prior to FDR sessions” (p. 143).</li> <li>• Suggest development of practice guidelines; uniform risk assessment framework applied; common training (pp. 144-145).</li> <li>• Suggest SFVPs and MSPs to be present at least one legal advice session; mediators have an obligation to act protectively, mediation should occur over several sessions, and should commence with individual sessions (p. 145).</li> <li>• Suggest proposed practice guidelines should set out an agreed approach to the application of Child Inclusive Practice, including instances in which it should and should not be considered; aims of CIP [i.e. child inclusive practice] in CFDR context; and that CIP be applied by experienced practitioners (p. 146).</li> <li>• Further research is also suggested.</li> </ul>
<b>Findings useful for wider program development/practice?</b>	Yes - relating to best practice in integration

Program Summary	
(WA) Evaluation 2	Notes
Author/Year/Title	O'Connor, M., & Fisher, C. (2005). <i>An evaluation of Domestic Violence Advocacy Support (DVAS) Central: Outcomes Achieved to Date and the Identification of Challenges Arisen During Development and Implementation - Final Report</i> . Perth, Western Australia: Edith Cowan University. Retrieved from <a href="http://www.adfvc.unsw.edu.au/RR_docs/DVAS_Central_Evaluation.doc">www.adfvc.unsw.edu.au/RR_docs/DVAS_Central_Evaluation.doc</a> .
Jurisdiction	WA
Name of evaluated program/strategy	Domestic Violence Advocacy Support (DVAS) Central
Inclusion rationale	
Nature/type of program/strategy	Co-located integrated model
Brief description of program/strategy (content, aims, etc.)	<p>(All page references herein refer to the evaluation report).</p> <p>“DVAS Central is a multi-agency partnership providing support to victims of domestic violence from one location” (p. 5).</p> <p>Objectives of the DVAS Central model:</p> <ul style="list-style-type: none"> <li>• “The development of a collaborative partnership of DV service providers;</li> <li>• Service providers working together in an inclusive way to create a service with a greater capacity through co-location and integrated service delivery;</li> <li>• The development of a ‘one stop’ service with a focus on client needs and service;</li> <li>• Operation of a DV crisis service which engages clients in a positive and empowering manner;</li> <li>• A service which improves the safety of victims of DV in the short and long term;</li> <li>• Provision of legal and advocacy services to assist clients to make their own choices; and,</li> <li>• Provision of information and referral to assist clients to take responsibility for their own and their children’s well being” (p. 23).</li> </ul>
Collaborating agencies	<p>On-site partners:</p> <ul style="list-style-type: none"> <li>• Orana House</li> <li>• Western Australian Police Service (WAPS)</li> <li>• Department for Community Development (DCD) Perth District Office</li> <li>• Domestic Violence Legal Unit (DVLU)</li> <li>• Yorgum Aboriginal Corporation</li> <li>• Women’s Health Care House - Multicultural Women’s Advocacy Service (MWAS)</li> <li>• Department of Justice (DOJ) Victim Support Service</li> </ul> <p>“Recently, the Domestic Violence Children’s Counselling Service (DVCCS) and Nardine Wimmin’s Refuge Outreach Program (hereafter also referred to as Nardine Outreach) have also joined the partnership” (pp. 12-13).</p> <p>Off-site partners:</p> <ul style="list-style-type: none"> <li>• Family and Domestic Violence Unit</li> <li>• Perth West Domestic Violence Action Group</li> <li>• Central Metropolitan Region Prevention of Domestic Violence Committee (CMRDVC)</li> <li>• Women’s Refuge Group of WA (now known as Women’s Council for Domestic and Family Violence Services (WA) (pp. 12-13).</li> </ul>

(WA) Evaluation 2		Notes	
Lead agency		Orana House	
Definition of “integration” within program/strategy		“In terms of awareness, there appears to be a good awareness amongst agencies that are responsible for responding to family and domestic violence in Perth, as to what constitutes the DVAS Central model. Central to this awareness are issues around co-location and integration of services – referred to by many respondents as a ‘one-stop-shop’. There is a clear acknowledgement that without the centrality of relationships, the provision of co-located, seamless services to clients would not be possible” (p. 10).	
Key program/strategy elements and practice approaches		<p>“There are a number of shared responsibilities to which each of the on-site partners ascribes. These include:</p> <ul style="list-style-type: none"> <li>• Working in a spirit of co-operation and partnership;</li> <li>• Participating in team meetings (Partnership meetings);</li> <li>• Contributing to the efficient and effective running of the agency and being flexible and practical about their role;</li> <li>• Abiding by the policies and procedures, statements of intent, protocols, memorandum of understandings and any other documentation set down by the Steering Committee and Partnership Group;</li> <li>• Meeting obligations and responsibilities of the worker’s employing agency;</li> <li>• Providing appropriate supervision and support for their staff; and,</li> <li>• Working toward the vision, goals and objectives of DVAS Central” (p. 24).</li> </ul>	
Services provided (e.g. DFV, SXA, both)		DFV	
Details of stakeholder alliances (formal MoU, shared principles, etc.)		Policies; procedures; statements of intent; protocols; MoUs; other documentations from the Steering Committee and Partnership Group.	
Target group	Diverse population groups (please specify)	Indigenous women	
		Young people	
		CALD women	CALD clients mentioned in evaluation findings
		Not specified	Not specified
	Geographical location	Metropolitan	Perth
		Remote	
		Rural	
		Not specified	
<b>Evaluation Details</b>			
Key information	Funder	Funded by Western Australia Department of Justice (DOJ) Criminal Property Confiscation Grant.	
	Length of evaluation	Data collection between July 2004 and March 2005 (p. 25).	
	Evaluation governance	“supported by an Evaluation Advisory Group comprising representatives from partner agencies collaborating with DVAS Central” (p. 7).	
	Purpose of evaluation	“The purpose of this evaluation is to provide an independent analysis of the development and implementation of the DVAS Central model after its first year in operation” (p. 7).	

(WA) Evaluation 2		Notes
<b>Evaluation Goals and Objectives</b>		<p>“The objectives of this evaluation are to:</p> <ul style="list-style-type: none"> <li>• Measure to what extent the proposed outcomes of the service have been achieved (outcome evaluation);</li> <li>• Determine trends and gaps in service delivery (formative and outcome evaluation);</li> <li>• Determine the impact of interagency collaboration and co-location on achieving outcomes (outcome and process evaluation);</li> <li>• Determine what factors assisted program development and service delivery (process evaluation);</li> <li>• Determine what issues and challenges were experienced (process evaluation);</li> <li>• Determine what improvements and further developments are required (process and formative evaluation); and,</li> <li>• Determine any unintended impacts (positive and negative) of the service.</li> </ul> <p>This latter objective is not essential, but would be beneficial if sufficient resources are available” (p. 7).</p>
<b>Research questions</b>		None stated - see evaluation objectives above.
<b>Evaluation components</b>	<b>Outcomes</b>	n/a
	<b>Process</b>	interviews; surveys
	<b>Economic</b>	n/a
	<b>Other (please specify)</b>	
<b>Relevant legislative and policy context</b>		
<b>Methodology</b>	<b>Design</b>	<p>Qualitative approach taken:</p> <ul style="list-style-type: none"> <li>• Semi-structured interviews with DVAS Central staff, staff from partner agencies and stakeholder staff (individual and small group interviews).</li> <li>• Individual telephone and face-to-face interviews conducted with DVAS Central clients.</li> <li>• Brief email survey sent out to a range of referring agencies (p. 8).</li> </ul> <p>Interview schedules:</p> <ul style="list-style-type: none"> <li>• Eight open-ended questions for onsite service providers, partner agencies not providing onsite services and referring agencies</li> <li>• 14 open-ended questions for DVAS Central clients (p. 28).</li> </ul>
	<b>Sampling</b>	<p>“Key stakeholders identified in this evaluation are:</p> <ol style="list-style-type: none"> <li>1. DVAS Central (including partner agencies and the steering committee);</li> <li>2. Orana House;</li> <li>3. DVAS Central Clients;</li> <li>4. Referring agencies, e.g. Women’s Refuges;</li> <li>5. Existing funding bodies, e.g., DOJ, DCD etc.; and,</li> <li>6. Potential/future funding bodies” (p. 8).</li> </ol> <p>A total of 29 semi-structured interviews were conducted - 9 conducted with clients.</p> <p>“DVAS Central staff approached clients to ask if they would be willing to participate in interviews” (p. 29).</p> <p>Fifty-five email surveys sent out – 24 returned (40% response rate) (p. 8).</p>
<b>Study Limitations</b>		Not noted

(WA) Evaluation 2		Notes
<b>Diverse population groups and/or geographical locations addressed?</b>	<b>Yes</b> <b>No</b>	CALD clients
<b>Key findings</b>	<b>Process</b>	<p><u>Service gaps identified:</u></p> <ul style="list-style-type: none"> <li>• Inability to provide clients with advice on family law identified as a “huge gap” (p. 12).</li> <li>• Client crisis counselling is unavailable, but required (p. 12). “[T]here is not the capacity within DVAS Central to adequately identify and monitor issues that children have as a result of their experiences of living with family and domestic violence” (p. 13).</li> <li>• For growth and sustainability, an administrative officer and receptionist need to be recruited to work onsite at DVAS Central (p. 13).</li> </ul> <p>“Whilst it is acknowledged that providing co-located services can result in fiscal issues for individual agencies and that services for clients of a culturally and linguistically diverse background are available either telephonically or through staff from Multicultural Women’s Advocacy Service coming to DVAS Central, or conversely, DVAS Central staff walking clients to the multicultural service, respondents in this evaluation argue that the non-provision of these services on-site constitutes a gap in service delivery” (p. 50).</p> <p><u>Challenges</u></p> <p>“Relationships and partnerships are fundamental to the DVAS Central model. An ongoing challenge for DVAS Central has been securing and maintaining agency commitment. Meeting this challenge is central to securing the ongoing future of the service. There is a clear need to find ways in which agencies that committed to the model and the service are able to have a physical presence on- site” (p. 13).</p> <p>“It is considered that financial commitment, and hence, support for this model of service provision, needs to come from the highest level... Core funding for the service is essential for sustainability” (p. 13).</p>
	<b>Outcomes</b>	
	<b>Integration</b>	<p>“[D]ata from this evaluation suggests that the co-ordination of the various stakeholders, and seeing the service to fruition, is an extremely time consuming role, but vital to the sustainability of the model. The role of the Co-ordinator is pivotal as the person incumbent in that position has responsibility for fostering the partnerships, maintaining the relationships and so, contributing to the ongoing success of the model” (p. 13).</p> <p>“...more than collaboration, the model impacts on the ‘culture’ of the various players in domestic violence service provision. The added advantage of the DVAS Central model is that professions and professionals with different ways of working and constructing family and domestic violence are able to observe and learn from other professions/professionals and work reflexively by incorporating new ways and understandings into their own professional practice” (p. 32).</p>
	<b>Strengths of model</b>	<ul style="list-style-type: none"> <li>• “One of the major benefits of the model is that it enhances the perception of safety for clients and their families” (p. 10).</li> <li>• Benefits of preventing re-victimisation (p. 11).</li> <li>• “The DVAS Central model is unique to Western Australia in terms of its co-location of services” (p. 11).</li> <li>• “An important feature of the DVAS Central model in terms of benefits for clients is that it facilitates clients receiving a consistent response across all agencies” (p. 11).</li> <li>• “The importance of having the WA Police Service on site at DVAS Central was evident in analysis of data... Further, clients also place great importance on being able to access police officers in a non-threatening environment (i.e., not at a police station)” (p. 11).</li> </ul>

(WA) Evaluation 2	Notes
	<ul style="list-style-type: none"> <li>• “For staff, being in an agency that is single issue focussed means that they are able to give the issue of family and domestic violence their singular focus and not be distracted by competing demands” (p. 12).</li> <li>• “The DVAS Central model minimises duplication of effort as it allows for the hybridisation of skills and knowledge within and amongst agency staff” (p. 12).</li> <li>• Financial, spatial and efficient benefits – “The overhead costs of DVAS Central are minimised, as these are shared between the respective stakeholder agencies or borne by the stakeholder agency” (p. 12). “Staff and the decisions that they make are open to the scrutiny of others from different agencies. It is suggested that its ongoing scrutiny makes the agency more accountable” (p. 48).</li> </ul>
<b>Conclusions/recommendations</b>	<p>“The DVAS Central model provides a comprehensive service to clients in a manner that is financially responsible. The main finding from this report is that the model is working extremely well for clients, staff, the community and the State. It also provides value for money. As such, DVAS Central should continue in its present form” (p. 10).</p> <ul style="list-style-type: none"> <li>• “If the model is to be duplicated then absolute commitment by all stakeholders to resource the initiative is essential. The recommendation is that all stakeholders make a financial commitment and a commitment to dedicate personnel on site on an ongoing basis. The success of future rollout of services is highly dependent on this commitment.</li> <li>• A key finding is that DVAS Central has not achieved all of its statements of intent/agency commitments. As such the recommendation is that the gaps in commitment are addressed so that the model can be realised in its fully intended form.</li> <li>• It is recommended that the service should continue to be based in the community.</li> <li>• Ongoing funding for the co-ordinator is critical. There is an urgent need for administration and reception support. Resources for such dedicated support should be provided.</li> <li>• Where possible, personnel should be based on site. The difficulties of this are acknowledged but it is essential for effective and efficient operation of the ‘one stop shop’ model or effective and efficient operation of collaborative service delivery. This is particularly important for key agencies such as the Police and Legal Aid.</li> <li>• There is a need for close supervision by the relevant agency for inexperienced staff or staff in training.</li> <li>• It is recommended that a family law representative be present on site.</li> <li>• It is recommended that crisis counselling be available on site.</li> <li>• It is recommended that a working party be established to review and clarify the service needs for children.</li> <li>• It is recommended that any future initiatives should draw upon the principles of the DVAS Central model, particularly the physical setting and presence of key personnel on site.</li> <li>• There is a need for a review of financial and funding arrangements for Domestic Violence services as this issue crosses Government departments and geographical boundaries.</li> <li>• Performance indicators need to be established.</li> <li>• Attention should continue to be paid to the centrality of relationships at all levels of all agencies to interagency work. Some relationships could be strengthened” (pp. 9-10).</li> </ul>
<b>Findings useful for wider program development/practice?</b>	Yes

Program Summary	
(WA) Evaluation 3	Notes
Author/Year/Title	Western Australia. Department of Families, Housing, Community Services and Indigenous Affairs. (2012). <i>East Kimberley Family Violence Hub and Outreach Service - evaluation summary report</i> . Retrieved from <a href="http://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/East%20Kimberley%20Hub%20Evaluation%20Executive%20Summary.pdf">http://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/East%20Kimberley%20Hub%20Evaluation%20Executive%20Summary.pdf</a> .
Jurisdiction	WA
Name of evaluated program/strategy	East Kimberley Family Violence Hub and Outreach Service
Inclusion rationale	Case management model, as well as capacity building and community development. Dedicated staff for service provision, multiple agencies.
Nature/type of program/strategy	See “Inclusion rationale” above.
Brief description of program/strategy (content, aims, etc.)	<p><i>(All page references herein refer to the evaluation report).</i></p> <p>The Department of Families, Housing, Community Services and Indigenous Affairs (FAHCSIA) “provided \$6.8 million over three years to the Department for Child Protection to implement the Hub. The Hub commenced operation in mid-2010 and served the communities of Kununurra, Warmun, Wyndham and Kalumburu until June 2012” (p. 2).</p> <p>“The aim of the Hub was for Aboriginal families and children living in and around the East Kimberley communities of Kalumburu, Warmun, Wyndham and Kununurra to experience a level of safety from family violence, commensurate with other families and children in Western Australia. To achieve this aim, the specific objectives of the Hub were to:</p> <ul style="list-style-type: none"> <li>• increase safety for all members of the community recognising that women and children are predominately the victims of abuse;</li> <li>• improve accountability and responsibility for those who use violence in families;</li> <li>• develop an understanding on the part of communities that family violence is not acceptable; and</li> <li>• support consistent and coordinated responses from all parties involved in responding to family violence” (p. 2).</li> </ul>
Collaborating agencies	Not noted
Lead agency	Western Australia Department of Child Protection
Definition of “integration” within program/strategy	<p>“The Hub Men’s and Women’s workers were responsible for providing direct services to victims and perpetrators of family violence. Depending on the client and their circumstances this included risk assessment and the provision of information, referral, safety planning, risk management and case management. The Men’s and Women’s workers were also responsible for collaborating with other agencies and supporting coordinated responses where more than one agency was involved with a client/family” (p. 8). Also worked to develop infrastructure in communities, community education, and service provider training.</p> <p>“Between July 2010 and September 2012 the Hub provided funding to Starick Services to establish a Family and Domestic Violence Case Management and Coordination Service (CMCS) for the East Kimberley. The role of the CMCS was to bring agencies together to participate in case management of high risk family violence and to record and report identified barriers to victim safety and perpetrator accountability. The CMCS is a mechanism for supporting agencies to take collective responsibility for high risk cases. The role of the Coordinator is ‘executive support’ to organise meetings, manage communications and bring service providers to the table for multiagency case management. NB: for many service providers, participation in CMCS is dependent on the issues arising in the cases (e.g., participation on a needs basis)” (p. 11).</p>

(WA) Evaluation 3		Notes	
Key program/strategy elements and practice approaches		<p>“The service model, known as the East Kimberley Family Violence Hub and Outreach Service (the Hub), included the following program components:</p> <ul style="list-style-type: none"> <li>• service provision - the Hub staffing included a manager, men’s outreach worker, women’s outreach worker and two community educators;</li> <li>• brokerage and capacity building;</li> <li>• infrastructure development; and</li> <li>• community education” (p. 2).</li> </ul> <p>“Between July 2010 and September 2012 the Hub provided funding to Starick Services to establish a Family and Domestic Violence Case Management and Coordination Service (CMCS) for the East Kimberley. The role of the CMCS was to bring agencies together to participate in case management of high risk family violence and to record and report identified barriers to victim safety and perpetrator accountability. The CMCS is a mechanism for supporting agencies to take collective responsibility for high risk cases. The role of the Coordinator is ‘executive support’ to organise meetings, manage communications and bring service providers to the table for multi- agency case management. NB: for many service providers, participation in CMCS is dependent on the issues arising in the cases (e.g., participation on a needs basis)” (p. 11).</p> <p>“In addition to the CMCS, another key strategy to support multi-agency coordination and collaboration was the local implementation of the Family and Domestic Violence Common Risk Assessment and Risk Management Framework (the CRARMF)” (p. 11).</p>	
Services provided (e.g. DFV, SXA, both)		DFV	
Details of stakeholder alliances (formal MoU, shared principles, etc.)		Memorandum of Understanding between government and NGOs providing services as part of the Family and Domestic Violence Case Management and Coordination Service (CMCS) (p. 11).	
Target group	Diverse population groups (please specify)	Indigenous women	“The aim of the Hub was for Aboriginal families and children living in and around the East Kimberley communities of Kalumburu, Warmun, Wyndham and Kununurra to experience a level of safety from family violence, commensurate with other families and children in Western Australia” (p. 2).
		Young people	
		CALD women	
		Not specified	
	Geographical location	Metropolitan	
		Remote	Remote East Kimberley communities.
		Rural	
		Not specified	

(WA) Evaluation 3		Notes
<b>Evaluation Details</b>		
<b>Key information</b>	<b>Funder</b>	Department of Child Protection, with funding from FAHCSIA.
	<b>Length of evaluation</b>	2010-12
	<b>Evaluation governance</b>	Independent evaluator provides reports to the Department of Child Protection (funded by FAHCSIA to implement the Hub).
	<b>Purpose of evaluation</b>	“Commencing in 2010, an action research method was employed to evaluate the Hub. Action research refers to a process of continual problem solving and improvement where the progressive findings of the research/evaluation are used to inform future planning and directions of the service. Six monthly reports were provided by the evaluator to the Department for Child Protection” (p. 3).
<b>Evaluation Goals and Objectives</b>		“The evaluation also aimed to identify factors that supported or hindered implementation of the Hub and the impact of the Hub’s implementation on East Kimberley communities e.g., any unforeseen benefits or consequences for the communities” (p. 3).
<b>Research questions</b>		<p>“The key research questions for the evaluation were to determine:</p> <ol style="list-style-type: none"> <li>1. the extent to which there was a reduction in family violence and improved outcomes for victims and responses to perpetrators over the life of the service; and</li> <li>2. the extent to which the project developed the capacity of individual communities to have an impact on family violence” (p. 3).</li> </ol>
<b>Evaluation components</b>	<b>Outcomes</b>	Data analysis
	<b>Process</b>	Interviews; surveys
	<b>Economic</b>	n/a
	<b>Other (please specify)</b>	
<b>Relevant legislative and policy context</b>		
<b>Methodology</b>	<b>Design</b>	<p>“Information and data was gathered at six monthly intervals from a variety of sources including:</p> <ul style="list-style-type: none"> <li>• data about family violence from WA Police, Department of Health, Department for Child Protection and Department of the Attorney General (referred to as the minimum data set);</li> <li>• surveys of the Hub staff;</li> <li>• surveys and interviews with service providers from government and non-government agencies; and</li> <li>• interviews with people from the target Aboriginal communities” (p. 3).</li> </ul> <p>The key objectives of the Hub model were matched with program strategies, measurable performance indicators and the sources of data that were used to assess progress/achievement of the objectives (p. 3).</p>
	<b>Sampling</b>	“...surveyed and interviewed 40 training participants between two to seven months following their completion of a training program” (p. 10). Further detail not provided.

(WA) Evaluation 3		Notes
Study Limitations		<p>“[T]he data and information outlined below demonstrates the immediate impacts and effects of the Hub. However what is currently unknown is the medium and long term outcomes. For example, it is too soon to determine/measure the impact of the Hub’s primary prevention work with children and young people and whether increased understanding and awareness about family violence will continue to reduce tolerance to violence within the communities. The evaluation findings therefore should be interpreted with an understanding that the full magnitude of the Hub’s impact on family violence in the East Kimberley is yet to be fully realised” (p. 14).</p>
Diverse population groups and/or geographical locations addressed?	Yes	No
Key findings	Process	<p>Implementation challenges:</p> <ul style="list-style-type: none"> <li>• “The geography of the East Kimberley and the remoteness of the locations in relation to each other and Perth.</li> <li>• Outreach model – community members from Kalumburu, and to a lesser degree from Warmun, commented that they would prefer services and workers with a constant presence in the community rather than an outreach approach.</li> <li>• Short-term funding and intervention – women and children experiencing family violence can only be safe and feel safe if the perpetrator has stopped using violence or their violent behaviour has been managed/contained through a criminal or civil justice response. In either case, changing behaviour or effectively managing risk can be a long term process. Short term funding therefore undermines the potential success and benefits of programs/intervention.</li> <li>• Staff turnover – service providers in the East Kimberley experience high rates of staff turnover” (abridged; pp. 16-17).</li> </ul> <p>Men’s Behaviour Change Program (MBCP) Responses:</p> <ul style="list-style-type: none"> <li>• “Recognition that it is important to provide parallel support to victims. Good practice in any MBCP includes partner contact and support delivered by the program provider or a women’s service working in partnership.</li> <li>• Ongoing training and support for facilitators.</li> <li>• Opportunities for follow-up with participants including for men to participate in the MBCP on multiple occasions.</li> <li>• Identification of measures/indicators to assist with evaluation.</li> <li>• Better management of the differential referral process for mandated and voluntary clients, including consideration of exclusion criteria for very complex and high risk men” (p. 12).</li> </ul>

(WA) Evaluation 3	Outcomes	Notes
		<p>“The Hub had a substantial impact on the quality of responses to family violence in the communities of Kalumburu, Kununurra, Warmun and Wyndham including:</p> <ul style="list-style-type: none"> <li>• The development or refurbishment of community buildings to provide safe spaces for victims and their children and premises/spaces for men.</li> <li>• Increasing mainstream and specialist service providers knowledge about family violence and their preparedness and capacity to respond.</li> <li>• Increasing the resources available within communities to provide safety focused responses for victims and timely intervention for perpetrators.</li> </ul> <p>Each of these areas of work had a direct and positive impact on the responses to and outcomes for victims and perpetrators of family violence. Evidence of this impact can be drawn from interview findings with service users who provided overwhelming positive support for the services they were provided” (p. 14).</p> <p>“Overall, the results of the evaluation demonstrate improved outcomes for victims and better responses to perpetrators. However the translation of these services into a reduction in family violence was not able to be determined by the evaluation” (p. 15).</p> <p>“The Hub undertook a number of activities to support communities to manage/have an impact on family violence, including:</p> <ul style="list-style-type: none"> <li>• promoting understanding/awareness about family violence;</li> <li>• supporting community members to take collective responsibility for protecting women and children by not condoning or tolerating violence;</li> <li>• building infrastructure to keep people safe and to provide a place for services;</li> <li>• supporting collaborative responses between agencies to maximise the impact and effectiveness of intervention; and</li> <li>• teaching children and young people about staying safe, healthy relationships and dispelling myths or attitudes that normalise violence. The extent to which these strategies succeeded in supporting communities to take action in relation to family violence is unknown” (p. 15). <p>“However, what can be drawn upon or noted is that community members reported feeling safer and service providers were able to comment on many instances of changed behaviour in communities e.g., individuals choosing not to use violence or community members intervening to protect women and children when there were signs of escalating tension” (p. 16).</p> <p><u>Funded Services</u></p> <p>“The Hub funded and supported local organisations in Kununurra, Kalumburu, Warmun and Wyndham to increase their capacity to respond to family violence by adding resources and specialist interventions to complement existing service delivery. In total, 22 programs were funded including prevention, early intervention and tertiary responses” (p. 13).</p> </li></ul>

(WA) Evaluation 3		Notes
	<b>Integration</b>	<p>“The views of service providers participating in the CMCS were mixed in regards to the program’s success/efficacy. Responses were often polarised (e.g., equal amounts of respondents who were satisfied with the service compared to those who were not). It is possible that the evaluation outcomes related to the CMCS were impacted by participants understanding (or lack thereof) about the service, its purpose and processes, as well as the ‘effectiveness’ of the employed Coordinator” (p. 11).</p> <p>Training for Service Providers: “The specific training outcomes for participants included:</p> <ul style="list-style-type: none"> <li>• 87.5% had a greater understanding of family violence;</li> <li>• 90% reported increased capacity to respond to family violence;</li> <li>• 77.5% were able to take what they learned and embed it in their practice; and</li> <li>• 67.5% said that the training would help them to support Aboriginal communities to understand and respond to family violence” (p. 10).</li> </ul>
	<b>Strengths of model</b>	<ul style="list-style-type: none"> <li>• “The multi-pronged approach – services and programs included prevention, early intervention and tertiary responses.</li> <li>• Supporting collaboration between agencies – service providers reported that their responses to family violence were significantly enhanced by the improved communication between services and agencies, greater levels of information sharing, easier identification and agreement between agencies of high risk and sharing of responsibility about risk and victim safety.</li> <li>• Inter-agency training – supported professional networking, shared or common understandings about family violence and a sense of common goals and shared responsibilities between agencies.</li> <li>• Building the capacity of existing services – training for service providers, refurbishment of facilities and additional resources to respond to family violence was critical.</li> <li>• Direct provision of services to men and perpetrators – the service delivery for men and perpetrators was a critical component of the Hub” (abridged; p. 16).</li> </ul> <p>“Surveys and interviews with Hub stakeholders demonstrated very high levels of satisfaction with their work and roles. For example, 74% of stakeholders surveyed said that they were satisfied or very satisfied with the work of the Hub staff. Similarly, interviews with stakeholders also reflected high levels of satisfaction with their work, role and impact on the target communities” (p. 8).</p>
<b>Conclusions/recommendations</b>		<p>“The activities of the Hub had a positive influence on the communities of Kununurra, Wyndham, Kalumburu and Warmun. All components were important and contributed to improved safety and outcomes for victims, increased accountability and better responses to perpetrators, inter-agency coordination and increased community understanding and awareness about family violence.</p> <p>The role and activities of the Hub were meaningful and impactful in a number of ways and for a number of reasons, most notably because the communities were informed, engaged and supported to safely stand against and reject violence. It also needs to be recognised however, that the full effect of the Hub’s prevention/education work is likely to be unrealised at this early stage of implementation” (p. 18).</p>
<b>Findings useful for wider program development/practice?</b>		Yes

Program Summary	
(WA) Evaluation 4	Notes
Author/Year/Title	Western Australia. Department for Child Protection and Family Support. (2013a). <i>Family and Domestic Violence Response Team - evaluation report: January - June 2013</i> . Perth: DCPFS.
Jurisdiction	WA
Name of evaluated program/strategy	Family and Domestic Violence Response Team (FDVRT)
Inclusion rationale	Partnership model between government agencies and NGOs. Joint risk assessment and case coordination.
Nature/type of program/strategy	Multi-agency DV support; coordinated response; case management model
Brief description of program/strategy (content, aims, etc.)	<p><i>(All page references herein refer to the evaluation report, unless otherwise specified).</i></p> <p>“The Family and Domestic Violence Response Team (FDVRT) is a partnership between the Department for Child Protection and Family Support (CPFS), WA Police and non-government domestic violence services. The partnership aims to improve the safety of child and adult victims of family and domestic violence through timely, early and coordinated intervention following a police call out to a domestic violence incident” (p. 3).</p> <p>The FDVRT reformed two existing service operations, to achieve the following improvements:</p> <ol style="list-style-type: none"> <li>1. “Increased capacity for earlier pro-active intervention.</li> <li>2. Providing the ‘right’ response for families.</li> <li>3. Improved integration and coordination of service responses” (p. 5).</li> </ol> <p>“The FDVRT is an assumed consent model. This means that regardless of whether the adult victim has provided consent to the responding police officers to have her information shared, the option exists for one of the partner agencies within the FDVRT to provide follow up to offer support and assistance. A non-consent model provides important opportunity to offer support and assistance to adult and child victims of family and domestic violence. In many instances, these women and children would not have previously been offered a service response” (p. 3).</p>
Collaborating agencies	Department for Child Protection and Family Support, WA Police (WAPOL), NGO DV services (Anglicare WA, Lucy Saw Centre, Mission Australia, Patricia Giles Centre, Ruah Community Centres, Koolkuna, Share and Care Community Services, Waratah, and Women’s Health and Family Services).
Lead agency	Western Australia Department for Child Protection and Family Support
Definition of “integration” within program/strategy	“An integrated response to family and domestic violence refers to systems, agencies and organisations working collaboratively to address family and domestic violence by improving victim safety and managing risks associated with the perpetrators use of violence” (p. 4).

(WA) Evaluation 4		Notes	
<b>Key program/strategy elements and practice approaches</b>		<p>“The FDVRTs operate in all seventeen CPFS districts across the state. In most locations the teams are co-located at police stations. Together the team members:</p> <ul style="list-style-type: none"> <li>• conduct joint risk assessment of Domestic Violence Incident Reports (DVIR);</li> <li>• work out who is best placed to respond to the families identified in the DVIRs (referred to as triage);</li> <li>• coordinate responses between partner agencies; and</li> <li>• instigate multi-agency case management for high risk cases” (p. 3).</li> </ul>	
<b>Services provided (e.g. DFV, SXA, both)</b>		DFV	
<b>Details of stakeholder alliances (formal MoU, shared principles, etc.)</b>		Not noted	
<b>Target group</b>	<b>Diverse population groups (please specify)</b>	<b>Indigenous women</b>	n/a
		<b>Young people</b>	n/a
		<b>CALD women</b>	n/a
		<b>Not specified</b>	
	<b>Geographical location</b>	<b>Metropolitan</b>	
		<b>Remote</b>	
		<b>Rural</b>	
		<b>Not specified</b>	Various throughout state
<b>Evaluation Details</b>			
<b>Key information</b>	<b>Funder</b>	Department for Child Protection and Family Support (DCPFS)	
	<b>Length of evaluation</b>	“The time period reported against in this report is January – June 2013. Where available, benchmark data for July - December 2012 is also provided” (p. 3).	
	<b>Evaluation governance</b>	Document produced by the Department for Child Protection and Family Support.	
	<b>Purpose of evaluation</b>	<p>“The purpose of the <i>[Family and Domestic Violence Team] Monitoring and Evaluation Framework</i> is to provide feedback at six monthly intervals about:</p> <ul style="list-style-type: none"> <li>• the workload and capacity of the FDVRT to assess and triage DVIRs; and</li> <li>• the effectiveness of the FDVRT to streamline client pathways and improve safety for adult and child victims” (p. 6).</li> </ul>	
<b>Evaluation Goals and Objectives</b>		As per the <i>Family and Domestic Violence Team Monitoring and Evaluation Framework</i> (Western Australia. Department for Child Protection and Family Support, 2013a).	
<b>Research questions</b>		As per the <i>Family and Domestic Violence Team Monitoring and Evaluation Framework</i> (DCPFS, 2013a).	

(WA) Evaluation 4		Notes
Evaluation components	Outcomes	Data analysis
	Process	Regional profiling; case studies
	Economic	n/a
	Other (please specify)	
Relevant legislative and policy context		<i>Western Australia's Strategic Plan for Family and Domestic Violence 2009-2013</i> (Western Australia. Department for Child Protection. (n.d.), <i>Western Australia's Family and Domestic Violence Prevention Strategy to 2022</i> (Western Australia. Department for Child Protection. (2009), and the <i>National Plan to Reduce Violence against Women and their Children 2010-2022</i> (Council of Australian Governments [COAG], 2011) (p. 4).
Methodology	Design	<p>As per the <i>Family and Domestic Violence Team Monitoring and Evaluation Framework</i> (DCPFS, 2013a).</p> <p>“A process and outcomes evaluation will be undertaken to enable monitoring of FDVRT processes as well as the outcomes for clients. Three kinds of information will be used to inform FDVRT monitoring and evaluation. The nature of the information and its purpose are outlined below:</p> <ul style="list-style-type: none"> <li>• Data from WA Police Incident Management System, Department for Child Protection and Family Support’s Assist database and Family and Domestic Violence Coordinated Response Service progress reports.</li> <li>• Focus groups/surveys of partner agencies to contextualise the quantitative data and to provide opportunity for comment and feedback about the strengths, challenges and way forward for the FDVRT.</li> <li>• Client satisfaction surveys administered through the Family and Domestic Violence Coordinated Response Service to provide feedback from clients about the outcome of the service response” (p. 3 Monitoring and Evaluation Framework).</li> </ul> <p>“A series of performance indicators and data items were compiled based on information available from WA Police Incident Management System, CPFS Assist and Coordinated Response Service Progress Reports. These data items, along with case examples and ‘regional profiling’ have informed the evaluation results...</p> <p>Regional profiling is a process of seeking semi structured qualitative feedback from FDVRT team members/partner agencies. Regional profiling involves separate interviews with each member of the FDVRT in every region. The interviews focus on processes and operations. The purpose of regional profiling is to keep up to date about each regions implementation progress and to inform further strategies or activities to support FDVRT operations.</p> <p>Between January – June 2013, regional profiling was undertaken on two occasions” (p. 6).</p>
	Sampling	Not detailed
Study Limitations		“[Some] data items were collected from the progress reports of the non-government partner to the FDVRT and therefore must be interpreted in context of implementation progress...the non-government services commenced at different times during the reporting period, similarly some regions took time to develop and commence assessment and triage procedures. This means that although the data reflects the work undertaken by the FDVRT, it is likely an under-representation of what can be expected in future reporting periods” (p. 8).
Diverse population groups and/or geographical locations addressed?	Yes	No

(WA) Evaluation 4		Notes
Key findings	Process	<p>“Common challenges reported included the volume of DVIRs to be managed within each district and the mismatch of boundaries between CPFS and WA Police. The boundary issue was reported as being particularly difficult to manage where there was inconsistent or different FDVRT processes occurring in overlapping areas. For example, a different assessment and triage process occurring in Joondalup and Mirrabooka when both work with North West Metro police. The inconsistencies in practice have led, in some areas, to confusion about agency roles and responsibilities” (p. 10).</p> <p>The case studies support the FDVRTs important (and effective) role in the following areas: early intervention and proactive outreach, streamlining service responses, and multi-agency case management (pp. 10-11).</p>
	Outcomes	<p>“WA Police responded to 23,999 incidents of domestic violence. Of these, 10,441 identified a crime. 8,766 police orders were issued. There were 10 domestic homicides and 1316 domestic violence incidents where a serious crime was identified. Serious crimes include attempted murder, grievous bodily harm and attempt to cause grievous bodily harm. Family and domestic violence accounted for 30% of all referrals to the Department for Child Protection and Family Support” (p. 4).</p> <p>“Between January - June 2013, 14 out of a total 17 FDVRTs commenced operation” (p. 12).</p> <p>Between January and June 2013, “WA Police responded to 23,999 incidents of domestic violence. Of these, 10,441 identified a crime. 8,766 police orders were issued.</p> <p>The FDVRT joint assessed and triaged 5,462 DVIRs.</p> <p>CPFS recorded 7,941 duty interactions with the contact method WAPOL DVIR. Of these, 556 were progressed for intake: 516 for child protection assessment, and 40 for family support. Within the 516 families intake for further child protection assessment, 999 children were identified. 1,928 families were subject to recidivist case management by WA Police, 73 families were identified as red files.</p> <p>The Coordinated Response Services were allocated 3,069 families for follow up. Offers of support and assistance were accepted by 1,303 adult victims (42%). 860 adult victims declined services (28%). 878 could not be contacted (28%).</p> <p>Multi-agency case management was convened for 264 families” (p. 8).</p>
	Integration	<p>Approaches to joint assessment and triage varied, with some regions adopting a structured approach, while others used a dynamic approach.</p> <p>Structured processes include: regular meetings (regular time/place) to joint assess and triage DVIRs; all DVIRs considered; triage decisions recorded; joint decision-making; triage outcomes include single and/or joint agency responses (p. 7).</p> <p>Dynamic processes are supported by co-location, where joint assessment can take place throughout the day; joint assessment/triage not applied for all DVIRs but to coordinate joint/multi-agency responses as needed; team members in constant contact (pp. 7-8).</p>
	Strengths of model	<p>“Common themes arising from the regional profiling were that: the FDVRT has led to more robust risk assessment processes that include multiple sources of information and different perspective about risk; more families receiving service responses following a DVIR; and more families receiving the appropriate service response for their unique needs and circumstances. Other strengths of the FDVRT that were consistently reported were the strong working relationships between the partner agencies and improved opportunities for joint and coordinated responses between agencies” (p. 10).</p>

(WA) Evaluation 4	Notes
<b>Conclusions/recommendations</b>	<p>“Between January-June 2013, 14 out of a total 17 FDVRTs commenced operation. Data collected from the partner agencies, together with regional profiling results and case studies demonstrate that in a short space of time the partner agencies have made significant progress in developing strong working relationships and implementing a collaborative approach to family and domestic violence.</p> <p>As expected, the data demonstrates a very high volume of work for the FDVRTs to manage (23,999 DVIRs between January-June 2013) however there are some early indications that the joint assessment and triage process has supported an improved approach to the prioritisation of cases for response and that the addition of the non-government agency has increased the capacity for early intervention with families.</p> <p>Over time as the evaluation of the FDVRT progresses, a more thorough analysis of data trends will be possible” (p. 12).</p>
<b>Findings useful for wider program development/practice?</b>	Some general principles noted, but much is program-specific.

Program Summary	
(WA) Evaluation 5	Notes
Author/Year/Title	Western Australia. Department for Child Protection and Family Support. (2013b). <i>Family and Domestic Violence Response Team - evaluation report: July -December 2013</i> . Perth: DCPFS.
Jurisdiction	WA
Name of evaluated program/strategy	Family and Domestic Response Team (FDVRT)
Inclusion rationale	Partnership model between government agencies and NGOs. Joint risk assessment and case coordination.
Nature/type of program/strategy	Multi-agency DV support; coordinated response; case management model
Brief description of program/strategy (content, aims, etc.)	<p><i>(All page references herein refer to the evaluation report, unless otherwise specified).</i></p> <p>“The Family and Domestic Violence Response Team (FDVRT) is a partnership between the Department for Child Protection and Family Support (CPFS), WA Police and non-government domestic violence services. The partnership aims to improve the safety of child and adult victims of family and domestic violence through timely, early and coordinated intervention following a police call out to a domestic violence incident” (Western Australia. Department for Child Protection and Family Support, 2013b, p. 3).</p> <p>The FDVRT reformed two existing service operations, to achieve the following improvements:</p> <ol style="list-style-type: none"> <li>1. “Increased capacity for earlier pro-active intervention.</li> <li>2. Providing the ‘right’ response for families.</li> <li>3. Improved integration and coordination of service responses (DCPFS, 2013b, p. 5).</li> </ol> <p>“The FDVRT is an assumed consent model. This means that regardless of whether the adult victim has provided consent to the responding police officers to have her information shared, the option exists for one of the partner agencies within the FDVRT to provide follow up to offer support and assistance. A non-consent model provides important opportunity to offer support and assistance to adult and child victims of family and domestic violence. In many instances, these women and children would not have previously been offered a service response” (DCPFS, 2013b, p. 3).</p>
Collaborating agencies	Department for Child Protection and Family Support, WA Police (WAPOL), NGO DV services (Anglicare WA, Lucy Saw Centre, Mission Australia, Patricia Giles Centre, Ruah Community Centres, Koolkuna, Share and Care Community Services, Waratah, and Women’s Health and Family Services).
Lead agency	Western Australia Department for Child Protection and Family Support
Definition of “integration” within program/strategy	“The FDVRT is an integrated, multi-agency response to family and domestic violence. Strengths of the model include: co-location, timely responses to adult and child victims and perpetrators, increased flexibility in the response offered to clients, referral pathways to domestic violence outreach and multi-agency case management” (p. 4).
Key program/strategy elements and practice approaches	<p>“The FDVRTs operate in all seventeen CPFS districts across the state. In most locations the teams are co-located at police stations. Together the team members:</p> <ul style="list-style-type: none"> <li>• conduct joint risk assessment of Domestic Violence Incident Reports (DVIR);</li> <li>• work out who is best placed to respond to the families identified in the DVIRs (referred to as triage);</li> <li>• coordinate responses between partner agencies; and</li> <li>• instigate multi-agency case management for high risk cases” (DCPFS, 2013b, p. 3).</li> </ul>

(WA) Evaluation 5		Notes	
Services provided (e.g. DFV, SXA, both)		DFV	
Details of stakeholder alliances (formal MoU, shared principles, etc.)		Not noted	
Target group	Diverse population groups (please specify)	Indigenous women	FDVRT members noted as a challenge for service delivery the “unique risks and vulnerabilities for Aboriginal women and children include the availability and appropriateness of relevant services, service gaps in regional and remote areas, language and communication barriers and the co-occurrence of structural disadvantage including availability of adequate housing. Aboriginal women are significantly over-represented in indicators of significant harm including domestic homicides and hospitalisation statistics” (p. 6).
		Young people	
		CALD women	FDVRT members noted as a challenge for service delivery the “unique risks and vulnerabilities for women and children from culturally and linguistically diverse backgrounds including honour-based violence, forced marriage, financial dependence, isolation, language barriers and limited or no knowledge of services or their rights” (p. 6).
		Not specified	
	Geographical location	Metropolitan	
		Remote	
		Rural	
		Not specified	Various throughout state
<b>Evaluation Details</b>			
Key information	Funder	DCPFS	
	Length of evaluation	“The data and information presented in this report is for the time period July - December 2013. Where available, benchmark data for July-December 2012 and January-June 2013 is also provided” (p. 3).	
	Evaluation governance	Document produced by the Department for Child Protection and Family Support.	
	Purpose of evaluation	As per the <i>Family and Domestic Violence Team Monitoring and Evaluation Framework</i> (DCPFS, 2013a).	
Evaluation Goals and Objectives		Not noted - as per the <i>Family and Domestic Violence Team Monitoring and Evaluation Framework</i> (DCPFS, 2013a).	
Research questions		Not noted - as per the <i>Family and Domestic Violence Team Monitoring and Evaluation Framework</i> (DCPFS, 2013a).	
Evaluation components	Outcomes	Data analysis	
	Process	FDVRT member consultation; case studies	
	Economic	n/a	
	Other (please specify)		
Relevant legislative and policy context		<i>Responding to high risk cases of family and domestic violence: Guidelines for multi-agency case management</i> (DCPFS, 2013d).	

(WA) Evaluation 5		Notes
Methodology	Design	Not noted - as per the <i>Family and Domestic Violence Team Monitoring and Evaluation Framework</i> (DCPFS, 2013a).
	Sampling	
Study Limitations		<p>“The data and information presented in this report in relation to the July - December 2013 reporting period must be read and interpreted with reference to the following limitations:</p> <ol style="list-style-type: none"> <li>1. The CRS [i.e. Coordinated Response Service] Progress Reports provide the data for many of the performance measures and data items. The reliability of the data in terms of the extent to which it reflects the ‘true’ activities of the FDVRTs is affected by the following: <ul style="list-style-type: none"> <li>• The CRS in East and West Kimberley did not commence operation until September 2013.</li> <li>• CRS data from three regions (Pilbara, Murchison and Goldfields) was unable to be used.</li> <li>• The CRS do not have a central or common database to record information. Therefore different interpretations of the data required and different data collection methodologies have contributed to some inconsistencies between regions.</li> </ul> </li> <li>2. WA Police data about recidivist and red files is manually collated by Family Protection Coordinators in each region and provided to CPFS for use in FDVRT monitoring and evaluation. The following regions did not provide this data: East Metro, North West Metro, Kimberley and Pilbara” (p. 7).</li> </ol>
Diverse population groups and/or geographical locations addressed?	Yes	No
Key findings	Process	<p>“In December 2013 an interface between the WA Police Incident Management System (IMS) and the CPFS Assist database was introduced. The interface provides for the electronic transfer of Domestic Violence Incident Reports (DVIR) to a web portal from which they can be accessed by CPFS and non-government FDVRT staff. Within the web portal assessment and triage decisions can be recorded and CPFS staff can populate Assist with DVIR information. Introduction of the interface has streamlined joint assessment and triage processes and has promoted consistency between regions as to how triage decisions are recorded” (p. 4).</p> <p>“In July-December 2013 WA Police attended 23,829 domestic violence incidents. Reports arising from these incidents were disseminated to the FDVRTs for joint assessment, triage and response. To manage the high number of DVIRs the FDVRTs have developed practices to streamline their assessment and triage and manage client responses. This includes conducting joint assessment and triage daily in a structured format, developing templates to support recording of triage decisions and establishing strong relationships with agencies and organisations in the region to support referral and case collaboration” (p. 6).</p> <p>“FDVRTs report that the following are some of the trends and issues that complicate or compound already difficult service responses [case studies also support this]:</p> <ul style="list-style-type: none"> <li>• gaps in services responses particularly in regional and remote areas;</li> <li>• an increase in adolescent to parent violence;</li> <li>• homelessness for women and children escaping family and domestic violence;</li> <li>• transience of client;</li> <li>• visa issues for women and children experiencing violence who are living in Australia on fiancé or 457 visas;</li> <li>• substance misuse by the perpetrator and/or victim;</li> </ul>

(WA) Evaluation 5		Notes
		<ul style="list-style-type: none"> <li>• unique risks and vulnerabilities for women and children from culturally and linguistically diverse backgrounds including honour-based violence, forced marriage, financial dependence, isolation, language barriers and limited or no knowledge of services or their rights;</li> <li>• unique risks and vulnerabilities for Aboriginal women and children include the availability and appropriateness of relevant services, service gaps in regional and remote areas, language and communication barriers and the co-occurrence of structural disadvantage including availability of adequate housing. Aboriginal women are significantly over-represented in indicators of significant harm including domestic homicides and hospitalisation statistics” (p. 6).</li> </ul>
	<b>Outcomes</b>	<p>“As at September 2013 the FDVRTs in all seventeen CPFS districts were operational” (p. 4).</p> <p>WA Police Response: “Compared to January - June 2013, the number of domestic violence incidents attended by WA Police slightly reduced in July - December 2013, from 23,999 to 23,829. There was a reduction in the number of homicides (from ten in January - June 2013 to six in July-December 2013 reporting periods) and domestic violence incidents where a serious crime had been committed remained stable” (p. 7).</p> <p>FDVRT response: “The number of DVIRs, with and without children, joint assessed and triaged in the July-December 2013 reporting period increased significantly from the previous reporting period from 5,462 to 10,624. This increase likely reflects the continued roll out of the FDVRT model in July - December 2013 including more consistent up-take of a structured joint assessment and triage process.</p> <p>Similarly, there was an increase in the number of DVIRs allocated to the CRS for follow up (3,069 in January - June 2013 and to 5,368 in July - December 2013). Cases involved in multi-agency case management increased from 264 in the previous reporting period to 378 families” (pp. 7-8).</p>
	<b>Integration</b>	<p>“The majority of FDVRTs are co-located at the local police station. FDVRTs report that physical co-location significantly improves their ability to efficiently and effectively conduct joint assessment and triage, and manage cases” (p. 4).</p> <p>“Multi-agency case management is underpinned by relationships with agencies and service providers outside of the FDVRT. All regions have reported strengthened relationships with key services, increased cooperation, information sharing, referrals and feedback about clients” (p. 5).</p>
	<b>Strengths of model</b>	<p>“Strengths of the model include: co-location, timely responses to adult and child victims and perpetrators, increased flexibility in the response offered to clients, referral pathways to domestic violence outreach and multi-agency case management” (p. 4).</p> <p>“The partnership between CPFS, WA Police, and non-government family and domestic violence services means that there is a range of response options available within the FDVRT which provides for increased capacity and flexibility to meet the safety and practical needs of clients. For example the FDVRT can arrange, participate in and support: risk assessments and safety planning for adult and child victims residing with or separated from the perpetrator; telephone or face to face contact; provision of information, advocacy and referral; security measures and/or upgrades (e.g., duress alarms); and support to engage in the civil and criminal justice systems. CPFS and WA Police are also able to engage with perpetrators of family and domestic violence and provide appropriate responses within their respective remits as well as share information, support referrals and monitor risk” (p. 5).</p> <p>“The FDVRTs work closely with Domestic Violence Outreach programs which are operating in all regions of Western Australia except for the Kimberley. Domestic Violence Outreach is a program funded by CPFS under the National Partnership Agreement</p>

(WA) Evaluation 5		Notes
		and provides safety focused outreach to consenting victims and/or perpetrators of family and domestic violence identified on DVIRs. These important referral pathways increase the capacity of the service system to follow-up and support victims or perpetrators of family and domestic violence following a police call out. It is an important strategy for helping to manage the high number of DVIRs and demand for services” (p. 5).
<b>Conclusions/recommendations</b>		None
<b>Findings useful for wider program development/practice?</b>		Yes - particularly regarding service response challenges.

Program Summary	
(WA) Evaluation 6	Notes
Author/Year/Title	Western Australia. Department for Child Protection and Family Support (2014). <i>Family and Domestic Violence Response Team - evaluation report: January - June 2014.</i>
Jurisdiction	WA
Name of evaluated program/strategy	Family and Domestic Violence Response Team (FDVRT)
Inclusion rationale	Partnership model between government agencies and NGOs. Joint risk assessment and case coordination.
Nature/type of program/strategy	Multi-agency DV support; coordinated response; case management model
Brief description of program/strategy (content, aims, etc.)	<p><i>(All page references herein refer to the evaluation report, unless otherwise specified).</i></p> <p>“The Family and Domestic Violence Response Teams (FDVRT) are a partnership between the Department for Child Protection and Family Support (CPFS), Western Australia Police (WA Police) and non-government Family and Domestic Violence Coordinated Response Services (CRS). The aim of the FDVRT is to improve the safety of child and adult victims through timely, early and coordinated intervention following a police call out to an episode of family and domestic violence” (p. 2).’</p> <p>“The specific role of the FDVRT is to provide a coordinated risk assessment and response to families who have received a police call out for family and domestic violence. Police contact is a significant entry point to the WA service system and a prime opportunity for identifying adult and child victims at risk of further harm. The FDVRT is designed to capitalise on this ‘window of opportunity’ and intervene earlier and more effectively through a well informed and coordinated response.</p> <p>Seventeen FDVRTs are operating across the state, aligned to CPFS districts (eight in the metropolitan area and nine in regional and remote locations). In each location, the FDVRT:</p> <ul style="list-style-type: none"> <li>• conducts a joint risk assessment of every Domestic Violence Incident Report (DVIR) received for the region;</li> <li>• determines if further follow-up is required and if so who is best placed to provide the response (referred to as triage);</li> <li>• coordinate responses between partner agencies; and</li> <li>• instigate multi-agency case management for high risk cases” (p. 2).</li> </ul>
Collaborating agencies	Department for Child Protection and Family Support, WA Police, NGO CRS DV services (Anglicare WA, Lucy Saw Centre, Mission Australia, Patricia Giles Centre, Ruah Community Centres, Koolkuna; Share and Care Community Services, Waratah, and Women’s Health and Family Services).
Lead agency	Western Australia Department for Child Protection and Family Support
Definition of “integration” within program/strategy	“‘Integrated response’ in this context refers to government and non-government agencies working in a coordinated and collaborative manner to provide holistic, safe and accountable responses to victims and perpetrators of family and domestic violence; streamlined pathways through the service system; and coordinated service delivery between agencies” (p. 2).

(WA) Evaluation 6		Notes	
<b>Key program/strategy elements and practice approaches</b>		<p>Key features:</p> <p>Co-location - “The FDVRT is designed around a model of co-location where all team members are physically located in the same premises. In most cases the site of co-location is a police station. Co-location helps to foster a sense of partnership and shared responsibility between partner agencies which helps to foster close working relationships” (p.2).</p> <p>Assumed consent - “The FDVRT operates from a model of assumed consent. This means that for all individuals and families identified in a DVIR, the option exists for one of the partner agencies within the FDVRT to provide follow up to offer support and assistance” (p. 3).</p> <p>Formal referral pathways - “...established between the FDVRT and Domestic Violence Outreach services. Domestic Violence Outreach programs operate in all regions of Western Australia except the Kimberley. Their role is to provide safety focussed outreach to victims and perpetrators who have been subject to a police call out for family and domestic violence and provided consent to the responding officers for their information to be provided to a support service” (p. 3).</p> <p>Coordinated responses – “In addition to collaboration between the FDVRT partner agencies, close working relationships exist between the FDVRT and key agencies or services in each region such as health, housing, education, corrective services, courts, legal, refuge and advocacy. These relationships may be drawn upon at any time to inform risk assessment or support risk management however they are formally convened to respond to high risk cases through a process referred to as Multi-Agency Case Management (MACM). MACM is a process for responding to cases of high risk that involves joint risk assessment and multi-agency safety planning. Information sharing and agency participation in MACM is formalised through a Memorandum of Understanding” (p. 3).</p>	
<b>Services provided (e.g. DFV, SXA, both)</b>		DFV	
<b>Details of stakeholder alliances (formal MoU, shared principles, etc.)</b>		Not noted	
<b>Target group</b>	<b>Diverse population groups (please specify)</b>	<b>Indigenous women</b>	
		<b>Young people</b>	
		<b>CALD women</b>	
		<b>Not specified</b>	Not specified
	<b>Geographical location</b>	<b>Metropolitan</b>	
		<b>Remote</b>	
		<b>Rural</b>	
		<b>Not specified</b>	Multiple throughout state.

(WA) Evaluation 6		Notes
<b>Evaluation Details</b>		
<b>Key information</b>	<b>Funder</b>	DCPFS
	<b>Length of evaluation</b>	Data for period January - June 2014. Additionally, “performance measures are intended to provide a benchmark from which the impact of the FDVRTs on victim safety and perpetrator accountability can be assessed over time. The data below is captured from four time periods: July - December 2012; January - June 2013; July - December 2013; and January - June 2014” (p. 13).
	<b>Evaluation governance</b>	Document produced by the Department for Child Protection and Family Support.
	<b>Purpose of evaluation</b>	As per the <i>Family and Domestic Violence Team Monitoring and Evaluation Framework</i> (DCPFS, 2013a).
<b>Evaluation Goals and Objectives</b>		As per the <i>Family and Domestic Violence Team Monitoring and Evaluation Framework</i> (DCPFS, 2013a).
<b>Research questions</b>		As per the <i>Family and Domestic Violence Team Monitoring and Evaluation Framework</i> (DCPFS, 2013a).
<b>Evaluation components</b>	<b>Outcomes</b>	Data collation and analysis.
	<b>Process</b>	Performance measures/implementation milestones.
	<b>Economic</b>	
	<b>Other (please specify)</b>	
<b>Relevant legislative and policy context</b>		<i>Western Australia’s Family and Domestic Violence Prevention Strategy to 2022</i> ((DCP, n.d.(a)) and the <i>National Plan to Reduce Violence against Women and their Children 2010-2022</i> (COAG, 2013).
<b>Methodology</b>	<b>Design</b>	As per the <i>Family and Domestic Violence Team Monitoring and Evaluation Framework</i> (DCPFS, 2013a).
	<b>Sampling</b>	
<b>Study Limitations</b>		<p>“The data and information presented in this report must be read and interpreted with reference to the following limitations:</p> <ol style="list-style-type: none"> <li>1. Inconsistent recording in the triage application. The triage application was introduced on 15 December 2013. There are some inconsistencies in recording between districts.</li> <li>2. Reliability of CRS Progress Report data. The CRS do not have a central or common database to record information.</li> </ol> <p>Therefore different interpretations of the data required and different data collection methodologies have contributed to some inconsistencies between regions.</p> <p>The overall impact of data quality and reporting issues is an under-representation of the services provided to clients by the FDVRTs” (p. 5).</p>
<b>Diverse population groups and/or geographical locations addressed?</b>	Yes	No

(WA) Evaluation 6		Notes
Key findings	Process	<p>Evaluation provides implementation update since last report, including the following milestones:</p> <ul style="list-style-type: none"> <li>• Contract commencement for CRS FDV providers.</li> <li>• WA Police reform pilot, the Metropolitan Operating Model (MOM) – “will amalgamate the current metropolitan police districts into four super districts (South East, South, Central and North West)” (p. 4).</li> <li>• WA Police developed new definition of FDV relationship for reporting purposes.</li> <li>• Introduction of a data interface between CPFS and WA Police – “The triage application transfers data from the WA Police Incident Management System to an interface which allows CPFS and CRS staff to access DVIRs and record details about their assessment and triage processes in relation to specific cases” (p. 4).</li> <li>• Introduction of guidelines for multi-agency case management.</li> <li>• WA Police policy change in regards to the management of recidivist files (p. 4).</li> </ul>
	Outcomes	<p><u>DVIR with offence recorded</u> - “Between January and June 2014, WA Police responded to 19,633 incidents of domestic violence that were recorded in a domestic violence incident report. Of these, 18,894 were published to the FDVRT triage application... Half of the DVIRs identified that an offence had been committed (9,465)... Of all victims recorded, 78% were female. Of all offenders recorded, 83% were male” (p. 6) Most common offence category was assault.</p> <p><u>Children</u> – “In 714 cases, the DVIRs indicated that the victim was pregnant... Just over half of the DVIRs (9,606) indicated that a child was present, or usually resides, with the victim or perpetrator... In total, 11,647 DVIRs involved children (62% of all DVIRs)” (p. 6).</p> <p><u>Recidivism</u> – “65% of the DVIRs (12,414) received between January - June 2014 indicated that at least one party had been subject to a prior DVIR. Of the ‘recidivist’ DVIRs more than half involved an offence being committed (6,455)” (p. 7).</p> <p><u>FDVRT activities:</u></p> <ul style="list-style-type: none"> <li>• “18,894 DVIRs were received by the FDVRT.</li> <li>• 16,680 DVIRs were recorded as being joint assessed and triaged.</li> <li>• 12,138 DVIRs were offered a safety focused response from the FDVRT” (p. 8).</li> <li>• “5,954 women provided consent to be referred to Domestic Violence Outreach.</li> <li>• 2,210 men provided consent to be referred to Breathingspace Domestic Violence Outreach” (p. 9).</li> </ul> <p><u>Family and Domestic Violence Service</u> – “The family and domestic violence service attached to the FDVRTs, the Family and Domestic Violence Coordinated Response Services (CRS) were involved in offering a service response to 6,831 DVIRs” (p. 9).</p> <p><u>Multi-agency case management:</u> “the triage decision for 51 DVIRs was that the case was high risk, requiring multi-agency case management. Following a response by member/s of the FDVRT, a further 386 DVIRs were identified as requiring multi-agency case management to manage high levels of risk” (p. 10).</p>

(WA) Evaluation 6		Notes
	<b>Integration</b>	<p><u>Joint assessment and triage (performance measures)</u> - “The number of DVIRs joint assessed and triaged by the FDVRTs increased significantly in January to June 2014 to 16,680 (88% of all DVIRs received by the FDVRT). The increase is attributed to greater consistency in assessment and triage practices between regions and introduction of a central database for recording triage outcomes (the triage application)” (p. 13).</p> <p><u>Victims offered service response by FDVRT (performance measures)</u> - “The number of family and domestic violence victims offered a service response by the FDVRT increased to 12,138 (64% of all DVIRs) in January - June 2014, see Table 8 for a comparison from January - June 2013. The increase is partly related to the introduction of the triage application which enables more accurate and consistent recording of service responses. As with previous monitoring reports, these figures do not include referrals to Domestic Violence Outreach, therefore the overall proportion of families who receive a service response following a police call out is even higher” (pp. 13-14).</p> <p><u>Multi-agency case management (performance measures)</u> - “The FDVRTs convened multi-agency case management for 437 high risk cases in January - June 2014. This is an increase from 386 in the prior reporting period and 264 in the first six months the FDVRTs were operating. The continued increase in use of MACM is a positive sign, indicating increased experience and capacity within the FDVRT to identify cases that are ‘high risk’ and that there are effective working relationships between the FDVRTs and agencies or organisations in their communities” (p. 14).</p>
	<b>Strengths of model</b>	
<b>Conclusions/recommendations</b>		“The third monitoring report for the FDVRTs demonstrates significant improvements in the collaborative processes between partner agencies including increased commitment to, and practice of joint assessment, triage, joint responses and multi-agency case management. The effect of this improvement has been an increase in the quantity and quality of service responses offered to adult and child victims of family and domestic violence” (p. 17).
<b>Findings useful for wider program development/practice?</b>		No - data quite program-specific

Program Summary	
(WA) Evaluation 7	Notes
Author/Year/Title	Melvin, T., Muller, D., Chapman, A., Shin, R. & Edwards, R. (1999). <i>A Study in hope: A report of the family violence research and intervention project</i> . Canberra: Department of Social Services. Retrieved from <a href="https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/a-study-in-hope-a-report-of-the-family-violence-research-and-intervention-project?HTML">https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/a-study-in-hope-a-report-of-the-family-violence-research-and-intervention-project?HTML</a> .
Jurisdiction	VIC, WA
Name of evaluated program/strategy	Family Violence Research & Intervention Project (FVRIP) - two pilot sites (Relationships Australia in Victoria (RAV); WA joint project between Centrecare (CC) and Relationships Australia WA (RAWA)).
Inclusion rationale	Group/individual counselling pilot project run across two pilot sites (one site run jointly by two organisations). Not a clear example of an integrated response.
Nature/type of program/strategy	Group interventions for men, women, children and adolescents; couples counselling; and behaviour change.
Brief description of program/strategy (content, aims, etc.)	<p>(All page references herein refer to the evaluation report).</p> <p>“The purpose of the two projects was to develop integrated approaches that dealt with issues of violence in families as they presented primarily in the marriage/relationship counselling program. In particular the project was to, through ongoing evaluation, develop effective and cost efficient models of service delivery which:</p> <ul style="list-style-type: none"> <li>• offer support for women who have been abused by their partners</li> <li>• assist men who abuse their partners to take responsibility for their violent and abusive behaviour</li> <li>• support children and adolescents who are victims or witnesses of family violence</li> <li>• provide assistance to achieve the safety of all family members and the cessation of physical violence” (all page numbers from printed HTML document; pp. 3-4).</li> </ul>
Collaborating agencies	RAV, Centacare Catholic Family Services (CCFS), RAWA, and Centrecare (CC).
Lead agency	Joint project at one site between CC and RAWA; RAV in Victorian site.
Definition of “integration” within program/strategy	“Any family violence services provided by an organisation need to be situated within a broader community response to family violence. The establishment and maintenance of linkages with allied family violence services and agencies is important to ensure a more integrated approach. These linkages also facilitate transparency and accountability. The FVRIP endorses the importance and integration of services for men who abuse their partners. These programs must be linked with services for women who are abused and children who witness abuse, in order to provide a whole-of-family response. The FVRIP has highlighted the benefits of a holistic approach for families” (p. 8).
Key program/strategy elements and practice approaches	<ul style="list-style-type: none"> <li>• “All three organisations proposed to run group interventions for men who abused their partners and for women who had been abused. Both RA [i.e. Relationships Australia] organisations were to evaluate group interventions across multiple sites using their existing programs, while Centrecare focused on one city site from which their program was delivered. It was proposed that access to clients would be provided through established intake procedures. An important difference between the two state projects was the inclusion in Western Australia of group interventions for mandated male clients, although this was not an exclusive focus. Victoria, on the other hand, provided group interventions almost entirely for self-referred male participants” (p. 4).</li> </ul>

(WA) Evaluation 7		Notes	
		<ul style="list-style-type: none"> <li>“Both RAV and RAWA proposed to deliver group interventions for children who witnessed abuse, in addition to the individual counselling that was already provided. It was decided that RAWA would focus on a children’s group and RAV would focus on adolescents. RAV also proposed to trial and evaluate a couples counselling intervention informed by the work of Virginia Goldner and her colleagues, who worked with couples experiencing family violence” (p. 4).</li> <li>“As a joint endeavour between RAV and Centacare Catholic Family Services (CCFS), an ethno-specific group for men who abused their partners was to be developed and delivered for and in cooperation with the Vietnamese community. This program was to build on the work of the Community Development Officer (CDO) Project which was exploring ways in which access to counselling services for culturally and linguistically diverse (CALD) clients could be improved” (p. 4).</li> </ul>	
Services provided (e.g. DFV, SXA, both)		DFV	
Details of stakeholder alliances (formal MoU, shared principles, etc.)		Not stated	
Target group	Diverse population groups (please specify)	Indigenous women	
		Young people	
		CALD women	“As a joint endeavour between RAV and Centacare Catholic Family Services (CCFS), an ethno-specific group for men who abused their partners was to be developed and delivered for and in cooperation with the Vietnamese community. This program was to build on the work of the Community Development Officer (CDO) Project which was exploring ways in which access to counselling services for culturally and linguistically diverse (CALD) clients could be improved” (p. 4).
		Not specified	
	Geographical location	Metropolitan	
		Remote	
		Rural	
		Not specified	Multiple locations
<b>Evaluation Details</b>			
Key information	Funder	Unclear	
	Length of evaluation	1996-99	
	Evaluation governance	Unclear - appears to be project staff across the two pilot sites (each site has its own Reference Group).	
	Purpose of evaluation	Not stated - evaluation referred to in project aims (see above).	
Evaluation Goals and Objectives		Not stated	
Research questions		Not stated	
Evaluation components	Outcomes	Retrospective analysis of FV cases between 1996-98 (RAV only). Quantitative data collection for group participants - assessment protocol, end of group questionnaire, and follow-up questionnaire (6 months after intervention).	
	Process	Qualitative data collected - interviews and focus groups (at RAV, RAWA and CC).	

(WA) Evaluation 7		Notes
	Economic	N/A
	Other (please specify)	
Relevant legislative and policy context		Not stated
Methodology	Design	Qualitative data collected - interviews and focus groups (at RAV, RAWA and CC), and retrospective analysis of FV cases between 1996-98 (RAV only) (p. 4). Quantitative data collection for group participants - assessment protocol, end of group questionnaire and follow-up questionnaire (6 months after intervention). “Quantitative data collection was standardised across organisations to enable the construction of a national database to increase numbers of participants and maximise statistical power” (p. 4).
	Sampling	Clients presenting at the pilot sites were invited to participate in the research. Interviews conducted with group participants, female partners of men in groups, and program staff.
Study Limitations		Not stated
Diverse population groups and/or geographical locations addressed?	Yes	No
Key findings	Process	<p><u>Women’s Group Intervention:</u></p> <ul style="list-style-type: none"> <li>“Qualitative data suggested women received a great deal of support through attending the women’s group, and the experience was pivotal in their movement away from feeling isolated. Women also appreciated the information provided in the group regarding resources. Self-reported help-seeking behaviour at end-of-group and during the six-month follow-up period suggests that a number of women utilised these resources. However, their experiences with these services (for example, refuges, the legal system, the police) were mixed. Women also reported feeling more confident and in control of their lives as they became more active in making decisions about their lives” (p. 7).</li> </ul> <p><u>Best Practice:</u></p> <p>The pilot studies were concerned with the development of best practice models – the following principles were outlined:</p> <ul style="list-style-type: none"> <li>“It is important for family violence programs to build on a comprehensive behaviour change framework” (p. 8).</li> <li>“Relationship counselling services present windows of opportunity for intervention in family violence...Family violence services which take a holistic approach provide opportunities for early intervention and to break the intergenerational patterns of violence” (p. 8).</li> <li>Group or counselling interventions for FV should not be delivered in isolation – this is part of a broader process of <ol style="list-style-type: none"> <li>initial contact;</li> <li>assessment and engagement;</li> <li>the core intervention;</li> <li>evaluation of progress;</li> <li>maintenance and follow-up (p. 8).</li> </ol> </li> <li>The initial contact and screening process is the first critical step, followed by the intake and pre-intervention stage – “The success of this stage is determined by the competency of the counsellor” (p. 9).</li> </ul>

(WA) Evaluation 7	Notes
	<p>“The review and maintenance stages presented problems due to a lack of resources” (p. 9).</p> <p><u>Human resources issues:</u></p> <p>“The impact of family violence work on staff is emerging as an important occupational health and safety issue” (p. 10).</p> <p><u>Organisational issues:</u></p> <ul style="list-style-type: none"> <li>• “It was apparent before the project commenced that there were insufficient resources to provide a fully effective program” (p. 10).</li> <li>• “There were clear messages about cost – the high price of family violence work and the potential costs to staff and clients unless the work is adequately resourced” (p. 11).</li> </ul> <p><u>Vietnamese Pilot Project:</u></p> <ul style="list-style-type: none"> <li>• “Two Vietnamese male workers were selected by CCFS and trained by RAV. They were provided with ongoing supervision by both organisations throughout the project. A reference group, composed largely of representatives from the Vietnamese community, was established” (p. 11).</li> <li>• “This small Vietnamese pilot project has confirmed that it is possible to work with the men of these communities. It is possible also to adapt current ‘western’ models of working with men to the ethno-specific needs of CALD communities” (p. 11).</li> <li>• “The effectiveness of the intervention was severely limited by the lack of resources available... One of these difficulties was finding experienced and competent leaders to run these groups” (p. 11).</li> </ul>
<b>Outcomes</b>	<p><u>Men presenting for services:</u> “Men presenting to the program were predominantly Australian born and English speaking. Most men were between the ages of 30 and 40, and were employed full time... Of the men in a current relationship, one third of their partners were attending a program concurrently. The majority of men reported seeking assistance voluntarily” (p. 5).</p> <p><u>Women presenting for services:</u> “Women presenting for services were also predominantly Australian born and English speaking. Most women were between the ages of 30 to 40. Women mostly self referred to the program or were referred by friends” (p. 5).</p> <p><u>Men’s Group outcomes:</u></p> <ul style="list-style-type: none"> <li>• “Men who completed group programs reported significant reductions in their abusive behaviour” (p. 6).</li> <li>• “Men indicated significant increases in their acceptance of responsibility for their abusive behaviour” (p. 6).</li> <li>• “Men also indicated that skills learned during the program had assisted them in other areas of their lives” (p. 6).</li> </ul> <p><u>Women’s Group outcomes:</u></p> <ul style="list-style-type: none"> <li>• “Women also reported high levels of satisfaction with the groups and found them very helpful” (p. 6).</li> <li>• “The development of a safety plan was seen as an integral component of the women’s program” (p. 6).</li> <li>• “Additionally, women reported significant reductions in levels of psychological distress” (p. 6).</li> </ul> <p><u>Children’s Group outcomes:</u></p> <ul style="list-style-type: none"> <li>• “The groups and individual counselling for children at RAWA were also very successful. Data suggested that at the close of therapy, children were less likely to blame themselves for the violence they had witnessed” (p. 7).</li> <li>• “The majority of children had developed safety plans by the close of therapy, and children were reported by counsellors to make progress in displaying more appropriate age and/or peer-group behaviours” (p. 7).</li> </ul>

(WA) Evaluation 7	Notes
	<p><u>Individual/Couples counselling outcomes:</u></p> <ul style="list-style-type: none"> <li>• “A review of client participation rates suggested counselling interventions, whether individual or couple, were less effective than the groups. There were high attrition rates early on in the counselling process, suggesting groups are able to hold individuals more effectively” (p. 7).</li> </ul> <p><u>Other outcomes:</u></p> <p>“Open and closed groups were trialled for both men and women. For women, a closed group structure appeared to be more appropriate and effective....For men, however, the picture is not as clear cut. Open and closed groups both have merits, and there is no evidence to support one being more effective than the other” (p. 7).</p> <p>“Another outcome of the interventions was the trial of a male facilitator in the women’s group at Centrecare. This was highly successful, with all women reporting that they preferred this gender combination” (p. 7).</p>
	<p><b>Integration</b></p> <p><u>Best practice principles arising from the two pilot studies are as follows:</u></p> <ul style="list-style-type: none"> <li>• “Any family violence services provided by an organisation need to be situated within a broader community response to family violence. The establishment and maintenance of linkages with allied family violence services and agencies is important to ensure a more integrated approach” (p. 8).</li> <li>• “Ideally, the delivery of family violence services should be provided within a flexible framework that incorporates a number of different interventions tailored to the needs of the individuals and families concerned. Staff need to be responsive to client needs and be able to integrate a range of theoretical orientations into service delivery” (p. 8).</li> </ul> <p><u>Human resources issues:</u></p> <ul style="list-style-type: none"> <li>• “The evolutionary nature of family violence work requires that ongoing professional development is provided for staff” (p. 9).</li> <li>• “The delivery of programs by specialist teams has proved valuable and effective. Through a team approach, responsibility for case management is shared and clients gain access to a wider pool of skills and expertise” (p. 9).</li> <li>• “There are problems in recruiting skilled and experienced staff” (p. 10).</li> <li>• “...programs and staff require close management and supervision” (p. 10).</li> </ul> <p><u>Organisational issues:</u></p> <p>“The participating organisations lacked the sophisticated data collection systems necessary to distinguish between family violence and relationship counselling clients, or to enable comprehensive tracking of all aspects of the clients’ passage through the program. As a consequence, the amount of family violence work being carried out was disguised” (p. 10).</p> <p>“The FVRIP led to an increased awareness, confidence and sophistication in staff working in the area of family violence. Training, individual skill development and structural changes made necessary through the FVRIP led to a greater procedural clarity and more effective management of the work” (p. 10).</p>
	<p><u>Vietnamese Pilot Project:</u></p> <p>“The experience of this small pilot has further demonstrated that these services must be delivered in a seamless and integrated way for best outcomes” (p. 11).</p>
	<p><b>Strengths of model</b></p>

(WA) Evaluation 7	Notes
<p><b>Conclusions/recommendations</b></p>	<p>Twenty-seven recommendations were made, including:</p> <p><u>Family Relationships Support Program (FRSP) and Family Violence Services</u></p> <p>“That FRSP establish a two-tier response to family violence service delivery in order to rationalise services and maximise resources across its funded organisations” (p. 12).</p> <p>“That FRSP allocate sufficient resources to its funded organisations providing family violence services in order to fully support the effective delivery of these services in an environment which is safe for staff and clients” (p. 13).</p> <p><u>FRSP and group and counselling interventions:</u></p> <p>“That family violence programs for men be linked and closely integrated with relevant services so that specific health and welfare issues which are associated with violent behaviour can be addressed” (p. 14).</p> <p>“That men’s programs be closely integrated with women’s family violence services (both in-house and external services) through clearly established protocols which ensure the safety needs of partners, and accountability” (p. 14).</p> <p>“That FRSP endorse an integrated approach to the provision of individual counselling, couples counselling and group work in family violence services within its funded organisations. This integrated approach will require that staff providing these interventions are appropriately trained in their use” (p. 14).</p> <p><u>Training and professional development:</u></p> <p>“Professional and administrative staff within FRSP-funded organisations are trained to a level of competency whereby they are able to screen, identify and refer family violence clients” (p. 14).</p> <p>“That FRSP organisations be resourced to provide training for their family violence staff which will equip them to operate at a level of competency and skill their work demands” (p. 15).</p> <p>“That FRSP organisations providing family violence services be resourced to provide regular supervision and debriefing opportunities for all their family violence staff” (p. 15).</p> <p><u>Program delivery:</u></p> <p>“That second tier family violence services be funded to provide staff with training in case management to facilitate the implementation of appropriate case management practices” (p. 15). “That documentation for family violence services include clear policies and procedures, program outcomes and ongoing evaluation strategies (p. 16). “That second tier family violence services be resourced to incorporate research and development component in their program” (p. 16).</p> <p>“That family violence services be resourced to develop and maintain strong and effective linkages with other local family violence agencies and family violence networks” (p. 16).</p> <p>“That FRSP resource the development of standardised screening and assessment tools and processes to be implemented in all FRSP funded organisations” (p. 16).</p>
<p><b>Findings useful for wider program development/practice?</b></p>	<p>Yes</p>

Program Summary	
(WA) Evaluation 8	Notes
Author/Year/Title	Cant, R., Meddin, B. & Penter, C. (2013). <i>National partnership agreement on homelessness, evaluation of Western Australian programs: Final report</i> . Western Australia: Social Systems and Evaluation.
Jurisdiction	WA
Name of evaluated program/strategy	Safe at Home
Inclusion rationale	Multiple agencies
Nature/type of program/strategy	Case management, risk assessment, safety planning and referral services.
Brief description of program/strategy (content, aims, etc.)	<p>Specialist workers assess risk and safety and support needs of women and children to stay in their own home. There is use of brokerage funds to stabilise housing and increase security. Wraparound case management response that can respond to the individual needs of women includes all key elements of a Safe At Home (SAH) program including risk assessment, security upgrades, strong links to police and other DV services, including perpetrator programs. Access to crisis accommodation if required. Support up to 12 months.</p> <p>Funded under the National Partnership on Homelessness to provide support for women and children experiencing domestic violence to stay in their housing following domestic violence, when safe. There are six sites (four metro and two rural) with two workers per site. Specialist workers assess risk and safety and support needs of women and children to stay in their own home.</p> <p>There is use of brokerage funds to stabilise housing and increase security. Brokerage can also be used more broadly to support women such as paying TAFE fees so that study can continue.</p>
Collaborating agencies	Refuges where “safe at home” workers are located, police, other domestic violence support workers, other agencies depending on women’s needs. The report does not provide detail on specific organisations.
Lead agency	Western Australia Department of Child Protection and Family Support
Definition of “integration” within program/strategy	<p>(All page references herein refer to the evaluation report).</p> <p>“The level of complexity and severity of client need requires a multifaceted response as no one service can meet all client needs. Such a multifaceted response can be described in a variety of ways - interagency collaboration, joined up, wrap around, integrated services” (p.52).</p>

(WA) Evaluation 8		Notes	
Key program/strategy elements and practice approaches		<p>“The support and assistance provided by the various services which are part of the program area have in general the following features:</p> <ul style="list-style-type: none"> <li>• using a case management model</li> <li>• assisting women with obtaining a Violence Restraining Order</li> <li>• undertaking a risk assessment of the client’s living arrangements</li> <li>• providing safety upgrades to the accommodation</li> <li>• providing access to refuge accommodation if the situation becomes unsafe</li> <li>• making appropriate referral to other relevant services</li> <li>• establishing linkages through a Memorandum of Understanding with the WA Police as well as working relationships with other relevant local agencies. It is noted that the MOU with the Police is aimed at providing guidance for Police operational practice and for clarifying roles and responsibilities. Provision of ‘wrap-around’ and intense case management support for up to 12 months” (p.184).</li> </ul>	
Services provided (e.g. DFV, SXA, both)		DFV	
Details of stakeholder alliances (formal MoU, shared principles, etc.)		MoU with WA Police	
Target group	Diverse population groups (please specify)	Indigenous women	Between July 2010 and June 2012, 569 clients used SAH services of which 17% were Aboriginal and Torres Strait Islander.
		Young people	n/a
		CALD women	Between July 2010 and June 2012, 569 clients used SAH services of which 12% were CALD.
		Not specified	n/a
	Geographical location	Metropolitan	Yes, metropolitan locations were targeted.
		Remote	n/a
		Rural	In two rural locations but decision not to have in remote areas of WA as service support not available including access to police easily.
		Not specified	
<b>Evaluation Details</b>			
Key information	Funder	Funding administered by the Western Australia Department of Child Protection and Family Support - under Homelessness Programs.	
	Length of evaluation	Data were gathered between January 2011 and December 2012.	
	Evaluation governance	A reference group was formed to support the evaluation, which comprised of representatives from the Department of Child Protection, a representative from the Department’s Research and Evaluation section, a representative from the WA Council on Homelessness and the evaluators.	
	Purpose of evaluation	See below.	

<b>(WA) Evaluation 8</b>		Notes
<b>Evaluation Goals and Objectives</b>		The specific objectives of the evaluation were to: <ul style="list-style-type: none"> <li>• “describe each of the 14 NPAH [i.e. National Partnership Agreement on Homelessness] programs;</li> <li>• assess their implementation, effectiveness and efficiency by using the Evaluation Framework developed by Social Systems and Evaluation; and</li> <li>• identify key lessons from the programs including identifying strengths and weaknesses of the programs” (p. 1). Safe at Home is one of the 14 programs funded under the NPAH.</li> </ul>
<b>Research questions</b>		How much has the program done? How well has the program done its job? With what outcomes?
<b>Evaluation components</b>	<b>Outcomes</b>	“A Hierarchy of Intended Outcomes was developed to guide the evaluation...identif[y]ing inputs and enablers, outputs and lower level outcomes needed for the achievement of higher level outcomes” (p. 14). “The overarching framework used was results based...in essence, for the NPAH the desired population result was the reduction of homelessness in the community” (p. 14).
	<b>Process</b>	Not really used - rather qualitative data were used to described what staff and clients reported was most helpful to promote safer outcomes.
	<b>Economic</b>	Not specified in this report.
	<b>Other (please specify)</b>	n/a
<b>Relevant legislative and policy context</b>		Relevant policy includes: <i>Preventing Family and Domestic Statewide Plan and WA Homelessness State Plan 2010-2013</i> (Western Australia. Department for Child Protection. (2010)). which includes SAH as one of its programs. No specific DV Legislation in WA. There is the <i>Restraining Orders Act 1997</i> (WA) that includes domestic violence and otherwise the criminal law options pertaining to assault and so on. Legislation such as 24- or 72-hour Police Orders effectively exclude the violent partner from the home (McFerran, 2007, p. 14).
<b>Methodology</b>	<b>Design</b>	“Data was gathered between January 2011 and December 2012. The evaluation design was based on the Western Australian National Partnership Agreement Implementation Plan Evaluation Framework (2009) [as cited on p. 14]” (p. 14). A mixed-methods approach was taken. “A Hierarchy of Intended Outcomes was developed to guide the evaluation...identif[y]ing inputs and enablers, outputs and lower level outcomes needed for the achievement of higher level outcomes” (p. 14). “The overarching framework used was results based...in essence, for the NPAH the desired population result was the reduction of homelessness in the community” (p. 14).
	<b>Sampling</b>	The evaluation data sources were: <ul style="list-style-type: none"> <li>• tracking sheets and progress reports provided to DCPFS by each agency;</li> <li>• face-to-face interviews with managers and staff of each SAH sites (six);</li> <li>• interviews with current and previous worker of DV Outreach (Men’s Breathing Space Response Service);</li> <li>• on-line worker survey (22 responses);</li> <li>• case studies;</li> <li>• 50 client interviews; and,</li> <li>• brief literature review (p. 228).</li> </ul>

<b>(WA) Evaluation 8</b>		Notes
<b>Study Limitations</b>		Not a lot of detail provided about women not eligible for SAH. This would have been useful to know. No police data reported about SAH clients and the perpetrators on violence restraining orders (VROs) would have been interesting to know. More detailed information about the processes of referral and collaborative working would have been helpful.
<b>Diverse population groups and/or geographical locations addressed?</b>	<b>Yes</b> <b>No</b>	
<b>Key findings</b>	<b>Process</b>	n/a
	<b>Outcomes</b>	<p>The SAH services appear to have “consistently...provid[ed] a comprehensive and seamless service to these clients and their children” (p. 200). This included capacity to remain in the family home and thus reduce the homelessness, ongoing case management support for up to 12 months “providing safety audits and subsequent modifications of the accommodation which are key and critical components of the SAH program” (p. .200). Many key benefits to women and their children were in respect to support and intervention such as domestic violence education for the woman, linkages to mainstream support services (legal, judicial, policing, income support, counselling, etc.), enrolment and support to attend school regularly for the children involved and either intervention or referral to address issues such as financial management. All women interviewed strongly agreed about the program benefit. A hundred and nine (109) out of 243 (49%) of clients maintained accommodation for at least 12 months.</p> <p>Main outcome measure was women remaining in accommodation and children remaining in school etc. Forty-nine percent of women had remained in accommodation for at least 12 months. These women were able to keep their child(ren) in school and maintain good school attendance - no quantitative data on this though. Unclear aspect: time/days women remained as clients of SAH was reported but no conclusions were drawn about this (p. 188).</p>
	<b>Integration</b>	Not specifically addressed - although the provision of integrated services is clearly a positive experience for the women interviewed.
	<b>Strengths of model</b>	“In order to be effective, any service to women and their children who have experienced domestic violence needs to provide a broad approach to service delivery that addresses the root causes and on-going consequences of violence towards women and their children. The women interviewed affirmed that the DVOR service’s philosophy and model of service delivery provides a comprehensive service that addresses material and practical intervention but also emotional support, advice, and advocacy in respect to their experience of Domestic Violence. This position was also specifically affirmed by three out of the five managers interviewed” (p. 218).
<b>Conclusions/recommendations</b>		Women have been able to stay safe at home and in their place of employment and/or study while reducing disruption and financial costs of having to relocate. Children and young people have been supported to continue their normal activities such as schooling, recreation and friends. Mother-child bond is able to be strengthened with the absence of the violence. The programs have undoubtedly reduced the levels of homelessness as a result of domestic and family violence and saved some lives. Key areas of strength with this program included: safety audit particularly with police and workers involved, security modifications, mobile phones and duress alarms, funds to repair damage to property, court support, and ongoing psycho-social support including referrals as needed.
<b>Findings useful for wider program development/practice?</b>		Findings highlight that specialised local SAH responses can enable women to remain in home more safely. Longer term support appears to bear this out in relation to there being no critical incidents to date with SAH clients. Whilst not trialled in remote areas it would seem to not be an appropriate response given the distance and isolation. SAH has been appropriate for CALD and Aboriginal women because the case management and individualised approach enables specific needs to be addressed re safety and risk.

# Appendix D: Excluded evaluation matrices

## Excluded evaluations – Australia

1. Australian Domestic and Family Violence Clearinghouse. (2012). *Safety and accountability in families: evidence and research (SAFER). Australian Domestic and Family Violence Clearinghouse Newsletter, 49: 6-7.*

**Exclusion Rationale:** This reference was excluded from the meta-evaluation as it is not a program evaluation of an integrated response. Rather, it is a review of a research program evaluation. As such, it did not meet the criteria for inclusion in this meta-evaluation.

2. Brunton, C. (2014). *Mornington Island Restorative Justice Project Evaluation: Draft Report.* National Data Collection, Social Police and Evaluation Research.

**Exclusion Rationale:** This evaluation was excluded given that the program it reviews does not have a specific focus on domestic and family violence and/or sexual assault. Rather, it is concerned with community-based alternative dispute resolution for family conflict. Further, this evaluation reviews a program that did not meet the inclusion criteria for an integrated response model. As such, this report was excluded from the meta-evaluation.

3. Cibich, G. (2002). *Port Lincoln rapid response program, 1991-2001.* Port Lincoln Crime Prevention Committee, South Australia.

**Exclusion Rationale:** This report evaluates a program focused on the installation of personal alarm systems. While this program has a domestic and family violence focus, it does not have integration as a primary concern. As such, it failed to meet the inclusion criteria for the meta-evaluation.

4. Crinall, K., Hurley, J. & Healy, L. (2012). *'Safe at home' programs in the context of the Victorian integrated family violence service system reforms: A review of the literature.* Victoria: Victorian Family Violence Reforms Research Program.

**Exclusion Rationale:** This reference is a literature review and not a program evaluation. While the authors discuss the integrated family violence service system operating in Victoria, the account is largely descriptive. As such, this reference was excluded from the meta-evaluation.

5. Diemer, K., Humphreys, C., & Crinall, K. (2014; *in press*). *Safe at home? Where women live when leaving a violent relationship and the role of civil protection orders.* (Under review for publication)

**Exclusion Rationale:** This reference is an as yet unpublished journal article, which explores the role of civil protection orders in decisions regarding where a women should reside when leaving a violent relationship. This document represents a piece of conceptual research. As this reference is not an evaluation of an integrated project, it was therefore excluded from the meta-evaluation.

6. Edwards, R. (2004). *Staying home leaving violence: Promoting choices for women leaving abusive partners.* Sydney: Australian Domestic and Family Violence Clearinghouse.

**Exclusion Rationale:** This reference was excluded from the meta-evaluation as it is not a program evaluation of an integrated response. Rather, it is an exploratory, conceptual piece that "reports (on) a research study" (p. 4). As such, it did not meet the criteria for inclusion in this meta-evaluation.

7. Edwards, R. (2011). *Staying home leaving violence: Listening to women's experiences.* Sydney: Social Policy Research Centre, University of New South Wales.

**Exclusion Rationale:** This reference was excluded from the meta-evaluation as it is not a program evaluation of an integrated response. The author notes that it is a conceptual study and not an evaluation (see p. 9 of the report). As such, it did not meet the criteria for inclusion in this meta-evaluation.

8. Eglinton, P. (1999, July). *Can a coordinated community response to domestic violence assist women accessing the police in a domestic violence situation?* Paper presented to the Second Australasian Women and Policing Conference, Brisbane.

**Exclusion Rationale:** This reference was excluded from the meta-evaluation as it is not a program evaluation of an integrated response. Rather, it is a conceptual paper that considers police responses to domestic and family violence. As such, it did not meet the criteria for inclusion in this meta-evaluation.

9. Elkington, D. (2006). *Report on the GLOVE Project Evaluation Workshop on October 4th 2006 - DRAFT.*

**Exclusion Rationale:** This reference was excluded from the meta-evaluation as it is not a program evaluation of an integrated response. Rather, it describes the workshop held to design an evaluation framework, and does not present any evaluation results. As such, it did not meet the criteria for inclusion in this meta-evaluation.

10. Field, R., & Lynch, A. (2014). Hearing parties' voices in Coordinated Family Dispute Resolution (CFDR): an Australian pilot of a family mediation model designed for matters involving a history of domestic violence. *Journal of Social Welfare and Family Law*, 36(4): 392-402.

**Exclusion Rationale:** This reference was excluded from the meta-evaluation as it is not a program evaluation of an integrated response. Rather, it is a journal article which makes comment on a research program evaluation (the Coordinated Family Dispute Resolution Pilot, the evaluation of which has been included in this meta-evaluation). As such, it did not meet the criteria for inclusion in this meta-evaluation.

11. Fletcher, L., & Bock, J. (2008). Joining the dots on the back of the ladybird: making connections between sectors in the best interests of women and their children. *Parity*, 21(8), 37-38.

**Exclusion Rationale:** This reference was excluded from the meta-evaluation as it is not a program evaluation of an integrated response. Rather, it is a journal article which comments on a research program evaluation (the Northern Crisis Advocacy Response Services [NCARS] pilot, the evaluation of which has been included in this meta-evaluation). As such, it did not meet the criteria for inclusion in this meta-evaluation.

12. Gardiner, J. (1996). From private to public: creating a domestic violence community intervention project: the Armadale Domestic Violence Intervention Project. Curtin University of Technology.

**Exclusion Rationale:** This reference was excluded from the meta-evaluation as it is not a program evaluation of an integrated response. Rather, it is a descriptive account of an action research project. The reference is also quite dated (published in 1996). As such, it did not meet the criteria for inclusion in this meta-evaluation.

13. Gregory, R., Green, R., & Brandenburg, M. (2010). Building relationships: An example of integrating family violence programs which support women and children. *Women Against Violence*, 22: 41-49.

**Exclusion Rationale:** This reference was excluded from the meta-evaluation as it does not meet the project's definition of an evaluation. Evaluation is defined by the authors as: "the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgements about the program, improve program effectiveness, and/or inform decisions about future program development" (Patton, 2008, p. 39). This reference was a descriptive report on informal, unfunded partnership collaboration. As such, it did not meet the criteria for inclusion in the meta-evaluation.

14. Holder, R. (2007). Police and domestic violence: An analysis of domestic violence incidents attended by police in the ACT and subsequent actions. *Australian Domestic and Family Violence Clearinghouse Research Paper*, 4: 1-40.

**Exclusion Rationale:** This reference was excluded from the meta-evaluation as it is not a program evaluation of an integrated response. Rather, it analyses the police response to domestic violence in the ACT. It does not identify itself as an evaluation or a review. As such, it did not meet the criteria for inclusion in the meta-evaluation.

15. Irwin, J., Laing, L., Napier, L., & Toivonen, C. (2008). Towards better practice: Enhancing collaboration between domestic violence and mental health practitioners. *Australian Domestic and Family Violence Clearinghouse newsletter*, 32: 14-16.

**Exclusion Rationale:** This reference was excluded from the meta-evaluation as it is a summary of "research undertaken in NSW which aims to enhance collaboration between mental health and women's domestic violence services" (p. 14). The article appears to reference the Domestic Violence and Mental Health project; the full evaluation of which is included in this meta-evaluation (Laing & Toivonen, 2010). This reference is a descriptive research summary and not a program evaluation, and as such it did not meet the criteria for inclusion in the meta-evaluation.

16. Laing, L., Irwin, J., & Kenneough, C. (2005). *Evaluation of the Green Valley Domestic Violence Service (GVDVS): Final report – April 2005*. Sydney: School of Social Work and Policy Studies, University of Sydney.

**Exclusion Rationale:** This report is an earlier evaluation of the Green Valley Domestic Violence Service. The most recent report (Laing & Toivonen, 2012) is included in this study; therefore this reference was excluded.

17. Lloyd, J. (2009). *Proposed preferred models for safe accommodation services for women and children from the APY Lands: More than bricks and mortar*. Northern Territory: Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council (Aboriginal Corporation).

**Exclusion Rationale:** This reference was excluded from the meta-evaluation as it is not a program evaluation of an integrated response. It is primarily a conceptual report and does not self-identify as a review or evaluation. As such, this reference did not meet the required criteria for inclusion in the meta-evaluation.

18. McFerran, L. (2007). *Bega staying home leaving violence pilot: Executive summary (2004-2007)*. Bega Women's Refuge.

**Exclusion Rationale:** This reference was excluded from the meta-evaluation as it is a summary of an existing evaluation. The final report of the Bega Staying Home Leaving Violence pilot

evaluation (Purple Kangaroo Consultants, 2007) is included in the meta-evaluation. As such, this reference was excluded from the meta-evaluation.

19. Migliore, C., Marshall, J., Millsted, M., Aird, E., & Smith, E. (2013). *Intervention Orders and the Intervention Response Model: Evaluation report 1 (process evaluation)*. South Australia: Attorney-General's Department.

**Exclusion Rationale:** This report is the first of three evaluations of the Intervention Orders and Intervention Response Model (IRM) in South Australia. This report was included as it detailed the first stage of the process evaluation. Key evaluation findings from this preliminary research were included in Report 2. In order to avoid repetition, this report was excluded from the meta-evaluation.

20. Moore, E. (2009). *The pilot Domestic Violence Intervention Court Model (DVICM): Toward evidence-led practice in Wagga Wagga in rural Australia*. *Currents*, 8(1): 1-17.

**Exclusion Rationale:** This reference is a descriptive account of the Domestic Violence Intervention Court Model (DVICM) pilot. It is not an evaluation of an integrated response. The full evaluation of the DVICM (Rodwell & Smith, 2008) is included in the meta-evaluation. As such, this reference was excluded from the meta-evaluation.

21. Plunkett, C. (2014). *Multi-agency responses improve safety*. *DVRCV Advocate*, 1: 7-12.

**Exclusion Rationale:** This reference was excluded from the meta-evaluation as it is not a program evaluation of an integrated response. Rather, it provides a brief, descriptive account of two multi-agency responses. As such, this reference did not meet the required criteria for inclusion in the meta-evaluation.

22. Shepard, M., & Pence, E. (1999). *Coordinating community responses to domestic violence: Lessons from Duluth and beyond*. Sage series on violence against women. London: Sage Publications.

**Exclusion Rationale:** This reference was excluded from the meta-evaluation as it is not a program evaluation of an integrated response. Rather, it is a practice guide. As such, this reference did not meet the required criteria for inclusion in the meta-evaluation.

23. Spinney, A., & Blandy, S. (2011). *Homelessness prevention for women and children who have experienced domestic and family violence: innovations in policy and practice*. Melbourne: Australian Housing and Urban Research Institute.

**Exclusion Rationale:** This reference was excluded from the meta-evaluation as it is not a program evaluation of an integrated response. Rather, it is a positioning paper, which reviews the literature regarding "staying at home homelessness prevention measures" (p. 1). As such, this reference did not meet the required criteria for inclusion in the meta-evaluation.

24. Tasmanian Government. (2013). *Safe at home: Annual report 2012-2013*. Tasmania: Tasmanian Government.

**Exclusion Rationale:** While this document describes the "safe at

home" integrated service system and its operation in Tasmania, it does not identify as a program evaluation. As such, it did not meet the criteria for inclusion in this meta-evaluation.

25. Tayton, S., Kaspiw, R., Moore, S., & Campo, M., (2014). *Groups and communities at risk of domestic and family violence: a review and evaluation of domestic and family violence prevention and early intervention services focusing on at-risk groups and communities*. Melbourne: Australian Institute of Family Studies.

**Exclusion Rationale:** This report focuses on domestic violence prevention initiatives for "at-risk" groups. It is not an evaluation of a specifically-funded integrated response, and therefore does not meet the criteria for inclusion in the meta-evaluation.

26. Thomson Goodall Associates. (2007). *Intensive case management data collection and analysis project: Final report*. Victoria: Department of Human Services.

**Exclusion Rationale:** This is a report on the Intensive Case Management (ICM) project in Victoria. The ICM initiative funds several agencies to provide case management services to clients at high risk; however this does not include collaboration between multiple services. The initiative did not meet the meta-evaluation criterion that services should be funded as an integrated response with formalised partnership agreements. As such, this report was excluded from the meta-evaluation.

27. Thomson Goodall Associates (2010). *Final report to Victoria Police: Family violence safety notices evaluation steering committee*. Victoria: Department of Human Services.

**Exclusion Rationale:** This reference reports on the introduction of the Family Violence Safety Notices (FVSNs) in Victoria. While collaboration between police, the Courts and the community sector are briefly addressed, there is no mention of formal protocols or funding relationships. The report is primarily focused on police practices. As such, the program does not meet the criteria for an integrated response and the report has been excluded from the meta-evaluation.

28. Thomson Goodall Associates (2011). *Family violence safety notice evaluation executive summary: Family violence roundtable 2010*. Victoria: Department of Human Services.

**Exclusion Rationale:** This reference reports on the introduction of the Family Violence Safety Notices (FVSNs) in Victoria. This report is an executive summary that briefly touches on informal collaboration in the criminal justice sector. The program does not meet the meta-evaluation's criteria for an integrated response, and the report is not in the form of a program evaluation. As such, this reference has been excluded from the meta-evaluation.

29. Urbis. (2008). *Review of the Family Violence Act (Tas) 2004*. Tasmania: Department of Justice.

**Exclusion Rationale:** This report reviews the Family Violence Act (Tas) 2004. While it reviews the legislation it does not evaluate the broader integrated response framework in operation in Tasmania. The more relevant 2014 report on the State's integrated service system (Tasmanian Government, 2014) is included in

the meta-evaluation. As such, this report was excluded from the meta-evaluation.

**30. Urbis Keys Young. (2000). *Evaluation of ACT Interagency Family Violence Intervention Program: Final report.***

**Exclusion Rationale:** A more current version of the Family Violence Intervention Program (FVIP) evaluation has been included in the meta-evaluation (Cussen & Lyneham, 2012). In order to avoid repetition, this report was excluded from the meta-evaluation.

**31. Victim Support Service Inc. South Australia. (2014). *Annual report 2013-14.* South Australia.**

**Exclusion Rationale:** This reference was excluded from the meta-evaluation as it is not a program evaluation of an integrated response. Rather, it is an annual report for the Victim Support Service (South Australia). As such, it did not meet the criteria for inclusion in this meta-evaluation.

**32. Victoria. Office of Women's Policy, Department of Planning and Community Development. (2010). *The Victorian Family Violence Risk Assessment Management Program: Summary of the evaluation report of the statewide training program.* Victoria: Office of Women's Policy.**

**Exclusion Rationale:** This document provides a summary of a training program, and is not an evaluation of an integrated strategy. As such, it did not meet the criteria for inclusion in this meta-evaluation.

**33. Watson, J. (2014). *Staying home after domestic violence.* ACT: ACT Domestic Violence Crisis Service.**

**Exclusion Rationale:** This reference was excluded from the meta-evaluation as it is not a program evaluation of an integrated response. While this evaluation did have a section that identified issues with the current service system in the ACT, the report primarily focused on women's experiences of leaving domestic violence and not on coordination between services. There is no evidence in the report of a developed service response, or of formalised partnerships between programs. As such, it did not meet the criteria for inclusion in this meta-evaluation.

## Excluded evaluations - international

As per ANROWS's EOI brief for Project 4.2, while the State of knowledge paper should include reference to relevant international literature, the meta-evaluation report should confine itself to Australian integrated responses (p. 2). As such, international evaluations captured in searches were screened but ruled out prior to the full-text review process.

**1. Coy, M., & Kelly, L. (2011). *Islands in the stream: An evaluation of four London independent domestic violence advocacy schemes - Final report.* The Henry Smith Charity and Trust for London. United Kingdom: London Metropolitan University.**

**Exclusion Rationale:** This report is an evaluation of four Independent Domestic Violence Advocacy (IDVA) schemes based in London. While the report does include some discussion of multi-agency partnerships, it is not an evaluation of a funded integrated response. As such, it does not meet the criteria for inclusion in the meta-evaluation.

**2. Friedman, S. R., Reynolds, J., Quan, M. A., Call, S., Crusto, C. A., & Kaufman, J. S. (2007). Measuring changes in interagency collaboration: An examination of the Bridgeport Safe Start Initiative. *Evaluation and Program Planning*, 30(3), 294-306. doi: <http://dx.doi.org/10.1016/j.evalprogplan.2007.04.001>**

**Exclusion Rationale:** This journal article is focused on an evaluation of services for children and young people exposed to or at risk of exposure to family violence. For evaluations to be included in the meta-evaluation, the integrated initiative must be focused on services for women currently experiencing domestic and family violence, or who have recently left a domestically violent situation, and/or who have experienced sexual assault. As such, this reference does not meet the criteria for inclusion in the meta-evaluation.

**3. Gruenenfelder, D. E., Hill-Jordan, J. R., & Weitzel, P. C. (2013). *Multisite evaluation of the Multidisciplinary Team (MDT) approach to violence against women in Illinois.* Illinois: Criminal Justice Information Authority. Available at [http://www.icjia.org/assets/pdf/ResearchReports/MDT\\_Report\\_July\\_2013.pdf](http://www.icjia.org/assets/pdf/ResearchReports/MDT_Report_July_2013.pdf)**

**Exclusion Rationale:** This report does conform to most aspects of the meta-evaluation's inclusion criteria, however, on the basis that it is an international example, it was excluded.

**4. Jones, L., Nahrstedt, K., & Packard, T. (2002). Evaluation of a training curriculum for inter-agency collaboration. *Journal of Community Practice*, 10(3), 23-40.**

**Exclusion Rationale:** This reference reports on training curriculum, and is not an evaluation of an integrated response. As such, it does not meet the criteria for inclusion in this meta-evaluation.

**5. Justice, N. Z. M. o. (2008). *Formative evaluation of Family Safety Teams: An overview.* Wellington: New Zealand.**

**Exclusion Rationale:** This report is a summary of the high-level issues identified in the formative evaluation of the Family Safety

Teams. It describes the evaluation methodology but does not present any data relating to the evaluation. It is not an evaluation of an integrated response, and hence has been excluded from the meta-evaluation.

6. Martin, J., & Levine, M. (2010). *Safe@home evaluation*. Centre for Social Research and Evaluation. Wellington: Ministry of Social Development.

**Exclusion Rationale:** This report is an evaluation of the Safe@home project. It primarily analyses home safety audits and women's capacity to remain within their homes when escaping domestic violence. Safe@home is not identified as an integrated response, therefore this report was excluded from the meta-evaluation.

7. Morgan, M., Coombes, L., & McGray, S. (2007). *An evaluation of the Waitakere Family Violence Court protocols*. Palmerston North: Massey University.

**Exclusion Rationale:** This report is an evaluation of Family Court protocols, and is limited to analysis of one organisation. It is not an evaluation of an integrated response, and has therefore been excluded from the meta-evaluation.

8. Part, D. (2006). A flexible response to domestic abuse: Findings from an evaluation. *Practice*, 18(1), 47-58. doi: 10.1080/09503150600577031

**Exclusion Rationale:** This journal article analyses some results from an evaluation of police responses to domestic abuse incidents. It is not an evaluation of an integrated response, and therefore does not meet inclusion criteria for the meta-evaluation.

9. Salazar, L. F., Emshoff, J. G., Baker, C. K., & Crowley, T. (2007). Examining the behavior of a system: An outcome evaluation of a Coordinated Community Response to domestic violence. *Journal of Family Violence*, 22(7), 631-641. doi: 10.1007/s10896-007-9116-9

**Exclusion Rationale:** This journal article analyses police and crime data, following the implementation of a Coordinated Community Response (CCR) in the state of Georgia. It does not represent an evaluation of an integrated response and therefore does not meet the inclusion criteria for the meta-evaluation.

10. Visher, C. A., Harrell, A., Newmark, L., & Yahner, J. (2008). Reducing intimate partner violence: An evaluation of a comprehensive justice system-community collaboration. *Criminology & Public Policy*, 7(4), 495-523. Available at <http://onlinelibrary.wiley.com/doi/10.1111/j.1745-9133.2008.00524.x/epdf>

**Exclusion Rationale:** This report does conform to most aspects of the meta-evaluation's inclusion criteria, however, on the basis that it is an international example, it was excluded.

## ANROWS recommended programs/reports

All of the below programs/initiatives/reports were recommended to the researchers in the original ANROWS brief:

1. Alice Springs Integrated Response to Family and Domestic Violence

**Exclusion Rationale:** It was confirmed with the organisation that this report is currently under embargo by the respective Government Department.

2. Domestic and Family Violence Framework for Reform 'It Stops Here'

**Exclusion Rationale:** It was confirmed with the NSW Department of Family and Community Services that no evaluation of these reforms currently exists.

3. DOVETAIL (Townsville)

**Exclusion Rationale:** It was confirmed with DOVETAIL program management that no evaluation is currently available.

4. Holland Park Magistrates' Court Trial

**Exclusion Rationale:** It was confirmed with the Holland Park Magistrates' Court that no evaluation exists for this project.

5. Multi-agency Protection Service (MAPS)

**Exclusion Rationale:** It was confirmed with the respective Government Department that no evaluation currently exists for this service.

# Appendix E: Rankings template

Quality of Evidence			
Category	Ranking Criteria	Criteria fulfilled Y/N	Notes
1. Independence	Evaluation undertaken by independent evaluators	Y/N	
	Evaluation reviewed by ethics committee	Y/N	
2. Properly specified evaluation goals and questions	No evaluation aims/questions stated or addressed	Y/N	
	Evaluation aims/questions stated but unclear	Y/N	
	Aims of evaluation are clearly stated and relate directly to the program	Y/N	
3. Study design (appropriate to questions) and data analysis	Data presented without reference to research questions or method	Y/N	
	Methodology outlined but no direct link to research questions	Y/N	
	Methodology refers to research questions directly and approach to analysis is clear	Y/N	
<b>EXTRA TO RANKINGS</b>	Are there recommendations?	Y/N	

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