Staying Home Leaving Violence Evaluation Final Report

Never Stand Still

Gendered Violence Research Network

Jan Breckenridge, Inara Walden and Gabrielle Flax
Gendered Violence Research Network

This report by the Gendered Violence Research Network (GVRN), UNSW Australia was commissioned by NSW Department of Family & Community Services as an evaluation of the Staying Home Leaving Violence program.

Research team / authors

UNSW team: Jan Breckenridge
Inara Walden
Gabrielle Flax
Lucy Browning

Epoque Consulting: Fred Zmudzki

Contact for follow up

Jan Breckenridge, Gendered Violence Research Network, UNSW Australia, Sydney NSW 2052, j.breckenridge@unsw.edu.au

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"My kids love our home. It's our home now and their schools are just around the corner. I didn't want to... I didn't think it was fair on my kids to just up and leave because of my ex. So, I basically refused to leave and Staying Home Leaving Violence helped heaps and it made it possible for me to stay at home... The police wanted me to leave... [but] because I was with (SHLV) they were satisfied to let me stay in my home."

"I needed safety and I needed legal help, and I got these from Staying Home Leaving Violence. If I could stay at home that would be great, but that was not an option, I couldn't afford the rent. I had to move."

SHLV clients

Thanks and acknowledgements

The evaluation team expresses our sincere thanks to the clients and staff of Staying Home Leaving Violence services who participated in the evaluation during 2014, sharing their stories and insights to help us understand more about the operation of this important service. We acknowledge the extraordinary courage of the both SHLV clients and staff, as they walk and work together through what often seems a maze of housing, legal, financial and personal decisions to be made, emerging with stronger, safer and more stable futures.

We would also like to acknowledge the input and support of the SHLV Evaluation Advisory Committee, other key stakeholders and staff from the Department of Family and Community Services, particularly Maria Kissouri.

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Executive summary

Commencing in January 2014, researchers from the Gendered Violence Research Network (GVRN) at UNSW Australia (University of New South Wales) were engaged by the Department of Family and Community Services (FACS) to undertake a formal evaluation of the SHLV program. The overarching research question guiding the evaluation is:

Does the SHLV Program enable women and children to remain free from domestic and family violence in a home of their choice, over time?

A review of the evidence base reveals that current research supports key elements of the SHLV program, including:

- service flexibility, which may vary in intensity and duration according to clients' individual circumstances
- a basis in early intervention and prevention principles
- an innovative response to homelessness
- a concentration on legal protection and home security to enable women and children to remain safely at home
- a focus on local partnerships with other key agencies
- access to an SOS Response System Alarm to improve DFV victims' sense of safety

Evaluation scope and methodology

This evaluation uses a mixed-method approach, combining service monitoring data, validated scales and measures, as well as qualitative interviews and focus groups. The evaluation questions that underpin the overarching research question (see above) are:

Does the SHLV program:

1. Assist clients to maintain safe and stable accommodation of their choice?
2. Assist clients to maintain control of their finances?
3. Increase client's capacity to make choices which enhance their safety and wellbeing?
4. Increase the wellbeing of women and their children who use the program?
5. Facilitate an integrated and effective partnership response to intervention?

6. Ensure open access to all families (including agreed client sub-groups)?

Two additional evaluations questions were added later by FACS and project partners:

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?
8. Do police report the SOS Response System acts as a deterrent to repeat breaches and further incidents of serious harm to clients?

Data collected and analysed for the evaluation consisted of:

- SHLV administrative data from the performance monitoring portal
- Electronic and administrative data from NSW Police and Central Monitoring Services
- Client wellbeing questionnaire (using the Outcome Rating Scale tool)
- SOS Response System questionnaire (using a hope and fear questionnaire)
- Semi-structured, in-depth interviews with existing and former clients of SHLV projects
- Focus group consultations and one-on-one interviews with SHLV staff and managers
- Consultation with other stakeholders, including key project partners from Housing NSW, Legal Aid, Police and the Department of Justice.

Findings

How much did SHLV do?

Based on data from the SHLV performance monitoring portal during the study period of October 2012 to September 2013, the evaluation identified that:

- 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).
- The average caseload per SHLV service was 60 clients, comprising 40 case-managed clients and 20 case coordinated clients. **This is well above the service specification of 30 case managed clients per service per year** operating during the evaluation period. In addition, each SHLV service provided an average of 39 'referral only' service episodes.
- 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. The largest number of referrals came from Police (22.2%),

followed by Women's Domestic Violence Advocacy Service (20.3%), and self-referrals (16.4%). Smaller numbers of referrals were made by Family and Community Services, Housing NSW[1], Family Support Services, and a range of other government agencies and non-government organisations.

- The average time delay between referral to an SHLV service and commencement as a client of the program was 8 days for case-managed clients and 10 days for case coordinated clients.
- 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. As the program is non time-limited, many clients remained with the service for considerably longer, as their safety and other needs required.

Housing and economic security

The evaluation found that the SHLV program is assisting most clients to maintain safe and stable accommodation of their choice following domestic violence, although in a large proportion of cases clients no longer reside in the same house in which they had lived with their abusive ex-partner. Findings from client exit surveys (n=100) reveal that:

- 93.3% of clients were living in safe long-term accommodation at the time of exit from the program
- 52.5% of clients had remained living in the same home
- Of those no longer living in the same home, 84.7% said it had been their choice to move
- 87% of clients reported an improvement in their feeling of safety at home by the time they exited the SHLV program
- 83% of clients believed their children were safer as a result of SHLV.

Qualitative evidence gathered from interviews with SHLV clients and workers reinforces these survey findings, as interviewees consistently reported that SHLV assists clients in securing and maintaining safe and stable housing. Some interviewees stated that even where police had initially advised a client not to stay in her home or community, the SHLV program had provided support to clients to enable them to stay. This was especially

[1] During the evaluation study period Housing NSW was a division of the NSW Department of Family and Community Services. Housing NSW is now known as Department of Family and Community Services. In this report it is referred to by its former name Housing NSW.

important for many clients who had established supports in their communities (such as extended family, their children's schooling) which they relied upon and valued highly.
An unanticipated finding relates to the type of housing tenure amongst SHLV clients. SHLV portal monitoring data indicates that a greater proportion of case managed clients lived in private rentals (36.8%) than in public housing (31.5%) or in owner-occupied homes (26.5%).

In terms of supporting the economic security for SHLV clients, many SHLV services offered referrals for clients to financial planning or financial counselling services. There was variable take up of these services, depending upon the socio-economic circumstances and needs of clients.

Support to build economic capacity in clients was also offered in other ways, for example by facilitating study, skill training or employment. The evaluation found that this type of support was more likely to be sought by clients who were in contact with their SHLV case-worker over a longer period of time, as clients' training and employment needs usually were not addressed until well after the immediate DFV crisis period had passed and legal processes were resolved.

Safety and wellbeing

A clear finding of the evaluation is that assistance from SHLV not only alerts clients to choices available, but support from case-workers can help build clients' confidence and capacity to make decisions and choices about their own and their children's future. This is especially important in view of the trauma and disempowerment many women may have experienced as a result of living in an abusive and controlling relationship.

Quantitative data from client exit surveys shows that:

- 96% of surveyed clients agreed or mostly agreed that their feelings of safety at home had improved at the time of exiting the SHLV program
- At exit from the service, 1 in 3 clients were reported by case-workers to be working, while 1 in 8 clients were studying
- Of those clients for whom it was a stated goal, 94% felt more able to find or keep a job because of the service
- Of those clients for whom it was a stated goal, 98% felt more able to start or keep studying because of the service.

Qualitative data provided during interviews with SHLV clients and workers suggests that the SHLV program supports client choice across three main areas:

- Empowering women with knowledge about domestic violence, its impacts and the recovery process

- Helping women to understand and navigate legal and court processes.
- Supporting women to make empowered personal choices as they move forward from violence over the longer term.

The evaluation also examined clients' wellbeing, using a clinical tool called the Outcome Rating Scale (ORS). The ORS was used to measure and quantify changes in the wellbeing of SHLV clients that may have come about because of their engagement with the program. A total of 420 ORS scores were obtained from 269 clients for this evaluation, and included women and children from a range of demographic groups, housing types and representation from Aboriginal and Torres Strait Islander, CALD and women with a disability. Key findings from the ORS wellbeing data include:

- The average wellbeing score of clients when they exited the SHLV program was **significantly and substantially higher** than the average wellbeing of clients commencing the service
- The wellbeing of clients **nearly doubled** during their involvement with the SHLV service
- Improvement in client wellbeing exceeded the clinical cut-off of 25 (the boundary between 'clinical' and 'normal' levels of distress).

Whilst unable to determine whether such increases in wellbeing were solely due to client engagement with the SHLV service, qualitative evidence confirmed a strong association made by clients between their involvement in the SHLV program and improvements in their perceptions of wellbeing over time.

The evaluation also considered the wellbeing of children of SHLV clients. Over half the children surveyed with the ORS tool (14 out of 24, or 58%) had wellbeing scores that were below the clinical cut-off of 25, indicating they were experiencing clinical levels of distress. The small number of children sampled meant we were unable to statistically ascertain whether the SHLV program enhanced children's feelings of wellbeing and safety. However, other data suggest that clients believe the SHLV program is supporting their children's wellbeing; for example:

- The client exit survey records that 83% of clients felt their children were safer because of the SHLV service
- Clients and workers referred to a range of supports provided by the SHLV program for children: referrals for counselling and to support groups and other services; advocating on behalf of children with schools; and organising child care.

Program model

The SHLV program combines a number of innovative program elements and evidence from this evaluation suggests that it is the combination of these unique features that contributes to the program's effectiveness in supporting victims of DFV:

- Flexibility – providing a flexible suite of support options, together with flexible modes of service delivery and flexible duration and intensity of service provision
- Client-centred case-management
- Integrated response to DFV drawing on partnerships via MOUs with other agencies
- Program accessibility, which extends to clients with mortgages, a group excluded by other asset/income-tested programs
- Extended service duration when required, as SHLV is not a time-limited program.

The capacity of the SHLV service model to provide long term support to victims of domestic violence was a strength consistently emphasised by clients and workers who were interviewed for this evaluation.

Brokerage was also consistently recognised by SHLV staff and clients as a fundamental program element, enabling safety upgrades to clients' homes to take place. The evaluation identified, however, that there is no consistency in the amount of brokerage offered to each client, with each SHLV service allocating their own per client brokerage amount, ranging from $400 to $1500. In addition, the amount of brokerage available to carry out essential safety upgrades was identified by some SHLV service providers as insufficient, particularly in rural areas where the costs associated with having security doors or locks installed is considerably higher than in urban areas.

The evaluation also identified a capacity gap: most SHLV services in the study period took on many more clients than the stipulated service minimum of 30, case-managing an average of 40 clients in addition to an average of 20 case-coordinated clients (this is 33% higher than service minimum level for the period). Despite this extra work, portal data indicates that around one in eight referrals (13%) were unable to be accepted as new clients due to lack of capacity (rather than ineligibility or some other reason). Evidence about high demand, high workload and lack of capacity was also reported in interviews with workers. A number of services also stated that they felt compelled to take on some high risk out-of-area clients when there was no SHLV service available in the client's local area.

In terms of accessibility of the SHLV program for priority sub-populations, evidence from this evaluation found that:

- 12.5% of case managed clients identified as Aboriginal or Torres Strait Islander
- 20.8% of clients were born overseas, and 18% of case managed clients spoke a language other than English at home
- 17% of case managed clients identified as living with a disability, and 10.5% of clients were caregivers to a child with disability
- 10.2% of clients lived in moderately accessible locations and 1.2% in remote or very remote locations.

Overall, services in areas with higher CALD populations did better at attracting CALD clients when they had some multi-lingual workers, and similarly, services in areas with a higher Indigenous population generally attracted more Indigenous clients if they had an Indigenous worker.

Auspice models also had an impact on the type of services available for SHLV clients. In general, SHLV services auspiced by larger NGOs had greater capacity than smaller NGOs to provide wraparound services from within the same organisation, and could provide more professional development opportunities for staff. SHLV services auspiced by government agencies (Police or Housing) may benefit from greater infrastructure, resources and professional development opportunities, although there is a potential risk that clients feel less comfortable accessing the service (especially if located within a Police service).

Partnerships

WDVCAS, Police and Housing NSW were identified as the most critical partnerships that SHLV services collaborate with to deliver integrated responses to SHLV clients. However, qualitative feedback suggests that the strength and effectiveness of these partnerships varies across SHLV services (and between partners within the same locality).

Common feedback from SHLV project staff and managers was that in instances where larger agencies assigned a dedicated officer as the key contact for SHLV, this became a very important working relationship that immediately improved the speed of communication, sharing of information, and the level of cooperation in servicing client needs quickly. Information and training sessions provided by SHLV workers for partner agencies were also identified as an important mechanism for improving relationships with partners and increasing understanding of SHLV.

Justice responses

A consistent theme raised in interviews with clients and workers was lack of understanding by some police and magistrates of the relational dynamics of DFV and its effects on victims.

This was believed to result in reluctance by some police to pursue, and by some magistrates to grant, ADVOs and exclusion orders. Yet the ability to secure an exclusion order in some cases was viewed by most SHLV workers as essential to their work (including the safety of workers themselves) in supporting women and children to remain safely in the home.

Qualitative evidence also pointed to the importance of SHLV in assisting clients to understand and navigate legal and judicial processes, and improving relations between clients and police. The work of the SHLV program was consistently identified by research participants as vital to getting legal protections in place for women and their children, as these processes could be extremely daunting for traumatised clients.

A further unanticipated evaluation finding is that many (but not all) SHLV services said that because of the difficulties involved in obtaining both ADVOs and exclusion provisions, they have dispensed with the prerequisite suggested from the original SHLV study (Edwards 2004) and pilot evaluations, that clients need to hold or be seeking an ADVO/exclusion order to be eligible to receive a service from the SHLV program.

SOS alarm device

The evaluation used two clinical scales to measure the effectiveness of the SOS alarm in increasing clients' feelings of hope and decreasing their feelings of fear. The evaluation found that clients showed a **significant and substantial increase in hope** after having been issued their SOS alarm. There was also a **concurrent decrease in clients' feelings of fear** after receiving the device.

While it is not possible to separate the effects of the SOS device from the effects of the SHLV program itself (or from other mediating factors), qualitative data from clients and workers supports the view that most clients who received an SOS device felt it contributed to a greater sense of safety and decreased their fear.

Impact of DFV reforms

The implementation of DFV reforms by the NSW government may impact on the SHLV program in a number of ways. The streamlined referral process, with universal pathways coordinated by WDVCAS, has the potential to make the referral process into SHLV more efficient for high risk clients, but there is also a risk that the volume of referrals into the SHLV program will increase significantly. If this increase is not matched by sufficient resourcing, SHLV services (already stretched to capacity) may not be able to meet demand.

The focus of the reforms on integration and partnership aligns well with the SHLV model, which already prioritises partnership with key agencies such as Police, Housing NSW and WDVCAS, amongst others. Involvement of SHLV staff in Safety Action Meetings may be of benefit for the SHLV program by strengthening partnerships (especially in locations where partnerships are not well established), providing critical information to SHLV workers for use in case planning for high risk clients, and raising the profile of the SHLV program amongst partner agencies.

Recommendations

Our recommendations to improve the effectiveness of the SHLV program and SOS Response System are listed below. These recommendations are derived from evaluation findings, based on analysis of both quantitative and qualitative evidence collected by the evaluation team.

Program model recommendations

1. 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.

2. That the SHLV program model continues 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.

3. Consider the types of services which may be provided for children under the SHLV program, as well as consistency of service delivery for children across different SHLV projects, given the large number of children recorded in the portal who are SHLV clients. This will also require consideration of appropriate resourcing.

4. Increase the level of funding for brokerage, and broaden the scope of expenditure permitted with brokerage funds, to include additional responses that enhance client safety such as payment of a telephone bill (to ensure ongoing access to a working

telephone); car registration if in a remote area; or payment for removalists where clients are forced, or choose, to re-house.

Partnership recommendations

5. Continue to focus on the educative/training function of SHLV workers, in particular promoting the program within partner organisations to familiarise their staff with the SHLV program and its offerings, thereby encouraging appropriate referrals and collaboration.

6. Encourage 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.

Auspice model recommendations

7. Consider the level of resourcing able to be provided by the proposed auspice organisation when funding new services (eg. wrap around services, infrastructure and capital support, training/professional development, other support needs).

8. Consider additional support that may be required by smaller auspice organisations to ensure adequate staffing, infrastructure, professional development including supervision/ consultation for SHLV staff.

Resourcing recommendations

9. Increase resourcing to cover current levels of unmet demand for the SHLV service identified in this evaluation and in anticipation of increased future demand as a result of the DFV reforms.

10. Decisions about resourcing of the SHLV program should take into account the intensive work that is required in managing many case coordinated clients. Case coordination may involve significant work by the SHLV service, even if case management is handled by a different organisation.

11. Decisions about resourcing should systematically account for other work required of SHLV services/workers including time taken to develop and maintain professional

partnerships, triage referral clients and provide information and education to project partners and the wider community.

12. Increase resourcing for group work within the SHLV program, which this evaluation identified as a crucial service element that not all service providers are currently able to provide.

Accessibility recommendations

13. Expand the SHLV program to provide consistent coverage across NSW so that every LGA has a SHLV service.

14. Consider specific strategies to achieve program coverage in rural and remote areas where demand and implementation challenges exist (in areas of high DFV incidence).

Legal and justice responses recommendations

15. Investigate how the Tenancy Act, or other relevant legislation, can be amended to ensure that real estate agents and landlords are not unreasonably blocking the installation of safety upgrades necessary to protect an individual experiencing domestic violence.

16. Better inform magistrates, based on current evidence, about behaviours and relational patterns which constitute domestic and family violence, and their impacts on victims, to assist magistrates to consider all relevant circumstances when deciding on applications for ADVOs, particularly those involving non-physical abuse.

17. Better inform magistrates, based on current evidence, about increased risks of women's financial insecurity after leaving a violent relationship, and the link between financial insecurity and homelessness, when considering whether to grant an exclusion order that would prioritise the safety and housing needs of victims and their children over those of the perpetrator.

18. Provide significantly greater training to NSW Police, including a structured method for imparting ongoing professional development on the dynamics of DFV and how the traumatic effects may affect the way in which a woman presents to Police.

SOS device recommendations

19. Continue to resource the SOS alarm program as part of the SHLV suite of safety elements, noting that the device is an effective tool for improving the safety of high risk clients. The device increases feelings of safety and enables women to regain confidence to go about their lives and leave the home with greater security.

20. Consider extending access to the SOS safety device to allow an increased number of SOS devices to be made available by SHLV projects, given reports of high demand for device use.

21. Issue staff with their own SOS alarm device, where needed or requested, to improve SHLV worker safety, particularly for those working in rural and remote areas.

Further research recommendations

22. Continue to collect data which can contribute to evidence about the program, including implementation of the ORS wellbeing tool, to measure client wellbeing and to continue to demonstrate the effectiveness of the program.

23. Conduct research to determine good practice strategies that will assist SHLV clients across all housing tenures to enhance their longer-term financial security, which is a key component of ongoing housing stability and clients' overall wellbeing.

24. Research feasible alternative support, including housing options, which would assist perpetrators to find alternative accommodation, thereby enabling women and their children to remain in the home, and without reducing existing service provision to victims.

25. Evaluate the SOS alarm system further, to provide better data capture over time with a greater number of clients, and link this data to client wellbeing data collected through the outcome rating scale to further understand how clients' fear and hope contribute to their overall wellbeing.

26. Undertake further research to ascertain whether, and under what circumstances, the SOS alarm may reduce repeat abuse of the same client and the role policing plays in any reduction.

Monitoring and reporting recommendations

27. Consider how to ensure greater consistency in workers' portal recording of actions taken with case-managed and case-coordinated clients.

28. Consider how to ensure the portal captures work done by SHLV staff with 'referral only' clients.

29. Review portal data collection to ensure better capture of data relating to justice outcomes for clients, in particular data about ADVOs and exclusion orders, breaches and SOS device use need to be captured more consistently in the portal.

30. Consider how to streamline reporting requirements for SHLV workers, given the recent increase in SHLV minimum service level; the anticipated increase in referrals to SHLV with the implementation of the DFV reforms; inconsistent levels of portal data entry identified by this evaluation; and additional separate reporting required by SHLV auspice agencies.

Managing the Impact of DFV Reforms - recommendations

31. Monitor the referral processes implemented through the NSW Government's DFV Reforms to assess the impact they have on SHLV and to ensure adequate capacity commensurate with demand.

32. Provide sufficient resources to SHLV services to enable workers to prepare for and participate in Safety Action Meetings required under the NSW Government's DFV reforms, without affecting the level of resources available for case management/coordination.

1. Introduction

Staying Home Leaving Violence (SHLV) is a specialised domestic violence program designed to assist women and their children to stay safely in their own home or a home of their choice after leaving a violent relationship. The SHLV program is administered and funded by NSW Department of Family and Community Services (FACS) and implemented via a range of local service providers. Following the evaluation of three pilot programs between 2004 and 2009, the program has been progressively rolled out across NSW and expansion into further locations is ongoing. During the evaluation period the SHLV Program was offered through 18 service providers across 22 separate locations around the state of NSW2. Each of these 22 locations is referred to as an 'SHLV project'. Nine of the SHLV projects are in metropolitan locations and 12 are in regional and rural locations.

SHLV service providers are located in a range of non-government organisations funded by FACS, while Housing NSW and NSW Police auspice one SHLV project each. SHLV is described as a core element of the NSW Government's investment in response to domestic and family violence and is anticipated to continue as a vital component of the service response under the Domestic and Family Violence Framework for Reforms (DFV Reforms) being implemented from 2014.[3]

The SHLV Evaluation

Commencing in January 2014, researchers from the Gendered Violence Research Network (GVRN) at the University of New South Wales (UNSW Australia) were engaged by FACS to undertake a formal evaluation of the SHLV. Specifically, the SHLV evaluation responds to the following overarching research question:

> **"Does the SHLV Program enable women and children to remain free from domestic and family violence in a home of their choice, over time?"**

[2] At time of writing SHLV had been expanded to 19 service providers and 23 locations, but this evaluation does not include the additional SHLV project at Broken Hill which is still in its start-up phase.
[3] *It Stops Here: Standing together to end domestic and family violence in NSW*: The NSW Government's Domestic and Family Violence Framework for Reform, 2014. Family and Community Services

This Report will comprehensively address eight related research/evaluation questions detailed further in the methodology section, with reference to: SHLV project portal monitoring data; scales and measures of client wellbeing, fear and hopefulness; interviews and focus groups undertaken with clients, SHLV workers and key stakeholders. Analysis of the SHLV Program, including discussion of the evidence base of the SHLV model provides the foundation for the presentation of evaluation findings.

The SHLV evaluation findings will be structured around the stated goals of the evaluation, being to:

1. establish the effectiveness of the SHLV program
2. determine the effectiveness of the SOS Response System, and
3. develop recommendations from the analysis of evaluation data to inform and improve both of the above.

The SHLV Service Model

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.

Two outcomes are specified in the SHLV Program Overview Section 2.3 – Results (2011, 4):

- Clients are free from domestic and family violence in their own home, and remain so over time.
- Domestic and family violence victims experience long term stability in housing, income, education and healthy relationships.

SHLV is housing focused but not housing constrained. While SHLV contributes to preventing homelessness as the result of domestic violence by enabling clients to remain in their home, the involvement of criminal justice organisations remains central to allowing them to do so safely. SHLV workers provide ongoing safety/risk assessment, and provide an important interface with various criminal justice personnel to further protect women from post-separation violence and harassment. For example, SHLV and Women's Domestic

Violence Court Advocacy Service (WDVCAS) workers both support women to apply through the courts for Apprehended Domestic Violence Orders (ADVOs) and Exclusion Orders[4] requiring the perpetrator to leave the family home. SHLV workers also liaise closely with the police regarding the enforcement of the ADVO where on-going perpetrator harassment breaches the order and undermines client safety.

From 2012, select SHLV services have been able to supply an SOS Response System for clients assessed at high risk of further violence or potential lethality from a perpetrator or the perpetrator's family/friends. The SOS Response System uses a device that is a combination of a duress alarm and mobile phone with GPS tracking. The system enables high risk clients to move about the community with confidence that assistance can be provided very quickly from police if they are harassed by their ex-partner. The trial started with 50 devices in 10 SHLV locations and was extended by January 2014 to all SHLV services and so is now available to all high risk clients.

Philosophically, the program places accountability with the perpetrator of violence and ensures women and children are not made homeless, or displaced from families, friends and schools. However despite SHLV program initiatives it is important to note the capacity for on-going perpetrator harassment and violence to de-rail and negatively influence client outcomes, and that this in turn influences any evaluation of a domestic violence program's effectiveness.

In their direct work with clients, SHLV workers address barriers which commonly preclude women leaving and/or remaining separated from their violent partner including:

- facilitating access to and maintaining stable and affordable housing
- establishing or furthering existing support networks
- developing work skills or securing/maintaining employment
- identifying opportunities for education and accompanying childcare where required.

Eligibility criteria for the SHLV Program are broad, encompassing any woman over 18 years (and her children) escaping domestic violence who has separated from the perpetrator. Significantly, an income and/or assets test is not applied uniquely broadening the number of women who may be assisted by the program. However, it should be noted that geographical coverage of the SHLV program is not universal across the state, and clients must live within the boundaries of an SHLV project to be eligible.

[4] An exclusion order is one of the conditions which may be applied for in an ADVO to exclude or remove the violent person and prohibit them from living in the home of the protected person.

Primary external governance for the SHLV Program is provided by an SHLV Executive Committee led by the funding body FACS (Community Services) and comprising senior executive personnel from each of the key government agencies with a role in delivering the State government objectives relating to domestic and family violence. In addition, committee members provided expert input and advice at various stages of this evaluation. A key feature of the SHLV program at the local level is the coordination of government and non-government services to ensure the most effective outcomes for clients. The SHLV focus on developing effective local partnerships, mirrors executive governance of the SHLV program and is consistent with the NSW Government's DFV Reforms currently being implemented.

2. SHLV and the Current Evidence Base

The link between women's homelessness and domestic and family violence (DFV) is undeniable. Women and children who leave their home to escape a violent relationship continue to experience 'considerable social and personal disruption and financial disadvantage' (Chung et al. 2000, p.46). Existing evidence demonstrates that DFV continues to be the main reason that women seek support and assistance from refuges and other specialist homelessness services (AIHW 2010; 2011; 2012). Moreover, in their AHURI synthesis report, Tually et al. (2008) found that women escaping DFV with little financial independence, who are identify as Aboriginal or Torres Strait Islander, come from a culturally and linguistically diverse background (CALD) or who live with a disability, are overrepresented in homelessness figures and research.

Although refuges have traditionally offered a suite of support services, most requests from women for accommodation from these services are unable to be met (Spinney 2012; AIHW 2013).The increasing awareness among DFV and housing workers that DFV can lead to long-term homelessness for some women and their children, combined with the demonstrated lack of affordable medium and long-term housing options, has encouraged policy makers and practitioners to re-consider the range of services which may best reduce the risk of homelessness when women leave their violent partner (Breckenridge et al. 2013). Accordingly, developing and supporting a greater range of housing options aimed to realign existing efforts towards an increased focus on prevention and early intervention, including long-term accommodation and support is now accepted as critical to keeping women and children housed and safe (Baker et al. 2010; Spinney and Blandy 2011).

Researchers from the GVRN have already submitted a comprehensive review of the Safe at Home literature to FACS[5]. The following review of the literature will select key SHLV program elements and intervention strategies and consider how these have been informed by the current evidence base. A more comprehensive review of evidence relating to the effectiveness of safety alarms follows at pages 28-38.

[5] See Breckenridge, J. and Bullen, J. (2012) *Safe at Home - Understanding and assessing the sustainability of housing options for women and children escaping domestic violence* University of New South Wales, Centre for Gender Related Violence Studies (CGRVS) for NSW Department of Community Services, September pp 1–36

The SHLV Program is research-informed

The SHLV service model was developed from the findings of research funded by the (then) Department of Community Services and undertaken by UNSW in 2004. This study provided unique data identifying the reasons why women chose to remain in their own home after leaving a violent relationship as well as mapping the contexts and factors which facilitated this choice (Edwards 2004). The SHLV service model was directly developed from the research findings and in this sense is truly evidence-informed. Following the development of the model three SHLV pilot programs were implemented in NSW and evaluated to further refine the service model[6]. By 2009 the NSW Government decided to roll out the SHLV program to an additional 16 locations, and subsequent progressive expansion of the program had reached 22 locations by the time the current evaluation was being commissioned.

The Department's funding of an Evaluation Framework in 2011 that involved all SHLV services and workers in its development and the current comprehensive evaluation, both demonstrate a commitment to ensuring the SHLV service model is subject to regular review and is informed by the best available evidence.

SHLV provides a flexible service which may vary in intensity and duration according to client's individual circumstances

Ensuring women's safety is an immediate and long term SHLV program goal. SHLV provides risk assessment, safety auditing and can provide safety upgrades to a woman's home in the immediate or short term, typically following a domestic violence incident involving police. This is designed to assist those at threat of further abuse to improve safety for themselves and their children whilst choosing to remain in the family home or another home of their choice. Service progresses to specialised case management or case coordination in the weeks and months that ensue, with clients offered assistance to deal with a range of legal, financial, housing and emotional support matters as appropriate. Clients are able to choose from a flexible suite of support elements offered by the SHLV program, depending on which areas of support they need and which they select to prioritise and seek help with.

[6] Pilots were located at: Bega, auspiced by Bega Women's Refuge from 2004, with funding from NSW Department Community Services 2005-2007; East Sydney, funded by NSW Government Community Services 2005-2007, managed by the Department of Housing's Homelessness Unit, located at Junction Neighbourhood Centre Maroubra; and Mt Druitt, federally funded under the Nation Crime Prevention Programme 2007-2009, located at the WASH House.

Evidence suggests that typically client identified needs change over time depending on their circumstances (Rees S, M and N 2011). SHLV provides flexibility to respond as change takes place offering a flexible suite of intensive response measures to support clients immediately following a DFV-related crisis triggering referral (such as an incident attended by police), as well as ongoing support over a longer period of time. As such, the SHLV service model is needs-based and not time-limited. The literature confirms that women may have multiple needs after leaving a violent relationship (Breckenridge et.al 2013) and that certain circumstances such as on-going perpetrator harassment and family court proceedings may require longer term support varying in intensity dependent on the particular crisis faced by women at any particular point in time (McFerran, 2007).

The SHLV service model is based on early intervention and prevention

The service model is based on early intervention and prevention principles. Early intervention and prevention approaches are identified as reducing demand for high cost crisis services (Gauntlett et al. 2001); meanwhile well-timed early interventions to establish and maintain secure housing and supports for vulnerable individuals, such as children affected by domestic violence, may significantly reduce the need for a range of service system interventions in future years (Baldry et al. 2012).

An important rationale underpinning the SHLV program is that by intervening to assist women and children to remain at home or a home of their choice, avoids their being thrust into homelessness while separating from a violent partner. Support provided at this early stage increases the likelihood that women and their children may evade compounding challenges (including poverty and economic insecurity) and the associated risk of homelessness, be in a better position to be able to recover from violence and make choices to improve their safety and wellbeing, 'thereby requiring less external intervention' in future (NSW Government 2011: 4).

The client group for SHLV is women aged over 18 who have separated from a violent partner or family member and choose to remain in their own home (or a home of their choice). It includes women who continue to experience abuse following separation, and support is also provided to the children of clients. Geographic location of SHLV programs delimits the target population, as program coverage is not universal across the state meaning the goals of early intervention and prevention may not be achieved in all locations.

SHLV focus on safety enabling women and children to stay housed in a home of their choice

The structural basis to women's homelessness via domestic violence has been identified by a number of analysts: most women using homelessness services designed for DFV victims in Australia do *have* a home, they just can't live in it because of violence (Murray 2008; Nunan 2009 (1995)). The failure to deal with the criminality of violent perpetrators' behaviours is identified as critical to the miscarriage of social justice in circumstances where women and children are forced to leave home as a result of violence (Spinney and Blandy 2011: 12; Nunan 2009 (1995); Chung et al. 2000).

Since the 1970s women's refuges have undoubtedly provided a vitally important option to many women escaping DFV, in particular for women who have no independent means of income and no alternative accommodation options. This type of crisis accommodation option remains an important option for many women and children escaping violence. Whilst governments need to continue to support crisis accommodation as a critical service response to DFV[7], this option will not however suit everyone, nor is there capacity in the system for all women and children escaping violence to be accommodated via this option (AIHW 2013).[8]

Significant disruptions to the support networks and ordinary lives of women and children escaping violence are caused when they are forced to flee the family home at short notice. During the time of crisis that can be precipitated by DFV, vulnerable women and children may least afford to lose touch with supportive relationships, community connections and the routines of work or education that may be affected by the significant impacts of being dislodged from their family home. Whilst provision of crisis accommodation remains a necessary part of service responses to DFV, there is now a recognised need for a broader range of services, support options and accommodation to be available to those affected by domestic and family violence.

[7] The refuge model may be the only suitable option for some women escaping violence. For some women it may also provide particular benefits, for example where the communal living model promotes self-esteem and empowerment via shared experience and mutual support (Murray 2008: 69).

[8] The 2012 NSW Parliamentary Inquiry into DFV heard of significant ongoing demand for crisis accommodation, with a turn away rate of 1 in 2 women and children. The majority of women entering women's refuges were reported to have no independent income and no other accommodation alternatives. It was also highlighted that the average stay in refuge accommodation was increasing due to growing difficulty to access other safe and affordable housing options, the average stay being cited as 6 to 12 weeks. (Evidence of C Gander, Executive Officer of NSW Refuge Movement, to the *Inquiry into Domestic Violence trends and issues in NSW*, 2012).

SHLV was developed in large part from the increasing acknowledgement of the injustice involved in forcing victims of violence to flee, whilst violent perpetrators are able to stay on in the family home. The ability to remove violent men from their homes has been available to courts in NSW and other Australian states for some time, since the introduction of domestic violence intervention orders in the 1980s, however police and courts have shown a 'deep reluctance over the years to remove a man from his home' (McFerran cited in Murray 2008: 69). In her research about exclusion orders Edwards found that whilst such orders are able to strengthen the conditions of an ADVO and provide a woman and her children with protection from further violence, courts' responses to requests for exclusion orders often focused on the property rights and accommodation needs of *defendants* (Edwards 2004).

However the initial SHLV principle that women would stay in the family home with the perpetrator removed has not held true for all women. The courts' reluctance to issue exclusion orders and the reality of on-going perpetrator harassment and violence has meant that some women have chosen to move to another home – although still one of their choice. In some cases SHLV clients were simply not able to remain in the family home because of economic abuse during the relationship and financial insecurity after leaving their violent partner which meant that they could not afford mortgage repayments or rent as a single person. The conceptual shift to 'a home of their choice' marks a greater recognition that 'Stay at Home' programs allow women to remain housed without having to enter specialist homelessness services at the time of leaving or longer term. It is without doubt that SHLV provides an important additional option, supporting victims of violence to remain in the family home or a home of their choice, while the perpetrator is excluded. However enabling this option is almost always dependent upon the successful intervention of police and the judiciary granting either an interim or permanent exclusion order as part of protection orders.

SHLV addresses economic insecurity caused by homelessness

Domestic and family violence is recognised as a 'major driver of homelessness' in Australia today (Spinney, Blandy and Hulse 2013: 2). Moreover, links between the experience of domestic and family violence and the risk of homelessness for women and children are well established (Chung et al. 2000; Braaf and Barrett Meyering 2011). Over the past decade Australian governments have been particularly concerned to stem rising rates of homelessness among families with children (Commonwealth of Australia 2008).

Australian research has revealed that enormous financial barriers exist to women leaving violent relationships, and that finding and/or maintaining safe, available and affordable accommodation post separation was identified as *the* biggest concern for many women

leaving DFV relationships (Braaf and Barrett Meyering 2011: 7-8). This problem may be compounded where women and children are forced to flee their homes and leave all possessions behind, as furniture, cookware and other household necessities as well as personal items need to be replaced in setting up a new abode. Leaving the family home may also put victims in a less favorable position at a later stage when Family Court matters are progressed. This is particularly problematic in light of the negative impacts domestic violence has been shown to have on women's long term financial security (Braaf and Barrett Meyering 2011) and evidence that the experience of domestic violence already puts women at a distinct disadvantage in negotiating property settlements (Sheehan and Smyth 2000).

Various options associated with *leaving* home to escape violence, such as fleeing to a refuge or seeking shelter with family or friends, have been described as effectively rendering women and children homeless, at least in the short term (Murray 2008: 65, 68). While these options may increase support and safety for some women, others may find they severely disrupt social and personal lives, work and school routines, at a critical time (Edwards 2004).

Escaping domestic violence continues to be one of the most common reasons provided by people seeking assistance from specialist homelessness services in Australia today (Spinney and Blandy 2011: 12; AIHW 2013: vii). A flow on effect of DFV related homelessness is that children experiencing homelessness are identified as more likely to experience disadvantage and homelessness over their lifetime (Commonwealth of Australia 2008: 2). In this context, Australian governments in various jurisdictions, including NSW, Tasmania and the ACT have begun to implement policy measures designed to expand the range of options available to women and children escaping violence, including importantly placing an emphasis on the option of victims and their children choosing to remain safely in their home whilst having the person perpetrating violence excluded from the home.

Local partnerships and SHLV within the existing service system

The Beijing Declaration and Platform for Action arising from the United Nations Fourth World Conference on Women, Strategic Objective 1 requires governments globally to 'Take integrated measures to prevent and eliminate violence against women' (United Nations 1995). This strategic objective has acted as a catalyst for the growth in integrated responses to domestic violence (Coy, Lovett and Kelly 2008). Hence increased emphasis placed by Government on 'joined-up solutions to joined-up problems' has been strongly influential on Australian policy development more generally (Potito C 2009).

The SHLV Program is premised on the importance of local partnerships where government and non-government services co-ordinate efforts to ensure the most effective outcomes for clients. The SHLV focus on developing effective local partnerships, mirrors executive governance of the SHLV program and is consistent with the NSW Government's DFV Reforms currently being implemented. SHLV has been positioned by government as a critical ongoing part of service systems responding to DFV, at a time when these systems are undergoing reform. The current DFV Reform Framework being implemented by NSW Government from 2014 aims to achieve more systematic referrals and better integrated systems of response and service delivery to ensure the safety of victims, while holding perpetrators of violence accountable (NSW Government 2014). SHLV has to be seen as a vital element of the reform response and service delivery system going forward (see further discussion of SHLV and the DFV Reforms later in this report, at pp107-110).

Within the overall service system SHLV is one of a number of housing related programs focused on helping to address the needs of people experiencing domestic and family violence. Besides Specialist Homelessness Services, that provide crisis and medium term supported accommodation, SHLV is one of three significant NSW government initiatives responding to women and children who have experienced domestic violence and who are homeless or at risk of homelessness. The other two initiatives are: the *Start Safely* private rental subsidy, and *Long-term Accommodation and Support for Women and Children Experiencing Domestic and Family Violence* under the NSW Homelessness Action Plan 2009-2014 (HAP DV). A number of other domestic violence support programs exist in NSW, funded either through government or non-government initiatives and these variously address individual issues such as court support, advice and information, refuge placement, health-related DFV screening, counselling, family dispute resolution and police responses. These programs are not housing-focused and they are delivered inconsistently across the state.

Safety alarms for victims of domestic and family violence – a review of the evidence

There is very limited evidence available – either peer-reviewed or grey literature – on the use of safety alarms for victims of domestic violence. However research to date does support the view that safety alarms contribute to an increased sense of safety for DFV victims, which aligns with a key goal of the SHLV program. There is also tentative evidence that safety alarms may be associated with outcomes that align with other key goals of the SHLV program, including an increased likelihood of victims remaining in their own home or a home of their choice (rather than in refuge-type accommodation), reduction of repeat abuse of victims, improvement of partnerships with key stakeholders, and greater cost-effectiveness.

The reasons these findings need to be viewed carefully are because that there have been very few empirical studies that test the effectiveness and outcomes of safety devices for victims of DFV; studies that have been conducted used very small samples, without any randomised control group for comparison; and the technology and methods of operation of schemes differ significantly between jurisdictions (making comparison difficult).

Overview of safety alarm schemes for victims of DFV

There are a number of SOS alarm schemes operating in Australia and internationally for women experiencing domestic violence. Aside from the NSW SHLV SOS alarm, safety devices are (or were) also provided under schemes in:

- Victoria – SafeTCard and Bsafe (Note: SafeTCard is on the pilot phase only and has not as yet been reviewed or evaluated. Also, the Bsafe scheme is no longer operating)
- Queensland – SafeTCard (Note: SafeTCard is in the pilot phase only and has not as yet been reviewed or evaluated)
- United States and Holland – ADT Abused Women's Active Response Emergency (AWARE) system
- Canada – ADT Domestic Violence Emergency Response System (DVERS – similar to the AWARE system)
- UK, Spain, Hungary, Italy, Portugal – TecSOS
- Argentina – panic button (scheme name not known).

There are significant differences between schemes, both in terms of the technology used and the procedures governing operation and eligibility. Key features of, and eligibility for, the various schemes are outlined in Table 1 below:

Table 1: Comparison of Safety Alarm Schemes for Victims of DFV

Device/ scheme name	Jurisdiction	Key features	Eligibility for device
SHLV SOS alarm system	NSW (FACS)	• GPS technology • Activation of device sends a GPS signal and automated call directly to security monitoring company • If required, security company operator contacts PoliceLink for emergency response • Contact with Police is made by and through the security company • Dedicated phone line within PoliceLink (NSW Police), so police operators can identify that the call relates to an SHLV SOS device	• FACS provides a quota of devices to each SHLV service • An alarm user must be an SHLV client • Not all SHLV clients are eligible for a SOS Duress Alarm. Clients receive an SOS Duress alarm after assessment by their SHLV caseworker as part of an integrated holistic safety plan and ongoing case management.
SafeTCard **(At pilot/trial stage with DV clients)**	VIC (Safe Futures Foundation) QLD (DV Gold Coast)	• GPS technology • Activation of device sends a GPS signal and automated call directly to security monitoring company • If required, security company operator contacts PoliceLink for emergency response • Contact with Police is made by and through security company **Source:** http://www.safetcard.com.au/files/documents/16/safetcard_domestic_violence_flyer.pdf	Unknown

Device/ scheme name	Jurisdiction	Key features	Eligibility for device
BSafe **NOTE: Government funding for scheme ceased in 2013**	VIC	• GPS tracking • Device comprised a pendant that could be operated in vicinity of the home (works via landline) • Users also received a mobile unit, which was effective where there was mobile coverage • On activation of either device, an alarm was sent to a security company (VitalCall), which immediately alerted 000 for a police response. **Source:** http://www.whealth.com.au/work_bsafe.html	• Reside in the Hume region of Victoria • Have an intervention order that excludes perpetrator from victim's home • Be at risk of breach of intervention order • Intended for women at high risk of violence **Source:** Taylor and Mackay (2011)
ADT Abused Women's Active Response Emergency (AWARE) program	USA (selected states) Holland (unclear if still operating)	• No GPS technology • The alarm user must have a working phone line at home in order to use the device. • Activation of device sends an immediate, silent alarm to ADT security company, which in turn notifies the appropriate police agency. • Law enforcement agencies participating in the program have agreed to respond to AWARE alarms on a priority basis **Source:** http://adt.com/wps/portal/adt/about_adt/adt_in_our_communities/aware	Eligibility criteria differ between states and organisations, and may be determined by law enforcement agencies, domestic violence shelters or prosecuting attorneys (depending on the jurisdiction), but usually require that the victim: • Be in imminent danger • Have a restraining order or other protection order against the abuser • Be willing to prosecute and testify against the abuser in court if the abuser is apprehended as a result of the use of the ADT security

Device/ scheme name	Jurisdiction	Key features	Eligibility for device
			system **Source:** http://adt.com/wps/portal/adt/about_adt/adt_in_our_communities/aware/?wgc=faqs
ADT Domestic Violence Emergency Response System (DVERS)	Canada	As above	As above
TecSOS	UK (selected Police Commands) Spain; Hungary; Italy; Portugal	• Uses 'eastings and northings' rather than GPS technology, which provides user's location within 200 metres • looks like mobile phone • sends signal to police when button activated • activation of device is given 'the highest priority' in police call centre • victim's history immediately appears on operator's screen • Victim is not required to speak to operator; handset is linked to their record • Device automatically sends approximate location of victim to police **Sources:** http://www.tecsos.co.uk/index.html	Unknown

Device/ scheme name	Jurisdiction	Key features	Eligibility for device
		Vodafone Foundation (2013) Fildes (2011)	
Panic button	Argentina	• GPS technology • On activation, Police are alerted that victim is at risk • Panic button is one component of a 'holistic multi-agency support programme' where social, legal and psychological support is also available for DFV victims	Panic buttons are issued by courts (ie. a judicial rather than an administrative process). **Source:** Paterson and Clamp (2014)

Purposes of safety alarm schemes

The purposes of safety alarm schemes vary across jurisdictions. While the main goal of the SHLV SOS alarm is to provide support and protection to victims of domestic violence who are at high risk of harm so that they may remain in their own home (or a home of their choice), the schemes in other jurisdictions encompass other explicit aims. These include enforcing compliance with, or deterring breaches of, restraining orders (for example, the former BSafe scheme, see Nicholson (2012: 16); and the Argentinian scheme, see Paterson and Clamp (2014)); increasing detection of and accountability for perpetrators of domestic violence (former BSafe scheme, see Taylor and Mackay (2011)); and facilitating apprehension of perpetrators (ADT AWARE schemes in the USA and Holland, see Römkens (2006)).

It seems likely that the purpose of a safety alarm scheme will affect the scheme's operation. For example, where the aim is to apprehend or arrest the perpetrator, the scheme is more likely have legalistic structures and eligibility criteria in place (such as the Dutch scheme, see Römkens (2006)). In contrast, where the primary goal of the scheme is to provide protection and support for DFV victims so they can remain in their home, and apprehension of the offender is not an explicit goal, then fewer legalistic criteria apply and the scheme is more likely to be built into a safety audit (for example, the SHLV scheme).

Eligibility for safety alarm schemes

Eligibility criteria for safety alarms differ markedly between schemes and, as noted above, appear to be influenced by the scheme purpose. Many schemes operate in a judicial context, with women eligible only if they have been through a court process and have a court-issued restraining order against their ex-partner (for example, the schemes in Argentina and USA). Even for non-judicial schemes, where eligibility is determined by agencies outside the judicial system, there may still be strict legal requirements for eligibility, such as the existence of an intervention order against the perpetrator (for example, the former BSafe scheme, and the Dutch scheme).

Romkens' (2006) study of the Dutch safety alarm scheme found that the largest barrier to entry into the program was the legal selection criteria, which required: a valid protection order; evidence that the victim was in imminent danger (eg. records of victim's prior complaints to police); willingness to testify as a witness in the event of perpetrator's arrest; and the victim's separation from the perpetrator. Romkens notes that these stringent and legally-focused criteria affected immigrant women more than Dutch women. Numbers of

women who sought protection through that scheme tried but failed to gain a protection order through the court, so were ineligible for safety alarms (Römkens 2006).

Eligibility criteria that require a court issued intervention order present potential barriers for some high risk DFV victims who (for a range of reasons) avoid engaging with the criminal justice system, find the system difficult to navigate, or find the system does not support them to achieve the outcome they had hoped for. This is especially problematic given our knowledge of the under-reporting of DFV to police, and the fact that many DFV victims are unlikely to engage with the criminal justice system at all (Birdsey and Snowball 2013; Grech and Burgess 2011).

With these considerations in mind, it would seem to be a particular strength of the SHLV SOS scheme that determinations about eligibility are made by workers who are not associated with criminal justice system, and who are closely involved with each client and therefore understand clients' needs.

Impact of safety alarms on women's sense of safety

While there is limited literature evaluating the effectiveness of safety alarm schemes, the available evidence supports the view that DFV victims' sense of safety increases when they use a safety alarm. Relevant findings include:

- Romkens' (2006) study of a Dutch safety alarm scheme found that the ADT AWARE alarm made them feel safe at home again and that their psychosomatic complaints (eg. sleep disturbance) diminished dramatically. Note the small sample of 9 participants.
- The final evaluation of the former BSafe alarm scheme in Victoria (Taylor and Mackay 2011) found that 58 percent of women experienced an increase in their sense of safety, to "safe" or "very safe", following installation of BSafe (p. 38).
- A study of a telephone alarm system for DFV victims run by a local authority in England found alarm users felt that the alarm made them feel "a lot safer" (Walker 2001). Note there were only 3 alarm users during the trial period.
- A trial of the TecSOS device in the UK, which is based on a system developed in Spain by Vodaphone alongside the Red Cross, was conducted with a sample of 30 DFV victims. These individuals were provided with a TecSOS device and polled on a scale of one to ten about their fears over personal safety before and after using the device. The average score after 3 months of use fell from 7.6 to 4 (where a higher score indicated greater fear) (Fildes 2011).

Other possible effects of safety alarms for victims of domestic violence

Prevention of homelessness

A primary aim of the SHLV program is to support women who are experiencing DFV to stay in their own home or a home of their choice, thereby preventing homelessness. The limited research available on safety alarm schemes provides some tentative evidence that safety alarms may assist in achieving this outcome. For example, an evaluation of the former BSafe project found that the added level of security provided by the BSafe device allowed a large proportion of DFV victims (68 percent) to stay in their own homes, and an additional 20 percent of women were able to relocate to a home of their own in their community (Taylor and Mackay 2011: 15,35). This was possible despite advice from professionals (including police) to relocate due to the risk of violence (p.37).

Reduction in repeat abuse of DFV victims

An evaluation of the 'Bradford Staying Put' program, a crime reduction program funded by the UK Home Office, found that DFV victims who received upgraded home security and panic alarms (monitored by Care-line and Police) experienced a reduction of 78 percent in repeat incidents of abuse. This was a greater reduction in repeat abuse than that experienced by DFV victims who received a mobile phone only, or a home security upgrade only, but no panic alarm. DFV victims who received a panic alarm only also showed a large reduction in recorded incidents of repeat victimisation (76% reduction) (Hester and Westmarland 2005: 79, 80-81).

Similarly, an evaluation of the former BSafe scheme found that use of the BSafe device led to a reduction in physical assaults of alarm users and a decrease in intervention order breaches (Taylor and Mackay 2011: 4).

Strengthening partnerships between key stakeholders

An evaluation of the BSafe program found that the program strengthened the networks and partnerships between stakeholders (police, family violence and sexual assault services – see Taylor and Mackay (2011: 54)). Note, by contrast, that a study of a safety alarm scheme in England concluded that the scheme was not improving inter-agency cooperation significantly, although the reasons for this were unclear (Walker 2001: 179).

Frequency of activation of safety alarms

Römkens (2006) and Walker (2001) found in their studies of safety alarm schemes (one in Holland and one in England) that users rarely activated their safety alarms. Römkens theorises that this may be due to alarm users' reluctance to involve themselves or their ex-partner in criminal proceedings, especially since arrest and prosecution of an ex-partner were of secondary importance to victims – their first priority was to regain peace of mind; they were not seeking vengeance (Römkens 2006: 175). Similarly, Walker proposed that the low rate of activation of alarms may have been because victims did not want to further endanger themselves or their children by involving statutory agencies who might be insensitive to their predicament, and because of a perceived risk of further violence from an ex-partner provoked by knowledge of the alarm (Walker 2001: 178-179).

By contrast, evidence regarding the panic button scheme in Argentina is that they are regularly activated (in some cases, three times per day); however, it is not clear how many activations were false alarms or tests (Paterson and Clamp 2014; Solano 2012). There is a clear gap in evidence on factors that affect alarm users' decisions on whether and when to activate their safety alarm.

Impact of safety alarms on perpetrator's behaviour

Another important gap in the evidence base concerns the effect of safety alarms on perpetrators' behaviour. Do safety alarms provoke perpetrators to further acts of violence? Do safety alarms reduce repeat victimisation? What factors might mediate perpetrators' responses to safety alarms? Again, the research available on this issue is very limited.

The BSafe evaluation found that for some victims, the perpetrator's knowledge of the alarm device caused the violence to decrease or cease. In some cases, victims informed the perpetrator, while others waited until he discovered it through a breach (Taylor and Mackay 2011). As outlined above, Hester and Westmarland (2005) found that DFV victims who received a panic alarm showed a large reduction in recorded incidents of repeat victimisation. However it is unclear when and how perpetrators became aware of the panic alarm. Overall, more research is needed to determine whether a perpetrator's knowledge of a safety device is a deterrent or a provocation to further abuse.

Summary

In summary, the available evidence suggests that that safety alarms can contribute to an increased sense of safety for DFV victims, which aligns with a key goal of the SHLV

program. The current evaluation seeks to understand the helpfulness of the SOS alarm device and whether SHLV clients using it experience a decrease in fear and commensurate increase in hopefulness and wellbeing. However the circumstances/factors which maximise the effectiveness of Safety Alarms are yet to be identified and examined by formative evaluation.

3. Evaluation scope and methodology

Background to the Current Evaluation

In July 2011, the NSW Department of Family and Community Services (FACS) engaged the Centre for Gender Related Violence Studies (now Gendered Violence Research Network, GVRN) from the University of New South Wales to develop an Evaluation Framework for the Staying Home Leaving Violence Program.

The framework was designed to enable evaluation that would:

- strengthen the SHLV service model by documenting good practice across all SHLV projects
- strengthen the focus on key results and enable improved management of the SHLV Program
- document and analyse service partnerships and the integrated nature of the SHLV service model
- assess the value and critical elements for success of the integrated approach taken by SHLV.

The following activities were subsequently undertaken by UNSW, SHLV services and FACS prior to the commencement of the formal SHLV evaluation in January 2014:

- the range of portal monitoring data was extended to collect worker narratives of SHLV cases identifying challenges and examples of best practice at the end of monitoring periods
- additional evaluation tools were designed including activity logs and worker reflection tools on client exit
- appropriate outcome measures were chosen to measure wellbeing of clients and their children. The Outcome Rating Scale (ORS) was administered to clients from all SHLV services - 1st October 2012 until the 30th September 2013.

Current Evaluation

The methodology for the current evaluation is modelled on that provided in the *Staying Home Leaving Violence Evaluation Framework: Final Report*, 22 September 2011. This is a mixed-method inquiry combining a synthesis of service monitoring data, validated scales and measures, as well as qualitative interviews and focus groups. Ethics approval for the research was granted by UNSW Human Research Ethics Committee (HC13365) with

qualitative data collected over 6 months from April to September 2014. Information and consent forms are attached at Appendix 1 and 2.

Research Goals and Associated Evaluation Questions

The current evaluation seeks to address the following question:

"Does the SHLV Program enable women and children to remain free from domestic and family violence in a home of their choice, over time?"

The evaluation goals set out in the tender specification are to:

- Measure the effectiveness of the SHLV program
- Measure the effectiveness of the SOS Response System
- Make recommendations to improve both of the above.

To fulfil these goals, the original evaluation questions from the September 2011 framework were used to underpin the evaluation. Specifically, does the SHLV Program:

1. Assist clients to maintain safe and stable accommodation of their choice?
2. Assist clients to maintain control of their finances?
3. Increase client's capacity to make choices which enhance their safety and wellbeing?
4. Increase the wellbeing of women and their children who use the program?
5. Facilitate an integrated and effective partnership response to intervention?
6. Ensure open access to all families (including agreed client sub-groups)?

In June 2012, SHLV began a trial of the SOS Response System. This Response System (also referred to as an SOS alarm or SOS device) consists of a device that is a combination of a duress alarm and mobile phone with GPS tracking. The SOS alarm enables high risk clients to move about the community with confidence that assistance can be provided very quickly from police if they are harassed by their ex-partner. Two additional questions were added to the evaluation following distribution of SOS alarms to clients from all SHLV projects assessed as being at high risk of serious and potentially lethal violence:

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?
8. Do police report the SOS Response System acts as a deterrent to repeat breaches and further incidents of serious harm to clients?

Data collection

The evaluation team analysed both quantitative data from a range of sources and qualitative data collected by the evaluation team during fieldwork including participants from each of the 22 project locations of SHLV and key stakeholders from various sectors. There are two distinct and unmatched data collection periods for the SHLV evaluation:

Evaluation Study Period One, October 2012 to September 2013: Quantitative data

An initial 12 month data collection period from October 2012 to September 2013 was agreed with FACS following official acceptance of the Evaluation Framework in 2011. Study Period One preceded the commencement of the formal evaluation period in January 2014. The Study Period One timeframe aligned with four consecutive quarters of FACS program funding data. Service-level and de-identified client-level data relevant to this 12 month period was extracted from FACS' data collection portal for analysis as part of the evaluation.

Study Period One was also used to delimit our analysis of a number of other data sources, such as FACS program financial data and client wellbeing data. Data collected during this study period included:

1. ***SHLV administrative data from the performance monitoring portal:***

This included data on client referrals, profiles and outcomes; project activities and expenditure; a log of activities by SHLV workers; partner/stakeholder feedback and worker reflections; as well as a client survey administered anonymously at exit from the program. (A separate Performance Monitoring Report has been provided to the NSW Department of Community Services)

2. ***Client wellbeing questionnaire:***

Administration of a formally validated and internationally accepted client outcome tool called the Outcome Rating Scale (ORS), based on the work of Miller, Duncan et al (Miller et al. 2003) was administered to SHLV clients during the 12 month study period. Detailed information about the scale and analysis of wellbeing data is separately reported in Appendix Three.

Evaluation Study Period Two, January 2014 to August 31 2014: Qualitative Fieldwork and SOS Response System data

Commencing in January 2014, Study Period Two of the evaluation complemented Study Period One by collecting qualitative data during extensive fieldwork undertaken with SHLV

clients and workers as well as partners and other stakeholders involved with the SHLV Program. Quantitative and qualitative data were also collected during this period on the SOS Alarm Response system. An overview of data collected during Study Period Two is provided below:

3. *Semi-structured, in-depth interviews with existing or former clients of SHLV projects:*

A cohort of 21 client interviewees was recruited from across each of the geographic regions where SHLV projects are situated. Service providers invited their clients to participate in the evaluation, with most recruiting at least one client for interview. Semi-structured interviews were conducted with these clients, either face-to-face or by telephone, depending upon convenience and the safety needs of clients. An interview schedule was devised to gather information relating to evaluation questions 1 through 7. In order to answer particular evaluation questions, the evaluation team sought to recruit clients issued with an SOS device as well as clients from diverse backgrounds. Hence 9 clients included in the interview cohort were users of an SOS device, 5 were from CALD backgrounds and one client identified as Indigenous.

4. *Focus group consultations with SHLV staff and managers:*

The evaluation gathered information about the operation of the SHLV program via recorded interviews and focus groups with SHLV staff and managers at each of the 22 projects. A total of 36 SHLV staff, including 6 SHLV managers and 30 front-line staff, were recruited to participate in the evaluation. Seven focus groups were run in various geographic locations around the state to ensure they were accessible to project staff. Five SHLV staff took part individually in one-to-one interviews either over the phone or in person, where this was either the individual's preference or most convenient for them. A focus group schedule provided questions for exploration of a range of topics relevant to evaluation questions 1 through 7. Other key issues relevant to the operation of the SHLV program arising during discussions, were also analysed and reported on in this report.

5. *SOS Response System questionnaire:*

A hope and fear questionnaire was administered to assess SHLV clients' sense of safety both before and after the use of an SOS device. Clients completed the surveys both before they received the device, and again 3 months after receipt of the device (or at exit, whichever came sooner). Two scales were chosen for inclusion in the Client SOS questionnaire which respectively measured SHLV client's level of fear (DePrince et al 2010) and hope (Schrank et al 2010) at different points in time (service commencement and

completion). These two key concepts were identified in the literature as crucially influencing women's self-perceived safety and wellbeing and contribute to the evaluation's determination of the effectiveness of the SOS Response System. Detailed information about each scale and analysis of SOS Response System data is separately reported in Appendix 4.

6. *Electronic and administrative data from NSW Police and Central Monitoring Services:*

De-identified data was accessed from the security monitoring company and from NSW Police Link in order to ascertain when and how devices were activated.

7. *Consultation with relevant stakeholders:*

Consultations with other key stakeholders were carried out as needed, to gain further evidence about key research questions, such as the effectiveness of integrated partnerships between project partners. Key stakeholders included the Department of Family and Community Services (including Housing NSW), Legal Aid NSW, Department of Justice, and NSW Police.

Table 2 provides an overview of evaluation questions and data sources.

Table 2: Overview of evaluation questions and data sources

Questions - Does the SHLV program:	Portal data	Wellbeing data (ORS)	Interviews with clients	Focus groups with staff & managers	Stakeholder feedback	SOS Question -nairre	CMS data	Financial data
1. Assist clients to maintain safe and stable accommodation of their choice?	X		15 to 20 interviews, including x5 SOS clients	Focus groups in up to 7 targeted locations	Annual survey data			
2. Assist clients to maintain control of their finances?	X		Telephone interviews and face-to-face if convenient	Focus groups with project managers	Executive committee meeting & focus groups			
3. Increase clients' capacity to make choices which enhance their safety and wellbeing?	X	X	X	X				
4. Increase the wellbeing of women and their children who use the program?	X	X	X	X				
5. Facilitate an integrated and effective partnership response to intervention?	X			X	X			
6. Ensure open access to all families (including agreed client sub-groups)?	X		Evaluation to include ATSI, Disability & CALD clients	X				

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?		X	X	X		X	X	
8. Do police report the SOS Response System acts as a deterrent to breaches and further incidents of serious harm to clients?					CMS, Police, FACS interviews		X	

Data Analysis

All quantitative data has been analysed using the appropriate statistical tests (detailed in Appendix 3 and 4). A systematic review and thematic analysis of all data has been applied, including reference against the current literature. Illustrative quotes from interviews, focus groups and written evaluations are presented throughout this report. The interview data have been de-identified and all names are pseudonyms. Direct quotes are indicated by the use of *italics.*

Management of Possible Evaluation/Study Limitations

The literature acknowledges inherent difficulties in collecting data from clients escaping domestic violence. The following issues were addressed by the evaluation team using the identified strategies:

1. ***Evaluations frequently rely on self-reported attitudinal or behaviour change.***

The SHLV evaluation includes worker and client narratives as an important means of understanding the SHLV experience. However it is possible that clients can either over or under-estimate change when asked one time only. Moreover, interviews and focus groups include only a small percentage of the overall SHLV client group which can mean that the narratives provided may not be as applicable to the remaining (and majority) of SHLV clients. Monitoring data for all SHLV clients was collected via the portal to provide systematic information about client circumstances generally and appropriate scales and tools were implemented to measure attitudinal and behavioural change at different points over time. This additional quantitative data provides a form of data triangulation and allows researchers to make claims about SHLV program effectiveness for all clients.

2. ***Maintaining client safety and confidentiality are fundamental requirements of domestic violence evaluations which may limit the research design***

SHLV evaluation strategies were tailored to ensure that these elements were incorporated into the research design to minimise any potential risks to SHLV workers or clients. To ensure client safety this evaluation chose SHLV workers to act as gatekeepers, providing information to clients and providing a safe space for interviews with those who wished to participate. This Report has de-identified all client and worker data to protect the identity of clients and workers to ensure that client narratives do not result in further violence from perpetrators. An example of the way in which sensitivity to these issues may affect research design is evident in the distribution of the SOS Alarm to all SHLV projects. Effectiveness studies usually require a control or 'treatment as usual' group as well as a 'new treatment'

group so that effectiveness can be judged in relation to the specific new treatment strategy – in this case the SOS alarm. Distribution of the SOS alarm to high risk clients from all services was prompted by ethical issue of not withholding a program initiative to ensure women's safety. Whilst commendable, this Departmental initiative did warrant a change in the research design of the effectiveness of the SOS Response Alarm.

3. *Selection of clients more likely to provide a positive evaluation of SHLV*

It is also 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.

Summary

When considering the data, it is important not to over-estimate the power of workers/projects alone to shape client outcomes in an evaluation of DFV service provision. In reality, the final outcomes for women and children leaving DFV are frequently and primarily determined by on-going perpetrator harassment and violence which may also necessitate lengthy and expensive interactions with the criminal justice system. Sullivan (2011) emphasises that evaluations must acknowledge that patterns of re-victimisation which critically affect client outcomes are the responsibility of perpetrators and not the clients or services.

4. Findings

How much did SHLV do?

Analysis of 12 months of data from FACS' online data collection portal was made to determine the extent of client referrals, service periods, client attributes and outcomes during the study period October 2012 to September 2013. This section provides a high level overview of the SHLV client base during the study period based on performance monitoring data captured by the portal.[9] All data in this section is derived from our analysis of portal data, unless otherwise stated.

Number of clients serviced

Within the study period there were 1324 SHLV clients receiving service, across 22 project locations operated by 18 local service providers[10], consisting of:

- 880 case-managed clients
- 444 case-coordinated clients
- in addition to 863 people receiving 'referral only'

A total of 1324 clients attended the SHLV service across 22 project locations in the study period

This meant there was an average caseload of 60 clients serviced per SHLV project during the 12 month study period, including on average:

- 40 case-managed clients per SHLV project
- 20 case-coordinated clients per SHLV project,
- with an additional 39 'referral only' service episodes provided

It is notable that the average number of case-managed clients (40) was well above the service specification for the period, being a minimum service level of 30 case-managed clients per annum.[11]

[9] A more detailed Performance Monitoring Analysis Report has been separately submitted to FACS.
[10] Some local service providers cover two locations. Each location is referred to as an SHLV project. Locations serviced by the same service provider include: Liverpool/Fairfield, Cessnock/Maitland, Wyong/Gosford and Parramatta/Holroyd.
[11] Minimum service levels per annum have been increased to 40 along with a 20% increase in funding, implemented since the evaluation study period. Averages calculated here take account of the fact there are two half-funded SHLV projects allocated lower minimum service levels.

Referrals to Staying Home Leaving Violence

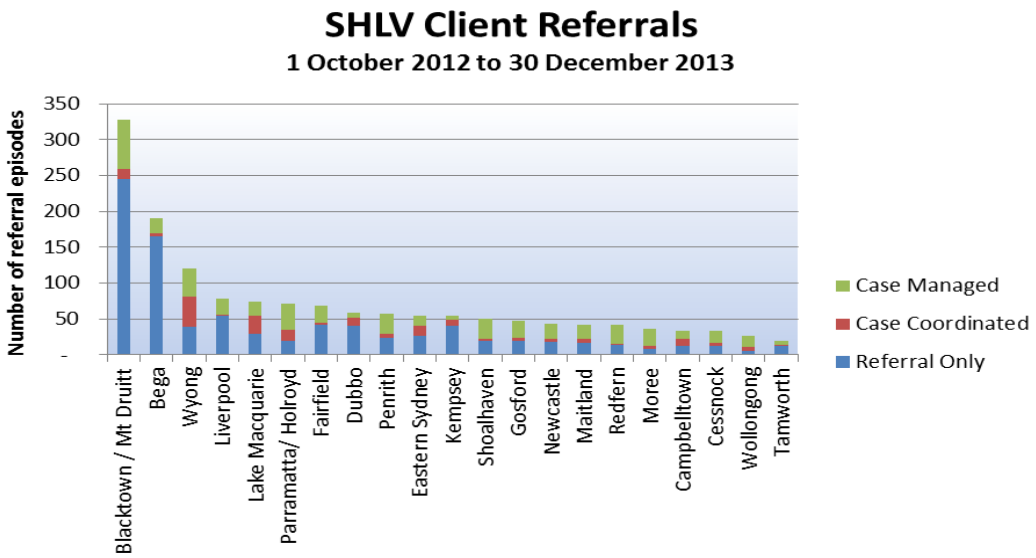
A total of 1532 women were referred to SHLV during the 12 month study period:

- The largest number of referrals came from police (22.2%), followed by WDVCAS (20.3%) and self-referral (16.4%).
- Smaller numbers of referrals also came via Community Services, Family Support Services, Housing NSW and a range of other government and non-government agencies.

A total of 1532 women were referred to SHLV in the study period resulting in 669 new clients

Processing of these referrals led to 669 new clients being taken on by SHLV in the study period.[12] Figure 1 shows referrals by SHLV project location, and the proportion who were taken on for case management, case coordination or referral only.

Figure 1: Total program referrals for period October 2012 to September 2013[13]



[12] Note that the overall SHLV service figures cited on the previous page include both new clients and those referred previously who continued as clients of SHLV during the study period.

[13] The high number of 'referral only' clients listed for some project locations may be partially explained by variation in procedural routines. One service worker indicated that every call to potential clients from the police list of DV incidents was being entered into the portal. This appears to be an especially detailed record of activity, and while accurate, is a potential source of variation when comparing activity across projects.

Average length of service for clients exited

Average length of service provided by SHLV projects to clients exited during the study period was:

- Case-managed 251 days (~ 8 months)
- Case-coordinated 145 days (~ 5 months)
- All clients 225 days (~ 7 months)

Overall there were 122 case-coordinated and 387 case-managed clients exited from SHLV during the study period, representing 38% of all clients serviced in the 12 month period. For these clients' an average duration of service in the program was calculated based on the time between decision date[14] and exit date. It should be noted that many clients stay with SHLV for considerably longer than these averages. The majority of clients in the study period cohort were continuing with SHLV beyond the end of the study period.

The flexibility of the SHLV program to provide variable length of service to clients, as needed, is one of the strengths of the SHLV model identified by both clients and SHLV workers. Clients who need assistance with Family Court processes or on-going perpetrator violence for example, may typically require support from SHLV for a number of years, given the potentially longer duration of such issues.

[14] Decision date is the date when a person referred to SHLV has been assessed and is either taken on as a new SHLV client or logged as information/referral only, typically a period of 8 to 10 days beyond referral.

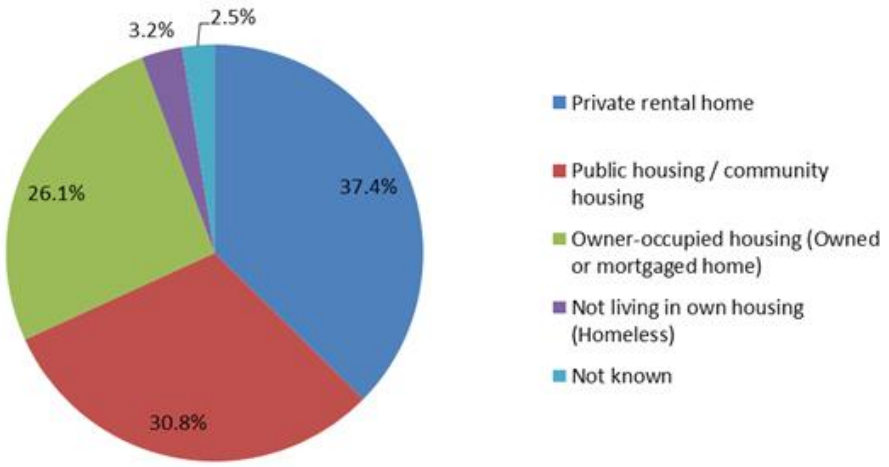
Housing and economic security

A core goal of the SHLV program is to enable women and children to maintain safe and stable accommodation after separation from a violent partner, either in their own home or a new home of their choice. Beyond physical safety upgrades, SHLV workers importantly assist clients who wish to stay in their own homes to navigate the legal and court processes required to put protection and exclusion orders in place to enable women and children to maintain safe and stable accommodation. In addition, SHLV offers a range of supports that can assist clients to maintain control of their finances and make choices to improve the long term financial stability of their families, which is in turn so vital to maintaining stable post-separation housing.

Client housing status at intake

At the time of intake to SHLV workers record the type of housing clients were living in when the domestic or family violence occurred. In the study period there were slightly more case-managed clients living in private rental (36.8%) than public housing (31.5%) or owner-occupied (26.5%) accommodation. A further 3.1% of clients were described as 'not living in their own housing (homeless)'.

Figure 2: Type of housing SHLV clients were in when the domestic or family violence occurred



Client housing status on exit from the service

- Upon exit from the SHLV program just over half of clients surveyed (n=100 were still living in the family home.[15]
- One third of the evaluation client interview cohort (n= 21 clients) were still living in the same home[16].

Just over half of clients surveyed on exit from SHLV were still living in the family home

Safe and stable accommodation of choice

Evaluation findings reveal many reasons why clients may relocate from their homes, both by their own choosing (eg: to make a fresh start) or due to forces beyond their control (eg: ongoing safety concerns or financial stress), however the flexibility of the SHLV model supports women's agency and choice to rehouse their families and obtain safety upgrades for their new abode. Support is provided by SHLV for women who strive to stay in their homes, and it is also provided to assist clients with re-housing and establishing a new, secure residence, where this is the client's preferred option, or where it has become necessary (for whatever reason).

Whether they had remained in the same home or moved to a new residence, clients interviewed by the evaluation team overwhelmingly affirmed that SHLV had enabled them to feel an increased sense of safety at home, providing significant support for their efforts to maintain or regain stable housing for themselves and their children following domestic violence.

Whilst clients described various pressures and forces that can undermine their desire to remain in the family home, staying put, at least in the short term, appears to provide a period of stability that allows time for clients to consider their options and plan transition to alternate accommodation. In instances where clients said they found re-housing to be necessary or their preferred option, SHLV case-workers supported women's decision-making and efforts

[15] Housing status of clients at exit was poorly reported in the performance monitoring portal. We rely instead on responses to the separately administered anonymous client exit survey and information gathered from our interview cohort.

[16] The proportion of interview clients remaining in their home was lower than the average surveyed. It is perhaps to be anticipated that the interview group, who were generally in a higher risk category than average SHLV case-managed clients and were with SHLV over a longer term, might be less likely to remain in the home where the DFV took place over time.

to achieve safe re-housing, providing safety audits and upgrades for clients' new accommodation, as required.

Evaluation findings indicate that SHLV is assisting clients to maintain safe and stable accommodation of their choice following domestic violence in a majority of cases. Of SHLV clients surveyed upon exit the majority of respondents (93.3%) indicated they were now living in safe long-term accommodation, and just over half of surveyed clients (52.5%) had remained living in the same home. Of those no longer living in the same accommodation, the majority (84.7%) said it had been their choice to move.

Client survey response: Are you living in safe long-term accommodation?

Response (N=90)	Response count	Response %
Yes	84	93.3%
No	6	6.7%
Grand Total	**90**	**100.0%**

Client survey response: Are you living in the same home where the domestic and family violence occurred?

Response (N=99)	Response count	Response %
Yes	52	52.5%
No	47	47.5%
Grand Total	**99**	**100.0%**

Client survey response: If you are no longer living in the same home, was it your choice to move?

Response (N=59)	Response count	Response %
Yes	50	84.7%
No	9	15.3%
Grand Total	**59**	**100.0%**

Safer to stay or leave?

Findings of this evaluation were similar to previous research which confirms that harassment, abuse and breaches of protection orders often continue post-separation, whether or not women and children are re-housed or they remained in the same home. In earlier research, Edwards identified that though 'common sense' might suggest a woman

would be at greater risk of post-separation violence if she stays in her own home, 'post-separation violence and abuse occurred regardless of where the woman was living and regardless of whether or not she had remained in her own home' (Edwards 2011: 6). Edwards reported that only one woman in her cohort of 17 SHLV clients had not experienced any form of post-separation abuse, and this client had remained in her own home; meanwhile those who reported feeling least safe were those that had left home or relocated.

Many of the SHLV clients interviewed for this evaluation reported some level of ongoing harassment and breaching of protection orders by ex-partners. Two thirds of clients interviewed (14 of 21) disclosed incidents of post-separation harassment or breaching. Of these women, six had remained living in the same home, while eight had moved to new homes. Thus moving home appeared to be no guarantee of being able to free oneself from future harassment. In this context, SHLV's remit to improve the safety of women and children in a home of their choosing whilst working to support clients' efforts via justice agencies and the courts to hold perpetrators accountable, is providing an appropriate and important option for many people.

Staying at home or relocating

Many factors influence the decision of a woman to stay or re-house herself and her family following violence, however an important aspect of the SHLV model is empowering and facilitating women's agency in making choices about their housing situation post-separation. SHLV importantly assists those clients who decide to stay as well as those who re-locate within the area to improve safety within the client's chosen accommodation option. Where clients have been rehoused or sheltered by extended family members, some SHLV projects have also provided safety audits and upgrades at these properties.

"We've had to relocate a lot of people… quite often financially they can't afford to keep the property"

For some of the SHLV workers, helping to safely re-house and stabilise clients in new accommodation was described as a significant part of the assistance they were able to offer clients. One SHLV worker on the Central Coast estimated that 70% of her time was spent on helping to re-house clients who wanted or needed to move, including via Start Safely and other Housing-supported programs. Where a client wishes to move out of area or interstate, SHLV staff also described their efforts to link her up with other support services in the new area:

"We've had to relocate a lot of people… Quite often financially they can't afford to keep the property if it's a mortgage property or quite often... usually about four or five months down the track - particularly if there's been severe DV and you know holes in the wall or sexual violence... they just say, 'No there's too many memories here, we need to actually start afresh, somewhere where he doesn't know the layout of the property' and that sort of thing. Yeah we've found for some it's just been too unsafe for them to say and we've had to relocate some of these interstate."

SHLV worker focus group discussion

SHLV workers described that whilst some people preferred to move house to escape bad memories associated with the violence in their home, others were keen to hold on to a sense of stability, belonging and support they associated with their existing homes and communities:

"There are women that we've assisted that will say: 'I've got to move, I've got to get out of here.' But (for) the majority of the people we're doing the upgrades and they're looking to stay because they've got kids, the kids are in school, they've got family around here, they don't want to move, they don't feel they should move so we're just coming in and doing our safety stuff and they usually stay."

SHLV worker

The evaluation heard from interviewees that even where police have initially advised a client not to try to stay in her home or community, some clients have been able to gain support and assistance from SHLV to enable them to persist in their choice to remain in their own home or to return to their home community post-separation. For example:

Interviewer: *"And then (after perpetrator was caught and jailed) how important was it to live back in your community?"*

"For me, really strong, not advised by police, yeah, but that's where Staying Home Leaving Violence comes in. I shouldn't have to run from my home. I should be able to live here with my kids, with my family around me and feel safe and it's the whole point of it. Straight away when I was looking for houses, they gave me all the tips like don't look for houses that are all shrubby out the front for people to hide in. They basically gave me a rundown of these things..."

SHLV client

In some regions we heard from SHLV staff about difficulties trying to assist clients to re-house their families after violence, given severe local shortage of public housing but also because of discrimination experienced by clients:

> *"It's got to be said... there's a lot of discrimination from the real estates in this area if you're Indigenous, if you're a single mum and you've got a few kids, they don't want anything to do with you. We've only got one real estate in the town that's helpful out of maybe five."*
>
> SHLV worker

Workers in one region described their challenges in dealing with property managers on behalf of their clients to seek basic maintenance, let alone safety upgrades necessary to ensure women and children can remain in the home:

> *"Some of the worse places we have visited with property managers have been where maybe it's been shared with a perpetrator and obviously a lot of damage has happened.... When we ring up to request assistance with repairs and property maintenance they* [property manager] *often respond by saying, "Well, hang on, what's going on here? I remember after one inspection the property manager asked, "How come there are no doors on this place?" When we explained what was happening they replied "Well, he's already ripped them off three or four times, we're not going to replace them again." And for us it's just like - hang on a second you're supposed to be adhering to the Tenancy Act... But there's a lot of judgment and discrimination in the town so it makes it really hard for people... And we do have a couple of workers in the town really good at liaising with the real estates to get a property and people that will give a SHLV client a go."*
>
> SHLV worker

Measures to enhance safety

Security at clients' homes is enhanced by SHLV via safety upgrades to their residences, safety planning and advice provided to clients, and in some cases by the provision of an SOS personal safety alarm. Those clients who need or choose to move house are provided the same service at their new residence, and in seeking new housing clients told us they had benefited from the knowledge and advice provided by SHLV workers who explained

important safety features to check or look out for in a new place (eg: visibility and situation of the property, level of street lighting).

In some instances, the homes of extended family members, who re-house or shelter women and children after DFV, are also able to be provided security audits and upgrades, when this becomes the client's new place of residence and security upgrades are deemed necessary to maintain her safe and stable accommodation.[17]

Clients spoke about a range of safety upgrades SHLV had made to their homes to increase their safety, including security doors and screens, padlocks to secure electrical boxes, curtains or blinds, sensor lights, trimming shrubs and repairing fences. Two of the most significant safety elements offered to SHLV clients were the installation of security cameras and the issuing of personal SOS alarm devices (for further discussion on impacts of the SOS device see pp100-106).

"They installed CCTV into my home and this allowed me to have peace of mind that if he came back I would have proof and appropriate action could be taken"

CCTV security cameras were identified as having the dual benefit of providing both a sense of security for clients, who were able to see the outside their property, as well as providing vital evidence for police to be able to prove a breach had been made, where such evidence had previously been lacking and clients had felt powerless to have perpetrators charged:

> *"They installed CCTV into my home and this allowed me to have peace of mind that if he came back I would have proof and appropriate action could be taken. No 'he said, she said' scenario."*
>
> SHLV client

Clients emphasised the additional importance of practical safety planning carried out with their SHLV case-worker, who gave them ideas about how to stay safe and what to do in different scenarios, as well as providing a range of other advice and tips that greatly enhanced clients' feelings of safety at home.

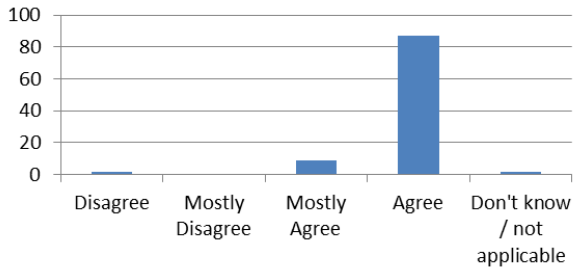
[17] Conversation with project manager SHLV, 3/11/14.

Feeling safe at home

A key finding of the evaluation is that SHLV clients report greatly improved feelings of safety in their homes as a direct result of their time with the SHLV service. The majority of SHLV clients surveyed at exit (n=100) indicated their feelings of safety at home had improved by the time they exited the program (87%), and most indicated they felt their children were also safer as a result of SHLV (83%).

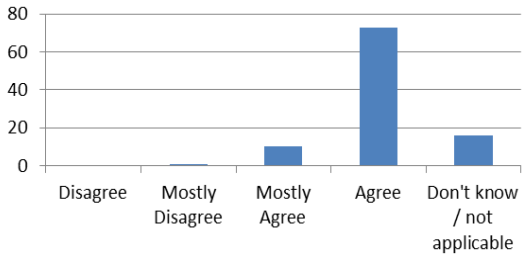
Client survey response: 'Because of the service I feel safer in my home'

Response (N=100)	Response count	Response %
Disagree	2	2.0%
Mostly Disagree	0	0.0%
Mostly Agree	9	9.0%
Agree	87	87.0%
Don't know / not applicable	2	2.0%
Blank	0	0.0%
Grand Total	**100**	**100.0%**



Client survey response: 'Because of the service I feel my children are safer'

Response (N=100)	Response count	Response %
Disagree	0	0.0%
Mostly Disagree	1	1.0%
Mostly Agree	10	10.0%
Agree	73	73.0%
Don't know / not applicable	16	16.0%
Blank	0	0.0%
Grand Total	**100**	**100.0%**



Housing status of clients we interviewed

While just over half of clients surveyed at exit from SHLV (n=100) indicated they were living in the same home, only a third of SHLV clients interviewed (n=21) for the evaluation had been able to maintain residence in the same home. It is important to note that the interview cohort included a greater proportion of high risk clients, as we had prioritized speaking to clients with an SOS device, and these clients had also been with SHLV for longer than average service length. This may partly explain why a larger proportion of interviewed clients had relocated from their original home.

Among interviewed clients there was a correlation between the type of housing clients had originally been in, and whether or not they had been able to remain living in the same home. Amongst the interview cohort of 21 clients, only those who had previously been home owners/mortgagees or public/community housing tenants managed to maintain residence in the same home. All privately renting clients had moved house.

Of 21 clients interviewed by the evaluation:

- **4 of 8 clients living in their own/mortgaged home had been able to stay**
- **3 of 5 clients in public/community housing had been able to stay**
- **0 of 8 clients renting privately had been able to stay in the same home**

Interviewees who had moved home provided reasons for leaving that included safety, financial stress and the outcome of Family Court settlement (needing to sell the house). In a number of cases SHLV workers and clients described coming up against recalcitrant real estate agents and landlords unwilling to permit necessary safety upgrades that would have enabled the women and their children to remain safely in their rented home post-separation.

Of the 14 clients in our interview cohort who had to be re-housed:

- **10 clients were now in new private rentals, including 4 with Start Safely**
- **4 clients had been newly accommodated in public housing**

Regardless of the reason for relocation, those interviewees who did re-house their families described being well supported by SHLV in their efforts to obtain new safe and stable accommodation. That four of the ten clients in new private rentals were supported by Start Safely reinforces other evidence from SHLV workers about the importance of this option in assisting many clients to get a foothold into the private rental market being an important step towards securing safe and stable housing long term after DFV.

Impact of financial stress on housing stability

Over the longer term, whether or not women and children are able to maintain stability in their accommodation may be influenced more by financial struggles than security or safety issues (McFerran 2007: 20; Braaf and Barrett Meyering 2011).

A particular concern for many clients was being able to meet mortgage repayments or sustain private rental payments over the long term on a reduced family income that was typically reduced to a single income. One client assisted by Start Safely in meeting her private rental payments expressed concern about what to do once her Start Safely period ran out:

> *"In November this year, my (Start Safely) support stops and then I have to go back to paying full rent, which, at the moment - if I'm not better off financially - I will not be able to live there."*
>
> Interviewer: *"And are you working together (with your SHLV worker) to work out what you can do once the support stops, the rent support?"*
>
> *"Yeah. I also go through Burnside as well and they work with (SHLV worker) and they're getting a financial planner to come in... to be able to help me realise that I can afford to do it, I just have to cut back on certain things and turn more things off to save power and eliminate my bills and things like that. No joke, it's amazing how much I've learned, how much help there is out there. It's quite amazing."*
>
> SHLV Client

That this client's SHLV worker was continuing to assist her to strategise and manage her finances towards this eventuality reinforces the importance of SHLV not being a time-limited service, able to provide support and advice to clients over a long period of time, to help clients maintain housing and financial stability for their families well beyond the immediate crisis of escaping a violent relationship.

Overall, our findings confirm what Australian research has previously identified (McFerran 2007: 20), that despite financial strains of continuing to meet accommodation expenses, remaining in the family home was nevertheless considered by many women a better option, even if only as an interim measure, providing time to consider their choices for a planned transition to the next accommodation choice.

Assisting clients to maintain control of their finances

Offering referral to formal financial planning counseling services or providing direct financial advice and support were identified as two ways that SHLV case-workers provide this key form of support to clients. However there appeared to be considerable variation in demand and up-take on this type of support across the different SHLV projects, located in different geographical areas, drawing clientele from diverse socio-economic circumstances.

For those women who had identified managing their own finances as a goal, case-workers identified that 83% had either partially or fully achieved their goal to manage their own finances, while 17% had not.[18]

In some cases women were described as having been so affected by financial abuse that they had never previously had any control over money nor paid bills. SHLV workers indicated that these women could require intensive help to learn how to budget and manage tasks such as registering the car or making payments on bills.

That SHLV workers sometimes refer clients to financial planners or organise in-house financial advice sessions for them with their auspice agencies was seen as valuable by a number of clients interviewed. Beyond this, SHLV workers indicated various other types of assistance they provided, such as writing support letters or assisting clients to contact utility providers, Centrelink, banks and other lenders to seek clemency or deferral of loan repayments on the grounds of DFV, particularly where debts have been principally raised by the perpetrator.

Support to build economic capacity in other ways, such as via study, skill training or seeking employment, was also mentioned as a valuable part of the support package offered by the SHLV program, available when case workers remained in touch with clients over a longer period of time, as these issues are not usually able to be considered until well after the immediate DFV crisis period has passed and legal processes are resolved.

[18] In the portal there were 52 clients for which this question was answered by case-managers at exit. Of these there were 35 clients for whom managing finances was a goal and 29 of those were considered to have achieved or partially achieved the goal.

Recommendations

- **Conduct research to determine good practice strategies that will assist SHLV clients across all housing tenures to enhance their longer-term financial security, which is a key component of ongoing housing stability and clients' overall wellbeing.**
- **Research feasible alternative support, including housing options, which would assist perpetrators to find alternative accommodation, thereby enabling women and their children to remain in the home, and without reducing existing service provision to victims.**
- **Investigate how the Tenancy Act, or other relevant legislation, can be amended to ensure that real estate agents and landlords are not unreasonably blocking the installation of safety upgrades necessary to protect an individual experiencing domestic violence.**

Safety and Wellbeing

An important line of inquiry for the evaluation was whether the SHLV service is able to increase clients' capacity to make choices which enhance their safety and wellbeing. Qualitative feedback from both clients and SHLV workers gave a strong indication that the program is working well to achieve this outcome. The SHLV service offers a diverse range of supports which combine to enhance clients' awareness of their own legal and human rights in the immediate aftermath of a DFV crisis or post-separation, and in the longer term, help clients to become aware of the range of options and personal choices available which may enhance their future safety and wellbeing.

"Without this service I would not be where I am today… I probably would have surrendered to the DV and still be dealing with it on a day to day basis"

Helping clients to become aware of the choices available to them was described as vitally important in the context of the trauma and disempowerment many women may have experienced as a result of living in an abusive and controlling relationship. A clear finding of the research is that assistance from SHLV not only alerts clients to choices available, but support from case-workers can help build clients' confidence and capacity to make decisions and choices about their own and their children's future.

Perhaps the most significant choice made by each and every SHLV client has been the woman's decision to separate from a violent partner. Both clients and workers strongly emphasised the importance of regular contact between SHLV case-workers and clients as empowering clients to remain strong in their resolve to stay separated from a violent partner:

> *"Without this service I would not be where I am today. (The SHLV workers) helped me so much. Without them I probably would have surrendered to the DV and still be dealing with it on a day to day basis."*
>
> SHLV Client

Both clients and case-workers described the extraordinary impacts domestic and family violence can have on women's lives, to the extent that individuals may lack the confidence to seek help and make choices to enhance their safety:

> *"It was like I was living from one hour to the next. I mean I didn't even have the guts to ring the police, I was too afraid to ring the police. So (SHLV) helped me have the strength to do that and go to the police and they kept encouraging me that you know, you have the right to be safe, he has no right to do this to you, so they educated me about my rights for my personal safety and the right to ring the police and be protected."*
>
> SHLV Client

Case-workers described the importance of their role to provide practical support to clients, 'walking alongside' to encourage and help clients make choices and then carry out the many administrative tasks and procedures involved in securing housing, financial assistance or proceeding with court processes:

> *"The level of support, I have found, is empowering for the women when you assist them to do that… you're photocopying their ID and their different bits and pieces… you're there to support them while they're filling out the application. So you're not actually doing it for them but you're assisting them along the way. Sometimes they've come from such traumatic situations that they just don't have the headspace and they're just so lost and so overwhelmed that they often can't do it on their own."*
>
> SHLV worker

Asked how SHLV helps to increase clients' capacity to make choices that enhance their safety and wellbeing, case-workers involved in one of the evaluation focus groups replied:

> *"That is really the core of the SHLV project.*
>
> *I think education and knowledge is the driving force for all of that - what DV is, about their rights as human beings as well as women, and that they do have the right to make a choice about their future."*
>
> SHLV worker focus group

Groups run by SHLV service providers (typically as part of broader auspice programming) were emphasised by both SHLV workers and clients as an extremely important mechanism to increase understanding and knowledge about DFV, its impacts on individuals, families and especially children, while simultaneously providing positive social support for participants/clients. The evaluation heard that running groups was labour intensive and not

something that was not specifically funded nor included as part of the SHLV program model, but that it should ideally be resourced as an additional component of the program. Some SHLV managers we spoke to advised they would like to hire an additional staff member as part of the SHLV program to enable them to organise and run groups to enhance their work with SHLV clients. Currently only some SHLV projects are able to refer or invite their clients to attend groups, where these are offered by their auspice or another organization in the locality.

In terms of legal and court processes, SHLV case-workers emphasised their role in enhancing clients' knowledge, to enable choice and informed decision-making:

> *"Being informed about the systems they're going to have to be involved in, and what choices they have around that, so they don't get railroaded at court by solicitors or others. They don't even know that there **are** choices out there."*
>
> SHLV staff focus group

In addition to helping clients understand court and legal processes, SHLV workers identified a further role they play in helping women to find strength and 'peace' around court outcomes that may otherwise seem bitterly disappointing:

> *"We've had women go to court for AVO breaches and they may or may not be acknowledged. And even if it was acknowledged nothing would happen. And so she would often feel let down and that he won and she lost. But if you reframe that into "You're now standing up and telling him that it's not ok, and he knows you're going to do that now, you're actually winning." And she gets a lot of strength from that… He's now been held accountable outside the realms of his house.*
>
> *I guess that's a lot of the work that we do with women, it's about helping them feel ok, having some peace with some of those outcomes. You've done everything in your power to make him accountable.*
>
> *And at the end of the day he knows and she knows. So it does shift the power.*
>
> *It doesn't always matter what the outcome is. It's about reframing it so (clients) can feel that they've taken their power back."*
>
> SHLV staff focus group

Beyond the period of immediate crisis and court proceedings, SHLV workers identified their role in enabling women to consider other types of choices for their lives going forward:

> *"In the immediate term well everything's a crisis, but this is why being able to work with people for that length of time - we can get to that stage where we can say 'Well now you can go and do a Tafe course', and that's going to empower them even more. Or it might just be a social that's run by Burnside, you know, a self-esteem group."*
>
> SHLV worker focus group

In summary, the evaluation heard that SHLV case-worker support for client choices is being delivered across 3 main areas, in the following ways:

1. ***Empowering women with knowledge about domestic violence, its impacts and the recovery processes, via:***
    - one-on-one case-work with clients to support their decision to separate, and maintaining regular contact to help clients remain strong outside of the abusive relationship
    - referring/inviting clients to support groups, where available, to build self-esteem and raise awareness of the impacts of DFV on clients and children
    - referring women and children for professional counseling
2. ***Helping women to understand and navigate legal and court processes, by:***
    - helping clients to understand evidentiary processes and encouraging them to record details of DFV incidents as vital evidence needed in court
    - making contact with Police (DVLOs) on client's behalf to find out more information and understand where legal processes are up to
    - building client confidence to seek help from authorities as needed
    - attending court to support clients as needed (eg: where WDVCAS is unable to provide an intensive level of support client may need), including Family Court
    - referring clients for legal assistance
3. ***Supporting and encouraging women to make empowered personal choices as they move forward away from violence over a longer period of time:***
    - helping clients to embark on study or pursue work options, such as via referral to study or careers advisors
    - supporting/inviting clients to attend social and other activities to enhance wellbeing

- **At exit from the service, 1 in 3 clients were reported by case-workers to be working, while 1 in 8 clients were studying***
- **Of those clients for whom it was a stated goal, 94% felt more able to find or keep a job because of the service**
- **Of those clients for whom it was a stated goal, 98 % felt more able to start or keep studying because of the service**

Source: *Portal data and SHLV Client exit survey

Measuring the wellbeing of SHLV clients

The evaluation measured and quantified changes in the wellbeing of SHLV clients that may have come about because of their engagement with the service. The evaluation team measured changes in client wellbeing via the implementation of the Outcome Rating Scale or ORS (Miller et al. 2003) which is a simple, internationally validated clinical tool assessing individual's self-reported wellbeing across four dimensions:

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

The ORS tool was administered by trained SHLV workers with clients at service entry and exit, and at regular intervals in between, at the workers' discretion (every 3 months or after a critical incident was recommended). A total of 420 ORS scores were obtained from 269 clients in the study period between October 2012 and September 2013, via service providers at the 22 SHLV project locations. This sample included women and children from a range of demographic groups, housing types and importantly included women with a disability and women from Aboriginal and Torres Strait Islander or CALD backgrounds.

Wellbeing scores of SHLV clients nearly doubled during their involvement with the service new clients

The average wellbeing score of clients when they exited the service was significantly and substantially higher than the average wellbeing of clients commencing the service.

- Analysis of ORS data demonstrate that the wellbeing of SHLV clients nearly doubled during their involvement with the service.
- Moreover, improvement in client wellbeing exceeded the clinical cut-off of 25 (the boundary between 'clinical' and 'normal' levels of distress; Miller et al, 2003).

Whilst unable to determine whether such increases in wellbeing were solely due to client engagement with the SHLV service, qualitative evidence confirmed a strong association made by clients between the provision of SHLV service and improvements in their perceptions of wellbeing over time.

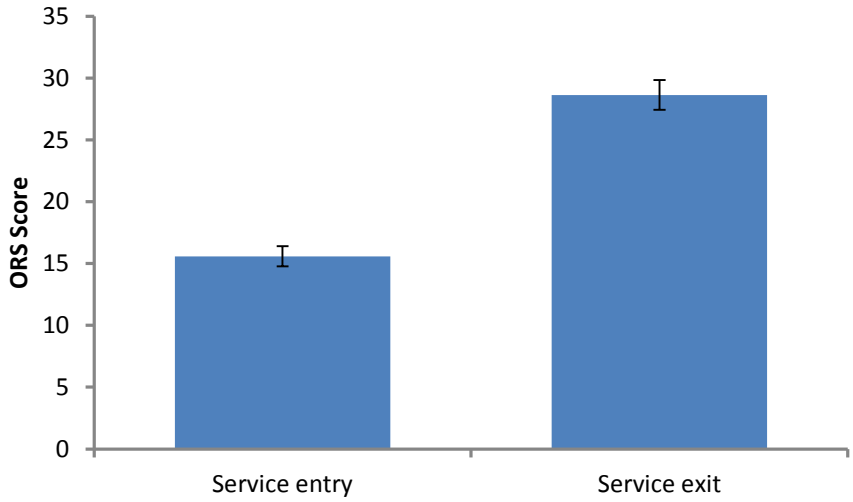
Summary of ORS wellbeing scale analysis and qualitative findings*

* For methodology and full ORS wellbeing analysis, see Appendix 3

Is client wellbeing improved at SHLV service exit, compared with service entry?

The average wellbeing score of clients when they exited the service was 28.63 ± 7.75 (mean ± sd), which was significantly and substantially higher than the average wellbeing of clients commencing the service which was 15.58 ± 9.43 (Figure 3). In other words, the wellbeing of clients **nearly doubled** during their involvement with the service. Moreover, the improvement in client wellbeing also exceeded the clinical cut-off of 25 (the boundary between 'clinical' and 'normal' levels of distress; Miller et al 2003). [19]

Figure 3: ORS score at service entry and exit. Bars are means with standard errors.



[19] While the ORS is not a diagnostic tool per se, clinical cut-off score represents the boundary or dividing line between individuals assessed as clinical (ie: in psychological distress within the clinical range) and those who are judged to be in the non-clinical or 'normal' range.
*

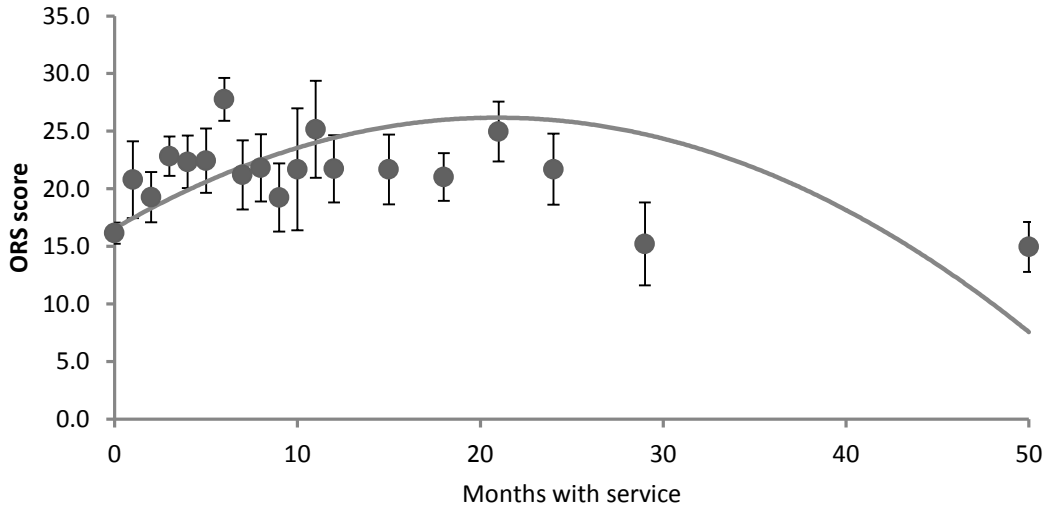
Although we cannot determine whether the increase in perceived wellbeing among clients was caused solely by their engagement with a SHLV service, the select comments made by clients on the ORS forms at the point of exit seem to attribute changes primarily to the ongoing SHLV services received, including appropriate referral to other services:

> *"[I have been] linked up with medical treatment for depression. House and area moved to much happier. Exercised AVO rights - AT PEACE with the three children that perpetrator is locked up"*
>
> *"SHLV helped me ….ADVO obtained + (Family Law) started. Feeling much safer"*
>
> *"I had a good outcome at court and they have left me alone. The camera that was installed for a few months gave me a great sense of security"*
>
> SHLV client comments on ORS forms

How does client wellbeing change with time spent with service?

Client wellbeing showed a curved relationship with time spent in the SHLV program. Initially, wellbeing increased but after 21 months with the service, wellbeing began to plateau and then decline (Figure 4).

Figure 4: Change in ORS score with time spent with service. Points show means; bars show standard errors; line is predicted from model.



It is important to note that the time points at which ORS was measured were highly skewed with the most common time point being at 0 months (i.e. service commencement). Therefore, care should be taken in interpreting these results due to the low number of measures obtained from clients who had spent a long time with the service (some as long as 50 months). Nevertheless, it may be that service periods longer than 21 months are associated with clients experiencing ongoing perpetrator violence and harassment; new concerns and/or ongoing interactions with the criminal justice system; as well as lengthy and stressful Family Court matters. For example, some of the clients who had been with a service for longer than 80 weeks made comments on their ORS forms such as:

> *"Feeling depressed + anxiety is high. In another DV relationship"*
>
> *"Feeling down at present due to ongoing & new issues"*
>
> *"Family court orders aren't working. Kids are blaming me for the separation"*
>
> SHLV client comments on ORS forms

Thus these clients may experience a poorer state of wellbeing than other clients whose situations have stabilised allowing their exit from the SHLV Program. Nevertheless, taken together these results are consistent with the prediction that the SHLV program enhances client wellbeing. However, further work is needed to understand fully why periods exceeding 21 months with the service were associated with a poorer state of wellbeing.

How does wellbeing vary with client-specific attributes?

In general, variation in the attributes of clients was not associated with significant variation in their wellbeing (Table 3). The exception was that clients with a disability had a lower sense of wellbeing than those without. In addition, clients who identified as Aboriginal and Torres Strait Islander showed a non-significant trend towards experiencing a lower sense of wellbeing than clients who did not identify as Aboriginal and Torres Strait Islander.

Table 3: ORS score by client-specific attribute

	Client features	Mean ORS score ± sd	Sample size (ORS measures)
Client type	Case-coordinated	21.66 ± 9.81	41
	Case-managed	19.53 ± 9.84	278
Housing	Own	20.22 ± 9.45	81
	Private rental/Public housing	19.75 ± 10.15	226
	Homeless	18.11 ± 6.64	12
Children	With children	20.24 ± 9.96	261
	Without children	17.87 ± 9.16	58
Background	ATSI	16.14 ± 8.10	26
	Non-ATSI	20.13 ± 9.94	293
	LOTE[20]	19.79 ± 10.05	102
	Non-LOTE	19.81 ± 9.78	217
	Disability	15.49 ± 9.06	46
	No Disability	20.53 ± 9.81	273
SOS alert device	Issued	21.70 ± 9.50	291
	Not issued	19.62 ± 9.88	28

In general, variation in attributes of the clients was not associated with significant variation in their wellbeing, other than for clients with a disability, who had a lower sense of wellbeing than those without. In addition, clients who identified as Aboriginal or Torres Strait Islander showed a non-significant trend towards experiencing lower sense of wellbeing than clients who did not identify as Indigenous.

While this analysis did not detect significant differences in average wellbeing across most of the client groups detailed in Table 3, it should be noted that the number of measures within many of the categories is relatively low, which reduces the likelihood that data analyses will be able to detect all statistically significant differences. Though it may have been adequate to detect large, or even medium, effects of client attributes on wellbeing, the sample size is unlikely to be sufficient to reveal small effects where present.

The average wellbeing scores of clients issued (or not) with an SOS alert device are presented in (Table 4) and it is important to underline again the small sample size of clients issued with an SOS device and completing ORS questionnaires. However, we cannot rule out the devices having an effect, large or otherwise, with confidence because to do so would

[20] Language other than English spoken at home (LOTE)

require the data to be collected using an experimental randomised control design. On the contrary, the fact that many clients commented on the enhanced security measures, instigated as part of SHLV, as being a key factor in their feelings of safety suggests that the SOS devices do contribute to clients' positive perceptions of their own safety and enhanced wellbeing:

> *"The device and help from SHLV has helped me very much in my feeling of being more safe which is why "Individually" is much higher than 5 months ago before SHLV device + help. Also it has helped me improve in the interpersonal + social areas because I'm not as stressed or diverted."*
>
> SHLV client comment on ORS form

Further discussion of the analysis of SOS client questionnaire is provided later in this report, at pages 100-106.

Portal data on exclusion orders and ADVOs were only available for a very small sample of clients who completed ORS Wellbeing questionnaires (26/51 measures from 15/33 clients, respectively), precluding any statistical analysis. However, summary statistics are provided in Table 4 below.

Table 4: ORS scores by court order/justice outcome

		Mean ORS score ± sd	Sample size (ORS measures)
Exclusion order	Sought	26.99 ± 8.33	7
	Not sought	21.68 ± 11.84	19
Exclusion order	Breached	22.04 ± 9.23	11
	Not breached	20.59 ± 10.09	14
ADVO	Obtained	21.75 ± 10.04	35
	Not obtained	13.80 ± 2.55	3[21]

[21] All three of these measures were from the same client.

Wellbeing of children

There were significantly more child than adult clients involved with the SHLV program, with a total of 1324 adult to 2,129 child clients. Though some SHLV clients did not have children, the average number of children recorded per SHLV client in the study period was 1.6. A substantially higher number of children were recorded for case managed clients 1.9 children per client compared to an average for case coordinated clients of 1.1 children.

Over half the children surveyed (14/24; 58%) had wellbeing scores that were below the clinical cut-off of 25, indicating they were experiencing clinical levels of distress. The small number of children sampled meant we were unable to analyze whether the SHLV program enhanced children's feelings of wellbeing and safety.

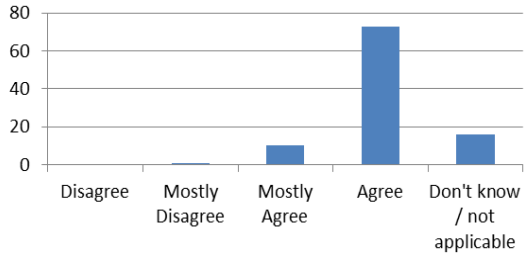
However, comments from adult clients on the ORS survey suggested in some cases that their children felt happier and more secure as a consequence of SHLV:

> *"Happier because I moved to a new house and children are more settled. Counselling helping the kids to be more stable."*
>
> *"Kids are doing well as the new AVO has been granted. I'm half and half atm just happy the kids are happy and thankful I have [SHLV worker] to contact when I need to."*
>
> SHLV client comments on ORS forms

While the exit data on the portal is not sufficiently robust to make comment on children's wellbeing, select responses from the Client Survey provide support for children being more settled:

Client survey response: 'Because of the service I feel my children are safer'

Response (N=100)	Response count	Response %
Disagree	0	0.0%
Mostly Disagree	1	1.0%
Mostly Agree	10	10.0%
Agree	73	73.0%
Don't know / not applicable	16	16.0%
Blank	0	0.0%
Grand Total	**100**	**100.0%**



83% of clients felt that their children were safer because of the SHLV service

Client's perceptions of their children being settled when at school or in childcare as indicated in the Client Exit Survey may be an indicator that children are experiencing greater wellbeing.

Particular assistance provided to children of SHLV clients

Many clients made particular mention of the assistance SHLV had provided or offered to their children, from referrals and organising counseling for them to having direct supportive contact with children. Other types of support included writing letters, inviting clients to bring children to playgroups, organising childcare for them, contacting schools on clients' behalf, and in one case helping to re-enroll children in a new school. A number of clients spoke of the usefulness of groups and courses run by their SHLV auspice which included a focus on parenting after DFV and helped them to recognise and consider the significant potential impacts on children and their subsequent support needs. A number of clients expressed their great gratitude for the care and support extended to their children by SHLV case workers:

> *"They took my hand and walked me through everything, every step of the way, and first got us in to counseling so that my children could get counseling, because they were so severely abused, and supported us through everything... You know, they're not letting the kids fall through the cracks either, they're really working to empower us, and I can't say it enough..."*
>
> SHLV Client

All but one of the clients in our interview cohort had children. Of these: three had 1 child, ten had 2 to 3 children, and seven clients had 4 to 5 children. Several clients with larger families emphasised the difficulties they encountered, including discrimination from real estate agents, when trying to rehouse their large families in the private rental market. Clients described both the complexities they faced but also stressed how important the flexibility of types of support SHLV had been able to provide to them and their children during this process:

"It was very helpful. I owe a lot to those girls. They helped me through a lot of dark times and helped support me through trying to find my house and then I lost my job and it was really quite a very difficult time also because of that. Having four children, it's a bit like having 10 dogs and trying to find a rented property. They were just always (there), they'd call and make sure that I was okay and touch base with me, if there's anything I needed help with. If they couldn't source it they'd be able to put me in contact with someone that could and they were very instrumental in the early days, very instrumental in the early days of me getting out and getting my life back together."

SHLV Client

An SHLV client with 5 children, who was also heavily pregnant, said she had relied for some time on very regular contact with her SHLV case worker, often daily, and that this had particularly been the case in the lead up to her imminent house move. The client described receiving extensive help from her case worker to organise everything from housing applications to the logistics of moving house, including booking and securing funds for removalists. Other clients spoke of SHLV workers providing toys and hampers for children at Christmas, helping them identify assistance options (eg: Centrelink/vouchers from charities) and helping women locate affordable places to shop for family needs.

Recommendations

- **Continue to collect data which can contribute to evidence about the program, including implementation of the ORS wellbeing tool, to measure client wellbeing and to continue to demonstrate the effectiveness of the program.**
- **Consider the types of services which may be provided for children under the SHLV program, as well as consistency of service delivery for children across different SHLV projects, given the large number of children recorded in the portal who are SHLV clients. This will also require consideration of appropriate resourcing.**
- **Increase resourcing for group work within the SHLV program, which this evaluation identified as a crucial service element that not all service providers are currently able to provide.**

Program model

Unique features of the SHLV model include its:

- **flexibility**, providing a flexible suite of support options, also flexible in delivery style, with intensity of service and length also flexible
- **client-centred** case-management approach
- **integrated response** to DFV drawing on partnerships via MOUs with other agencies
- **accessibility**, including women on mortgages, a group excluded by other asset/income tested programs
- **longevity**, being a non-time limited program

Unique combination of elements within SHLV model

Women leaving a violent relationship have differing and complex needs potentially spanning a number of different service sectors. SHLV provides a service for women that is housing focused but not housing constrained or limited to a narrow band of housing activities. SHLV prioritizes safety, resourced by security brokerage and has an equally strong focus on criminal justice responses and partnerships. SHLV provides a client-centered suite of supports and responses coordinated or managed within the overarching SHLV program.

Flexibility

SHLV offers a flexible suite of support options and can also vary delivery style, in particular the intensity of services offered and length of service. Flexibility is assisted by the various partnerships via MOUs with a range of local agencies.

Flexibility is one of the major strengths of the SHLV model, with case-workers able to offer a diverse suite of supports across emotional, financial, legal and other areas. Type of support and length of support period are variable and flexible to suit client needs and their personal choices about what they wish to focus on:

"Good they are flexible in the way they help. Each woman may ask for something different. Perhaps I ask for safety in my house, other people ask for money, other people for training, my impression was they are flexible about the help they gave. In the refuge when I asked for legal advice they just gave me a number to call. But a woman who has experienced DV needs support continuously. I know now I can go to SHLV if I need help and they will do something about it."

CALD SHLV client

Demonstrated inclusiveness

The SHLV model has demonstrated inclusiveness of CALD, Aboriginal and Torres Strait Islander, and women living with disabilities – all of whom may have additional reasons to want to remain in the home, due to home modifications and support needs. In addition to supporting women on mortgages, a group previously excluded from DFV service.

No assets/income test

The fact that SHLV does not impose an asset or income test means that the program provides a response to a hitherto excluded cohort of women who own their own home or have mortgages. These women previously may have lost their homes and ended up in financially insecure situations unable to access assistance. The conundrum for this particular cohort of women being Specialist Homelessness Service options and other supports (such as charitable assistance) may only become available for such clients once they have become financially insecure. However the SHLV model is flexible enough to support these women to try to maintain their homes at least in the short term, so that they don't necessarily fall into severe financial stress before being able to access appropriate assistance. This may be considered an early intervention approach which has potential to enable greater long term financial security for women and children, reducing the likelihood that they will need to rely on various forms of government assistance over the longer term.

Compared with the option of having to flee the family home at short notice (and frequently into specialist homelessness services), remaining in the family home or being supported to move to a home of their choice, allows for enhanced financial security in the short and longer term, with less disruptions to women and their children.

Longevity

The capacity of SHLV workers to provide support over indefinite periods of time for some women is a distinctive service offering and acknowledges the on-going stress and harassment that some women face post-separation. In particular the financial burden and interaction with the perpetrator that occurs when women are involved in family court has the capacity to increase a woman's stress and financial insecurity over lengthy periods of time – both of which can jeopardize housing.

"(Longevity is) what makes our services so effective… if you're talking about a 3 month snippet (offered by most DFV services) – it's the tip of the iceberg"

SHLV workers described to the evaluation the value of the SHLV model's ability to provide intensive tailored support to clients as needed over extended periods of time in certain cases. The level of contact and support SHLV is able to provide to high-need clients was frequently described by clients to their case-workers as the one element that enabled them to remain living free from a violent partner. Reflecting on longevity of the service model, caseworkers reported:

"That's what makes our services so effective. That's the difference. Because if you're talking about a 3 month snippet (offered by most DFV services)– it's the tip of the iceberg - by the time you've closed it, she's gone back to him.

I'm thinking of this one woman that we've had many discussions with about our belief that if she hadn't been working with us then she would have gone back because it'd been her whole life, it was long term, it was from when she was 15 years, and before that her family of origin was all DV so it was just normal. If she hadn't been working with us i think it would have been easier for her to go back to it."

SHLV staff focus group

Client case study (described by SHLV case-worker)

With this particular client, the amount of years she'd been out there, had dealings with police, Community Services... nobody had ever helped her, explained anything to her. She was a very well educated woman. She ran quite a successful business before this man, so it was quite a jump from there to living in a cave and living in a tent. So just being able to step her through some of the processes, letting her know what was going on, giving her power back, and staying there for the journey – because it took quite a few interventions.

She'd been in DV with her children for close to 17 years, severe DV... it'd been long, long term. How the kids have turned out as well as they have I don't know. She'd given up on police, police had given up on her. She was never going to trust anyone again...

But after intensive work with her, she's now back in her own home, she's in the workforce, the second child's just finishing HSC this year...the family stable for first time in 20 years. They've all received counseling. It was one of those cases where just about every police officer knew her.... So it's taken a long time but I'd say 3 years down the track she's finally free of him altogether.

Recommendations

- **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.**
- **That the SHLV program model continues 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.**

Brokerage

Brokerage was consistently acknowledged by SHLV staff and clients as a fundamental program element, enabling safety upgrades to clients' homes to take place. The evaluation heard however that there is no consistency in the amount of entitlement to brokerage offered to each client across the service system, with each SHLV service provider allocating their own per client brokerage amount, ranging from $400 to $1500. Whilst some clients may not in fact need to access brokerage for safety upgrades (where their home is assessed as secure enough, for example), others may have high need for upgrades. This variation in client need can be managed at the service level however it may be useful for a minimum brokerage entitlement amount per client to be assigned for consistency of application. Moreover, allocating an amount of brokerage per client would allow funders to include a brokerage amount in funding agreements making this provision a more transparent SHLV program element.

The amount of brokerage available to carry out essential safety upgrades was identified by some SHLV service providers as insufficient, particularly in rural areas where the costs associated with having security doors or locks fitted and installed were reported to be considerably higher than in urban areas. In addition, the evaluation data suggests that the types of safety and security elements required to be supported by brokerage can vary considerably depending on client circumstances and other factors such as geographical remoteness of a client's home. For example, clients living in more rural and remote settings may be more isolated and therefore have greater need to ensure they have mobile access or that their car is registered so that they can escape if need be.

The evaluation interviews and focus groups reported that while SHLV workers were resourceful in their use of brokerage money to enable the maximum security and safety benefit to be extracted from investment, there were times when brokerage funding simply couldn't cover all the elements identified as needed. This was particularly noted in those instances where experienced police risk assessors accompanied SHLV workers to do a safety audit and identified numerous areas of risk. In such instances, difficult decisions sometimes had to be made about which elements to install and which to exclude.

Recommendations

- **Increase the level of funding for brokerage, and broaden the scope of expenditure permitted with brokerage funds, to include additional responses that enhance client safety such as payment of a telephone bill (to ensure ongoing access to a working telephone); car registration if in a remote area; or payment for removalists where clients are forced, or choose, to re-house.**

Resourcing

It has already been noted that during the 12 month study period the SHLV program provided a service to a greater number of clients than required by the minimum service levels, with an average of 40 case-managed clients (service minimum being 30), in addition to 20 case-coordinated clients, and an average of 39 additional 'referral only' clients seen.

This section of the Report presents on the three types of SHLV service provision, reported by SHLV service providers in the online portal, and considers whether these levels suggest a change in the level of resourcing provided to better SHLV projects to manage client load.

Servicing needs of different clients

In order to record and monitor project level activity, SHLV workers make three different types of entries in the portal: case-managed, case-coordinated and referral only clients. The evaluation found some inconsistency in workers' definitions of these categories and hence the reporting of actions taken with clients and referrals, however in general the data indicate:

Case-managed clients usually receive the most intensive assistance from SHLV. An SHLV worker is assigned as each client's primary case-manager to collaboratively plan, coordinate, refer and support client needs and goals. Evaluation findings indicate a significant variation in the extent of support and length of service provided to individual clients, depending upon their circumstances, needs and assessed risk.

Case-coordinated clients also receive a broad range of targeted service components from SHLV, including risk assessments, home safety upgrades and other supports. These clients typically already have a case manager located in another service or agency. SHLV workers collaborate with this external caseworker to jointly support client needs. Evaluation findings indicate that time spent servicing case-coordinated clients varied significantly depending on

each client's circumstances, needs, and support received from partner agencies. Depending on the nature of the external case-management and level of DFV risk, SHLV time spent with these clients could also be considerable.

Referral only service is provided to those people who are referred to SHLV but not taken on as case managed or case coordinated clients. It typically involves SHLV providing individuals with information or referral to another service. It was noted that there was considerable variation in the amount of time such processes could take, dependent in part on the availability of local services and their capacity to take on new clients. There was also considerable variation in the way these service episodes were being reported by workers in the portal. The SHLV referral only service therefore is under-reported. Given this, and alongside the substantial number of referral only clients, the evaluation team considers it is important to capture referral only activity as an additional level of work provided by SHLV workers.

In the study period there were 863 referral only, service episodes recorded. Workers recorded reasons the referral did not proceed to be taken on as a SHLV client, including:

- person was ineligible (eg: under 18, out of area etc; 31.2%)
- no capacity for the service to take them on as a client (22.8%)
- person did not choose to engage with the service (10.2%)
- person unable to be contacted (31.5%)

These findings suggest there may be a need to increase resourcing of SHLV projects, in order to reduce the number of people being turned away by the service, as will be discussed below.

Reported capacity gap

As already reported earlier most SHLV services in the study period were found to be taking on many more clients than the stipulated service minimums of 30 per 12 month period, case-managing an average of 40 clients in addition to an average of 20 case-coordinated clients . This number of clients is 33% higher than service minimum level for the period. In addition, a number of services indicated that at times they felt compelled to take on clients out of area when the client was at particular risk and there was no SHLV project available to provide service in the client's local area.

Nevertheless, SHLV projects reported that of the total of 1532 referrals made into the SHLV program during the study period, a total of 863 were unable to be taken on as clients. Lack of capacity in the service to take them on was provided as the reason for around one in eight (13.3%) referrals not being accepted as new clients. This finding from portal data reinforces what was reported by workers in focus groups and interviews - that a number of the SHLV projects had extremely busy periods when wait lists became necessary, whilst other services who decided not to use wait lists, were triaging clients and working hard to refer people on to other local services that might be able to help them.

Lack of capacity was the reason for around one in eight referrals (13.3%) not being accepted as new clients

"Books are closed to referrals often. Workers will often try their best to accommodate some women's needs despite this. Workers are seconded to court roster but other commitments mean that they are not always able to fulfill their fortnightly obligation."

Local WDVCAS, SHLV project partner

"The partnership would benefit more if both our organisations had the capacity to work with more clients. Very difficult given the high demand for our services."

Women's services organization, SHLV project partner

"Great project, open, available and transparent with sound outcomes. Would be great if funded for 2 FT positions and more brokerage as it makes the difference once women feel safe in their homes."

Women's refuge, SHLV project partner

It is noted that 20% increases in resourcing have accompanied recent increases in service minimums from 30 to 40 case-managed clients per annum per project[22], as preliminary to anticipated increases in demand for SHLV as a result of the DFV Reform rollout. This increase does not however take account of the existing gaps between service capacity and demand.

[22] Email communication with G Hidalgo, Community Services, 1 October 2014.

Recommendations

- **Increase resourcing to cover current levels of unmet demand for the SHLV service identified in this evaluation and in anticipation of increased future demand as a result of the DFV reforms.**
- **Decisions about resourcing of the SHLV program should take into account the intensive work that is required in managing many case coordinated clients. Case coordination may involve significant work by the SHLV service, even if case management is handled by a different organisation.**
- **Consider how to ensure greater consistency in workers' portal recording of actions taken with case-managed and case-coordinated clients.**
- **Consider how to ensure the portal captures work done by SHLV staff with 'referral only' clients.**
- **Consider how to streamline reporting requirements for SHLV workers, given the recent increase in SHLV minimum service level; the anticipated increase in referrals to SHLV with the implementation of the DFV reforms; inconsistent levels of portal data entry identified by this evaluation; and additional separate reporting required by SHLV auspice agencies.**

Accessibility

Overall the SHLV service appears to be reaching client sub-groups identified by Community Services as priority sub-populations (NSW Government 2011: 6-7). Analysis of portal data from the study period enabled the evaluation team to assess the level of reach into Indigenous and CALD sub-groups, women living with disabilities and SHLV clients who are carers of children with disabilities, as well as clients from remote and disadvantaged communities. Clients from different population groups were represented in all types of data collection indicating that the SHLV Program is accessed by all family types – including agreed client sub-groups.

Aboriginal and Torres Strait Islander

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.

Overall 12.5% of case-managed SHLV clients identified as Aboriginal or Torres Strait Islander. There was some variation between the projects, as would be expected by variation in the demographics of localities. Moree, Dubbo, Kempsey and Shoalhaven had the highest percentage of clients identifying as Aboriginal or Torres Strait Islander.

Culturally and linguistically diverse

A total of 20.8% of SHLV clients were born overseas. 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.

Three quarters of SHLV clients in the study period were born in Australia (74%), with around a fifth born overseas (20.8%).

Case study CALD client

Lizzy* is an African refugee with 3 children, the youngest child being from her marriage to the DV perpetrator. Lizzy found that when she ended her relationship, members from her community and leaders from her church that she attended for many years, supported her husband and wouldn't acknowledge the significant DV that she and 2 older children had experienced from her former partner. Lizzy also experienced a lack of understanding from male Police Officers when she tried to report incidents of DV. Therefore, SHLV have provided Lizzy with on-going advocacy with Police and government departments such as Housing NSW and Immigration as her ex-partner is on a spousal visa. SHLV has also assisted Lizzy to locate a new local church to meet her spiritual needs. SHLV has supported Lizzy with applications to Victims Services for herself and her two older children. Victims Services has approved for Lizzy to have permanent security cameras installed on her property and has provided her with funding to continue physiotherapy treatment for her back injuries sustained from physical violence. There have been significant cultural barriers for Lizzy to overcome, but she is now connected well with her local community and is feeling more safe and secure after the security upgrades were done and security cameras installed.

*a pseudonym is used to protect client's identity

Disability

While not all disabilities may be disclosed by clients or are obvious to SHLV workers and therefore may not be recorded, portal data indicates that just over 17% of case-managed clients in the study period identified as living with a disability and 10.5% of clients are caregivers to a child with a disability.

In the original SHLV research in 2004, the issue of a child's disability contributing to the need to stay in the family home was explored. The nature of the child's disabilities had required modifications to the family home and it was located next to the child's special school and close to specialist medical care required for the child. For this woman, staying in the family home was the only option to properly maintain care of her child. Moreover, because of the need for special schooling and medical attention, the woman felt that the perpetrator would always be able to find her and her child and so leaving the family home would not help her escape further violence.

A total of 17.2% of case-managed SHLV clients live with a disability: 17.2% and 10.5% of case-managed clients were caregivers to a child with a disability

Remoteness and disadvantage

Based on the Accessibility/Remoteness Index of Australia (ARIA) just over 80% of SHLV clients in the study period lived in accessible or highly accessible locations, with 10.2% in moderately accessible locations and 1.2% living in remote or very remote locations. It is important to note that the majority of SHLV services are not located in rural remote areas.

The majority of SHLV clients in the study period live in accessible or highly accessible locations, with only 10.2% in moderately accessible locations and 1.2% living in remote or very remote locations.

Almost 60% of case-managed clients were assessed by their SHLV workers to be affected by socio-economic disadvantage.

44% of case-managed clients in the study were assessed by SHLV workers as being affected by social exclusion in the study period.

There was variation across SHLV project locations as to the proportion of clients from each priority sub-group who were accessing the service, as would be expected given differing

demographics. For example locations with higher Indigenous populations generally attracted a greater proportion of Indigenous clientele, however there were some exceptions where services indicated via qualitative fieldwork that they had struggled to reach certain sub-groups and were puzzled about the reasons certain groups were not coming on board as clients.

Further research with client sub-groups would be required to identify possible reasons why clients might be reluctant to be taken on by certain services. On the whole however, the evaluation found that services which employed multi-lingual staff, in areas with higher CALD populations, were attracting and servicing larger numbers of CALD clients. Similarly services that employed Indigenous staff, in areas with larger Indigenous populations, also generally attract a larger number of Indigenous clients than services without Indigenous staff. The evaluation agreed to provide additional comment on our exploration of factors which contributed to difficulty in establishing an SHLV project in one remote NSW location.

Difficulty establishing an SHLV project in a remote NSW town

The evaluation team interviewed staff in one remote north-western NSW town, where an Aboriginal Medical Service had been awarded the tender to establish an SHLV project but found it was unable to do so. In the informant's view it was not the absence of other DV services in town* but rather recruitment of a SHLV worker was the main 'stumbling block' to setting up an SHLV project in this locality. The issues perceived to affect recruitment included:

- On-going security and safety concerns for workers

The difficulty of attracting a senior social worker into the role from outside the community without offering accommodation and other inducements to the incumbent.

Therefore greater funding was identified as core to setting up an SHLV service in a rural remote location such as this. Additional funding could address recruitment concerns by:

Enabling provision of a safe car and house for the recruited SHLV staff member.

Recruiting a second person into the SHLV team for professional support and to manage client numbers, however a second staff member would also need secure housing with 'all bells and whistles, alarms and the like'.

In this particular location, given safety concerns, the informant recommended that Police might be the most appropriate location for an SHLV project, where workers could be afforded better safety, including because they would socialize with other police and be better situated within a safety network, important in a small rural remote town.

Recommendations

- **Expand the SHLV program to provide consistent coverage across NSW so that every LGA has a SHLV service.**
- **Consider specific strategies to achieve program coverage in rural and remote areas where demand and implementation challenges exist (in areas of high DFV incidence).**

Auspice models

A unique feature of the SHLV model already discussed in this report is its flexibility. This feature allows the SHLV Program to be offered as an adjunct to a range of different auspice models. The evaluation has identified three main types of auspice models through which the SHLV program is currently being delivered across the state:

1. Larger government-funded NGOs, with the facility to offer wrap around referrals within or into their own auspice. This may for example reduce waitlists and increase the ability of SHLV clients to receive emotional or financial counselling, participate in group work or be offered support for children and teenagers - all offered by the auspice agency. SHLV staff in larger auspice organizations may have access to professional development opportunities, clinical supervision/consultation and other support that may not be available to people working in smaller auspice organisations.

2. Smaller local NGOs who may be more likely to be under-resourced and less likely to have wrap around services to value add clients' experiences, provide training, professional development and back up for staff (during illness or vacation periods). On the other hand, these organizations may be the only local organization available to host an SHLV project, and SHLV may be a good match with the other activities or focus areas of the service (such as a women's health centre).

3. Government agencies (Housing/Police) who are key MOU partners in SHLV: The evaluation learned that this model may provide unrivaled access to information and decision-making that is enormously beneficial to negotiating the support needs of SHLV clients. The evaluation also heard that locating SHLV within these agencies had the potential to bring about cultural change within those agencies, such as agency staff becoming more knowledgeable about DFV and therefore inclined to understand why SHLV client needs may have to be prioritised. On the other hand,

there was an identified potential risk that some SHLV clients might feel less comfortable approaching or regularly visiting the police station to seek assistance from SHLV than they would from an NGO auspice. However interview data demonstrate that the service in question has been addressing this particular issue by meeting clients away at nearby offices and coffee shops.

The evaluation also found that SHLV may be a very useful adjunct to other types of service offered, for example, Family Support Services which are focused on safety and efficacy of the family: this is a setting where clientele attending for play groups or parenting courses may also feel comfortable to disclose DFV. Moreover, Family Support Services have particular expertise in working with children – an area identified by the evaluation team as requiring more thought and attention. The evaluation heard from one Family Support Service who said that having the dedicated SHLV model now embedded in their auspice had allowed the service to increase their focus and expertise in addressing this particular presenting issue with clients. Other types of auspices that could include highly useful co-located service offerings included: legal, health and women & children's services. Workers and clients also suggested that in some instances a non DFV identified type of auspice (including but not limited to Family Support Services) could be considered a 'good cover' by clients who were worried about confidentiality, such as those living in a small community where a perpetrator might find out or be told about their help seeking.

Varied auspice arrangements for SHLV projects may be considered an advantage in that they allow for a targeted response to different local circumstances and therefore client needs

It is clear that not all SHLV auspice services have the same level of experienced staff and resourcing available to them. Larger auspices might be able to provide greater duty of care, capacity to provide professional development and back up from the auspice agency however they may also take a greater share of funding towards administration/management costs, than smaller organizations. Alternatively, varied auspice arrangements for SHLV projects may be considered an advantage in that they allow for a targeted response to different local circumstances and therefore client needs which can also be highly variable depending on location and demographics.

Recommendations

- **Consider the level of resourcing able to be provided by the proposed auspice organisation when funding new services (eg. wrap around services, infrastructure and capital support, training/professional development, other support needs).**
- **Consider additional support that may be required by smaller auspice organisations to ensure adequate staffing, infrastructure, professional development including supervision/ consultation for SHLV staff.**

Partnerships

The SHLV model is an integrated and effective partnership response to the needs of women and children escaping DFV. This section of the Report presents evaluation findings on the effectiveness of local partnerships and the ways in which integrated practices are being achieved.

Each SHLV service provider develops key partnerships with a number of local agencies, signing MOUs with each local partner to guide how they will work together in supporting SHLV clients. In addition, each SHLV service provider is required to set up a local steering committee, which ideally meets regularly (for example monthly or bimonthly) attended by representatives of key partners, to guide development of each SHLV local project and enable ongoing collaborative work between the partners.

Qualitative feedback identifies there is variation in how successful SHLV services report their local steering committees have been in terms of achieving regular attendance by partners, and consequently how well relationships with partners functioned to support the needs of SHLV clients.

Common feedback from SHLV project staff and managers was that in instances where larger agencies assigned a dedicated officer as the key contact for SHLV, this became a very important working relationship that immediately improved the speed of communication, sharing of information, and the level of cooperation able to be achieved in servicing client needs quickly, as needed.

A number of SHLV services also indicated that the absence of a dedicated DVLO from the Police for any period of time (eg: where the role is not filled for a particular period of time) could be highly problematic as this is role was almost universally perceived to provide a key and important contact between Police and the local SHLV project.

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.

The importance of other partners in each local area was also emphasized as important for SHLV clients, for example women's refuges /shelters, Family Support Services, other NGOs and charities, including Brighter Futures teams. Partners reported that they and the SHLV projects regularly refer to one another, as well as conferring to assist clients and ensure speedy action could be taken to upgrade homes and provide for immediate and longer term safety, offer and assist access to court/legal support, accommodation, emotional and other needs.

Feedback provided about SHLV projects from their local partners via the partner survey submitted to FACS was mostly very positive:

> *"Memorandum of Understanding with SHLV and our organization: Our organisation works in partnership with SHLV in facilitating programs to clients in common. As well, SHLV utilise our premises weekly to access clients in the local area (this arrangement is on a needs basis and an arrangement our organisation has offered to SHLV)."*
>
> Family Support Service, SHLV partner

> *"Fantastic staff & service delivery to clients. The staff are so friendly and approachable. One of the most knowledgeable services in relation to DV in the area. An absolute pleasure to be associated with."*
>
> DVLO (DV liaison officer), local area command

> *"This partnership is relatively new in our area however, has been very incredibly helpful and the staff are wonderful. I could not speak more highly of the SHLV program."*
>
> DVLO, local area command

> *"Extremely important partnership assisting us to provide support and safety for our DV victims."*
>
> DVLO, local area command

> *"Our partnership with SHLV is valued and they are considered an integral member of the Coordination Group for the Central Coast Homeless Family Brokerage Project. The relationship building through the Project's partnerships has produced high levels of commitment and contribution through shared goals and joint dialogue. The Brokerage collaborative model has brought together the people with the necessary range of expertise and backgrounds like the SHLV team to support the various target groups and achieve positive outcomes for clients referred to the Project."*
>
> Women's refuge, SHLV partner

Many partner services suggested that the training role of SHLV facilitated better relationships with local partners as the workers from partner agencies became more aware of DFV and the role of SHLV in keeping women and children safe. It was reported that training sessions with Police, Housing, Centrelink and other partner agency staff could lead to immediate increases in referrals being made into the program:

> *"We reported last year on the difficulties we had been experiencing with Housing NSW to obtain safety upgrades. We decided to do targeted education to Housing NSW managers and frontline workers about DV and the SHLV program. The feedback from Housing was overwhelmingly positive, building greater understanding of our role and how we can work together to support women and children. We are delighted that this has resulted in substantial improved communication: we have standing approval to go ahead with a number of safety upgrades to premises without having to seek prior approval. This has allowed us to make changes far more promptly to improve women and children's safety."*
>
> SHLV project feedback data in portal

However the training brief and development of local partnerships can be lost as a core responsibility of SHLV workers given the primary focus of service specifications is on client work. Moreover, turnover of SHLV and partner staff means that the work is on-going and so needs to be seen as a permanent, rather than one-off, responsibility for SHLV workers.

Referral to external agencies

The level of referrals made to SHLV by other agencies and local services is an indication of the effectiveness of local partnerships and conversely, referrals made by SHLV service providers to other partners also provides evidence of the strength of local partners. As already discussed, workers frequently assisted people referred to the SHLV service with

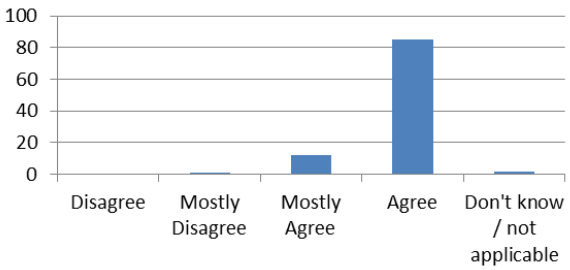
information and referrals to other services. The portal records indicate at least 419 assisted referrals (beyond providing a phone number or information) to other services within the study period, with the largest number recorded as being referred for legal advice and representation.

Qualitative data collected by the evaluation confirmed that assisted referrals between SHLV and other services, including government and non-government agencies, are an important element of the partnership approach integral to the SHLV service delivery model.

Responses to the client exit survey (n=100) confirmed the importance of referrals to other services being provided to SHLV clients, with 85% of clients agreeing that SHLV had assisted them to find out about other services, and 55% saying they had started using another service since attending SHLV.

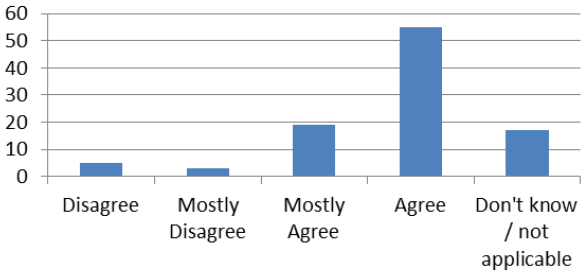
Client survey response: 'The service has helped me find out about other services to help me and/or my family'

Response (N=100)	Response count	Response %
Disagree	0	0.0%
Mostly Disagree	1	1.0%
Mostly Agree	12	12.0%
Agree	85	85.0%
Don't know / not applicable	2	2.0%
Blank	0	0.0%
Grand Total	**100**	**100.0%**



Client survey response: 'Since attending the service I have started using another service to help me and/or my family'

Response (N=100)	Response count	Response %
Disagree	5	5.0%
Mostly Disagree	3	3.0%
Mostly Agree	19	19.0%
Agree	55	55.0%
Don't know / not applicable	17	17.0%
Blank	1	1.0%
Grand Total	**100**	**100.0%**



Recommendations

- **Continue to focus on the educative/training function of SHLV workers, in particular promoting the program within partner organisations to familiarise their staff with the SHLV program and its offerings, thereby encouraging appropriate referrals and collaboration.**
- **Encourage 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.**
- **Decisions about resourcing should systematically account for other work required of SHLV services/workers including time taken to develop and maintain professional partnerships, triage referral clients and provide information and education to project partners and the wider community.**

Justice

Exclusion orders

SHLV workers expressed frustration over inconsistencies in policing and legal systems in terms of the application of ADVO and exclusion order applications across different locations. In one region workers were deeply concerned about the reluctance of some magistrates to 'exclude a man from his castle', without commensurate consideration being given to the needs of women and children to remain safely housed too. The ability to secure an exclusion order was deemed by most SHLV workers to be essential to their work (including the safety of workers themselves) to support and enable women and children to remain safely in the home, however due to inconsistencies and judicial discretion on the part of magistrates, there was never a guarantee that courts would grant this:

> *"There are too many factors. There's why the police in (this local area) are different to the police in (the next locality)? Why is the magistrate here different to the magistrate in (the next region)? There are so many factors that are influencing ... It's supposed to be an across-the-board thing and it's supposed to be the police responding... AVO gets taken out, an exclusion order and all this sort of stuff, but it's not necessarily happening."*
>
> SHLV worker at focus group

Workers felt that achieving a protection order was too often determined by the particular perspective of the magistrate that happened to hear each case, combined with factors like the varied capacity of police to carry out the vital role of recording statements and documenting evidence, to ensure evidence was sufficient for consideration in court.

Whether or not clients were able to use the 'right language' to disclose their experiences of DFV in court, was yet another factor identified that could potentially jeopardise the successful granting of an exclusion order. Workers suggested that where SHLV clients minimise the violent perpetrator's behaviour, don't disclose enough or are too traumatised or fearful to clearly describe their experiences in detail, there is greater risk a protection order not being granted. Both SHLV workers and clients explained in interviews and focus groups the critical role SHLV workers play in educating and empowering clients to understand more about DFV and its impacts, identifying elements and cycles of violent behaviour, recognising their human right to be free of it, and supporting them to take necessary steps to get there.

Most importantly the practical and emotional support provided by SHLV to assist clients to understand and navigate legal and judiciary systems and processes was consistently identified by research participants as vital to getting legal protections in place for women and their children. Dealing with these processes could be extremely daunting for traumatised clients, for whom the moral support provided by SHLV was described as making the difference between whether or not they would feel able to turn up in court and have the strength to go through with proceedings:

> *"(SHLV worker) advocated for me, like sometimes when I couldn't talk or was too emotional, she would be there to help … take me to the police station, talk to the police, and have them realise where I'm coming from and stuff like that. Yeah, she was just always there to support me with everything that I had to do with police or solicitors..."*
>
> *"I was always too scared to take it to the courts and put it through the courts but now I feel I don't have an option but I also feel that I'm ready for it... (SHLV) will come to court with me. They will help me – any appointments that I need them to come with, they'll come with me. They'll go to court with me. They will support me 100% through the legal process."*
>
> SHLV Clients

In summary, whilst the ability to achieve exclusion and protection orders was described by SHLV workers as highly variable, the support of SHLV is clearly invaluable to help clients manage and cope with the associated legal processes. Given there are no guarantees clients will be able to obtain a protection order with exclusions, many (but not all) SHLV services said they have dispensed with the original program prerequisite that clients need to hold an exclusion order to be eligible to join the program.

Relationships with police

SHLV was described as playing an important role in helping clients to be less fearful and understand the legal processes better, as well as encouraging them to be aware of limitations police may be operating within. SHLV workers described their role in improving relations between clients and police, as reassuring clients they should trust and rely on police in a time of crisis, even if they have been put off by bad experiences in the past. SHLV workers also frequently described advocating on behalf of the client with police, especially DVLOs and ACLOs, to find out more information about breaches or charges pending, and to support the women to better enable them to communicate as needed with police in relation to making statements and providing evidence.

At times SHLV workers expressed frustration about inconsistent policing of ADVO breaches, arguing a need for more in-depth police training to ensure a broader understanding and commitment to dealing with incidents of domestic violence:

> *"My understanding is that it's still two days training at Goulburn that they get which is just the most extraordinary thing. You wouldn't believe it if you were told that from other countries, just a few days specialist training to go out and do your work... Well, we need to do something about increasing the depth and duration of police training if we're going to ever do anything about domestic violence."*
>
> SHLV worker

A service requirement for SHLV is that workers engage in training and promotion of the program with both partner organisations and elsewhere in the community. While this was generally considered to be an excellent strategy to build the understanding of officers in local partner organisations about DFV and what SHLV offers, encouraging them to refer clients into the program and to work collaboratively with case-workers in future, there were also signs that there was still a long way to go in terms of embedding awareness of the program within partner organisations and to ensure vital cooperation of partners in protecting vulnerable women and children remaining in their homes.

The evaluation did however receive strong indications that the SHLV program is having a positive effect on relations between clients and police. This may particularly be the case where clients have been in long-term DFV relationships, or cycled in and out of the violent relationship to the frustration of police efforts to assist them or intervene:

> *"… breaking down police attitudes to some clients, because there are women that have left 8 or 9 times and they've gone back and they've continually called out (police) and they think well 'why will we bother'. If (SHLV) can get involved and support them and show the police they're actually doing the right thing, then the police actually turn around and think 'ok this is working'.*
>
> *And again, working with the client too, to say that 'From the police perspective, you've left 9 times' – so it's about liaising between both in some sense."*
>
> SHLV staff focus group discussion

Recommendations

- **Better inform magistrates, based on current evidence, about behaviours and relational patterns which constitute domestic and family violence, and their impacts on victims, to assist magistrates to consider all relevant circumstances when deciding on applications for ADVOs, particularly those involving non-physical abuse.**
- **Better inform magistrates, based on current evidence, about increased risks of women's financial insecurity after leaving a violent relationship, and the link between financial insecurity and homelessness, when considering whether to grant an exclusion order that would prioritise the safety and housing needs of victims and their children over those of the perpetrator.**
- **Provide significantly greater training to NSW Police, including a structured method for imparting ongoing professional development on the dynamics of DFV and how the traumatic effects may affect the way in which a woman presents to Police.**
- **Review portal data collection to ensure better capture of data relating to justice outcomes for clients, in particular data about ADVOs and exclusion orders, breaches and SOS device use need to be captured more consistently in the portal.**

SOS alarm device

The SOS Response System, or what is anecdotally referred to as an 'SOS Alarm'is a new security element offered to SHLV clients assessed as being at high risk of further violence or potential lethality. The SOS Alarm is a device that is a combination of a duress alarm and mobile phone with GPS tracking. The system intends to enable high risk clients to move about the community with increased confidence that assistance can be provided very quickly from police if they are harassed by their ex-partner.

71 SHLV clients were issued with an SOS device during the 12 month study period[23]

A total of 185 SHLV clients were issued with an SOS device between June 2012 and September 2014 (the first 2 years and 3 months of the program).

There are now 98 SOS alarm devices distributed across the 22 SHLV projects.

The SOS Alarm System was initially offered as a trial via a limited number of SHLV projects in June 2012, and was then expanded to include all SHLV projects in January 2014. As a consequence of all projects (and potentially all high risk clients) having access to alarms, it was not possible to implement scales and measures with an appropriate control group of clients who did not receive alarms. Instead, we were limited to using a simple pre- and post-test design in which SOS clients completed the survey before and after receiving their SOS alarm. Therefore, we cannot attribute any effects found in our analyses to the SOS alarm alone; nor can we rule out the possibility the changes seen in SOS clients were simply a consequence of time passing.

The evaluation considered two questions relating to the effectiveness of the SOS alarm device, its influence on client feelings of safety and on perpetrator behavior. An overview of findings* is provided below**.**

* See Appendix 4 for full report on SOS findings, including evaluation methodology and limitations.

[23] SOS data was not gathered by the Performance Monitoring portal, and therefore needed to be laboriously mapped by the evaluation team via spreadsheet responses from individual projects. It is recommended that the issuing of SOS devices to clients be recorded in the portal in future, along with data about its use for call outs or breaches, to enable better tracking and analysis of use of the device relative to client outcomes.

1. 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?

This evaluation question was addressed both quantitatively, via application of pre- and post-service hope and fear scales with SHLV clients issued an SOS alarm device, as well as qualitatively, via interviews with SHLV clients who have held the SOS alarm device and their case-workers.

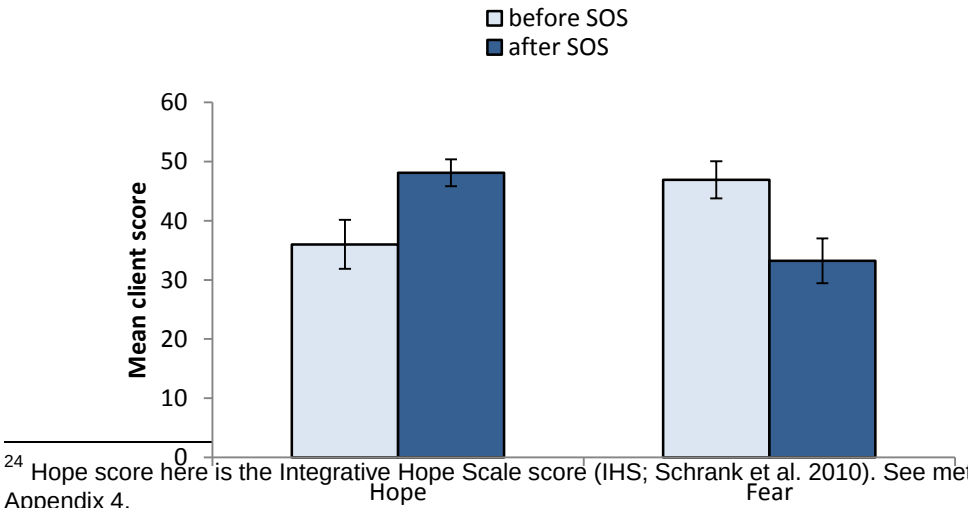
The overall finding was that the issuing of an SOS alarm device made a significant difference to SHLV client feelings of safety, with increased hope and decreased fear reported by clients who had held the device for a period of up to three months.

SOS evaluation findings: hope and fear scales

The analysis detected substantial changes in feeling of hope and fear in clients assigned SOS devices during their engagement with SHLV.

As shown in Figure 5, clients showed a **significant increase in hope** after having been issued their alert device. The increase in hope was substantial, with the average client hope score[24] being 36.00 ± 12.42 (mean ± sd) before receiving the device and 48.11 ± 6.79 after having the device for approximately 3 months. Clients also showed **a concurrent decrease in their feelings of fear**. The average fear score[25] was 46.89 ± 9.43 before receiving the device which dropped to 33.22 ± 11.31 after being issued the device.

Figure 5: Changes in client feelings of hope and fear before and after receiving an SOS alert device. Bars show means and standard errors.



[24] Hope score here is the Integrative Hope Scale score (IHS; Schrank et al. 2010). See methodology section in Appendix 4.

[25] Fear score here is the Trauma Appraisal Questionnaire score (TAQ; DePrince et al., 2010), see methodology section in Appendix 4.

Responses from clients and workers

Qualitative responses from SHLV clients and workers also strongly suggest that the devices enhanced client feelings of safety. Police personnel similarly indicated that the SOS alarm devices contributed to client wellbeing and enhanced clients' feelings of their own safety.

When asked whether they would say the SOS alarm device had changed their feeling of safety, there was a strong affirmative response from clients:

> *"Yeah, definitely. Like a couple of days before he got out [of jail], like I was really shaky and didn't want to sleep or anything like that, I was terrified basically but having that alarm, it changed a lot, like that little alarm made me feel so much better. I was able to sleep knowing that it's there."*
>
> *"Yeah, I feel relief… Everywhere I go it's with me, even night time. You know... not just for me, it's for my kids too. They know this alarm... my children they feel safe with this one. Everybody [in the family], they know about this as well."*
>
> *"When I'd be out I wasn't - I didn't feel like I was protected [despite having an AVO]... but just knowing – and not that I used it either – but just knowing that I had something with me... if anything did happen I'd have that with me and that made me feel safe."*
>
> *"Definitely. The cameras and the SOS device have been the two things standalone that have made me not just feel safe... I mean the SOS makes me feel very safe wherever I am, knowing that I can update that. People know where – police, Central Monitoring - will know where I am if I hit that button."*
>
> *"Yeah it did, it definitely helped me. Every day. I wouldn't put the garbage bin out without having it with me, I wouldn't go to the toilet without – I had it next to me bed everywhere I went. I had it in the car, you know, if I got out of the car, I'd press the button before I'd get out of the car to see if he was around, and then I would go into the shop... You know, because he used to follow me around, everywhere I went he was there, he was ten metres behind me everywhere I went, you know..."*
>
> SHLV clients

It is noted that the SOS was one of a suite of elements implemented by the SHLV program that, when combined, can make clients assessed as being at high risk of danger or serious violence, feel safer. However, most clients did seem to attribute feeling safer to be as a direct result of being issued the device.

When SHLV workers were asked about their perceptions of the impact of the SOS alarm device on clients, most workers reported that the alarm significantly reduced fear and anxiety in many clients. Workers reported their observations of the SOS alarm device freed clients to resume activities and do things they hadn't felt confident to do previously. For example, one client reported to her case-worker that she now felt safe to visit her mother for the first time in years, whilst other clients said they felt more confident just carrying out regular tasks outside the home such as dropping off children to school or shopping.

Asked whether the SOS improved client feelings of safety, SHLV workers reported:

> *"Absolutely. It's the state of mind of the person holding it"*
>
> *"Clients I've given them to have been really relieved, very happy to have them, very receptive, very grateful."*
>
> *"...the first one we gave it to, just her anxiety level could reduce, just kind of knowing there was a backup, you know. The final assault had actually included her child, which I think surprised her, and knowing that she could maybe get help faster if he came at that kind of level again. "*
>
> SHLV workers at focus group

One worker also described a situation where the SOS alarm device was issued as a last resort to assist a client at risk, whose landlord would not allow any safety upgrades to be made to the property she was renting:

> *"They wouldn't let her do (any changes to the property) so we gave her an SOS device because we thought at least she's got that, if we can't give her the physical upgrades, we can at least give that device."*
>
> SHLV worker at focus group

While most workers interviewed observed a reduction in anxiety and fear among SOS alarm device users, most stressed that it was important clients issued with the device were capable

of managing and using the device. There were a few reported cases where trying to manage the device appeared to cause heightened anxiety in clients who were already highly anxious (Central Coast focus group), and where false alarms or functional issues with the device seemed to make some clients feel even more anxious or '*quite spooked',* in the words of one worker participant:

> *"(A client) and her teenage daughter both had (SOS alarms) at one stage ... probably had theirs a few more months, but there was always some sort of drama with it, and I think she's a highly anxious person anyway, but yeah it just wasn't a suitable option for her."*
>
> SHLV worker at focus group

2. Do police report the SOS Response System acts as a deterrent to any further breaches of ADVOs and further incidents of serious harm to clients?

The 2011 Auditor-General's Performance Report on responding to domestic and family violence identified high levels of repeat victimisation and perpetration of violence in New South Wales, finding that the state 'does not deal with repeat violence effectively' (NSW Auditor-General 2011: 27-28). Despite NSW Police targets to reduce repeat assaults within a two year period that achieved a reduction from 19.9% in 2006 to 16.8% in 2010, repeat domestic and family violence levels remained high, indicating that the current approach was still failing to break cycles of violence.

One aspect of the SHLV program response that has bearing on NSW Police targets to reduce DFV repeat offending, has been the SOS alarm which a number of Police DVLO informants to the evaluation praised as 'having potential' to deter perpetrators of violence from breaching ADVOs or perpetrating further violence, where these perpetrators were *made aware* of the existence of the device.

Nevertheless, the evaluation heard from a number of clients and case workers that clients were not revealing to perpetrators that they had the device. From the alarm monitoring company Central

Of 185 clients issued with a device to date, there have been 21 police dispatches (14 genuine, 7 false alarms), and charges laid against 3 perpetrators

Monitoring Services, we also heard that in its training procedure the company recommends the decision whether or not to inform perpetrators is one for clients and their case-workers to make on a case by case basis.

Police dispatch data

Keeping in mind the high severity of risk assessed in those clients assigned an SOS device, the overall number of police callouts to clients using the device during the first 2 years and 2 months[26] of the program was low. Of 185 clients issued with a device to date, there have been 21 police dispatches[27] (14 genuine, 7 false alarms). As a result of these dispatches Police Link confirmed that charges had been laid against 3 perpetrators. Of the total number of 21 dispatches, only two clients had more than one call out.

This may indicate some drop off in repeated breaches; however, without a control group or other evidence to support that conclusion, it is not possible to say whether there was in fact a reduction in the number anticipated breaches or incidents of harm as a result of the SOS response alarm. Also it is worth considering whether repeat police call-outs should be the agreed measure of SOS device effectiveness. Increased policing (meaning greater call outs) could mean increased police responsiveness to client safety. Not all perpetrators are deterred from re-offending by police call outs, but women's own sense of personal safety may be enhanced by police rapid response.

Responses from police and workers:

On canvassing opinions from Police participants as to their perceptions of the effects of the SOS alarm system, and in particular, whether the SOS alarm appears to be a deterrent to repeat offenders, responses indicate that 'there is potential for this to occur'. This perception stands in contradiction to SHLV worker comment that it may be be counter-productive to inform perpetrators of the existence of the alarm, which in order for the alarm to act as a deterrent, would need to happen.

Further qualitative data from SHLV workers suggests that rather than being considered a deterrent or a 'preventive' measure, many clients and workers consider the SOS alarm

[26] Analysis of findings presented here are not limited to the 12 months of the evaluation study period that was the focus of other quantitative data analysis for the evaluation. Though we were able to ascertain that 71 clients held an alarm during the study period, no survey data was collected with those clients during the study period because this aspect of inquiry was added by Family and Community Services at a later date. In lieu of data that matches our study period, we have decided to report on the extent of results provided by CMS and Police Link for the entire period of SOS alarm device service, since its inception in June 2012 which provides a broader picture of the overall numbers of dispatches relative to client device users.

[27] Note that Police Link provided a somewhat higher number of calls from CMS for SOS clients over the period, however we have ascertained that there are occasions when multiple calls are made from CMS to the dedicated police line about the same event, including calls made to cancel a request for assistance.

device to be a last resort to be used only in an emergency. One SHLV officer described telling clients the SOS alarm device is a 'trick up your sleeve' that is a tool for emergencies, rather than a preventer or deterrent to the perpetrator. Another SHLV worker described an arrest as a result of the SOS alarm device, involving the client in question having the SOS alarm device concealed in her bra and depressing the button while the perpetrator was arguing with her at the front door. Police arrived to his surprise, he was arrested, locked up and bail refused.

So even where the perpetrator is not aware of the existence of a device, there may be other ways in which the SOS alarm could act as a deterrent to repeated breaches and further incidents of harm to clients, including where a police call out leads to a perpetrator being arrested and charged; even where an arrest or charge has not ensued, perpetrators may still be deterred from further breaches if a first breach receives a swift and reliable police response as a result of the SOS device being used.

Recommendations

- **Continue to resource the SOS alarm program as part of the SHLV suite of safety elements, noting that the device is an effective tool for improving the safety of high risk clients. The device increases feelings of safety and enables women to regain confidence to go about their lives and leave the home with greater security.**
- **Consider extending access to the SOS safety device to allow an increased number of SOS devices to be made available by SHLV projects, given reports of high demand for device use.**
- **Issue staff with their own SOS alarm device, where needed or requested, to improve SHLV worker safety, particularly for those working in rural and remote areas.**
- **Evaluate the SOS alarm system further, to provide better data capture over time with a greater number of clients, and link this data to client wellbeing data collected through the outcome rating scale to further understand how clients' fear and hope contribute to their overall wellbeing.**
- **Undertake further research to ascertain whether, and under what circumstances, the SOS alarm may reduce repeat abuse of the same client and the role policing plays in any reduction.**

Impact of the DFV Reforms on SHLV

The DFV Reforms being introduced in NSW from late 2014 are designed to streamline referral pathways and enable information sharing between government and non-government agencies and services responding to domestic/family violence in NSW. The reform framework facilitates a state-wide integrated approach to service response, intended to provide better safety outcomes for victims and closer monitoring of perpetrators.

Importantly, the DFV Reforms have been enabled by legislative amendments, contained in Part 13A of the *Crimes (Domestic and Personal Violence) Act 2007*, which create exceptions to NSW privacy laws and allow service providers to share information about victims, perpetrators and other persons, in defined circumstances. Underlying these changes is the assumption that 'no single agency or individual can see the complete picture of the life of a victim, but all may have information or insights that are crucial to their safety'. [28]

These reforms will undoubtedly have an impact on the SHLV program, however as implementation is only now beginning, the evaluation team can only make tentative assessments about what these might be. In order to comment on the likely significance the new referral pathway and information sharing processes will have for SHLV, feedback was sought from key stakeholders in Police, WDVCAP and Justice to enable our team to understand what and how the new processes may impact the SHLV program and how SHLV will fit into the reformed referral and response systems.

Overview of the new system

New streamlined referral procedures under the DFV Reforms begin with a standardised risk assessment tool - the **DVSAT**, use of which is mandatory for police and optional for other service providers (who are encouraged to use it but may use their own recognised tool or professional judgment/assessment to determine the level of threat). The DVSAT provides a score of the seriousness of threat to the victim.

An electronic referral platform (the Central Referral Point) is then used to sort referrals and allocate them to **Local Coordination Points**, which are hosted by the Women's Domestic Violence Court Advocacy Service (WDVCAS) for female victims and Victims Services in the Department of Justice for male victims. There are 28 WDVCASs servicing 114 local courts across the state. WDVCAS has increased its staffing capacity in anticipation of its new role

[28] NSW Government 2014, *It Stops Here: Safer Pathway Overview*, p18.

as the first referral point for all domestic violence referrals from NSW Police. Local WDVCAS will conduct a secondary risk assessment with clients before referring them to other service providers, including to SHLV where appropriate.

All clients deemed to be at serious threat are then referred to **Safety Action Meetings** (SAMs). These regular meetings of local service providers will be an opportunity for formalised, cooperative action and information sharing between service providers. At SAMS, information is shared about victims and perpetrators, and Safety Action Plans are developed including actions that agencies must take to reduce or prevent serious threats to life, health and safety of victims, children and any other persons.

It should be noted that clients deemed to be at serious risk of harm or death are referred to SAMs with or without their consent. Others deemed to be at threat of danger, but not at the level of serious threat, will only be referred to SAMS with client consent.

Contrary to SHLV staff concerns expressed during one evaluation focus group, there will be no mandatory referral into the SHLV program however, such that clients offered an SHLV referral will still make a choice as to whether to engage with the service, or not.

The Coordinator of the SAMs (WDVCAS) contacts relevant government and non-government agencies, including SHLV as appropriate, to invite them to attend the meetings, providing 3 working days' notice to allow them to gather and bring along relevant information about individuals or case contexts to the meeting.

Potential impacts of reforms on SHLV:

The streamlined referral process through the WDVCAS is designed to make referral pathways universal and routine, potentially providing speedier referrals to appropriate services, including SHLV. This may make the referral process more consistent and efficient for SHLVs, however it also has the potential to significantly increase the volume of referrals received into SHLV.

The two DFV Reform trial sites (Waverly and Orange, beginning mid-September 2014) may provide some indication as to volume of referrals being made, and whether indeed there is an increase in overall numbers of referrals. If so, this may bring about an increased demand for SHLV services and resources needed to cope with additional case-load, especially if the increases in client referrals to SHLV are at 'serious threat' level or clients have intensive support needs. It is imagined that this may also be highly variable across different geographic areas and associated demographic profiles and service needs.

SHLV will be one of the services invited to attend local SAMs meetings whenever SHLV client cases are being discussed. This will be an additional responsibility for SHLV staff, and may increase workloads in relationship to sustain effective local partnerships. However it will also provide valuable opportunities for SHLV to benefit from better integration of key services and agencies responding to DFV, and may provide critical information needed by workers in their case management and safety planning for SHLV clients.

Good relationships between local WDVCAS and SHLV will be important and may determine the effect of the DFV Reforms on SHLV in various locations. The evaluation has received feedback about excellent relationships between SHLV and WDVCAS in many areas, which are already working closely in partnership, such that referral of clients goes both ways and that each service communicates effectively to coordinate support for clients attending court. As working relationships between each of the local WDVCAS and SHLV services will conceivably become even more important under the DFV Reforms, effort may need to be applied to ensure improvement in interagency relations in locations where these have not been as strong in the past.

While some information learned by SHLV workers at SAMs will not able to be shared with clients due to privacy protocols, it is likely to be highly beneficial for SHLV workers to be involved in SAMs discussions, to hear information provided by other agencies and to have an opportunity to regularly meet and discuss high risk clients' cases with other agencies, towards working together to attend to client safety needs and plan responses accordingly.

As SAMS focus will be to manage cases where serious risk of physical harm is assessed, this will not replace the need for SHLV to retain local steering committee meetings, which are intended to enable agencies partnering with SHLV to confer over procedural and operational issues. However, if SAMS places greater call on agency representatives' time, SAMS may inevitably take precedence over other meeting schedules. At any rate, more regular local meetings between representatives of local agencies involved in responding to DFV has potential to positively affect working relationships and may help to improve awareness within partner agencies of the SHLV program and what it offers.

Recommendations

- **Monitor the referral processes implemented through the NSW Government's DFV Reforms to assess the impact they have on SHLV and to ensure adequate capacity commensurate with demand.**
- **Provide sufficient resources to SHLV services to enable workers to prepare for and participate in Safety Action Meetings required under the NSW Government's DFV reforms, without affecting the level of resources available for case management/coordination.**

5. Recommendations and Summary Comments

The evaluation goals set out in the tender specification were to:

1. Measure the effectiveness of the SHLV program
2. Measure the effectiveness of the SOS Response System
3. Make recommendations to improve both of the above.

Our recommendations to improve the effectiveness of the SHLV program and SOS Response System are listed below. These recommendations are derived from evaluation findings, based on analysis of both quantitative and qualitative evidence collected by the evaluation team.

Page numbers in brackets are provided after each recommendation to indicate the location of relevant findings discussion within the report.

Program model recommendations

1. 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. (pp 76-79)

2. That the SHLV program model continues 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. (pp 76-79)

3. Consider the types of services which may be provided for children under the SHLV program, as well as consistency of service delivery for children across different SHLV projects, given the large number of children recorded in the portal who are SHLV clients. This will also require consideration of appropriate resourcing. (pp 73-75)

4. Increase the level of funding for brokerage, and broaden the scope of expenditure

permitted with brokerage funds, to include additional responses that enhance client safety such as payment of a telephone bill (to ensure ongoing access to a working telephone); car registration if in a remote area; or payment for removalists where clients are forced, or choose, to re-house. (pp 80-81)

Partnership recommendations

5. Continue to focus on the educative/training function of SHLV workers, in particular promoting the program within partner organisations to familiarise their staff with the SHLV program and its offerings, thereby encouraging appropriate referrals and collaboration. (pp 91-95)

6. Encourage 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. (pp 91-95)

Auspice model recommendations

7. Consider the level of resourcing able to be provided by the proposed auspice organisation when funding new services (eg. wrap around services, infrastructure and capital support, training/professional development, other support needs). (pp 88-90)

8. Consider additional support that may be required by smaller auspice organisations to ensure adequate staffing, infrastructure, professional development including supervision/ consultation for SHLV staff. (pp 88-90)

Resourcing recommendations

9. Increase resourcing to cover current levels of unmet demand for the SHLV service identified in this evaluation and in anticipation of increased future demand as a result

of the DFV reforms. (pp 81-84)

10. Decisions about resourcing of the SHLV program should take into account the intensive work that is required in managing many case coordinated clients. Case coordination may involve significant work by the SHLV service, even if case management is handled by a different organisation. (pp 81-84)

11. Decisions about resourcing should systematically account for other work required of SHLV services/workers including time taken to develop and maintain professional partnerships, triage referral clients and provide information and education to project partners and the wider community. (p 91-95)

12. Increase resourcing for group work within the SHLV program, which this evaluation identified as a crucial service element that not all service providers are currently able to provide. (p 63-67)

Accessibility recommendations

13. Expand the SHLV program to provide consistent coverage across NSW so that every LGA has a SHLV service. (pp 84-88)

14. Consider specific strategies to achieve program coverage in rural and remote areas where demand and implementation challenges exist (in areas of high DFV incidence). (pp 84-88)

Legal and justice responses recommendations

15. Investigate how the Tenancy Act, or other relevant legislation, can be amended to ensure that real estate agents and landlords are not unreasonably blocking the installation of safety upgrades necessary to protect an individual experiencing domestic violence. (pp 52-56)

16. Better inform magistrates, based on current evidence, about behaviours and relational patterns which constitute domestic and family violence, and their impacts on victims, to assist magistrates to consider all relevant circumstances when deciding on applications for ADVOs, particularly those involving non-physical abuse. (pp 96-97)

17. Better inform magistrates, based on current evidence, about increased risks of women's financial insecurity after leaving a violent relationship, and the link between financial insecurity and homelessness, when considering whether to grant an exclusion order that would prioritise the safety and housing needs of victims and their children over those of the perpetrator. (pp 96-97)

18. Provide significantly greater training to NSW Police, including a structured method for imparting ongoing professional development on the dynamics of DFV and how the traumatic effects may affect the way in which a woman presents to Police. (pp 97-98)

SOS device recommendations

19. Continue to resource the SOS alarm program as part of the SHLV suite of safety elements, noting that the device is an effective tool for improving the safety of high risk clients. The device increases feelings of safety and enables women to regain confidence to go about their lives and leave the home with greater security. (pp 100-106)

20. Consider extending access to the SOS safety device to allow an increased number of SOS devices to be made available by SHLV projects, given reports of high demand for device use. (pp 100-106)

21. Issue staff with their own SOS alarm device, where needed or requested, to improve SHLV worker safety, particularly for those working in rural and remote areas. (pp 100-106)

Further research recommendations

22. Continue to collect data which can contribute to evidence about the program, including implementation of the ORS wellbeing tool, to measure client wellbeing and to continue to demonstrate the effectiveness of the program. (pp 67-75)

23. Conduct research to determine good practice strategies that will assist SHLV clients across all housing tenures to enhance their longer-term financial security, which is a key component of ongoing housing stability and clients' overall wellbeing. (pp 60-62)

24. Research feasible alternative support, including housing options, which would assist perpetrators to find alternative accommodation, thereby enabling women and their children to remain in the home, and without reducing existing service provision to victims. (pp 60-62)

25. Evaluate the SOS alarm system further, to provide better data capture over time with a greater number of clients, and link this data to client wellbeing data collected through the outcome rating scale to further understand how clients' fear and hope contribute to their overall wellbeing. (pp 100-106)

26. Undertake further research to ascertain whether, and under what circumstances, the SOS alarm may reduce repeat abuse of the same client and the role policing plays in any reduction. (pp 100-106)

Monitoring and reporting recommendations

27. Consider how to ensure greater consistency in workers' portal recording of actions taken with case-managed and case-coordinated clients. (pp 81-83)

28. Consider how to ensure the portal captures work done by SHLV staff with 'referral only' clients. (pp 81-83)

29. Review portal data collection to ensure better capture of data relating to justice outcomes for clients, in particular data about ADVOs and exclusion orders, breaches and SOS device use need to be captured more consistently in the portal. (pp 96-98)

30. Consider how to streamline reporting requirements for SHLV workers, given the recent increase in SHLV minimum service level; the anticipated increase in referrals to SHLV with the implementation of the DFV reforms; inconsistent levels of portal data entry identified by this evaluation; and additional separate reporting required by SHLV auspice agencies. (pp 81-83)

Managing the Impact of DFV Reforms - recommendations

31. Monitor the referral processes implemented through the NSW Government's DFV Reforms to assess the impact they have on SHLV and to ensure adequate capacity commensurate with demand. (pp 107-109)

32. Provide sufficient resources to SHLV services to enable workers to prepare for and participate in Safety Action Meetings required under the NSW Government's DFV reforms, without affecting the level of resources available for case management/coordination. (pp 107-109)

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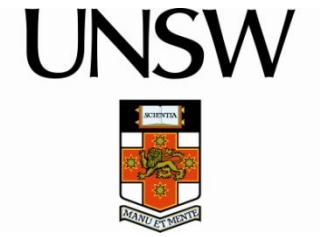
Abbreviations

ATSI	Aboriginal and Torres Strait Islander
ADVO	Apprehended Domestic Violence Order (one of two types of AVO issued in NSW)
AVO	Apprehended Violence Order (commonly used interchangeably with ADVO)
CALD	culturally and linguistically diverse
DFV	domestic and family violence
DV	domestic violence
FACS	Department of Family and Community Services
GVRN	Gendered Violence Research Network
LGA	local government area
LOTE	language other than English
MOU	memorandum of understanding
NGO	non-government organisation
NSW	New South Wales
ORS	Outcome Rating Scale (a measure of wellbeing)
SHLV	Staying Home Leaving Violence
UNSW	University of New South Wales
WDVCAS	Women's Domestic Violence Court Advocacy Service

Appendix 1



School of Social Sciences

Approval No: HC13365

THE UNIVERSITY OF NEW SOUTH WALES

PARTICIPANT INFORMATION STATEMENT AND CONSENT FORM

(for clients)

Evaluation of Staying Home Leaving Violence (SHLV) program

You are invited to take part in a study looking at the effectiveness of SHLV projects. You are being asked because you are using or have used one of the services provided by these projects. We are interested in finding out whether or not you found the services helpful and how they may have supported your safety.

Researchers from the University of New South Wales are conducting the study on behalf of the NSW Department of Families and Communities. The study has been commissioned as an evaluation of SHLV to help in improving the service model.

If you decide to take part in the study, we will ask you to attend **an interview either in person or by telephone** about your experiences with the service. It will **take about an hour** and will be held at a time and place that's convenient for you.

You will be invited to talk about:

- What you found helpful about the service or program
- What you didn't like about the service or program
- What kinds of services you think should be available to help people who have had similar experiences to you
- Whether or not you and your children feel safe
- We will ask your permission to make a sound recording of the interview to help us take better notes.

We cannot guarantee or promise that you will receive any benefits from this study, but we hope you enjoy being part of research that helps to evaluate and improve the SHLV service model.

We will try to make sure that involvement in the research causes no harm, difficulty or conflict of interest for you as a participant.

Confidentiality and disclosure of information

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission, except as required by law. If you give us your permission by signing this document, we plan to provide an evaluation report about the SHLV program to the Department of Family and Community Services to help improve the program and outcomes for SHLV clients. In any publication, information will be provided in such a way that you cannot be identified.

In other words, no information that identifies you or your family will be used in our reports or publications. What you tell us will be completely confidential and won't be told to anyone other than the researchers involved in the study, except as required by law.

The findings from the evaluation will be owned by the NSW Department of Family and Community Services.

Reimbursement

We will reimburse you for any costs you incur as a result of attending an interview, such as transport or child care costs.

Complaints

Complaints about the study may be directed to the Ethics Secretariat, The University of New South Wales, SYDNEY 2052 AUSTRALIA (phone (02) 9385 4234, fax (02) 9385 6648, email ethics.gmo@unsw.edu.au). Any complaint you make will be investigated promptly and you will be informed out the outcome.

Feedback

Upon completion of the study, the researchers will produce a summary of key findings from the research to be disseminated to staff and clients.

If you agree to be involved

Taking part in this study is voluntary. You don't have to take part if you don't want to and you can refuse to talk about any particular question.

Your decision whether or not to participate will not prejudice your future relations with the University of New South Wales, the Department of Family and Community Services, or any services you are using. If you decide to participate, you are free to withdraw your consent and discontinue participation at any time without prejudice.

If you have any questions, please feel free to ask us. If you have any additional questions later, Dr Jan Breckenridge, Chief Investigator (phone 9385 1863) will be happy to answer them.

You will be given a copy of this form to keep.

Contacts for further information and support

Sometimes people feel upset when they talk about their lives and experiences. If you would like to talk to someone about any problems you are experiencing, you can call:

Lifeline (13 11 14)

a free 24-hour counselling service

Or

Relationships Australia (1300 364 277)

or

1800 RESPECT (1800 737 732)

The national domestic and family violence counseling service

THE UNIVERSITY OF NEW SOUTH WALES

PARTICIPANT INFORMATION STATEMENT AND CONSENT FORM (continued)

Evaluation of Staying Home Leaving Violence (SHLV) program

You are making a decision whether or not to participate. Your signature indicates that, having read the information provided above, you have decided to participate.

.....	.....
Signature of Research Participant	Signature of Witness
.....	.....
(Please PRINT name)	(Please PRINT name)
.....	.....
Date	Nature of Witness

REVOCATION OF CONSENT

Evaluation of Staying Home Leaving Violence (SHLV) program

I hereby wish to **WITHDRAW** my consent to participate in the research proposal described above and understand that such withdrawal **WILL NOT** jeopardise any treatment or my relationship with The University of New South Wales, the NSW Government or any services I receive.

.....	.....
Signature	Date

.....

Please PRINT Name

The section for Revocation of Consent should be forwarded to Dr Jan Breckenridge, School of Social Sciences, University of New South Wales, 2052.

Appendix 2

School of Social Sciences

Approval No: HC13365

THE UNIVERSITY OF NEW SOUTH WALES

PARTICIPANT INFORMATION STATEMENT AND CONSENT FORM

(for staff)

Evaluation of Staying Home Leaving Violence (SHLV) program

You are invited to take part in an evaluation of the SHLV program. We hope to learn about the services that were provided by the projects, and the strengths and weaknesses of the service model. You were selected as a possible participant in this study because you work for an SHLV project and have direct experience of how it is implemented and client outcomes.

Researchers from the University of New South Wales are conducting the study on behalf of the NSW Department of Families and Communities. The study has been commissioned as an evaluation of SHLV to help improve the service model.

If you decide to participate, we will ask you to **attend a focus group or interview**, in which you will be asked to talk about your experiences of the project and your opinions on its strengths and the ways it could be improved.

The focus group or interview will **take about an hour,** and will be done at a suitable location or by telephone. We would like to make audio recordings of the interviews and focus groups, to assist in our analysis.

We cannot guarantee or promise that you will receive any benefits from this study, but we hope you enjoy being part of research that helps to evaluate and improve the SHLV service model.

We will try to make sure that involvement in the research causes no harm, difficulty or conflict of interest for you as a participant.

Confidentiality and disclosure of information

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission, except as required by law. If you give us your permission by signing this document, we plan to provide an evaluation report about the SHLV program to the Department of Family and Community Services to help improve the program and outcomes for SHLV clients. In any publication, information will be provided in such a way that you cannot be identified.

Complaints

Complaints about the study may be directed to the Ethics Secretariat, The University of New South Wales, SYDNEY 2052 AUSTRALIA (phone (02) 9385 4234, fax (02) 9385 6648, email ethics.gmo@unsw.edu.au). Any complaint you make will be investigated promptly and you will be informed of the outcome.

Feedback

The findings of the study will also be presented to SHLV staff at their annual state-wide conference and written up in a formal report. The researchers will also produce a summary of key findings to be disseminated to staff and clients.

Your consent

Your decision whether or not to participate will not prejudice your future relations with the University of New South Wales, your employer or NSW Department of Family and Community Services. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without prejudice.

If you have any questions, please feel free to ask us. If you have any additional questions later, Dr Jan Breckenridge, Chief Investigator (phone 9385 1863) will be happy to answer them.

You will be given a copy of this form to keep.

Contacts for further information and support

Sometimes people feel upset when they talk about their experiences. If you would like to talk to someone about any problems you are experiencing, you can call:

Your Employee Assistance Program (EAP)

(Insert relevant number for each service here)

Or

1800 RESPECT (1800 737 732)

The national domestic and family violence counselling service

THE UNIVERSITY OF NEW SOUTH WALES

PARTICIPANT INFORMATION STATEMENT AND CONSENT FORM (continued)

Evaluation of Staying Home Leaving Violence (SHLV) program

You are making a decision whether or not to participate. Your signature indicates that, having read the information provided above, you have decided to participate.

.....	.....
Signature of Research Participant	Signature of Witness
.....	.....
(Please PRINT name)	(Please PRINT name)
.....	.....
Date	Nature of Witness

REVOCATION OF CONSENT

Evaluation of Staying Home Leaving Violence (SHLV) program

I hereby wish to **WITHDRAW** my consent to participate in the research proposal described above and understand that such withdrawal **WILL NOT** jeopardise any treatment or my relationship with The University of New South Wales, the NSW Government or any services I receive.

.....	.....
Signature	Date

.....

Please PRINT Name

The section for Revocation of Consent should be forwarded to Dr Jan Breckenridge, School of Social Sciences, University of New South Wales, 2052.

Appendix 3

Staying Home Leaving Violence

Analysis of Outcome Rating Scale wellbeing findings for SHLV clients

The project team collected both qualitative and quantitative data concerning the wellbeing of Staying Home Leaving Violence (SHLV) clients in order to address the following evaluation question:

Did the SHLV program increase the wellbeing of women and their children who use the program?

This report presents the major findings of analysis of quantitative findings from the application of a clinical tool called the Outcome Rating Scale (ORS) (Miller et al 2003).

Methodology

The ORS is a simple, validated and widely used 4-item tool that assesses individual feelings of wellbeing on four dimensions: individually, interpersonally, socially and overall. In the six months prior to the commencement of the formal data collection process, SHLV workers from all projects were provided with focus group training by the evaluation team. The training provided information on the use of the scales in other intervention contexts and workers were asked to contribute to developing implementation procedures and comment on the implementation protocol. The final protocols are included in attached Appendix.

The tool was administered by workers at service entry and exit, as well as at regular intervals in between at the workers' discretion (every 3 months was recommended). Data was collected between October 2012 and September 2013 (inclusive).

In addition to the ORS, a similar scale, appropriate for children (Child Outcome Rating Scale and Young Child Outcome Rating Scale: CORS), was administered to clients' children where workers felt that it was appropriate to do so. Collecting data from children immediately after the family leaves a violent relationship requires careful assessment of the benefit as opposed to the potential risk of re-traumatisation. As a consequence, in this study very few children were included in the data collection.

Additional data relating to client demography was obtained from the portal database to enable consideration of relationships between ORS scores and client-specific attributes, and factors such as length of time with the SHLV service.

Sample

The sample was a convenience sample of SHLV clients with SHLV workers responsible for implementing the scales at regular intervals. In total, 420 ORS scores were obtained from 269 clients (the number of measures per client ranged from 1 – 6, mean = 1.6) attending SHLV services at 18 different project locations. In addition, 24 CORS scores were obtained from the children of 14 clients.

This sample comprised[29]:

- 11% case-coordinated , 84% case-managed and 4% referral clients
- 26% of clients owned their home, 63% lived in community/public housing or private rental; 4% homeless
- 76% had children; 18% did not
- 8% identified as Aboriginal or Torres Strait Islander; 85% did not
- 27% spoke a language other than English at home; 61% did not
- 13% clients had a disability; 80% did not
- 9% clients were issued an SOS alarm; 91% were not

Since the demographic data available from the portal database was not always completed for all clients, the sample containing the full complement of data used for further analysis was smaller than the original sample described above. It comprised a total of 319 measures from 197 clients. Of these, a total of 133 clients were assessed during their commencement of the service and 41 clients were assessed during service exit. The average service duration for these clients was 126 days (range = 21 – 303 days). To best understand the implementation of the ORS scale to the 197 clients it is important to note the following:

- A proportion of these clients may have already been part of the SHLV program when data collection commenced therefore may not have completed what would be considered to be a 'commencement form' but may have completed ORS forms during their intervention period with SHLV.
- A number of participating clients may not have 'exited' the program during the data collection period despite completing multiple ORS forms in some cases.

Data analysis

Data were analysed using the statistical program R v2.14.1, using ORS score as the response variable. The first analysis compared the ORS scores of clients during service entry and exit (pre-post intervention design), using service stage (entry vs. exit) as an explanatory factor. We predicted that clients should experience a greater sense of wellbeing (higher ORS score) when they exited the service. The second analysis took a more detailed approach and examined the change in ORS scores over time, while controlling for the demographic characteristics of clients. To this end, 'months with service' was fitted as an

[29] Note percentages do not sum to 100% in each case because not every client responded to each question. In addition, percentages are calculated using numbers of measures rather than numbers of clients.

explanatory variable (in linear and quadratic form), along with the client attributes detailed in Table 1. We predicted that ORS scores would increase with the time spent with the service.

In these analyses, we used a general linear mixed model approach to account for the non-independence of repeated measures taken from individual clients and projects. To achieve this, client and project codes were included as random terms in each model. In order to assess statistical significance of the explanatory variables, we compared nested models fitted using maximum likelihood, with and without the term of interest, using likelihood ratio tests (LRT). The model residuals were checked to ensure that the assumptions of the statistical tests used were met.

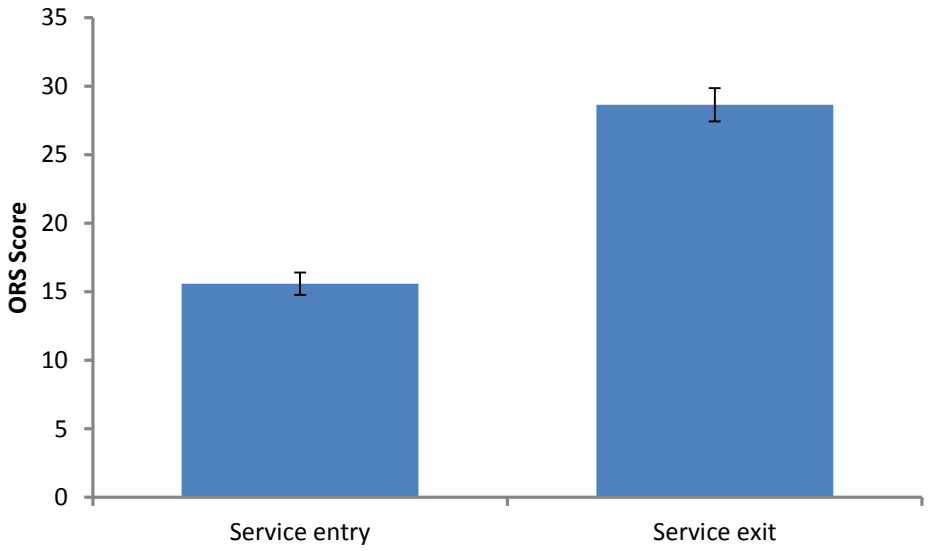
Results

Was client wellbeing improved at SHLV service exit, compared with service entry?

The average wellbeing score of clients (n=??) when they exited the service was 28.63 ± 7.75 (mean ± sd), which was significantly and substantially higher than the average wellbeing of clients commencing the service which was 15.58 ± 9.43 (Figure 1; LRT = 60.46, df = 1, $p < 0.001$).

In other words, the wellbeing of clients nearly doubled during their involvement with the service. Moreover, the improvement in client wellbeing also exceeded the clinical cut-off of 25 (the boundary between 'clinical' and 'normal' levels of distress; Miller et al 2003).

Figure 2 ORS score at service entry and exit. Bars are means with standard errors.



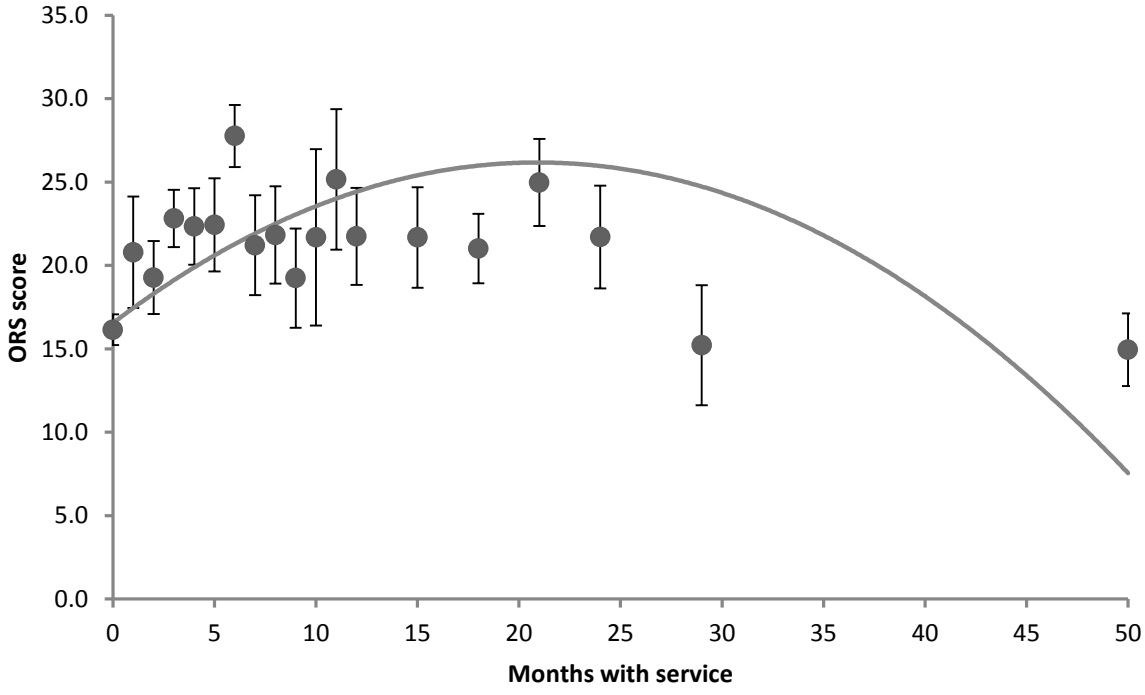
Although we cannot determine whether the increase in perceived wellbeing among clients was caused solely by their engagement with a SHLV service, the select comments made by clients on the ORS forms at the point of exit seem to attribute changes primarily to the ongoing SHLV services received, including appropriate referral to other services:

> *"[I have been] linked up with medical treatment for depression. House and area moved to much happier. Exercised AVO rights - AT PEACE with the three children that perpetrator is locked up"*
>
> *"SHLV helped me ….ADVO obtained + (Family Law) started. Feeling much safer"*
>
> *"I had a good outcome at court and they have left me alone. The camera that was installed for a few months gave me a great sense of security"*

How did client wellbeing change with time spent with service?

Client wellbeing showed a curved relationship with time spent in the SHLV program. Initially, wellbeing increased (LRT=38.37, df = 1, $p < 0.001$) but after 21 months with the service, wellbeing began to plateau and then decline (Figure 2; LRT = 27.61, df = 1, $p < 0.001$).

Figure 3 Change in ORS score with time spend with service. Points show means; bars show standard errors; line is predicted from model.



It is important to note that the time points at which ORS was measured were highly skewed with the most common time point being at 0 months (i.e. service commencement). Therefore, care should be taken in interpreting these results due to the low number of measures obtained from clients who had spent a long time with the service (some as long as 50 months). Nevertheless, it may be that service periods longer than 21 months are

associated with clients experiencing ongoing perpetrator violence and harassment; new concerns and/or ongoing interactions with the criminal justice system; as well as lengthy and stressful Family Court matters. For example, some of the clients who had been with a service for longer than 80 weeks made comments on their ORS forms such as:

> *"Feeling depressed + anxiety is high. In another DV relationship"*
>
> *"Feeling down at present due to ongoing & new issues"*
>
> *"Family court orders aren't working. Kids are blaming me for the separation"*

Thus these clients may experience a poorer state of wellbeing than other clients whose situations have stabilised allowing their exit from the SHLV Program. Nevertheless, together these results are consistent with the prediction that the SHLV program enhances client wellbeing. However, further work is needed to understand fully why periods exceeding 21 months with the service were associated with a poorer state of wellbeing.

How did wellbeing vary with client-specific attributes?

In general, variation in the attributes of clients was not associated with significant variation in their wellbeing (Table 1). **The exception was that clients with a disability had a lower sense of wellbeing than those without** (LRT = 12.58, df = 1, $p < 0.001$). In addition, clients who identified as Aboriginal or Torres Strait Islander showed a non-significant trend towards experiencing a lower sense of wellbeing than clients who did not identify as Aboriginal or Torres Strait Islander.

Table 1

	Client features	Mean ORS score ± sd	Sample size (ORS measures)
Client type	Case-coordinated	21.66 ± 9.81	41
	Case-managed	19.53 ± 9.84	278
Housing	Own	20.22 ± 9.45	81
	Private rental/Public housing	19.75 ± 10.15	226
	Homeless	18.11 ± 6.64	12
Children	With children	20.24 ± 9.96	261
	Without children	17.87 ± 9.16	58
Background	ATSI	16.14 ± 8.10	26
	Non-ATSI	20.13 ± 9.94	293
	LOTE[30]	19.79 ± 10.05	102
	Non-LOTE	19.81 ± 9.78	217
	Disability	15.49 ± 9.06	46
	No Disability	20.53 ± 9.81	273
SOS alert device	Issued	21.70 ± 9.50	291
	Not issued	19.62 ± 9.88	28

[30] Language other than English spoken at home (LOTE)

While this analysis did not detect significant differences in average wellbeing across most of the client groups detailed in Table 1, it should be noted that the number of measures within many categories is relatively low. Though it may have been adequate to detect large, or even medium, effects of client attributes on wellbeing, the sample size is unlikely to be sufficient to reveal small effects where present.

We have presented the average wellbeing scores of clients issued (or not) with an SOS alarm device for interest here (Table 1). However, we cannot rule out the devices having an effect, large or otherwise, with confidence because to do so would require the data to be collected using an experimental randomised control design. On the contrary, the fact that many clients commented on the enhanced security measures, instigated as part of SHLV, as being a key factor in their feelings of safety suggests that the SOS devices do contribute to clients' positive perceptions of their own safety and enhanced wellbeing:

> *"The device and help from SHLV has helped me very much in my feeling of being more safe which is why "Individually" is much higher than 5 months ago before SHLV device + help. Also it has helped me improve in the interpersonal + social areas because I'm not as stressed or diverted."*

Portal data on exclusion orders and ADVOs were only available for a very small sample of clients (26/51 measures from 15/33 clients, respectively), precluding any statistical analysis. However, summary statistics are provided in Table 2.

Table 2

		Mean ORS score ± sd	Sample size (ORS measures)
Exclusion order	Sought	26.99 ± 8.33	7
	Not sought	21.68 ± 11.84	19
Exclusion order	Breached	22.04 ± 9.23	11
	Not breached	20.59 ± 10.09	14
ADVO	Obtained	21.75 ± 10.04	35
	Not obtained	13.80 ± 2.55	3[31]

The mean child ORS score was 21.75 (range = 4.20 – 37.70). In fact over half the children surveyed (14/24; 58%) had wellbeing scores that were below the clinical cut-off of 25, indicating they were experiencing clinical levels of distress. The small number of children sampled meant we were unable `to analyse whether the SHLV program enhanced children's feelings of safety. However, comments from adult clients on the ORS survey suggested in some cases that their children felt happier and more secure as a consequence of SHLV:

[31] All three of these measures were from the same client.

“Happier because I moved to a new house and children are more settled. Counselling helping the kids to be more stable.”

“Kids are doing well as the new avo has been granted. I'm half and half atm just happy the kids are happy and thankful I have [SHLV worker] to contact when I need to.”

References

Miller, S.D., Duncan, B.L., Brown, J., Sparks, J. & Claud, D. (2003) The outcome ratings scale: A preliminary study of the reliability, validity, and feasibility of a brief visual analog measure. Journal of Brief Therapy, **2(2)**: 91 – 100

Client Wellbeing

Looking back over the last week/month/since we last completed this form, including today, rate how well you have been doing in the following areas of your life by placing a mark / on each line. Marks to the left represent low levels of wellbeing and marks to the right indicate high levels.

Individually
(Personal well-being)

I----------I

Interpersonally
(Family, close relationships)

I----------I

Socially
(Work, school, friendships)

I----------I

Overall
(General sense of well-being)

I----------I

Describe any key influences on this rating:

This form has been filled out:

☐ At commencement of service
☐ At _____ weeks or months (insert number and delete as appropriate)
☐ At service exit

Date: _____ Evaluation code: _____

Family and Community Services, October 2012 - from Scott, Miller and Duncan 2000

Appendix 4

Staying Home Leaving Violence:

Evaluation findings for the SOS response alarm

In June 2012, SHLV began a trial of the 'SOS Response System' or what is anecdotally referred to as an 'SOS alarm'. This Response System uses a device that is a combination of a duress alarm and mobile phone with GPS tracking. The system intends to enable high risk clients to move about the community with increased confidence that assistance can be provided very quickly from police if they are harassed by their ex-partner. The trial started with an allocation of 50 devices in 10 SHLV locations. The locations for the pilot were selected from the more established SHLV projects with experienced SHLV staff.

In January 2014, prior to the formal commencement of the current evaluation, a decision was made by Family and Community Services (formerly Department of Community Services) to expand the SOS Response System and every SHLV service was provided with a set of between three and eight SOS alarms for use with clients. This decision reflected an ethical commitment to enhancing the safety of women at high risk of ongoing violence but had methodological implications for the original design of the evaluation and thus affects what we can conclude from our results. As a consequence of all projects (and potentially all high risk clients) having access to alarms, it was not possible to implement scales and measures with an appropriate control group of clients who did not receive alarms. Instead, we were limited to using a simple pre- and post-test design in which SOS clients completed the survey before and after receiving their SOS alarm. Therefore, we cannot attribute any effects found in our analyses to the SOS alarm alone; nor can we rule out the possibility the changes seen in SOS clients were simply a consequence of time passing. Nevertheless, qualitative interviews were also undertaken to ascertain further whether client experiences of using an alarm and their perceptions of whether their feelings of hope and fear were influenced predominantly by the alarm or by other aspects of the service.

Two evaluation questions relate to the distribution of SOS Safety Alarms for use by SHLV clients assessed as being at high risk of serious and potentially lethal violence:

1. Do women in the SHLV program issued with an SOS Response System alarm report feeling safer after the issue of the device?
2. Do police report the SOS Response System acts as a deterrent to repeat breaches and further incidents of serious harm to clients?

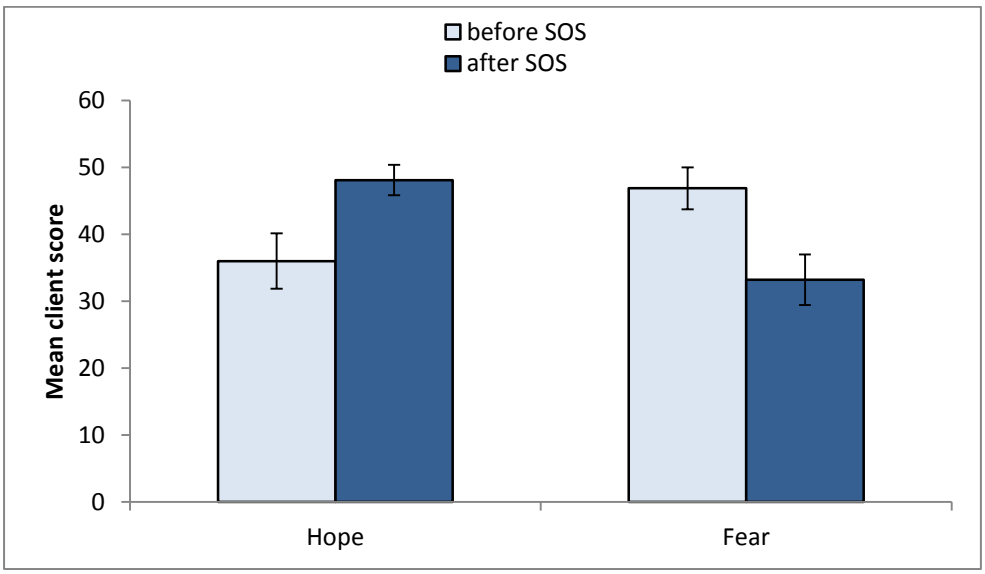
Results

Clients showed a **significant increase in hope** after having been issued their alert device[32]. The increase in hope was substantial, with the average client hope score[33] being 36.00 ± 12.42 (mean ± sd) before receiving the device and 48.11 ± 6.79 after having the device for approximately 3 months (Figure 1).

Clients also showed **a concurrent decrease in their feelings of fear**[34]. The average fear score[35] was 46.89 ± 9.43 before receiving the device which dropped to 33.22 ± 11.31 after being issued the device (Figure 1).

Figure 4: Changes in client feelings of hope and fear before and after receiving an SOS alert device.

Bars show means and standard errors.



[32] Paired t test: t(8) = 2.84, p = 0.021
[33] Hope score here is the Integrative Hope Scale score (IHS; Schrank et al. 2010). See methodology section.
[34] Paired t test: t(8) = 2.76, p = 0.025
[35] Fear score here is the Trauma Appraisal Questionnaire score (TAQ; DePrince et al., 2010), see methodology section.

Discussion

The analysis detected substantial changes in feeling of hope and fear in clients assigned SOS devices during their engagement with SHLV. Qualitative data from SHLV clients and workers strongly suggests that the devices enhanced client feelings of safety. Data collected from interviews with clients, SHLV workers and Police personnel similarly indicate that the SOS devices contributed to client wellbeing and enhanced clients' feelings of their own safety. 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.

Qualitative Interviews with SHLV workers and clients and Police personnel

In the qualitative research phase of the evaluation, questions about the SOS Response System were included as part of in-depth semi-structured interviews with SHLV clients and SHLV workers, and during focus groups with SHLV workers. Police personnel were also interviewed, and questions were included about the SOS Response System.

Responses to first evaluation question

Data from the qualitative research phase of the research helped to answer evaluation question one:

- 'Do women in the SHLV program issued with an SOS Response System alarm report feeling safer after the issue of the device?'

When asked whether they would say the SOS alarm device had changed their feeling of safety, there was a strong affirmative response from clients:

> *"Yeah, definitely. Like a couple of days before he got out (of gaol), like I was really shaky and didn't want to sleep or anything like that, I was terrified basically but having that alarm, it changed a lot, like that little alarm made me feel so much better. I was able to sleep knowing that it's there."*
>
> SHLV client
>
> *"Yeah, I feel relief… Everywhere I go it's with me, even night time. You know... not just for me, it's for my kids too. They know this alarm... my children they feel safe with this one. Everybody (in the family), they know about this as well."*
>
> CALD client

"When I'd be out I wasn't - I didn't feel like i was protected (despite having an AVO)... but just knowing – and not that I used it either – but just knowing that I had something with me... if anything did happen I'd have that with me and that made me feel safe."

SHLV client

"Definitely. The cameras and the SOS device have been the two things standalone that have made me not just feel safe... I mean the SOS makes me feel very safe wherever I am, knowing that I can update that. People know where – police, Central Monitoring - will know where I am if I hit that button."

SHLV client

"Yeah it did, it definitely helped me. Every day. I wouldn't put the garbage bin out without having it with me, I wouldn't go to the toilet without – I had it next to me bed everywhere I went. I had it in the car, you know, if I got out of the car, I'd press the button before I'd get out of the car to see if he was around, and then I would go into the shop... You know, because he used to follow me around, everywhere I went he was there, he was ten metres behind me everywhere I went, you know..."

SHLV client

It should be noted once again, that the SOS was one of a suite of elements implemented by the SHLV program that, when combined, can make clients assessed as being at high risk of danger or serious violence, feel safer. However, most clients did seem to attribute feeling safer to be as a direct result of being issued the device.

When SHLV workers were asked about their perceptions of the impact of the SOS alarm device on clients, most workers reported that the alarm significantly reduced fear and anxiety in many clients. Workers reported their observations of the SOS alarm device freed clients to resume activities and do things they hadn't felt confident to do previously. For example, one client reported to her case-worker that she now felt safe to visit her mother for the first time in years, whilst other clients said they felt more confident just carrying out regular tasks outside the home such as dropping off children to school or shopping.

Asked whether the SOS improved client feelings of safety, SHLV workers said:

"Absolutely. It's the state of mind of the person holding it"

SHLV worker

"Clients I've given them to have been really relieved, very happy to have them, very receptive, very grateful."

SHLV worker

> *"..the first one we gave it to, just her anxiety level could reduce, just kind of knowing there was a backup, you know. The final assault had actually included her child, which I think surprised her, and knowing that she could maybe get help faster if he came at that kind of level again."*
>
> SHLV worker

One worker also described a situation where the SOS alarm device was issued as a last resort to assist a client at risk, whose landlord would not allow any safety upgrades to be made to the property she was renting:

> *"They wouldn't let her do (any changes to the property) so we gave her an SOS device because we thought at least she's got that, if we can't give her the physical upgrades, we can at least give that device."*
>
> SHLV worker

While most workers interviewed observed a reduction in anxiety and fear among SOS alarm device users, most stressed that it was important clients issued with the device were capable of managing and using the device. There were a few reported cases where trying to manage the device appeared to cause heightened anxiety in clients who were already highly anxious, and where false alarms or functional issues with the device seemed to make some clients feel even more anxious or '*quite spooked',* in the words of one worker participant:

> *"Her and her teenage daughter both had (SOS alarms) at one stage ... probably had theirs a few more months, but there was always some sort of drama with it, and I think she's a highly anxious person anyway, but yeah it just wasn't a suitable option for her."*
>
> SHLV worker

Responses to second evaluation question

The second evaluation question was added by the Evaluation Advisory Committee.:

- 'Do police report the SOS Response System acts as a deterrent to repeat breaches and further incidents of serious harm to clients?'

This evaluation question is addressed qualitatively using data collected from interviews with police personnel and SHLV workers. Data about the number of call outs and charges laid as a result of SOS related despatches was also gathered and is reported here. However, despite compelling qualitative data, it was only possible to speculate whether repeat

breaches are lower than might be expected. It is not possible to isolate the effectiveness of the SOS alarm device acting as a deterrent to repeat breaches and further violence without a control group. Further discussion of the operation of the SOS alarm device will be included in the Final Evaluation Report.

Police despatch data

Keeping in mind the high severity of risk assessed in those clients assigned an SOS device, the overall number of police callouts to clients using the device during the first 2 years and 2 months[36] of the program was low. Of 185 clients issued with a device to date, there have been 21 police despatches[37] (14 genuine, 7 false alarms). As a result of these despatches Police Link indicated that 3 charges were laid against perpetrators. Of the total number of 21 despatches, only two clients had more than one call out. This may indicate some drop off in repeated breaches; however, without a control group or other evidence to support that conclusion, it is not possible to say whether there was in fact a reduction in the number anticipated breaches or incidents of harm as a result of the SOS response alarm.

Responses from police and workers:

On canvassing opinions from Police participants as to impacts of the SOS alarm system, and in particular, whether the SOS alarm appears to be a deterrent to repeat offenders, we have heard that there is potential for this to occur.

Qualitative data from SHLV workers indicated that rather than being considered a deterrent or a 'preventive' measure, many clients and workers consider the SOS alarm device to be a last resort to be used in an emergency. One worker indicated she felt it would be counter-productive to inform perpetrators of the existence of the alarm, and in order for it to act as a deterrent, this might need to happen.

One SHLV officer indicated she tells clients the SOS alarm device is a 'trick up your sleeve' that is a tool for emergencies, rather than a preventer or deterrent to the perpetrator. The evaluation heard there has been one arrest in the Dubbo LAC as a result of the SOS alarm device, involving the client in question having the SOS alarm device concealed in her bra

[36] Analysis of findings presented here are not limited to the 12 months of the evaluation study period that was the focus of other quantitative data analysis for the evaluation. Though we were able to ascertain that 71 clients held an alarm during the study period, no survey data was collected with those clients during the study period because this aspect of inquiry was added by Family and Community Services at a later date. In lieu of data that matches our study period, we have decided to report on the extent of results provided by CMS and Police Link for the entire period of SOS alarm device service, since its inception in June 2012 which provides a broader picture of the overall numbers of despatches relative to client device users.

[37] Note that Police Link provided a somewhat higher number of calls from CMS for SOS clients over the period, however we have ascertained that there are occasions when multiple calls are made from CMS to the dedicated police line about the same event, including calls made to cancel a request for assistance.

and depressing the button while the perpetrator was arguing with her at the front door. Police arrived to his surprise, he was arrested, locked up and bail refused.

We hypothesise, however, there are other potential ways in which the SOS alarm might act as a deterrent to repeated breaches and further incidents of harm to clients, including where a police call out leads to a perpetrator being arrested and charged; even where an arrest or charge has not ensued, perpetrators may still be deterred from further breaches if a first breach receives a swift and reliable police response as a result of the SOS device being used. Further research would be needed to test this hypothesis.

Methodology

Experimental Design for Implementing Fear and Hope Scales

Evaluation question one aims to determine whether the SOS alarm devices assigned by a SHLV worker to SHLV clients assessed as being at high risk of further violence from their ex-partner, act to increase their sense of hope and decrease their sense of fear. To this end, SHLV workers at 22 SHLV project locations were originally invited to administer an additional survey (see Appendix for a copy of the survey) to clients who were assigned alert devices between February 2014 and July 2014. The data collection period was subsequently extended to 30 September 2014 to maximise client numbers.

This survey was designed to measure the self-reported feelings of hope and of fear experienced by SHLV clients. Surveys were administered to clients at two time points, in a pre-post design: just before they received their alert device and at service exit or at three months into service (whichever came first). The mean time period between these two time points was 101 days in service (range = 63 – 144 days). The surveys were anonymous to protect client confidentiality; however, they did include reference numbers allowing us to match surveys from the same client to permit a paired analysis. Due to the expansion of the SOS Response System to all SHLV services prior to the commencement of the evaluation, it was not possible to survey a control group and the evaluation team acknowledge the consequences of this on the interpretation of results.

Scales

The survey comprised two scales. First, we used the 10-item Integrative Hope Scale (IHS; Schrank et al. 2010), which includes two subscales assessing perspective and future orientation. Higher IHS scores represent greater hopefulness. Both subscales correlate well with existing measures of hope, thereby demonstrating good convergent validity

(|Spearman's r| = 0.39 – 0.80). In addition, both subscales show good internal consistency (Cronbach's α = 0.85, 0.80), as well as good test-retest reliability (kappa coefficient = 0.71, 0.83).

Second, we used an 11-item subscale measuring fear from the Trauma Appraisal Questionnaire (TAQ; DePrince et al., 2010). Higher scores represent greater fear. This measure of fear has good reliability, shown by its test-retest reliability (r = 0.73) and its internal consistency (Cronbach's α = 0.9). It also has good construct validity. The discriminant and convergent validity of this measure was demonstrated by showing that scores were positively and significantly correlated with measures of fear generated from semi-structured interviews and also uniquely explained a significant amount of variance in interview measures of fear, but not measures of other constructs (betrayal, self-blame, alienation, anger or shame). TAQ's fear subscale has also already been used in the context of intimate partner abuse (DePrince et al. 2013).

Sample

In total, 18 surveys from 9 clients at 6 project locations were returned for analysis. Two surveys were excluded from the analysis because it was not possible to reliably ascertain which survey was pre- or post-service commencement. A further 28 surveys (received from across the 22 project locations) were excluded from analysis as corresponding pre- and post-service survey forms for each client were not obtained (ie: typically only one, pre-service survey was achieved in the evaluation period). The lack of exit or follow-up survey can be explained by two factors. First, clients may have already had an SOS alarm device when the data collection period commenced and so a commencement survey was not obtained. Second, some clients may not have officially exited the service at the completion of the data collection period. Alternatively 'exit' is not always clearly defined by services, indicated by the lack of exit surveys completed in the portal data. Moreover, some clients choose not to actively re-engage with the SHLV service once the immediate crisis necessitating the issue of an SOS alarm device is resolved, thereby reducing the number of exit surveys.

References:

DePrince, A.P., Zurbriggen, E.L., Chu, A.T. & Smart, L. (2010) Development of the trauma appraisal questionnaire. *Journal of Aggression, Maltreatment & Trauma*, 19: 275 – 299

DePrince, A.P., Labus, J., Belknap, J., Buckingham, S. & Gover, A. (2012) The impact of community-based outreach on psychological distress and victim safety in women exposed to intimate partner abuse. *Journal of Consulting and Clinical Psychology*, 80: 211 - 221

Schrank, B., Mag, A.W., Sibitz, I. & Lauber, C. (2010) Development and validation of an integrative scale to assess hope. *Health Expectations*, 14: 417 – 428

Service Evaluation

This section to be completed by the worker: Date: Worker's name:

Circle: 1st 2nd occasion this form completed by client? Evaluation number:

Tick the appropriate statement below to indicate when this form is being completed:

1. **Before** device is allocated, and 2. **After 3 months** of service, OR on exit/return of alarm

Please fill out the following questionnaire to help us with an evaluation of our services. This should only take about 5 minutes. Your answers will help us understand how effective our support is and consider how to improve the way we work. The information you provide will be collated with similar data from other clients and reported in summary format by the evaluation team. Your individual responses will remain anonymous and do not affect your access to our services in any way.

Thinking about your life over the past few weeks, please tell us how strongly you agree or disagree with the following statements by ticking the appropriate box. Do not think for too long, but be spontaneous:

	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree	Strongly Agree
It is hard for me to keep up my interest in activities I used to enjoy	☐	☐	☐	☐	☐	☐
It seems as though all my support has been withdrawn	☐	☐	☐	☐	☐	☐
I am bothered by troubles that prevent my planning for the future	☐	☐	☐	☐	☐	☐
I am hopeless about some parts of my life	☐	☐	☐	☐	☐	☐

I feel trapped, pinned down	☐	☐	☐	☐	☐	☐
I find myself becoming uninvolved with most things in life	☐	☐	☐	☐	☐	☐
There are things I want to do in life	☐	☐	☐	☐	☐	☐
I look forward to doing things I enjoy	☐	☐	☐	☐	☐	☐
I make plans for my own future	☐	☐	☐	☐	☐	☐
I intend to make the most of life	☐	☐	☐	☐	☐	☐

Also thinking about the past few weeks, please tell us how strongly you agree or disagree with the following statements by ticking the appropriate box. Again, please be spontaneous.

	Strongly disagree	**Somewhat disagree**	**Neutral**	**Somewhat agree**	**Strongly agree**
Danger was always present	☐	☐	☐	☐	☐
I was not safe	☐	☐	☐	☐	☐
I felt afraid	☐	☐	☐	☐	☐
I didn't know whether I would live or die	☐	☐	☐	☐	☐
It's as if I was in a horror movie and couldn't get out	☐	☐	☐	☐	☐

I didn't feel safe even when others said I was safe	☐	☐	☐	☐	☐
I was always on alert for danger	☐	☐	☐	☐	☐
I didn't think I'd survive	☐	☐	☐	☐	☐
I felt horrified	☐	☐	☐	☐	☐
I felt terrified	☐	☐	☐	☐	☐
Something bad could have happened at any time	☐	☐	☐	☐	☐

Thank you for your time in helping us to improve the service for future clients.

University of NSW, SHLV evaluation 2014.