Program Specifications

Staying Home Leaving Violence

March 2025

www.dcj.nsw.gov.au

Contents

We acknowledge Aboriginal people as the First Nations Peoples of NSW and pay our respects to Elders past and present.

We acknowledge the Stolen Generations, including Aboriginal children, young people and families currently affected by the statutory child protection system.

We acknowledge the needless suffering and trauma inflicted on Aboriginal children, young people and families through colonisation and forced assimilation.

We acknowledge that this trauma continues to affect Aboriginal people today and that Aboriginal children and victim-survivors continue to be disproportionally affected by statutory intervention. We undertake to shape our practices accordingly using the expertise and knowledge of Aboriginal families, communities and Elders.

All SHLV program providers funded by the NSW Department of Communities and Justice (DCJ) must be committed to delivering culturally safe services for Aboriginal victim-survivors, driven by the principle of Aboriginal self-determination, and working with families and communities to keep families safely together and strong.

We extend this acknowledgment to all Aboriginal and Torres Strait Islander peoples that are employed within DFSV sector and recognise the unique and vital contributions they provide in keeping Aboriginal people and communities safe.

Note on Terminology

The term Aboriginal in the program specifications refers to both Aboriginal and Torres Strait Islander peoples. It is used to refer to the numerous nations, language groups and clans in NSW. The SHLV program supports victims and survivors from diverse Aboriginal and Torres Strait Islander communities and backgrounds across NSW.

The term family captures all different types of family and kinship groups. We acknowledge that family compositions are unique and encompass many cultural factors such as Aboriginal kinship structures.

Victim-survivor is a person who has experienced domestic, family or sexual violence. This term is used to acknowledge the strength, resilience, and resistance shown by people who have experienced or are currently living with violence. It is recognised that people who have experienced violence and / or coercive control have different preferences about how they would like to be identified and may choose to use victim-survivor or survivor separately or use another term altogether.

Throughout this document, the term ‘female victim-survivor' is used. However, DCJ and Staying Home Leaving Violence (SHLV) acknowledges diverse gender identities and experiences and offer specialist DFV support to people who identify as female.

The term ‘person using violence’ is primarily used to describe individuals who have perpetrated physical, sexual, emotional, psychological and/or economic abuse, as well as coercion and control within an intimate or family relationship. Many communities prefer this to the term perpetrator, and it is in common use in different practice settings. However, the term perpetrator is also used at times in this document, where this is the

term used in a specific process or by an agency whose process is being referenced. It is important to be guided by the language used by the victim-survivor you are working with.

Acknowledgement of victim-survivors

The Department of Communities and Justice honours the experiences, strength and courage of all victim-survivors of domestic and family violence. It is recognised that responses to domestic and family violence need to be informed by the voices and lived experience of victim-survivors, and acknowledge those who did not survive, along with the impact on their family and friends.

1. PURPOSE

1.1 Purpose of Document

The Department of Communities and Justice (DCJ) commissions organisations to deliver the Staying Home Leaving Violence (SHLV) program throughout New South Wales.

The aim of the SHLV program is to support women and children affected by domestic and family violence (DFV) to remain safely in their home, or a home of their choosing, while the person using violence or control is removed. The time of separation from the person using violence and or control is understood as a time of very high risk for adult and child victim-survivors.

The purpose of this document is to assist service providers to understand the broad parameters of the SHLV program within the DCJ *Funded Contract Management Framework*.

Note: Program Specifications may be amended or replaced from time to time by DCJ and Service Providers should comply with the current version of the Program Specifications.

1.2 Program Purpose

The aim of the Staying Home Leaving Violence program is to prevent victim-survivors of domestic and family violence and their children becoming homeless or having to move away from their support system of family and friends, and the school and community where they live

The program works in cooperation with NSW Police (where there is an Apprehended Domestic Violence Order (ADVO) that includes an exclusion order) to remove the perpetrator (the violent partner) from the family home so that victim-survivors and their children can stay safely where they are. It provides a range of support, such as safety planning, improving home security, help in managing finances, support for children, and helping with the complicated legal process.

The providers of the program understand that it's the violent person - the partner or ex-partner - who is responsible for their own abusive behaviour and is committing a crime by using violence.

The SHLV program is an integrated and coordinated response program that promotes flexible and client-focussed services. The program's central principle is that DFV is a multi-faceted and complex issue and there is no single solution or agency that can resolve it alone.

The core service provided through the SHLV program is intensive and integrated case management. Case managers work with the victim-survivor to assess needs and risk by using the Domestic Violence Safety Assessment Tool (DVSAT) and completing safety and risk assessments, planning service delivery and monitoring the results by recording the client's progress toward case plan goals and increased safety. Case managers have

access to brokerage funds to purchase goods and services to support clients to achieve their goals, to lessen the safety risk for clients in emergency situations, and the purchase of services from other specialist service providers, where necessary.

As an integrated model, the programs results are expected to extend into the criminal justice system, with NSW Police and the Women's Domestic Violence Court Advocacy Services (WDVCAS) as key partners. It seeks to promote good practice principles to DFV services outside the program, as well as practices inclusive to diverse populations, including Aboriginal, LGBTIQA+ people, older women, people with a disability, people from diverse ethnic, cultural, racial, religious and language backgrounds and victim-survivors misidentified as primary aggressors in legal processes.

2. LEGISLATIVE FRAMEWORK

Key legislation that underpins the DCJ provision of funding to non-government organisations through SHLV is the *Crimes Act 1900* and the *Crimes Legislation Amendment Bill* 2018, which created an offence relating to strangulation, *the Crimes Legislation Amendment (Coercive Control) Act 2022* and the *NSW Modern Slavery Act 2018*.

Other key legislation includes the *Children and Young Persons (Care and Protection) Act 1998* and the *Community Welfare Act 1987* as well as the regulations associated with these acts.
Legislation that impacts on DCJ's management of its funded programs includes the *Public Finance & Audit Act 1983*, and the *Privacy & Personal Information Protection Act 1998.*
As organisations providing child-related work, SHLV providers have legislative responsibilities under the *Children Protection (Working with Children) Act 2012*. SHLV may also need to work with the *Residential Tenancies Act 2010* and the *Residential Tenancies Amendment (Review) Act 2018 No 58,* which allows a tenant to end their tenancy immediately, without penalty, if they or their dependent child are in circumstances of DFV.

Additionally, the following legislation may apply:

- Bail Act 2013 (NSW)
- The Children's Guardian Amendment (Child Safe Scheme) Bill 2021
- Crimes (Sentencing Procedure) Act 1999 (NSW)
- Criminal Procedure Act 1986 (NSW), Sexual Assault Communication Privilege
- Government Information (Public Access) Act 2009
- Family Law Act 1975 (Commonwealth)
- Health Records and Information Privacy Act 2002 (NSW)
- Privacy and Personal Information Protection Act 1998 (NSW) and
- Victims' Rights and Support Act 2013 (NSW).

3. POLICY CONTEXT

The SHLV program contributes to a number of NSW and Australian Government policy directions and commitments. It is in keeping with the *National Plan to Reduce Violence against Women and their Children 2022-2032,* which sets out an agenda to achieve change and eradicate the unacceptable acts of violence against women and their children.

In the 2024/25 Budget, the NSW Government committed to provide an additional $245.6 million over four years as part of an emergency package to enhance support for domestic, family, and sexual violence victim-survivors and expand programs that reduce the rate of violence against women and children. $48m of this was to expand the Staying Home Leaving Violence (SHLV) program state-wide. The program currently covers 91 Local Government Areas. This funding will be used to extend the program to the remaining 37 Local Government Areas, providing state-wide coverage by May 2025. Funding for new LGAs has been based on analysis of the demand for DFV services. Rural and remote areas will receive higher funding allocations to account for the higher cost of service delivery.

Pathways to Prevention: NSW Strategy for the Prevention of Domestic, Family and Sexual Violence (2024 – 2028) sets out the directions and actions to reform the domestic violence system in NSW.

The *Royal Commission into Institutional Responses to Child Sexual Abuse* highlighted the need for organisations to adopt child safe practices including appropriate screening of staff, mandatory reporting and adoption of the National Principles for Child Safe Organisations. The Royal Commission also recommended the Child Safe Standards, which provide a framework for making organisations safer for children. These Standards have been adopted by the NSW Government. The Office of the Children's Guardian (OCG) is supporting NSW organisations to implement the child safe standards.

The *NSW Homelessness Strategy 2024-2035* sets out the NSW Government's approach to prevent and improve the way that the NSW Government respond to homelessness and recognises DFV as a contributing factor to homelessness. The *NSW Human Services Outcomes Framework* provides a common set of population-level wellbeing outcomes and indicators for NSW government and non-government agencies. The SHLV program contributes to the Home outcome (that all people in NSW can have a safe and affordable place to live) and the Safety outcome (that all people in NSW are able to be safe).

4. PROGRAM ACTIVITIES

4.1 Objectives

SHLV aims to improve the safety and outcomes for women and children escaping domestic and family violence over the long-term. It does this by ensuring that each service under SHLV contributes to the primary SHLV outcomes, including:

- Clients are free from DFV in their own home, and remain so over time
- DFV victim-survivors experience long-term stability in housing, income, education and healthy relationships.

The intermediate outcomes of SHLV are:

- Effective partnerships are developed to facilitate women's ability to stay home
- Appropriate DFV victim-survivors are referred to SHLV
- DFV victim-survivors take up referral and choose to become SHLV clients
- Safety audit is conducted and safety plan devised
- SHLV clients pursue the matter in court

- Clients are knowledgeable in the use of the exclusion order and other applicable court orders
- Clients maintain safety following an ADVO breach
- Clients have a documented case history to assist police and court procedures
- Exclusion orders sought by clients are granted
- Clients remain in their own home, or a home of their own choice throughout the SHLV support period
- Clients maintain stable accommodation and control of their finances
- Clients receive support to enable them make choices to enhance their safety and wellbeing
- Safety upgrades and training improve home security and family incident response.

4.2 Scope and boundary

Domestic and family violence includes any behaviour, in an intimate or family relationship, which is violent, threatening, coercive or controlling, causing a person to live in fear. It is usually manifested as part of a pattern of controlling or coercive behaviour.

This program intervenes following the identification of DFV in a family. Identification usually occurs via Police, Health services, child protection agencies, and support services or programs. A person may also self-refer into the program and receive support to leave a violence and abusive relationship.

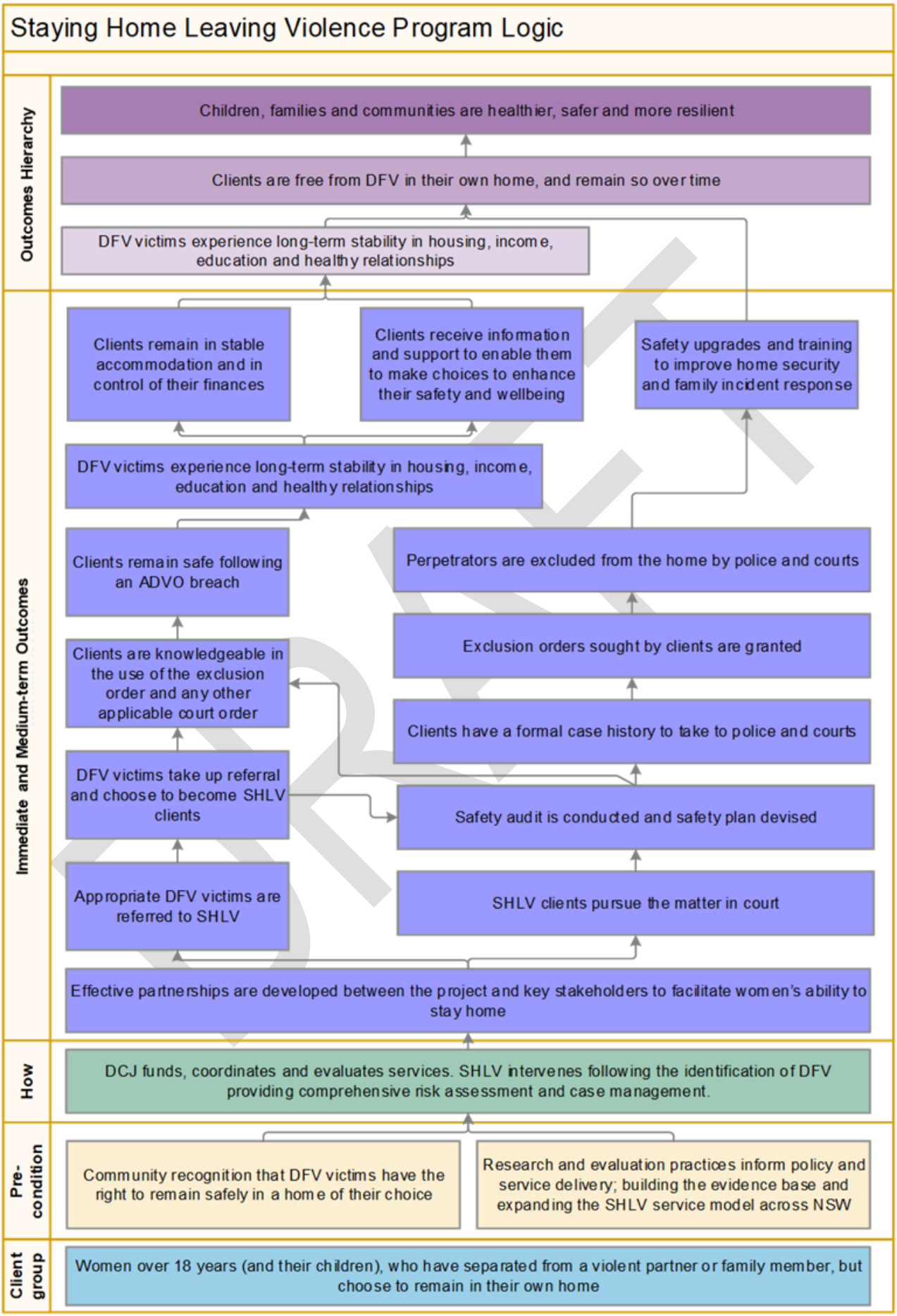
SHLV provides services once the victim-survivor has separated from the person using violence or control, as this is where the SHLV strategies are effective. The time of separation is understood as a time of very high risk for adult and child victim-survivors. SHLV only provides service to female victim-survivors of DFV and their children, or those who identify as female.

4.3 Program logic

The Results Based Accountability (RBA) Framework developed by Mark Friedman defines results as conditions of wellbeing for children, adults, families or communities. The Framework distinguishes between population-level results (to which many agencies may contribute, along with external factors like demographic and economic trends) and performance measures for specific programs.

The Results Logic Diagram is an analytical tool used to show the causal linkages between program components and intended results for client and population groups. The Results Logic Diagram includes a results hierarchy in which lower order results are preconditions for higher order results.

Some of the population level results in the SHLV Program Logic, such as a fall in the rate of DFV or increase in community understanding are results to which the SHLV Program can only contribute. There are many factors involved outside of the control of the program, including other initiatives aiming to achieve this same result. Ultimately the intention of the SHLV Program is to see rates of violence against women and children and DFV decline. However, SHLV can have more immediate results from engagement of victim-survivors, through to ensuring their immediate safety needs are met, supporting them through the court process and ultimately enabling them to keep themselves and their families safe.


Staying Home Leaving Violence Program Logic
Outcomes Hierarchy
Children, families and communities are healthier, safer and more resilient
Clients are free from DFV in their own home, and remain so over time
DFV victims experience long-term stability in housing, income, education and healthy relationships
Immediate and Medium-term Outcomes
Clients remain in stable accommodation and in control of their finances
Clients receive information and support to enable them to make choices to enhance their safety and wellbeing
Safety upgrades and training to improve home security and family incident response
DFV victims experience long-term stability in housing, income, education and healthy relationships
Clients remain safe following an ADVO breach
Perpetrators are excluded from the home by police and courts
Clients are knowledgeable in the use of the exclusion order and any other applicable court order
Exclusion orders sought by clients are granted
Clients have a formal case history to take to police and courts
DFV victims take up referral and choose to become SHLV clients
Safety audit is conducted and safety plan devised
Appropriate DFV victims are referred to SHLV
SHLV clients pursue the matter in court
Effective partnerships are developed between the project and key stakeholders to facilitate women's ability to stay home
How
DCJ funds, coordinates and evaluates services. SHLV intervenes following the identification of DFV providing comprehensive risk assessment and case management.
Pre-condition
Community recognition that DFV victims have the right to remain safely in a home of their choice
Research and evaluation practices inform policy and service delivery; building the evidence base and expanding the SHLV service model across NSW
Client group
Women over 18 years (and their children), who have separated from a violent partner or family member, but choose to remain in their own home

4.4 Evidence base

The SHLV program originated in research by the Australian Domestic & Family Violence Clearinghouse (ADFVC), which explored the connection between DFV and women's homelessness. The ADFVC constructed a research-based framework that focussed on promoting choices for women by enabling them to remain safely in their home, or a home of their choice, with support to exclude violent partners.[1] This framework still underpins the SHLV program today.

The Department funded University of New South Wales to undertake an evaluation of SHLV, published in 2014.[2] The SHLV Evaluation found that the program was meeting its aim to support women's choices to live safely in their home or a home of their choice. In particular, the evaluation commended SHLV's flexible service model that can vary in intensity and duration to meet client need.

A 2016 meta-evaluation argued that "safe at home" programs are part of the solution to reducing DFV and promoting choices for women. The Australia's National Research Organisation for Women's Safety (ANROWS) found that programs like SHLV fulfil an important role, because they ensure that women who cannot or do not wish to access refuge accommodation or specialist homelessness services have access to a service that will help them to leave an abusive relationship and live safely.[3]

In 2022, a further independent evaluation by the Gendered Violence Research Network at the University of NSW found the SHLV program effectively contributes to the long-term safety and housing stability of women and children who have left a violent and abusive relationship.[4]

4.5 Program Description

SHLV is a specialised domestic and family violence program aimed at promoting victim-survivor's housing stability and preventing their homelessness. SHLV services are contracted to provide case coordination, case management, education activities, brokerage and direct services to children.

The SHLV service model is based on long-term, needs-based work that is integrated with key agencies such as NSW Police, Women's Domestic Violence Court Advocacy Services (WDVCAS), health services, Housing NSW and relevant NGOs.

SHLV allows for comprehensive assessment of risk for women and children affected by DFV. SHLV safety planning and case management strategies support a process of enabling DFV victim-survivors to:

[1] Edwards, R. (2004) "Staying Home Leaving Violence: Promoting Choices for Women Leaving Abusive Partners" UNSW
[2] Breckenridge. J. et al., *Staying Home Leaving Violence Evaluation Final Report*, Gendered Violence Research Network, (UNSW,
Australia, 2014).
[3] Breckenridge, J., Chung, D., Spinney, A., & Zufferey, C. (2016). *National mapping and meta-evaluation outlining key features of effective "safe at home" programs that enhance safety and prevent homelessness for women and their children who have experienced domestic and family violence: Final report*. Sydney: ANROWS
[4] Breckenridge,J., Whitton, T., Burton, M., Dubler, N.& Suchting, M. (2022) Staying Home Leaving Violence Evaluation: Final report, Sydney, Gendered Violence Research Network, UNSW, Sydney.

- Remain separated from a person using violence or control by addressing common barriers to leaving violent relationships
- Have stable accommodation
- Maintain support networks
- Maintain security in employment/training for women
- Maintain security in education/childcare for their children.

SHLV is intended to complement other services and to operate in collaboration and coordination with other services.

SHLV aims to prevent the occurrence of post-separation abuse. This refers to experiences of
DFV following the separation of the intimate partners. Research indicates that the period following separation from an abusive relationship can put victim-survivors at higher risk of violence.

Risk management within SHLV includes a process of careful safety planning, implementation of safety modifications, the provision of safety equipment within a victim-survivor's home and the provision of Duress Alarm devices where appropriate and available. A significant proportion of safety planning in this context involves negotiating safe responses to violence and abuse. This involves a process of assessing the strategies previously used by victim-survivors to respond to abuse and aims to educate and introduce responses that maximise the victim-survivor's safety and protection in the event of further abuse.

Victim-survivors separated from the person using violence or control who are assessed as very high risk with little prospects of remaining safe within their own home, will be informed of the results of the Domestic Violence Safety Assessment Tool (DVSAT). SHLV will provide such women with options for keeping safe, including options about relocating to safer accommodation. If clients in this situation continue to make the informed choice to remain in their home, they will continue to be supported by SHLV, following careful assessment and consideration of worker safety.

Child protection concerns will be documented and communicated with adult clients and will be responded to in accordance with the Mandatory Reporter Guidelines and the *Children and Young Persons (Care and Protection) Act 1998*.

The SHLV support period is not fixed. It is flexible and needs-based.

The prevention of homelessness requires the services receive referrals as soon as possible following a DFV incident. More information about referrals through Safer Pathway can be found in Partnership Framework section 7 below.

4.6 Case Coordination

A person becomes a case coordinated client when provided with services on multiple occasions, but there is not an SHLV case plan for them and SHLV does not have case management
responsibility for them.

A person is a case coordinated client when your service:

- Follows up with the person about their situation or their access to services/support
- Advocates with another service/s on the person's behalf.

Referring a person to another service/s does not on its own make a person a case coordinated client.

Case Coordination Services will include:

- Case tracking to ensure seamless client service provision, including referral on to other services.
- Multiple occasions of service or support
- Risk assessment and safety planning, including SAMs referral if indicated.

4.7 Case Management

The core service provided through the SHLV program is DFV case management. DFV case management is a client-centred inclusive case management approach available to Women, and those identifying as female, and their children affected by DFV.

Case management involves one worker assigned as a key support worker for a particular client. DFV case management incorporates the management of a wide range of responses that may be needed to improve the safety and wellbeing of DFV victim-survivors. It is a collaborative, client-focused approach aimed at meeting individual needs. Case management involves helping clients with a complex range of needs, who require access to a broad range of services and different forms of assistance. Most clients need and use a wide range of services including housing, income, health, employment, education and training.

A case manager is responsible for ensuring clients maintain access to the services identified as appropriate to meet case plan goals. There is limited control any one agency or worker has over client outcomes; therefore, coordination of services is a major focus of case management, including shared responsibility between service providers, other agencies and clients for client outcomes.

Specialised responses may include a culture-informed response for Aboriginal families, and
specialised responses for LGBTIQ people, older people, people with disability and people from diverse cultural, religious and language backgrounds. Children and young people are acknowledged as clients in their own right.

Case Management Services will include:

- A comprehensive and ongoing risk and needs assessment of each client (adult and child) that assists in prioritising clients and responding to their needs
- A case plan, including goals that are aligned to brokerage, health, referrals, and support needs for longer-term support, with an allocated key worker
- Crisis support and information to assist with the effective engagement of clients with a range of relevant supports
- Client support and referrals to improve safety and sustain engagement with court processes

- Group support for clients where appropriate
- Case review and closure procedures that collect outcome data, assist with caseload management and ensure clients are aware of their status.

4.8 Education activities

SHLV services are required to provide education activities each year. The number of education activities expected is outlined in the associated contract. These activities should be aimed at increasing awareness of DFV and reducing DFV in the community. Community education activities can be run for a wide audience, including:

- Health professionals
- DCJ caseworkers
- Other NGO's
- NSW Police
- Schools
- Local Government
- Community groups
- Inter-agencies

Possible topics include:

- What the SHLV program does and how to refer clients
- NSW laws relating to DFV
- Cross-sector collaboration to respond to needs of DFV victim-survivors

4.9 Brokerage

Brokerage is the flexible use of designated SHLV funding to purchase goods and services to
support clients to achieve their goals. Brokerage funds should always be provided as one of a range of strategies identified in a client's case management plan to address their needs. In the SHLV program, brokerage can be used to lessen the safety risk for clients in emergency
situations. More details about Brokerage use are contained in the SHLV Practice Guidance.

4.10 Direct services to children

The SHLV program recognises that children experiencing DFV are clients in their own right. SHLV services are required to provide a certain number of direct services to children under their contract. This can include:

- Liaison with school/childcare
- Safety planning and security equipment provided to children

- Refer child to counselling/group work
- Advocacy regarding family law matters
- Brokerage funding (e.g. clothes, school uniforms, speech therapy, specialist assessments)

More details are included in the SHLV Practice Guidance.

4.11 Target groups

The broad client group for SHLV is any adult female (or those identifying as female) victim-survivor of DFV, and their children, who has left or leaving a violent relationship. Where a victim-survivor has children under their care, the service response must take into account the impacts of the DFV on children and young people and either provide direct services or develop a strategy to address the children's needs.

Service providers are required to provide priority access for people with the following characteristics:

- DFV victim-survivors from an Aboriginal and Torres Strait Islander background
- DFV victim-survivors affected by socio-economic disadvantage
- DFV victim-survivors from Culturally and Linguistically Diverse backgrounds
- DFV victim-survivors who are from refugee, migrant or asylum-seeking backgrounds
- DFV victim-survivors affected by social exclusion (or from rural/remote communities)
- DFV victim-survivors who have a disability
- DFV victim-survivors who are caring for a child with a disability
- DFV Victim-survivors who are assessed at serious threat in DVSAT

4.12 Cultural capability in the provision of DCJ-funded services

As a DCJ-funded organisation, SHLV programs are responsible for ensuring that services provided are 'culturally capable'. This means organisations take account of cultural, racial, linguistic and religious differences in the design and delivery of services, so they are appropriate for the circumstances of the individuals and families they work with.

This means that SHLV programs must take account of population groups that are culturally and racially marginalised, as well as migrants and refugees in the design and delivery of services so that services are culturally meaningful and relevant to increase family safety.

SHLV Programs should include a culture-informed and localised response for Aboriginal families, a specialised response for LGBTIQA+ people, older women, people with a disability, people from diverse cultural, racial, religious and language backgrounds, and criminalised women. It should be recognised that Australia is a highly multicultural country. Over 30% of Australians were born overseas or had one or both parents born overseas (ABS Census Data 2023).

The NSW government has a strong commitment to improve outcomes for Aboriginal people. Some of the initiatives to commit to a more effective response include:

- Family is Culture (FIC) Independent Review 2019
- 2020 National Agreement on Closing the Gap and NSW Closing the Gap Partnership Agreement 2024
- Safe and Supported: the National Framework for Protecting Australia's Children 2021–2031
- Aboriginal and Torres Strait Islander peoples' First Action Plan 2023-2026 and the Aboriginal and Torres Strait Islander Action Plan 2023-2025, which are both part of the National Plan to End Violence against Women and Children 2022-2032.

It is important to acknowledge the past and continued trauma experienced by Aboriginal people in developing culturally safe and appropriate responses. Cultural connections need to be respected as they can serve to enhance resilience and strength in recovery from DFV and intergenerational trauma.

It is vital that cultural capability is considered in the tailoring of service provision for all cultural, religious and language groups, in the development of Aboriginal engagement strategies. This includes engaging with and empowering community members and staff from culturally, linguistically and ethnically diverse, migrant, and refugee backgrounds.

Some practical aspects of culturally capability include:

- That employees of SHLV Programs reflect the cultural diversity of the service's target population.
- That the program / broader service has clear policies and strategies in place for working with families from culturally diverse backgrounds.
- Employees provide information to victim-survivors and use resources that are linguistically and culturally appropriate.
- Training is provided for staff in culturally reflective casework practices that are appropriate for Aboriginal and Torres Strait Islander, Culturally and Linguistically Diverse (CALD), refugee and migrant communities.
- Staff have access to interpreter services as needed to support victim-survivors.

Funded organisations will source interpreter services independent of DCJ. They will also be required to report on their use of interpreter services through the annual DCJ acquittal/accountability process.

4.13 Case closure

The flexibility of the duration of the program is a key strength of SHLV. This flexibility allows for the development of individualised support plans to be created for clients. It also means case managers are able to vary the intensity of services at different points in a client's journey.

Case management or support plans should be reviewed in line with each service's policy.
Case closure refers to the end of service delivery for a client. Cases should be closed when there is no more planned work with the client, it is anticipated that the client will not require further contact with the service and no ongoing follow up contact is scheduled. At this point, the case worker would record case closure data in CIMS.

A client may also exit the program if they:

- return to a relationship with the person using violence or control
- move out of the boundaries where SHLV is delivered
- stop engaging with the program.

Transition out of the program

The planned transition out of the program should be discussed with the client and mutually agreed upon. Working towards an exit from the program will involve reviewing the goals made and achievements reached during the support period. As the end of the support period approaches, contact may reduce and focus will shift to ensuring other planned supports are continuing and that practical matters are resolved as planned.

Unplanned exit from the program

There may be times where a client decides to disengage from the program without notice. This can occur for various reasons including pressure from the person using violence or control, changes to health or addiction issues, housing or income circumstances.

A service provider's duty of care in this situation is informed by the age of a client and the most recently assessed level of risk. Decisions to reach out to a client, next of kin, guardian or share information with agencies should be decided in consultation with a senior service manager.

Ideally, service providers will plan ahead with clients about their preferred service response in a period of unexpected disengagement from the program.

Closing cases on CIMS

When a client exits the SHLV program, it is important to ensure the case and incoming referral is closed in CIMS and the correct reason for exit is recorded. This will allow for accurate data collection by DCJ.

Instructions on how to close a case in CIMS are available in the *CIMS Standard Operating Procedures*.

5. DATA COLLECTION AND REPORTING

5.1 Contract performance measures and service results

The DCJ *Funded Contract Management Framework* covers the objectives, guiding principles, processes and expected outcomes of funded contract management. The Framework underpins how funded service management occurs for DFV programs, including SHLV.

SHLV service providers enter into a contract with DCJ to achieve certain outcomes for clients. These outcomes will be monitored using the following performance measures:

Staying Home Leaving Violence Program	
Long-term outcomes	• Clients are safe and free from violence in their own home, and remain so over time • DFV victim-survivors experience long-term stability in housing, income, education and healthy relationships.
Immediate to medium-term outcomes	• Effective partnerships are developed between the project and key stakeholder to facilitate women's ability to stay home • DFV victim-survivors who match the program criteria are referred to SHLV • DFV victim-survivors take up referral and choose to become SHLV clients • Safety assessment is conducted and safety plan devised • SHLV clients pursue the matter in court • Clients are knowledgeable in the use of the exclusion order and any other applicable court order • Clients maintain safety following an ADVO breach • Clients have a documented case history to assist police and court procedures • Exclusion orders are sought by clients • Clients remain in their own home, or a home of their own choice throughout the SHLV support period • Clients maintain stable accommodation and control of their finances • Clients receive information and support to enable them to make choices to enhance their safety and wellbeing • Safety upgrades and training improve home security and family incident response.

Client group	Women over 18 years, or those identifying as female, (and their children), who have separated from a violent partner or family member but choose to remain in their own home.
Client subgroups	Victim-survivors of DFV who are: • From an Aboriginal and Torres Strait Islander background • Affected by socio-economic disadvantage • From culturally and linguistically diverse backgrounds • Affected by social exclusion • Living with a disability • Caring for a child with a disability • Individuals aged 16-18 years for case coordination only

SHLV provides comprehensive risk assessment and safety management planning. A case plan is developed for each case managed client, tailored to her individual goals, and education is provided regarding the dynamics of DFV and keeping herself and her children safe.
Service providers develop partnerships with key stakeholders to ensure effective services are delivered to clients, including appropriate legal responses, safety assessments, counselling and group work, and support for income maintenance.
SHLV helps to increase the capacity of partner organisations to support DFV victim-survivors to stay home safely and promote awareness of alternative accommodation options for the excluded person using violence.

1. The service employs professionally trained case manager(s) who provide:

- Individual lethality and comprehensive risk assessment and safety planning for women separated from a violent person and remaining in her own home, or home of her choice
- Security upgrades and safety modifications to the victim-survivor's home (using brokerage funding and allocating the client a Duress Device where appropriate)
- The development of a case plan to meet client needs
- Casework and advocacy to address legal, financial, counselling, group work, tenancy, emergency relief and other support needs, including ensuring early links (via facilitated or warm referral) to agencies that address these needs
- Support and resourcing of clients at family court proceedings, where necessary
- Court support and advocacy (in collaboration with the Women's Domestic Violence Court Advocacy Service) in relation to applications for Apprehended Domestic Violence Orders that include Exclusion orders
- Liaison and partnership with DCJ Housing, NSW Police and Women's Domestic Violence Court Advocacy Service
- Assessment of the needs of young women aged 16 – 18 years who are escaping DFV, case coordination and referral to service providers for housing support.

2. SHLV providers will use formal referral and/or case management agreements with partner agencies.

3. The program contributes to raising awareness of women's right to stay home and have the person using violence or control removed, as well as to facilitate legal options and community partnerships that enable this.

How much?
• total number of women and children supported per year by SHLV service. • number of referrals received by the project. • number of referrals made to other specialist services. • number of clients supported through Police and ADVO application processes. • number of clients who seek exclusion orders.
How well?
• number of partner agencies participating in formal referral and case management agreements. • number and % of clients who meet their case plan goals. • number and % of clients from each of the nominated sub-groups compared to the percentage profile of these groups within the community served by the project. • number and % of clients who report satisfaction with the SHLV service. • number and % of clients who report that the support has increased their sense of safety within the home.
Is anyone better off?
• number and percentage of women remaining in their own home, or other home of their choice for a period of 3 years, from the beginning of the SHLV support period. • number and percentage of adult SHLV clients who commence or maintain employment or education during the support period. • number and percentage of children of SHLV clients who maintain same school or childcare of their choice.

5.2 Program data collection and reporting

Performance monitoring for government-funded services is an important part of the government's accountability to the people of NSW. The organisations that DCJ funds through the SHLV program need to report on the work they do. Service providers must report all data through CIMS, including paper-based surveys, unless otherwise stated by DCJ.

5.3 Type of service activities

This table lists the main types of activities and quantities per year for SHLV. These form the basis of reporting and contracting.

Type of service	Type of activity	Quantity per year
Staying Home Leaving Violence (SHLV)	Case coordination	# of adult clients
	Case management	# of adult clients
	Education activities	# of sessions # of organisations
	Brokerage	by client/initiative
	Direct services to child	# of child/ren

5.4 The CIMS System

The reporting system for SHLV is a web-based system called the Client Information Management System (CIMS). CIMS is hosted by InfoXchange, which offers a secure encrypted web connection for every session in use. This secure connection protects data and information within CIMS from being accessed or hacked by any external individuals/entities. The CIMS infrastructure meets the Australian Government Protective Security protocols.

Purpose of CIMS Data

The data reports that CIMS generates for monitoring are designed to provide a regular indication of each service's performance against SHLV program measures. DCJ uses reported data for four main purposes:

1. assess each service's effectiveness in delivering the outcomes specified in the contract;
2. measure the service's contribution to SHLV program objectives
3. as part of the program's evaluation; and
4. to provide feedback to service providers on their performance.

DCJ does not view the data collected through CIMS as an indication of the effort service providers put into their SHLV programs, or of the value of a service provider or program. Likewise, DCJ does not intend CIMS data monitoring to replace or undermine the importance of evaluations, which offer detailed assessments and provide a thorough understanding of programs and their implementation.

Some of the main functions in CIMS are:

- Recording all incoming referrals to the associated client
- Recording services and supports that the client receives through the SHLV program

- Recording survey results
- Preventing duplicate client records through client search function
- Allowing client information sharing with other SHLV providers (with client consent)
- Recording client outcomes
- Running standard and customised client reports

Closing cases on CIMS

When a client exits the SHLV program, the case should be closed in CIMS and the reason for exit recorded. This allows for accurate data collection by DCJ. Instructions on how to close a case in CIMS are in the CIMS Standard Operating Procedures located in CIMS.

CIMS Training and Handbooks

DCJ will offer CIMS training periodically for all SHLV program providers. DCJ has published an IDFVS/SHLV Standard Operating Procedures handbook and a SHLV/IDFVS Frequently Asked Questions handbook to help providers use CIMS. These can be found on the CIMS website under the Admin Tab.

Programs should become familiar with CIMS and ensure data is accurately recorded and updated on a monthly basis via the website https://cims-nsw.infoxchangeapps.net.au

Any technical questions about the CIMS system or need support, should go to the CIMS mailbox: CIMS@homes.nsw.gov.au

5.5 Monthly Reporting

DCJ requires service providers to regularly upload data into CIMS on a monthly basis. This is to ensure that service providers and DCJ have data that is as recent and accurate as possible.

Service managers/Coordinators should review client lists and data on a quarterly basis to ensure clients data, demographics and support are correctly recorded, with clients support periods closed in CIMS where required with their Incoming Referral end dated.

The DCJ CIMS team completes an annual data extract to report on program level client numbers and outcomes each financial year.

The Outcome Rating Scale (ORS)

As part of the UNSW developed evaluation framework, SHLV program providers must use the Outcome Rating Scale (ORS) to measure client wellbeing. The ORS is one of the main measures of the program's effectiveness.

This tool tracks client progress at different points of the intervention and is reflective in that it assists clients consider the change in their life, set new goals and

can be used to highlight both their own efforts and achievements, as well as those of the worker. It is designed to be used as a collaborative casework tool and integrated into practice, with the client and worker both able to review progress and plan for next steps. It is adapted from an outcome measure developed by Miller, Duncan and Hubble[5].

Only case-managed clients need to fill in the ORS; it is not designed for case-coordinated clients. There are three versions of the survey:

1. Adult Outcome Rating Scale
2. Child Outcome Rating Scale
3. Young child Outcome Rating Scale

Caseworkers should use their professional discretion in deciding which version to distribute to a client that is suitable for the client's age and emotional status.

Clients should fill out the ORS at the start, end and intermittently throughout the client management period. For example, clients might fill out the ORS every three months (or more frequently if the client is intensively engaged with the service) and before and after critical incidents, such as court appearances, installation of safety equipment or other events effecting the client's wellbeing. The tool is designed to become familiar for the client so that its use as a regular review of progress becomes familiar.

5.6 ORS and Cultural Capability

Research has found the ORS to be a valid tool for use with diverse clients, in different contexts, from different backgrounds and experiencing different life events or issues. However, it is important for caseworkers to ask the ORS questions in a culturally meaningful way, like a 'cultural translation.' In particular, caseworkers need to introduce and ask the questions to Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse clients in a culturally meaningful and relevant way.

The CIMS Standard Operating Procedures handbook shows providers how to administer and record the survey. Note that CIMS records surveys anonymously.

DCJ expects that caseworkers will not enter the ORS responses of their own clients into CIMS.

5.7 Indigenous Data Sovereignty and Governance

[5] Breckenridge, J. et al., The University of New South Wales Centre for Gender Related Violence Studies, "Staying Home Leaving Violence Evaluation Framework," September, 2011: 13.

The SHLV program is committed to the principles of Indigenous Data Sovereignty and Indigenous Data Governance. Indigenous Data Sovereignty refers to the right of Indigenous peoples to exercise ownership over Indigenous data. Ownership of data can be expressed through the creation, collection, access, analysis, interpretation, management, dissemination and use of Indigenous Data.

It aims to ensure that data on or about Indigenous peoples reflects Indigenous priorities, values, cultures, worldviews and diversity and that data is available and accessible at individual and community levels, and by Aboriginality. The intention is that data can empower sustainable self-determination and effective self-governance.

SHLV providers need to explain to clients where data will be stored, who will have access to it and what it might be used for.

SHLV program data will be made publicly available so that Aboriginal service providers can:

- Be engaged and lead in decision making about data.
- Have the opportunity to give feedback that is valued and recognised by DCJ.
- Lead localised data development activities to enhance data collection that is useful for community.
- Generate genuine opportunity for greater authority to manage, govern and own data routinely collected.
- Build capability and expertise to collect, manager and store data effectively.

6. NOTIFIED POLICIES AND STANDARDS

All SHLV providers are required to be familiar and comply with following policies and standards:

- DCJ Funded Contract Management Framework
- Framework NSW Interagency Guidelines
- NSW Practice Standards
- Child Safe Standards
- Aboriginal Case Management Policy
- Working with Children Check

Note: Policies and Standards are updated and can change. Whilst SHLV Providers will be advised through their contract manager of changes, they are also expected to keep up to date with changes in the sector and ensure compliance.

7. STRUCTURE AND PARTNERSHIPS

7.1 Partnership Framework

SHLV services are provided by a mix of NSW Government agencies and NGOs. SHLV providers are required to work collaboratively with HOMES NSW, Community Housing Providers, NSW Health, other community service providers, Women's Domestic Violence Court Advocacy Services, and the NSW Police Force.

Safer Pathway

The prevention of homelessness requires the services receive referrals as soon as possible following a domestic violence incident. As part of the NSW Domestic and Family Violence Reforms, a streamlined referral pathway was introduced called Safer Pathway. It consists of a Central Referral Point (CRP), an automated online platform that receives and allocates victim-survivors referrals, hosted by DCJ.

The NSW Police must refer all domestic violence victim-survivors to the CRP. The Police attach a completed Domestic Violence Safety Assessment Tool (DVSAT) to each referral and include the victim-survivor's contact details (including a safe time to call).

The CRP automatically allocates referrals to a Local Coordination Point (LCP) or Local Support Service (LSS) on the basis of victim-survivors' gender and postcode. Women's Domestic Violence Court Advocacy Services (WDVCAS) host LCP for female victim-survivors A range of non-government organisation (NGO) providers hosts the LSS for male victim-survivors.

LCP and LSS officers contact victim-survivors of DFV following a referral and provide threat assessment, safety planning and referral to services, including SHLV.

All domestic violence victim-survivors identified as at serious threat aged 16 or above are referred to a Safety Action Meeting (SAM). SAMs are regular meetings of local service providers that aim to prevent or lessen serious threats to the safety of domestic violence victim-survivors and their children. Targeted information sharing takes place to facilitate the development of tailored, time-specific Safety Action Plans for victim-survivors at serious threat and their children.

DCJ-funded service providers will only refer domestic violence perpetrators to behaviour change programs that meet the NSW minimum standards.

7.2 Governance Structure

SHLV programs will deliver Case Coordination and Case Management through:

- The employment of a professional manager and two or more caseworkers to provide the services, attempting to recruit staff who reflect the diversity of the client group.
- Establishing and administering a brokerage fund to purchase goods

and services required to meet client case plan goals. Service providers are encouraged to aim for a brokerage fund of up to 10% of the total grant, however they can exceed this if still meeting agreed targets.

The service may be co-located with government agencies or other agencies and is encouraged to have strong interagency partnerships.

In order to deliver these activities appropriately, SHLV programs are to have an Aboriginal and culturally specific service delivery strategy.

Appendix 1 - Acronyms

Acronym	Meaning
CALD	Culturally and Linguistically Diverse
CIMS	Client Information Management System
CRP	Central Referral Point
DCJ	NSW Department of Communities and Justice
DVSAT	Domestic Violence Safety Assessment Tool
LCP/LSS	Local Coordination Point/Local Service Support (male LCP)
LGBTIQA	Lesbian, gay, bisexual, transgender, intersex, queer and asexual
MRG	Mandatory Reporting Guide
SAM	Safety Action Meeting
WDVCAS	Women's Domestic Violence and Court Advocacy Service

Communities and Justice

NSW GOVERNMENT