EVALUATION OF THE PILOT PROGRAM OF SPECIALIST DOMESTIC VIOLENCE UNITS AND HEALTH JUSTICE PARTNERSHIPS ESTABLISHED UNDER THE WOMEN’S SAFETY PACKAGE

Final Report, February 2019

Prepared by Social Compass for the Attorney General’s Department
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<th>Acronym</th>
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<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
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<tr>
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<td>CALD</td>
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<tr>
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<td>Women’s Safety Package</td>
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¹ State not identified in anonymous survey response
Acknowledgements

We acknowledge the Traditional Owners of the land on which the specialist domestic violence units and health justice partnerships are located. We pay our respects to your Elders past and present and those who will continue caring for this Country into the future.

We at Social Compass would like to acknowledge and say ‘thank you’ to the many women who came forward to participate in interviews for this evaluation. As researchers, we felt privileged to be trusted with your personal stories of struggle and resilience. Without your courage and commitment to share your stories, we would not have been able to describe the true outcomes of the services you have received from the domestic violence units and health justice partnerships around the country. Many of you expressed to us your desire to ‘give back’ and to speak out in order to support and protect other women. We hope that this report can give voice to your views and contribute to an increased understanding and awareness of the needs of women experiencing family and domestic violence.²

This painting was created by a domestic violence unit client and given to staff to thank them for the support she had received. We thank her for her kind permission to use it in this report.

² In order to give voice to the women who participated in the evaluation, quotes from their interviews are highlighted in pink throughout the report.
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Executive summary

In September 2015 the Australian Government announced a $100 million Women’s Safety Package to support the work of The National Plan to Reduce Violence against Women and their Children 2012-2022. As part of this Women’s Safety Package, the Australian Government announced $15 million over three years to pilot innovative legal assistance service models for women experiencing, or at risk of, family and domestic violence (FDV). Initial funding for the pilot program included eight domestic violence units (DVUs), five combined DVU/health justice partnerships (HJPs), and one standalone HJP across Australia (a total of 13 providers delivering services at 14 locations).

In October 2017, the Attorney-General’s Department (AGD) commissioned Social Compass to conduct an outcome evaluation of the 14 DVUs and HJPs. The purpose of the evaluation is to examine the outcomes achieved through the DVU and HJP service model and identify if and how women in Australia experiencing, or at risk of experiencing, domestic violence are benefiting from integrated legal and social support services provided by the DVUs and HJPs. The findings of this evaluation will inform future Government consideration of service delivery. Three overarching questions underpin the evaluation:

1. Has receiving an integrated support service from the DVUs and HJPs benefited women experiencing domestic violence? How?
2. What are the factors that have enabled the DVU/HJP to achieve these client outcomes?
3. What have been the greatest barriers to clients receiving the help they need through an integrated service model?

The evaluation adopted a mixed-methods design using both quantitative and qualitative data in its analysis. This design sought to give voice to perspectives from a range of stakeholders and, most importantly, those women whom the program has been designed to benefit. Data sources consisted of:

1. project data – project plans, quarterly data reports, six-monthly progress reports, and case reports
2. interviews with DVU and HJP managers
3. surveys of DVU/HJP staff and staff of partner organisations
4. survey of participants in training delivered by HJPs
5. semi-structured interviews with women accessing the DVUs and HJPs.

Findings

A range of vulnerable women are accessing services at the DVUs/HJPs, including high numbers of Indigenous and CALD women and those living with a disability. Collectively, throughout 2017, the DVUs/HJPs have taken on an average of between 400-500 new clients each quarter, and provide on average more than 2,500 legal and non-legal supports to new and existing clients each quarter.

Outcomes

This evaluation finds that there are multiple short and longer-term outcomes for women accessing DVUs/HJPs. These include:

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Throughout this report, the terms ‘outcome’ and ‘benefit’ are used interchangeably. All reported outcomes were positive, and therefore benefits, for clients and other stakeholders.
• **Increased legal access, literacy and positive legal outcomes**
  Through the DVUs and HJPs, women experiencing FDV have increased access to timely, reliable legal information and support. This is increasing their knowledge of legal processes, and their rights, enabling them to fight for their rights and leading to positive legal outcomes with FDV, Family Law and other matters.

• **Positive outcomes with non-legal issues**
  Women who are dealing with domestic violence also experience financial, parenting, housing, health, mental health, employment and other issues. Through advocacy, case management and other services, clients are being supported to address these issues and achieve positive outcomes with a range of agencies — including Centrelink, child protection, and housing services — and for many CALD clients, with immigration issues.

• **Improved safety**
  Clients and their children are physically safer and feel safer as a result of the legal and practical steps they have taken and outcomes which have resulted from DVU/HJP services. Without the assistance of the DVU/HJP, many women would not have been able to take these steps, and would have given up, gone back to their partners, and for some, considered suicide.

• **Improved wellbeing through feeling respected and empowered**
  Clients feel listened to and respected and have experienced empowerment and increased self-efficacy as a result of their engagement with DVU/HJP services. Overall, clients have less stress, increased wellbeing and a greater sense of positivity about the future.

The evaluation also identified a range of benefits for other stakeholders including:

• **Staff capacity**
  HJP training is increasing the capacity of staff in health settings to identify, refer and support women experiencing FDV.

• **Community capacity**
  Community education delivered by DVUs and HJPs is increasing access to reliable information about FDV and associated legal processes.

• **Service capacity**
  DVUs/HJPs are influencing change in generalist legal services e.g. trauma informed approach to all services.

**Factors that have enabled outcomes**

The evaluation has identified several enablers supporting these positive outcomes:

• **Accessibility**
  Since their inception, DVUs/HJPs have prioritised accessibility, with a central strategy of flexibility of service delivery tailored to local need. Through outreach services and a range of other strategies, units are targeting and reaching women experiencing a range of disadvantages, including CALD and Indigenous women, those with a disability or financial disadvantage, and those who may not qualify for Legal Aid.

• **Client-centred approach**
  This accessibility and flexibility has underpinned the client-centred approach of the units which includes: appointments being as long as needed; accommodating needs of mothers;
non-judgemental service provision; culturally sensitive services; and using a trauma-informed approach.

- **Prioritising safety**
  Numerous practical strategies are employed including: security measures; risk assessment; development and sharing of safety plans; participation in meetings with police and other agencies; and providing free phones to clients.

- **Staff**
  Employees are skilled, experienced and compassionate, and there are some supports in place to help them deal with the challenges of the work. The complexity of the work requires broad skill sets including legal or social work background, life experience, strong communication skills, and understanding of trauma-informed practice.

- **Collaboration**
  A feature of the DVUs/HJPs is their high level of collaboration internally, and with partner organisations in the delivery of wrap-around services to women experiencing FDV.

**Barriers**

While all units are achieving positive outcomes for clients, the evaluation nevertheless identified several barriers to service delivery and achieving outcomes for women experiencing FDV:

- **Limited resources**
  Across all sites, DVUs/HJPs indicated that a lack of DVU/HJP resources was resulting in significant unmet demand for services by women experiencing FDV.

- **Client-specific factors**
  Clients often face a complex and overwhelming combination of problems including unemployment, housing instability and substance abuse and may lack the confidence and capacity to seek help. Additional cultural issues amongst Aboriginal and CALD populations are also impacting on those clients’ outcomes.

- **Service delivery issues**
  Remote locations, large geographical areas, staff recruitment and retention, legal professional privilege, conflicts of interest, and regional variations in the lack of specialist support services, all placed challenges on the ability of services to deliver outcomes.

- **Recruitment of health professionals**
  All HJPs had difficulty recruiting General Practitioners and a range of other health professionals to participate in training. Lifting the profile and priority of HJP training is challenging due to GPs’ busy training schedules.

Overall, the evaluation has found that the 14 DVUs and HJPs are providing multiple short- and longer-term benefits to women experiencing FDV through the delivery of tailored, wrap-around legal and non-legal services in collaboration with other organisations.

DVUs and HJPs have successfully reached, and met the needs of, the most vulnerable women by adapting activities to local contexts, including the location, community demographics and other services in the area. The ability of DVU/HJP providers to adapt staffing and service delivery models to address local needs is important to their success.

DVUs could better meet local demand if they had more resources. More resources may also increase the efficiency of DVUs. Larger DVU teams may improve retention and better protect staff from vicarious trauma by providing greater peer support, flexibility to accommodate leave, and more
opportunities for community engagement and law reform work. Retaining staff longer would improve efficiency by increasing continuity in relationships with clients and partners.
1. Background

1.1 Family and domestic violence

Family and domestic violence (FDV) involves behaviours that are coercive and controlling and may include physical abuse, emotional/psychological abuse, sexual abuse, financial deprivation and social and cultural isolation (COAG, 2009). It is broadly accepted that FDV has a gendered dimension as it is often women and children who are most affected. In Australia, it is estimated that women are nearly three times more likely to have experienced partner violence than men, with approximately one in six women (17% or 1.6 million) and one in sixteen men (6.1% or 547,600) having experienced physical and/or sexual partner violence since the age of 15. Approximately one in four women (23% or 2.2 million) and one in six men (16% or 1.4 million) have experienced emotional abuse by a current and/or previous partner (ABS, 2017).

Some groups of women are at higher risk of experiencing domestic and family violence. Indigenous women and girls are 35 times more likely to be hospitalised due to family violence related assaults than other Australian women and girls. Women from culturally and linguistically diverse (CALD) backgrounds, women with disability or people who identify as lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI), face a heightened risk of experiencing violence. Older women also face higher risk of experiencing domestic and family violence. The impact of this violence can be more severe and prolonged for these groups due to their social isolation, communication barriers, dependence on others and/or limited access to appropriate mainstream and specialist services. These impacts may be exacerbated for those who experience multiple, intersecting types of disadvantage and discrimination (Office for Women, 2016).

Rates of domestic and family violence in Australia are higher in regional, rural and remote areas (Campo and Tayton, 2015a). The unique characteristics and social structures of life in non-urban communities and the social norms and values of rural communities are central to understanding the specific experience of domestic and family violence in these communities (Campo and Tayton, 2015a). Rural masculinity, self-reliance and privacy, lack of perpetrator accountability, complex financial arrangements, higher rates of gun ownership, the impact of natural disasters, and traditional and patriarchal family structures in rural communities are contributing factors. (Campo and Tayton, 2015a). In addition, specialised services can be less available, harder to access, costly and have longer waiting times than in an urban setting (Campo and Tayton, 2015a).

1.2 Addressing the violence

In recent years, the Commonwealth, State and Territory Governments have taken specific steps at the policy and practice levels to address the impacts of FDV. One of the key documents, The National Plan to Reduce Violence against Women and their Children 2012-2022 (hereafter the ‘National Plan’) lays a foundation for long-term change with a series of initiatives that includes the establishment of essential, national-level infrastructure to inform future policy and service delivery and to engage the community in reducing violence against women and their children. The National Plan recognises the importance of an integrated approach to preventing and responding to the needs of women and children impacted by sexual assault and domestic and family violence, including the provision of wrap-around legal and non-legal supports. Its recommendations include collaboration between service providers, ongoing training for professionals such as police, court and judicial officers, and raising awareness of the impact of domestic violence.
In terms of addressing FDV amongst groups of women at higher risk, the National Plan outlines strategies for improving the accessibility and responsiveness of services for a range of women including from different age groups, those from CALD and Indigenous backgrounds, same sex attracted women, and women with a disability. Research suggests that mainstream services lack specialists with an understanding of the challenges and circumstances of women from culturally and linguistically diverse (CALD) backgrounds, women living with disability, and those from the LGBTIQ population who experience FDV (Campo and Tayton, 2015a; Campo and Tayton, 2015b). Research also suggests that to provide effective response to Aboriginal women in crisis, a service can: recognise that formal structures of governance do not necessarily suit Aboriginal women; cultivate ties with local Aboriginal organisations; employ Aboriginal women as mentors or ‘cultural brokers’; build and sustain informal networks through community development activities; and continue to collaborate with Aboriginal women clients and former clients to improve services (Holder, Putt and O’Leary, 2017).

1.3 About the Pilot program for specialist domestic violence units (DVUs) and health justice partnerships (HJPs), under the Women’s Safety Package

In September 2015 the Australian Government announced a $100 million Women’s Safety Package to support the work of *The National Plan to Reduce Violence against Women and their Children 2012–2022*. As part of this Women’s Safety Package, the Commonwealth Government announced $15 million over three years to pilot innovative legal assistance service models for women experiencing, or at risk of, domestic violence. In the pilot program there are eight DVUs, five combined DVU/HJPs and one standalone HJP across Australia (a total of 13 providers delivering services at 14 locations). The funding has now been extended to 30 June 2019.

The grants to deliver this initiative are being provided through the Community Legal Services Program. Under the grant agreements, DVUs and HJPs are required to deliver intensive, front-line legal assistance and wrap-around case management support assisting clients to access other support services they need. Service providers must collaborate with other services to build referral pathways and increase support options for clients. The grant agreements specify that providers must participate in a community of practice with the other domestic violence units and health justice partnerships to share best practice and response to common challenges. Services providers are also required to collect data and submit data, progress and financial reports.

The following outcomes are identified in the Commonwealth Grant Agreement between the AGD and funded services:

- Wrap-around, intensive, legal and non-legal support is delivered and targeted to women with the greatest need and reduced capability to obtain that support for themselves.
- Legal services are appropriate and proportionate, and the service mix delivered is tailored to each woman’s individual needs.
- Women are empowered and supported to take action to protect themselves and their children.
- Strong collaborative relationships with other legal and non-legal service providers are developed and maintained to holistically address women’s legal and related problems.
- A community of practice approach is used to identify best practice in domestic violence service delivery by legal assistance providers.
An evidence base informs the delivery of wrap-around domestic violence services by legal assistance providers. The 14 DVUs and HJPs within the scope of the evaluation have been funded and established in metropolitan, rural and regional locations across Australia where there are high rates of domestic and family violence. The units include targeted assistance to Indigenous women, and those facing cultural and linguistic barriers. Many act as a ‘one stop shop’ to help women and children in crisis to receive legal support. These units build on traditional legal assistance service models by having lawyers, social workers and health professionals work together to deliver holistic, client-centred services that integrate legal and social support and connect women to multiple support services. This integrated support approach reduces the risk of re-traumatisation caused by women having to re-tell their story multiple times and enables women to address a range of issues impacting on their safety and wellbeing.

Some of the DVUs are staffed with a combination of experts such as lawyers, social workers, case managers and client advocates. Others only employ lawyers, who work closely with case managers and social workers in partner organisations. Four DVUs are also being funded to build an HJP with a local hospital or health centre and one legal assistance provider, Inner Melbourne Community Legal, is being funded solely as an HJP. HJPs have lawyers working alongside health and allied health professionals to reach clients with a range of legal and non-legal problems.

HJP lawyers provide training to health and other staff on how to identify vulnerable women and support them safely, including by directing them to an on-site lawyer. Some of the services are working with medical professional bodies to have this training accredited so that it will contribute to doctors’ professional development requirements. Lawyers based in the hospitals and health services are also providing legal advice and information to patients and facilitating referrals to the case management services of the associated DVU if required.

The funded DVU and HJP units are established by existing legal assistance providers with strong track records of providing high quality services to women experiencing domestic violence. The units will complement the existing efforts of the sector and state and territory governments. The funded units are operated by Community Legal Centres (CLCs) — including Women’s Legal Services (WLSs) — and Legal Aid Commissions (LACs).

1.3.1 Community Legal Centres (CLCs)

CLCs are independent, not-for-profit community organisations that typically provide free legal services to disadvantaged people and communities. CLCs are located throughout Australia in city, regional and remote locations. Some CLCs provide generalist services for a broad range of legal issues and demographic groups, in particular geographical areas. Others offer specialist services in specific areas of law (for example credit/debt, welfare rights and tenancy) or for particular demographic groups (for example children and young people, women and older people) (Coumarelos et al, 2012).

4 According to the grant agreement, funded services were to conduct service evaluations based on a 'nationally consistent format… developed by the Commonwealth in consultation with the Grantee and other legal assistance providers funded to deliver specialist domestic violence units. The Commonwealth will provide the Grantee with a timeline and the necessary evaluation tools by 30 June 2016.' However, these tools and processes are yet to be developed.

5 Since the original 13 units were established, AGD has funded another seven DVUs across the country.
CLCs deliver a range of services including information, legal advice, non-legal support, casework and representation services, duty lawyer services and provide referrals. CLCs also utilise a range of early intervention and preventative strategies such as community legal education and community development, individual skill building, systemic advocacy and law and policy reform activities. More broadly, CLCs also play a key role in community engagement, developing and facilitating partnerships between legal assistance providers and legal and non-legal services, and developing and maintaining referral networks and protocols (National Association of Community Legal Centres, 2018 p6).

1.3.2 Women’s Legal Services (WLSs)

WLSs are a category of CLC which specialises in women’s legal issues. Their mission is to promote a legal system that is safe, supportive, non-discriminatory and responsive to the needs of women accessing justice. The individual member centres regularly provide advice, information, casework and legal education to women, particularly on family law and family violence matters, but can also provide advice on more general legal issues (Coumarelos et al, 2012).

1.3.3 Legal Aid Commissions (LACs)

Each state and territory has an LAC that provides legal services to the community, often with a focus on assisting socioeconomically disadvantaged people. Legal services are typically available for criminal, family and some civil law matters. Legal Aid provides services across city, regional and remote areas. Free legal information, advice and referrals are available. Legal Aid operates various telephone advice services and also provides face-to-face advice at Legal Aid offices or courts. Legal advice is usually not subject to strict eligibility criteria or means testing and generally does not require an application for a Legal Aid grant. Where ongoing legal assistance is required, a Legal Aid grant can be provided for legal representation, either from a Legal Aid lawyer or from a private or community lawyer. For most grants, clients need to satisfy means and merit tests. There are usually limits to the amount of representation provided, and clients often have to pay some money, depending on their income or personal assets (Coumarelos et al, 2012).

Table 1: List of DVUs and HJPs and their service providers

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<th>State/Territory</th>
<th>Region</th>
<th>Funded Service Provider</th>
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<td>Specialist combined DVU/HJPs</td>
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<tr>
<td>QLD</td>
<td>Gold Coast</td>
<td>Women’s Legal Service Queensland</td>
</tr>
<tr>
<td>WA</td>
<td>North-East Perth</td>
<td>Northern Suburbs Community Legal Centre</td>
</tr>
</tbody>
</table>
2. Methodology

2.1 Purpose of the evaluation and evaluation questions

In October 2017, Social Compass was commissioned by the Attorney-General’s Department (AGD) to conduct an outcome evaluation of the pilot program for DVUs and HJPs. The purpose of the evaluation is to examine the outcomes achieved through the DVU and HJP service model and identify if and how women in Australia experiencing, or at risk of experiencing, domestic violence are benefiting from integrated legal and social support services provided by the DVUs and HJPs. The findings of this evaluation will inform future Government consideration of service delivery.

This evaluation is not a review of each individual unit; it describes the collective outcomes and processes of the units as part of the pilot program. Due in part to the nature of the grant funding which supports innovative DVU/HJP models, there are variations in service delivery models across the 14 sites. These variations in service models demonstrate the extent to which the units are responding both to gaps in local services, and to the needs of communities and clients. Service profiles based on a range of service categories and data have also been included to provide evidence of the place-based and flexible service delivery of the units.

According to the original evaluation plan developed by a consultant for AGD, three overarching questions underpin the evaluation:

1. Has receiving an integrated support service from the DVUs and HJPs benefited women experiencing domestic violence? How?
2. What features of the DVU/HJP have benefited clients the most? What are the factors that have enabled the DVU/HJP to achieve these client outcomes?
3. What have been the greatest barriers to clients receiving the help they need through an integrated service model? What are the challenges that DVU/HJP have faced in seeking to overcome these barriers?

2.2 Design

A mixed-methods design was adopted for the evaluation, which uses both quantitative and qualitative data in its analysis. This design sought to give voice to perspectives from a range of stakeholders and, most importantly, those women whom the program has been designed to benefit.

2.2.1 Data collection

Data collection consisted of the following methods and sources:6

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6 Please see Appendix B for the complete data collection tools
Project data

The following data is collected by AGD from each of the 14 funded sites:

- **Individual project plans** which were submitted to AGD at the commencement of the initial funding and include an outline of each unit’s service delivery model including: referral pathways and staffing profile; identified needs in the community and gaps in local services; proposed collaborative relationships and outreach services. HJP project plans include an outline of the proposed partner health facility and training that will be delivered.

- **Quarterly data reports** which provide quantitative data about service activities and client demographics.

- **Six-monthly progress reports** which provide both quantitative and qualitative data about service activities, new collaborative relationships and initiatives, any changes to staffing or the service model and details of training delivered by HJP.

- **Case reports**, (attached to progress reports), are de-identified client case studies, written by DVU/HJP staff outlining a particular client’s needs and the range of services that were provided to support her. These case reports provide further evidence of the range of needs of clients, the range of services provided by units and, from the perspective of staff, outcomes for clients and the factors that enabled them. Case reports tended to profile a client who received intensive, wrap-around services.

**Semi-structured interviews with DVU and HJP managers**

Semi-structured, one-hour telephone interviews were conducted with the DVU and HJP managers (and often principal solicitors) at all 14 sites. These interviews involved: exploring managers’ and principal solicitors’ views about their unit’s service delivery model; the nature and extent of their collaboration with other services; the benefits or outcomes of wrap-around services for clients; factors that had led to these outcomes; challenges to service delivery and client access and strategies to overcome these barriers.

**Survey of staff of DVUs and HJPs**

An online survey was administered to DVU and HJP staff including lawyers, social workers, client advocates and administration staff at each service location. Sixty-one staff were invited to participate and 43 completed the survey: a strong response rate of 70%. The survey included closed- and open-ended questions which explored the views of staff on the nature and extent of their collaboration with other services; the benefits or outcomes of wrap-around services for clients; barriers and enablers to service delivery and achieving client outcomes; their views on what skills were most important for this kind of work; and supports that helped them in their roles.

Table 2 below provides details of respondents and demonstrates that they provide representation of the types of units and range of roles. A good balance between legal and non-legal employees is provided, with 47% of total respondents in non-legal roles. As there are only five HJPs, the number of respondents from HJPs is significantly lower.

<table>
<thead>
<tr>
<th>Survey Respondents by type of unit</th>
<th>No. of respondents</th>
<th>Percentage of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>DVU staff</td>
<td>29</td>
<td>67%</td>
</tr>
<tr>
<td>HJP staff</td>
<td>3</td>
<td>7%</td>
</tr>
<tr>
<td>Combined DVU/HJP staff</td>
<td>11</td>
<td>26%</td>
</tr>
</tbody>
</table>

Table 2: Survey respondents – DVU HJP staff
Survey respondents by job category (top 5 only)

<table>
<thead>
<tr>
<th>Job Category</th>
<th>No.</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solicitor</td>
<td>22</td>
<td>51%</td>
</tr>
<tr>
<td>Social worker</td>
<td>5</td>
<td>12%</td>
</tr>
<tr>
<td>Administration</td>
<td>5</td>
<td>12%</td>
</tr>
<tr>
<td>Manager/team leader/coordinator</td>
<td>4</td>
<td>9%</td>
</tr>
<tr>
<td>Advocate (including 1 Aboriginal liaison coordinator)</td>
<td>4</td>
<td>9%</td>
</tr>
</tbody>
</table>

Survey of staff of partner organisations

An online survey was administered to staff of partner organisations identified by managers of DVUs and HJPs as those with whom they collaborated most. One staff member at up to five partner organisations for each site was invited to complete the survey. In total, 81 invitations were sent and 45 staff members completed the survey. Partner organisations included FDV and family support services; women’s shelters; hospitals; police, child protection and other government agencies; and other legal and support services. The survey explored the views of staff regarding the nature and extent of their collaboration with the DVU/HJP; the benefits of wrap-around services for clients; barriers and enablers to clients accessing the services and achieving outcomes; the effectiveness of the DVUs/HJPs; and possible improvements to service delivery and partnership. The perspectives of partner organisations were important to the evaluation as they provided independent views of the DVUs and HJPs. Open-ended survey questions allowed them to provide detailed responses. Table 3 below provides a breakdown of respondents by associated unit and type of organisation.

Table 3: Survey respondents—staff from partner organisations

<table>
<thead>
<tr>
<th>Respondents by type of unit with whom they collaborate</th>
<th>No. of respondents</th>
<th>Percentage of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>DVU</td>
<td>30</td>
<td>67%</td>
</tr>
<tr>
<td>HJP</td>
<td>8</td>
<td>18%</td>
</tr>
<tr>
<td>Both DVU and HJP</td>
<td>7</td>
<td>15%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respondents by type of organisation in which they work (Some respondents selected more than one organisation)</th>
<th>No. of respondents</th>
<th>Percentage of total*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic violence service</td>
<td>22</td>
<td>49%</td>
</tr>
<tr>
<td>Hospital or health service</td>
<td>9</td>
<td>20%</td>
</tr>
<tr>
<td>Government agency</td>
<td>6</td>
<td>13%</td>
</tr>
<tr>
<td>Women’s shelter</td>
<td>5</td>
<td>11%</td>
</tr>
<tr>
<td>CLC or LAC</td>
<td>5</td>
<td>11%</td>
</tr>
<tr>
<td>Child/Family Counselling</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Aboriginal Organisation</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Court Support Service</td>
<td>1</td>
<td>2%</td>
</tr>
</tbody>
</table>

* These percentages exceed 100% as respondents were able to select more than one type of organisation

Survey of participants in training delivered by HJPs

A survey was administered to health staff who participated in training delivered by the HJPs. Nineteen participants from training delivered by two of the HJPs completed the survey. The purpose
was to gain an insight into participants’ views on whether the training improved their ability and confidence to identify, support and refer women experiencing or at risk of FDV in health settings.

Table 4: Survey respondents– HIP training participants

<table>
<thead>
<tr>
<th>Survey respondents by type of organisation</th>
<th>No. of respondents</th>
<th>Percentage of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>18</td>
<td>95%</td>
</tr>
<tr>
<td>Other health service</td>
<td>1</td>
<td>5%</td>
</tr>
</tbody>
</table>

Semi-structured interviews with women accessing the DVUs and HJPs

Thirty-one interviews with clients of DVUs and HJPs were conducted at five sites across the country. Sites were selected to represent a range of remote, regional and metropolitan locations as well as the range of host organisations i.e. CLC, WLS and Legal Aid. Sites were also chosen to reflect a range of client demographics, including CALD and Indigenous populations. Nine of these interviews were conducted over the phone for clients who chose this as a more convenient option. The remainder were conducted in person at the DVU. Interviews lasted from 15 to 90 minutes and were guided by the extent to which the client wanted to share her experiences and views. Clients were asked to describe the types of supports they received through the DVU/HJP, any benefits or outcomes they had experienced as a result of the services, and what characteristics of the service had created those outcomes.

Participation in interviews was entirely voluntary. Clients were recruited by the DVUs/HJPs and were selected based on some guiding criteria. Most importantly, units did not invite clients to participate who:

- were currently in crisis, experiencing FDV or at serious threat of FDV
- were likely to be re-traumatised by the experience
- had resolved matters months or years before and who might be adversely affected by revisiting certain issues.

Clients were invited to participate who:

- were safe and contactable
- might actively want and benefit from participating and sharing their stories
- were further through or completing legal processes and had been accessing DVU/HJP services for at least six months
- had cases that highlighted complexity of FDV issues
- represented a range of legal and non-legal issues
- had experienced more intensive wrap-around services.

The following data relating to demographics and extra vulnerability criteria demonstrates that the sample group of clients who participated in interviews had strong representation from the range of identified intended beneficiaries including those that the literature identifies as being hard to reach:

- disability status: 5
- mental health diagnosis: 5
- Indigenous: 7
2.2.2 Data analysis

Content analysis of qualitative data from all sources involved detailed coding and grouping of data. This process involved in-depth reading and re-reading of interview transcripts, progress and case reports and open-ended survey responses to identify categories or themes in the data. The coding process was iterative and themes were developed and strengthened throughout analysis of data from each of the qualitative sources. These themes formed the basis of the key findings for each evaluation question. There was strong consistency between qualitative data sources in terms of these themes and findings.

Analysis of data from quarterly data reports provided descriptive statistics about service delivery and outputs (including legal and non-legal services and referrals), client numbers and demographics. Analysis of this data revealed commonalities and variations in both service and client profiles between units. Quantitative data from progress reports identified service delivery, specifically around provision of training, and revealed variations in the extent to which HJPs, in particular, are engaging in this activity. Analysis of quantitative data from surveys of staff of DVU/HJPs and partner organisations provided further evidence of effectiveness of the DVUs and HJPs across some of the main themes identified during qualitative content analysis. Throughout data analysis, outcomes for other stakeholder of the DVUs/HJPs were also identified and are included in this report.

2.2.3 Data limitations

Quarterly data reports
There was some inconsistency in the way DVUs/HJPs collected and reported on data in their quarterly data reports. Readers should view this data as an approximation.

Surveys and interviews
The use of criteria to select clients for interviews means that the sample is not representative of all the women who access the service. DVU/HJP staff selected clients most appropriate for interview, meaning that they generally represented those clients who had strong engagement with the service, and whose experience and outcomes had been positive. The evaluation was unable to access clients who may have chosen to cease engagement with the service. However, the sample client group was representative of the diversity and vulnerability criteria of the intended beneficiaries of the DVU/HJP program. The diversity of this sample therefore allows the evaluation to reflect the views and experiences of a range of groups. The client interview data is supported by data from other sources, including surveys from staff of DVUs/HJPs and partner organisations. The strong representation of the sample across varying categories of vulnerability (for example Indigenous, CALD, mental illness), and the consistency of outcomes across all services and individuals makes this a strong data source for the evaluation.

2.3 Measuring outcomes

Measurement of outcomes in the context of FDV needs to take into account the complexity associated with FDV and acknowledge that outcomes may be defined differently by different stakeholders engaged in this pilot program. The cyclical nature of FDV can mean that outcomes are
not easily measured in the short term. The nuanced nature of FDV can also mean that for individual clients, outcomes may be subtle and difficult for others to perceive.

When describing client outcomes, it is possible to argue that DVU/HJP clients would have experienced the same or similar outcomes had they accessed services outside the specialist DVU/HJP models. In order to infer causation between the DVU/HJP services and outcomes for women, a range of strategies was employed in the evaluation. One such strategy was to draw on direct observation by stakeholders. Clients and staff of DVUs/HJPS and partner organisations were asked what outcomes women accessing the services had experienced and what features of the service had created those outcomes. Analysis of interviews and surveys also looked for correlations between types of services delivered and outcomes described by clients. For example, manager interviews and staff surveys identified advocacy as one of the three main services which women access through the DVU/HJP and, in interviews, clients described positive outcomes with a range of agencies due to advocacy support they received from the units. There was also logic in the way that outcomes experienced by clients were commensurate with the period of time they had been engaged with the service. For example, interviewed clients who had been engaged with the DVU/HJP for more than six months were able to describe a range of longer term outcomes, as well as the more immediate benefits described by shorter-term clients.

2.3.1 Evaluation of HJPs

This evaluation is not separately reviewing the five HJPs funded under the Women’s Safety Package. The HJPs however, are funded as distinct services to the DVUs. HJPs are ‘collaborations between legal and health organisations to improve their responsiveness and effectiveness in meeting health and legal needs in Australia’ (Health Justice Australia, 2018). The extent and success of the HJPs’ collaboration with health services is measured using the same data collection tools as for the DVUs. One additional survey tool was administered specifically to measure outcomes from training delivered by HJPs. Where the evaluation has found specific evidence or different findings for the HJPs, these are explicitly reported.

2.4 Definitions

2.4.1 Family and domestic violence

In its National Plan, the Council of Australian Governments targets domestic and family violence and uses the following definitions:

- *Domestic violence* refers to acts of violence between people who are in, or have been involved in, an intimate relationship. The violence may include physical, sexual, financial, emotional or psychological abuse. Emotional or psychological abuse may include a range of controlling behaviours such as the use of verbal threats, enforced isolation from family and friends, restrictions on finances and public or private humiliation.

- *Family violence* is a broader term referring to violence within families as well as between intimate partners. It is the term most commonly used to identify violence experienced in Indigenous communities as it includes a broad range of marital and kinship relationships in which violence may occur within these families.

Throughout this report, the term ‘family and domestic violence’ is used in order to cover both of these definitions.
2.4.2 Integrated or ‘wrap-around’ services

The National Plan includes a focus on collaborative and integrated responses to FDV through which a range of stakeholders work together to support women experiencing FDV (DSS, 2016). AGD funding for the DVUs and HJPs is both informed by, and is testing the assumption that an integrated approach to delivering expert legal and social support services is beneficial, and more effective than services operating in isolation. There is a variety of ways to provide integrated responses to domestic and family violence and sexual assault (Breckenridge et al 2015) which are based on principles of collaboration and cooperation and may include co-location of services and partnership between services in different locations.

Throughout this report, the terms integrated and wrap-around describe the way in which DVUs and HJPs collaborate internally and with a range of other organisations to provide multiple legal and non-legal supports to women. These services often involve case management, where the DVU/HJP or another organisation coordinates a range of different support services for a client, preventing her from having to access each of those services individually.

2.4.3 Types of legal service

For AGD reporting purposes, the legal services provided by HJPs and DVUs come under the following categories and definitions (National Legal Assistance Data Standards Manual):

**Information:** An Information Service is the provision of information to a Service User in response to an enquiry about:
- the law, legal systems and processes
- legal and other support services to assist in the resolution of legal and related problems.

**Legal Advice:** A Legal Advice Service is the provision of fact-specific legal advice to a Service User in response to a request for assistance to resolve specific legal problems.

**Legal Task:** A Legal Task is where a Service Provider completes a discrete piece of legal work to assist a Service User (client) to resolve a problem or a particular stage of a problem. Examples of a Legal Task include:
- preparation or assistance with the drafting of documents (such as an affidavit)
- writing a submission letter to the police to negotiate charges
- writing a letter to another party asking them to do something or stop doing something.

**Duty Lawyer:** Duty Lawyer Services are legal services provided by a duty lawyer to a Service User at a court or tribunal.

**Representation:** Representation services are where a legal assistance service provider has carriage of a matter in an ongoing, representative capacity and include dispute resolution, court/tribunal and other representation services.

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7 More detailed definitions and how each service is counted can be found in Appendix C.
3. Key Findings

This section is divided into three parts, each addressing one of the three evaluation questions guiding this evaluation:

- Section 3.1 examines outcomes of DVUs/HJPs for clients and stakeholders.
- Section 3.2 examines the factors that have enabled these outcomes.
- Section 3.3 examines barriers to achieving desired outcomes.

Each section commences with a summary of the key findings, then presents the data supporting these findings, and concludes with an analysis as to the strength of these findings based on triangulation of data sources.

3.1 Outcomes

This evaluation finds that there are positive outcomes for both women accessing DVUs/HJPs and stakeholders working with the DVUs/HJP. Benefits for clients include:

- increased legal access, literacy and positive legal outcomes
- assistance and positive outcomes with non-legal issues
- improved safety
- improved wellbeing through feeling respected and empowered.

Benefits for stakeholders include:

- training of health professionals in the area of FDV
- increased awareness and understanding of FDV within legal services and the broader community
- decrease in court delays
- research and collaboration.

These are dealt with in turn.

3.1.1 Legal access, literacy and positive legal outcomes

This evaluation finds that DVUs/HJPs are increasing access for women to free legal services, that they are enhancing women's legal literacy (i.e. their knowledge of legal processes and services available to them), and that they are enhancing the ability of women to fight for their legal rights.

This section examines these three benefits in turn.

Legal services provided by DVUs/HJPs are divided into the following categories: legal advice, legal task, representation, duty lawyer, and information. The definitions of these categories can be found in Section 2.4.3 above. According to quarterly data reports in 2017, the average proportion of each legal service type provided across the 14 units are:

- legal advice: 46%
- representation: 35.5%
- legal task: 10.5%
- duty lawyer: 4%
- information: 4%
**Women have increased access to free legal services**

Of the 31 women interviewed, 20 recounted that they were able to quickly access legal support and 27 were happy with the legal outcomes achieved. Interviewees reported on the convenience of services that could be accessed in the safe room at the local court when their application for an AVO was being heard, in the emergency department at the hospital, or at a women’s refuge.

Partner organisations also stated that a benefit of the DVUs/HJPs was their provision of convenient and timely legal advice to women who may not otherwise be able to access it.

*The access to free legal advice is the most important factor. A lot of women I see in the emergency department regarding FDV are not aware of their legal rights, what a DVO means, what the court process may entail or anything regarding FDV legislation. Being provided knowledge, support and assistance with the legal side of FDV can provide added safety to a woman experiencing DFV and empower her to know her rights (Social Worker, Hospital).*

*For women who are in crisis situations they often don’t have the space to gain legal input, this service allows for a seamless approach integrating access legal input at a time when it is most needed. There are many longer term positive outcomes for this information at a key time including minimised legal trauma, a smoother resolution of conflicts, clear legal direction from the outset and a peace of mind that the course of action they may need to take has been explained to them first (Social Work Manager, Hospital).*

*Easily accessed and timely dissemination of information to client and other support services involved. Feeling of having someone ‘on your side’ (Family Support Worker).*

**Women have increased legal literacy**

Twenty-five of 31 clients reported that DVUs/HJPs assisted them to get clear, reliable information and knowledge of legal processes, their rights and support services available. In survey responses, staff of DVUs/HJPs indicated that lack of information about legal processes and rights often prevents women from accessing help, as they are afraid that reporting FDV will result in their children being removed.

In client interviews, five of 31 women recounted that they were not aware that they were experiencing FDV until they made contact with the HJP/DVU. Others stated that they had not known that they could go to the police station and report that their partner had threatened them. This lack of awareness was greater for CALD women, and those on certain visa subclasses which prevent them from receiving government benefits and services.

Twenty-six of 31 clients communicated that they now understood much more about their situation, about how civil and family law works, and about the range of services available to them.

*I did not know anything about my rights. I knew nothing about how the law works in this country.*

*I had no idea there was such a thing as an AVO, that there were things that lawyers could do to protect me.*

**Women have increased ability to fight for their legal rights**

In interviews, many women described the experience of addressing FDV as a ‘fight’. Navigating the legal system, grappling with domestic violence and family law, and facing the courts, at the same time as having to deal with the often ongoing, menacing behaviour of the perpetrator is a difficult...
process. Twenty-one of the 31 women interviewed stated that, without the assistance of the DVU/HJP, they would not have been able to go through the process alone, that they would have given up, gone back to their partners, and for some, considered suicide.

Not all women who attended interviews had achieved their desired legal outcomes. Some described the lack of fairness of the legal system. These women, however, reported feeling supported to defend their rights and persevere with the legal process. The diversity in legal outcomes for clients is captured in the following quotes:

*The (DVU) made the difference between ‘you cannot get through this’ towards ‘yes, you can get through this’.*

*And the lawyer here (at the DVU) said to me, ‘you are not going to lose your children, we are going to fight every step of the way’, and we did.*

*Through the DVU, clients have had access to professional legal advice regarding the complexity of issues where FV, family, and migration (and other) laws intersect and are able to get independent information to inform safety and exit plans. We have had great outcomes for clients using the service, in terms of Victims of Crime Assistance Tribunal (VoCAT) application outcomes and women being provided accurate information about their legal rights (Team leader, Domestic Violence Service).*

### 3.1.2 Positive outcomes with non-legal issues

Women who are dealing with domestic violence also experience financial, housing, health, mental health, employment and other issues. Many of these issues involve government agencies and require women to participate in and comply with particular processes and conditions. The DVUs and HJPs provide the following categories of non-legal service. The percentage indicates the proportion of non-legal services provided under that category, on average from 2017 data, across the 14 units.

- case management: 42%
- practical assistance: 16%
- safety planning: 11%
- risk assessment: 5%
- counselling: 3%
- accommodation: 1.5%
- financial advice: 0.5%
- other: 21%

DVUs/HJPs also assist women with non-legal matters through ‘warm’ referrals, meaning that they contact other support services on the client’s behalf. Table 5 (below) shows the number of referrals and the range of services with whom the units have warm referral pathways.
Table 5: Data on referrals across 14 DVUs/HJPs (per quarter based on 2017 quarterly reports)

<table>
<thead>
<tr>
<th>Referrals to:</th>
<th>% of total referrals</th>
<th>average count</th>
<th>Main providers referred to within these categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal assistance provider</td>
<td>34%</td>
<td>234</td>
<td>CLCs and LACs</td>
</tr>
<tr>
<td>Other service provider</td>
<td>33%</td>
<td>225</td>
<td>Domestic violence and family support services</td>
</tr>
<tr>
<td>Government agency</td>
<td>15%</td>
<td>107</td>
<td>Police, Centrelink and child protection</td>
</tr>
<tr>
<td>Dispute resolution service</td>
<td>9%</td>
<td>64</td>
<td>Not available</td>
</tr>
<tr>
<td>Private lawyer</td>
<td>9%</td>
<td>62</td>
<td>Not available</td>
</tr>
</tbody>
</table>

Twenty-six of the 31 women who attended interviews described the way in which DVU/HJP staff had supported them to achieve positive outcomes with non-legal issues. This included physically attending agencies with them, helping them to prepare relevant documentation and speaking for them when requested. Case reports also described how clients were supported to engage with and achieve positive outcomes with a range of services and agencies like in the following examples:

**Delores:** Delores was a young mother of two who was born overseas and for whom English was not her first language. Delores had no family in Australia and due to issues of domestic violence and her inability to speak the English language; she had little contact or support outside the home. Delores was referred to our Service by her local GP and presented in a distraught state. (The DVU) organised an interpreter via telephone so that Delores and her lawyer could communicate to each other in a confidential setting.

We assisted Delores to make reports to the police about the violence and controlling behaviour. We linked her in with the Shelter for immediate and ongoing support and crisis accommodation whilst an application was drafted for a DVO which successfully removed her partner from the house. With the consent of Delores, she was also linked in with the multicultural association and support network. We assisted in liaising with the Department of Immigration around her visa and provided a letter of support and link with immigration advice centre.

**Mary:** Mary recently experienced a domestic violence situation. The lawyer at the DVU assisted her to lodge a Family Violence Restraining Order. Since then her partner approached her and he has been taken into custody. Mary was homeless and took refuge at the Women’s Crisis Centre which is where I first met her. Mary has experienced significant trauma as a child. Mary was couch surfing but has since returned to the Women’s Shelter. Child Protection is keeping an eye on her and her two small children. I have assisted her to get her name off the rental property that she and her partner had. She was paying all the rent and he was spending his money on alcohol. I had to meet with Community Housing Limited to organise this. I assisted her to get her name on the priority wait list with the Housing Authority and assisted her with obtaining birth certificates for herself and her children. Identification is very important and Housing requires it before you can progress. In the future I will be helping Mary with tenancy issues, safety plans and offer referrals to other support agencies.
Project data identifies the police as the main government agency to whom DVUs/HJPs make referrals. Although not captured in quarterly data reports, all other data sources consistently state that housing and tenancy issues are a large problem area and priority for women experiencing domestic violence. DVU/HJP staff, staff of partner organisations and clients themselves identified that advocacy by DVU/HJP staff is achieving positive outcomes for clients with agencies including Centrelink, child protection, housing services and, for many CALD clients, with immigration issues. For example:

Many clients have had successful outcomes with tenancy issues, ensuring better safety around family i.e. liaison with police and other services, increased understanding for clients about legal systems. Access for clients who would normally have no way of paying or accessing a legal service. A wonderful service! (Case Manager, Domestic Violence Service).

CALD families have received assistance through the DVU with legal services, Intervention Orders, VoCAT, migration, custody of children, citizenship, children’s’ services, housing, financial assistance, mental health services, schools and much more (Advocate, Domestic Violence Service).

Figure 1 quantifies, from the perspective of DVU/HJP staff, the legal and non-legal services most commonly accessed by clients.

Figure 1: Utilisation of DVU/HJP services according to staff of DVUs/HJPs

Q4 What are the most common services accessed by clients? (tick all that apply)

While legal services are, not surprisingly, the most commonly accessed service, there is strong client demand for advocacy, case management and practical support services. The high advocacy rates indicate that even clients who are not case managed are receiving advocacy support from DVU/HJP staff.

3.1.3 Improved safety

Consistent with the implementation of safety strategies outlined in section 3.2.3, 29 of the 31 women who attended interviews described how they and their children were safer, and felt safer, as a result of the services of the DVU/HJP. Improvements in safety occurred in multiple ways including
legal outcomes like successful restraining orders placed on perpetrators, as well as practical supports like having access to a free phone. All managers interviewed reported improved safety as an outcome for clients and also acknowledged that safety may be relative to the circumstances of each client and may vary from providing short-term refuge for a client in emergency housing, to longer term legal outcomes through the courts. Improved safety was reported by high percentages of staff of the DVUs/HJPs and partner organisations to be a result of the collaboration between their services.\(^8\) Sixty percent of DVUs/HJP staff survey respondents stated that if the units did not exist, more women would stay in or go back to violent situations, increasing their risk of harm, including suicide and death.

\[
\text{I feel free, I feel safer, while I was still married I was scared he could still find us. But now I have changed my name, I have a divorce, and no one can say I have kidnapped my children. I have done it all legally and properly.}
\]

Twenty of the 31 clients who attended interviews communicated that the support from the DVUs/HJPs and collaboration with the police meant that their partners were no longer able to push them around, or threaten and intimidate them as they had before.

\[
\text{I know how to protect myself now.}
\]

\[
\text{My husband always told me I couldn’t do it, that I didn’t have the strength and no one would support me because of my visa subclass. He said you have no rights in this country. And now he sees me, and I have all these people on a team for me, and now he can’t come near me or my son.}
\]

Twenty-six of 31 clients described how the support they were receiving had significantly reduced the stress they were under, and how, although not completely eradicated, the previous constant level of fear in their lives had been reduced.

The impact of FDV on children can be traumatic and long lasting. The evaluation found that outcomes for women who accessed the DVUs and HJPs often resulted in outcomes for their children. Twenty-one of 31 clients described improvements in the wellbeing of their children who, for example, had stopped wetting the bed, stopped having nightmares, had started to speak more, were more confident to speak to strangers, and could now play on their own for periods of time.

\[
\text{My son is not scared of life anymore. His personality was so repressed, I was always covering him and protecting him and now he can come out and be himself.}
\]

\[
\text{The DVU organised for my daughter who was potentially going to be required to appear in court, she was frantic about it, for the court support person to meet us here at the DVU, and the court support person explained to her how it would work, and then we walked together up to the court, they gave us a tour around so she could know what it might be like and the little room she would go into and that she would be safe. It was huge for her in the trauma of this setting. And the DVU arranged all that. Other lawyers had never told me about that service, I don’t think they recognise the trauma attached to it (court) for families.}
\]

\(^8\) See table 11 in section 3.2.5 for percentages
Women also described the impact of the support they were receiving on their broader family, in particular their mothers, who now felt less worried and fearful, knowing that their daughters were receiving consistent and ongoing support and protection.

Now my mum knows there is someone looking out for me, she doesn’t have to worry so much all the time. Her face isn’t so strained all the time.

3.1.4 Improved wellbeing through respect and empowerment

Respect

All 31 women interviewed clearly stated that DVU/HJP staff had listened to and respected them. Clients reported this experience as a clear point of difference with other services and agencies they had accessed, and that it had a positive impact on their self-esteem and trust in the staff.

Thirteen of the 31 women described how they were not ‘treated like a number’. Some reported the relief they felt to be treated like a human being, and to be acknowledged as a mother who was responsible for the safety of her children. Women reported that they felt that staff believed them, and did not invalidate their experiences. Eleven clients indicated that staff at the service felt like their family, or better than their own family.

I wrote a card to the ladies here because despite our fairly shitty outcome, the impact they had was huge because of the feeling that at least we weren’t just a number. There were times that I would come in and I would be crying, yelling, so disappointed with the way our system is, and although the girls (lawyers) often couldn’t really change anything, they let us, my daughter and me, be people.

Here they are kind and friendly. I feel comfortable and talk about everything and they talk about themselves too. They have time to listen to me with my bad English. I don’t talk to my family because I don’t want them to worry.

I had never had someone be so nice to me.

They believed in me.

Managers, staff and partner organisations provided a range of observations that aligned with those of the clients:

Beyond the tangible outcomes like legal information and representation, I would like to mention the outcomes that cannot be measured by the output hours: women’s experiences have been validated, they have been listened to and believed. We can see in their faces how much that means to them (Case worker, Domestic Violence Service).

There is a palpable sense of relief when a traumatised woman finally gets to a place where someone is listening and not judging, not pushing (Manager, DVU).

Knowing that people care and are there to help is certainly sometimes something these women haven’t experienced before (DVU Solicitor).

Empowerment

Twenty-five of the 31 women who attended interviews communicated that the experience of accessing services through and being supported by the DVU/HJP had given them a sense of empowerment, self-confidence and self-efficacy. Self-efficacy is a person’s belief in their capacity to perform the actions necessary to achieve their goals. It reflects confidence in their ability to control aspects of their own behaviour and their environment (Bandura, 1977). Studies have shown that
both self-efficacy and hopefulness are eroded by the abuse and lack of control women have experienced at the hands of the FDV perpetrator. They are also negatively affected by previous community and system responses that may have been unsupportive and actually caused more damage (Sullivan, 2018; Rivera et al, 2012). This evaluation finds that services provided by the DVUs/HJPs are successfully restoring clients’ sense of empowerment and belief in the possibility of positive change.

Women talked in particular about learning to create and enforce boundaries, to say ‘no’, to recognise abuse and to feel that they had the right and the power to remove themselves from it and the threat of it. Women also recounted how the legal and social work staff had provided them with clear information which enabled them to make decisions for themselves. Many women reflected on the fact that they had previously believed that they were not capable of making decisions for themselves.

Eleven of 31 women described that although the DVU had given them the tools they needed, they felt that they had resolved or dealt with issues on their own terms. Interviews with clients clearly demonstrated their attitude that they had been supported every step of the way, but that they themselves, particularly with court outcomes, were the ones who had fought the battle.

*I resolved it. I got through it and it made me stronger. The DVU gave me the tools that I needed to work it all out.*

*They helped to make me strong. But I did this, me.*

3.1.5 Training of health professionals

Turning to the benefits to other stakeholders, HJP lawyers and educators have developed and delivered training to enhance the capacity of health professionals, both within partner hospitals and more broadly, to identify, refer and support women experiencing FDV. Nineteen participants in such training provided survey responses outlined in Table 6 below.

<table>
<thead>
<tr>
<th>Statement about the training delivered by the HJP: The training increased my:</th>
<th>Percentage of respondents (n=19) who felt this way</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly disagree</td>
</tr>
<tr>
<td>Ability to identify women experiencing FDV</td>
<td>0%</td>
</tr>
<tr>
<td>Knowledge about FDV and its impact on women</td>
<td>0%</td>
</tr>
<tr>
<td>Knowledge about the laws and legal processes associated with FDV</td>
<td>0%</td>
</tr>
<tr>
<td>Confidence to support women experiencing FDV</td>
<td>0%</td>
</tr>
<tr>
<td>Confidence to refer women to the lawyers at the HJP</td>
<td>0%</td>
</tr>
</tbody>
</table>
It can be seen that the large majority of participants experienced positive outcomes from the training, particularly in terms of increased confidence to support women experiencing FDV and to refer them to the HJP.

3.1.6 Increased awareness and understanding of FDV within legal services and the broader community

Some DVUs also deliver training. SWS DVU, for example, has delivered FDV and trauma-informed training across Legal Aid NSW. Some managers and staff of DVUs/HJPs report that the positioning of the DVU/HJP service model within legal services results in increased awareness and understanding of the complexities of FDV and the need for client-centred, trauma-informed approaches amongst both internal legal staff and staff of partner organisations.

Seeing what the DVU has been able to shift within the Legal Aid organisations and the lawyers’ views has been amazing, like getting them to take into account a broader safety view and trauma informed approach in everything that they do (DVU Solicitor).

All units are also delivering community education sessions to a broad range of audiences in many locations. These sessions provide communities and organisations with access to reliable information regarding FDV and the law. This evaluation did not have the scope to measure the direct impact of these sessions, however HJPs reported satisfaction with the attendance numbers and HJP staff have observed an increase in referrals as a result of these sessions. Some examples of community education sessions run by DVUs/HJPs are:

- ‘Circle of Security’ workshops for women with children experiencing FDV
- FDV community legal education sessions delivered at Migrant Resource Centres for asylum seekers and newly arrived migrants
- community legal education workshops and training for workers in women’s refuges
- community legal education sessions to Indigenous students and staff members at the Australian Catholic University
- ‘Project O’ FDV education workshops for teenage girls and young women.

All DVU/HJP units are participating in local and regional FDV networks and reference groups which enable information sharing between services and collaboration in the design of local initiatives.

3.1.7 Decrease in court delays

Two staff of DVUs/HJPs reported that better preparation and support for women navigating court processes results in benefits for the court system and those using it.

Supporting these women with legal advice minimises delays in court and should ensure that the case is presented to the court in an appropriate way (DVU solicitor).

3.1.8 Research and collaboration

Some of the units are conducting their own research or collaborating on research projects in the area of FDV. Both SWS DVU and IMCL HJP, for example, have conducted or commissioned evaluations of their units and the WLSQ HJP is collaborating with Queensland University of Technology on research about health professionals’ knowledge of and attitudes towards FDV.
3.1.9  Outcomes: summary

Women experiencing FDV need both legal and non-legal assistance to move towards a safer future for themselves and their children. They also require support to build a sense of empowerment, self-efficacy and hope which are crucial to wellbeing. This evaluation finds that clients, unit staff and partner organisations have all observed benefits that women are gaining from their engagement with DVUs/HJPs from legal, non-legal, safety and wellbeing perspectives.

DVU and HJP stakeholders have also benefitted. These benefits range from increased capacity to identify and support women experiencing FDV for health, legal and community sectors, broader community awareness of FDV, more efficient court processes, and collaboration with research bodies.

3.2  Factors enabling outcomes

Social Compass has identified a range of factors that have contributed towards the benefits to women and stakeholders described in section 0. The successes of the DVUs/HJPs can be attributed to the following five enablers:

- the flexibility and accessibility of the DVU/HJP model to suit the context of the local community
- their client-centred approach
- their prioritisation of safety
- the skills of their staff
- collaboration with other services.

Each of these enablers is discussed in turn.

3.2.1  Accessibility and flexibility

Data from 2017 demonstrates the accessibility of DVUs/HJPs. Collectively, they have taken on an average of between 400-500 new clients each quarter, and provide on average more than 2,500 legal and non-legal supports to new and existing clients each quarter.

Since their inception DVUs/HJPs have prioritised accessibility, with flexibility of service delivery tailored to local need being a central strategy. Before commencing operation, all sites consulted existing local organisations about the location and design of their service delivery models in order to tailor services to community needs. As a result, the models of service delivery vary significantly across the 14 units.

Some units employ both legal and non-legal staff including social workers and client advocates. These units provide wrap-around legal and non-legal supports in-house. Other units are based on a lawyer only model and work closely with social workers in other services. The HJPs are obvious examples of these models, employing only lawyers who collaborate extensively with social workers in hospitals.

Some units have combined AGD funding with other streams to bring relevant program staff together to work as a team. Examples of this can be seen in the Kimberley where the DVU has engaged two client advocates, who are co-delivering the DVU FAST (Family Assistance Support Team) program as well as an intensive tenancy program. The following variations can be seen in the models of services delivery:
• Some units operate as a referral-only service (only accepting clients who have been referred by another service) whereas others have a dedicated phone line for client information and intake.
• One unit is based on an on-call model, meaning that clients can be seen where and when they need legal support, rather than scheduling appointments for another time which may result in a ‘no show’.
• Providing a phone line is a priority for units covering large geographical areas, where other units focus on face-to-face appointments.
• Some units have dedicated duty lawyers at local courts every week and use this as a referral point for the DVU intensive, wrap-around support services.
• Some units have a low caseload, high intensity model, while others are focusing on provision of shorter legal advice and then referral to other services in order to reach more women.

Variations also include the setting in which the units are located. For example, some are located within a generalist CLC or Legal Aid office, others are stand-alone services discreetly located—for example upstairs, next to centre management in a shopping centre—and others are co-located with other FDV services or in a ‘hub’ setting with a range of other services. HJP units are based in generalist legal services but can be considered to be co-located within hospital settings, where they provide regular outreach.

Staff of units and partner organisations in co-located and hub models describe a range of benefits for women accessing the services. These include the ability to access several services in one physical space, ease of communication and information sharing between agencies, and coordination of case management for the client.

In regards to the Kimberley FAST model, the manager described the benefits of their combined program delivery:

Having a team of two means we are operationally far more resilient and consistent in service delivery. For instance, if one worker goes on leave or departs KCLS, the other can cover during that period and can ensure continuity of practice and relationships. In addition, some of our clients require practical assistance dealing with family violence and housing matters at the same time, so having co-delivery of the FAST and housing programs means a more integrated service for those clients.

This flexibility has also allowed adaptation during implementation. For example, in its initial program plan, WLSQ HJP was to provide an HJP lawyer on site exclusively at Logan Hospital. Due to less-than-expected demand for services at the hospital, partnerships have now been developed with other local Brisbane hospitals and the HJP lawyer provides on-call services to each of them. Similarly, the NSCLC HJP is utilising the availability of its onsite HJP lawyer at the hospital to provide services to DVU clients who may find it easier to attend appointments at the hospital, rather than travel to the DVU office.

The variation in service delivery models can be seen in project data on types of legal services delivered by the units. The table below shows the national collated (across all 14 units) average for 2017 of each service type as a percentage of all legal services delivered; and the individual unit with the highest percentage for that service type in terms of their unit’s overall service delivery.
### Table 7: Types of services delivered: Collated average percentage and extreme variations in percentage in individual units

<table>
<thead>
<tr>
<th>Type of Legal Service</th>
<th>Collated average %</th>
<th>Highest average %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information</td>
<td>4%</td>
<td>27% Adelaide</td>
</tr>
<tr>
<td>Legal advice</td>
<td>46%</td>
<td>84% Perth</td>
</tr>
<tr>
<td>Legal task</td>
<td>10.5%</td>
<td>27% Tasmania</td>
</tr>
<tr>
<td>Duty Lawyer</td>
<td>4%</td>
<td>49% Sydney</td>
</tr>
<tr>
<td>Representation</td>
<td>35.5%</td>
<td>75.5% Gold Coast</td>
</tr>
</tbody>
</table>

Flexibility was a strong theme of the client interviews, with 29 describing the ways in which DVUs/HJPs were able to be flexible around, and respond to their needs and those of their children. Case reports also described multiple ways in which services were tailored to the needs of each client. The following accessibility strategies are those most commonly described by clients, managers, staff and partner organisations:

- Units are located in a safe environment.
- Units are located near public transport.
- Where limited public transport is available, units are providing free transport for clients.
- Units are located in a wheelchair accessible space.
- Units are located in a comfortable, friendly space where children feel welcome.
- Units provide multiple access points to services, including outreach through other organisations in a wide range of locations including hospitals and the local courts.
- Units provide on-call service to give advice and support to women in crisis.
- Units’ eligibility criteria are broader than for Legal Aid and they do not have strict asset tests.
- Units provide drop-in clinics where no appointment is necessary.
- Units provide a range of face-to-face and phone appointments in locations that suit the client.
- Units provide email advice.

*Greater visibility of services at central locations, e.g. hospital, is key to achieving outcomes for women experiencing FDV* (Manager Domestic Violence Service).

Not all units are using all of these strategies; depending on location and the needs of local communities, models of service delivery differ.

AGD funding specifies that units must target ‘the most vulnerable and at risk women who are in need of intensive support’. In terms of the vulnerability criteria specified by AGD, the quarterly project data collected across the 14 sites since January 2017 shows that on average, across the units:

- 82% of the women have one or more children
- 26% are from a CALD background
- 10% require a translator
- 23% are Indigenous
- 21% have a disability

---

9 Australian Government Attorney General’s Department Commonwealth Grant Agreement, Nov 2015
- 25% are aged 19-29 years, 40% are aged 30-40 years, and 25% are aged 40-50 years.

Depending on the location of the unit and population demographics, percentages of clients who fit these criteria vary greatly.

*Table 8: Units with highest and lowest proportions of clients reporting CALD, Indigenous and disability status*

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Highest %</th>
<th>Lowest %</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALD</td>
<td>53% South West Sydney</td>
<td>4% Kimberley and Tasmania</td>
</tr>
<tr>
<td>Indigenous</td>
<td>83% Kimberley</td>
<td>2% Perth</td>
</tr>
<tr>
<td></td>
<td>82% Alice Springs</td>
<td>3% Gold Coast</td>
</tr>
<tr>
<td>Disability</td>
<td>47% Melbourne</td>
<td>8% Kimberley</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9% Alice Springs*</td>
</tr>
</tbody>
</table>

* Disability status for a large percentage of Alice Springs and Kimberley clients was recorded as ‘unknown’

In order to provide access pathways to vulnerable women, DVUs/HJPs have developed relationships with the following existing services that support these women:

- settlement and migrant support services
- women’s refuges
- Aboriginal health services
- hospital emergency services
- maternity wards
- disability services.

Interviews with staff and stakeholders indicated that units also prioritise service provision to clients based on additional criteria, for example:

- women of low socio-economic background
- women who wouldn’t be able to access legal support elsewhere (e.g. women who are not eligible for Legal Aid)
- women with complex and multiple issues
- women with immigration issues
- women who may be defendants and primary victims of FDV charges
- women experiencing or at risk of homelessness
- women in remote locations.

The following less common factors were identified by two or less units:

- older women
- women with substance abuse issues
- transgender women.

*I have experienced excellent collaboration and communication from the DVU around my clients who have added vulnerability because of their intellectual disability, they have gone to lengths to accommodate their needs and capacity* (Victims of crime support worker, FDV Service).
DVUs have assisted in shifting the whole WLS to assisting more vulnerable women— we are reaching out more, more clients coming our way. Benefit of DVUs has pushed us in those communities more and we are servicing them better (Solicitor, DVU).

Fifty-six percent of DVU/HJP staff state that their service is ‘very accessible’ to women most in need in their communities and 42% state that it is ‘reasonably accessible’. Staff of the units and other stakeholders identified a range of barriers to accessibility which are explored in section 3.3.

A summary of differences in the service models are provided in Table 9 (HJPs) and Table 10 (DVUs). These service profiles are based on data and progress reports for 2017.10

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10 Refer to ‘Data Limitations’ at 2.2.3.
<table>
<thead>
<tr>
<th>Category</th>
<th>HJP</th>
<th>WLSQ</th>
<th>IMCL</th>
<th>LSC SA</th>
<th>CAWLS</th>
<th>NSCLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing profile</td>
<td>Lawyer</td>
<td>Lawyer</td>
<td>Lawyer</td>
<td>Lawyer</td>
<td>Lawyer/educator</td>
<td></td>
</tr>
<tr>
<td>Current Service Model</td>
<td>Provides on-site and on-call lawyer at four hospitals (and phone advice) casting net wide to reach more clients. Delivers training to hospital staff.</td>
<td>Provides on-call lawyer at Royal Women’s Hospital (RWH) and delivers information sessions about the HJP services at FDV training delivered by hospital staff.</td>
<td>Provides on-site services at Lyell McEwin Hospital and Northern Domestic Violence Service.</td>
<td>Provides on-site and on-call lawyer at Alice Springs and Tennant Creek Hospitals, Flynn Drive Community Heath Centre and a range of Central Australian Aboriginal Congress\textsuperscript{11} services. Delivers training to staff from a range of services.</td>
<td>Provides on-site and on-call lawyer at Joondalup Health Campus. Delivers regular ‘lunch and learn’ training sessions to Joondalup staff.</td>
<td></td>
</tr>
<tr>
<td>Referrals</td>
<td>100 Referrals from hospital staff to HJP (Jan-Sep 2017)</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>23 Referrals from hospital staff to HJP (Jul-Dec 2017)</td>
<td></td>
</tr>
<tr>
<td>No shows</td>
<td>33</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>MoUs with hospitals or other health services</td>
<td>MoUs with 6 hospitals to deliver HJP services Logan (early 2017), Princess Alexandra (Aug 2017, Queen Elizabeth II, (Aug 2017), Gold Coast University (Dec 2017), Redland Hospital (early 2018), Royal Brisbane Women’s Hospital (early 2018). Original Project Plan was with Logan Hospital and services have now expanded to others due to less-than-expected demand at Logan.</td>
<td>MoU with RWH (existing) and Royal Children’s Hospitals (late 2016).</td>
<td>MoUs with Lyell McEwin Hospital (mid 2017), and Northern Domestic Violence Service (July 2016).</td>
<td>MoUs with Central Australia Health Service (June 2016) and Congress (late 2016).</td>
<td>1 MoU with Joondalup Health Campus (2016).</td>
<td></td>
</tr>
</tbody>
</table>

\textsuperscript{11} ‘Congress’ is a large Aboriginal Community Controlled Health Service addressing the health needs of Aboriginal communities in Central Australia
### Summary Points:

- All HJPs provide a lawyer on site and on call at one or more hospital or other service locations.
- Lawyers work closely with social workers in health services to provide integrated supports.
- Variations can be seen particularly in the number of training sessions delivered by HJPs. Both NSCLC and CAWLS have had their training accredited by a range of authorities.
- WLSQ has signed MoUs with 6 hospitals, CAWLS also has partnerships with a range of services, while the other four are focusing on only one or two services.
- CAWLS provides HJP services across a large regional area including at both Tennant Creek and Alice Springs Hospitals while the other HJPs are based in metropolitan areas.

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<table>
<thead>
<tr>
<th>Category</th>
<th>HJP</th>
<th>IMCL</th>
<th>LSC SA</th>
<th>CAWLS</th>
<th>NSCLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training sessions delivered (2017)</td>
<td>WLSQ</td>
<td>10</td>
<td>6</td>
<td>0</td>
<td>31</td>
</tr>
<tr>
<td>Participants</td>
<td></td>
<td>286</td>
<td>119</td>
<td>N/A</td>
<td>500</td>
</tr>
<tr>
<td>Location of training</td>
<td>Princess Alexandra, Logan and QEII Hospitals</td>
<td>RWH Hospital</td>
<td>N/A</td>
<td>Range of locations including Congress health services, Alice Springs Hospital, Tennant Creek Hospital, Catholic Care Tennant Creek</td>
<td>Joondalup Health Campus</td>
</tr>
<tr>
<td>Legal advice^1^</td>
<td></td>
<td>117</td>
<td>91</td>
<td>9</td>
<td>38</td>
</tr>
<tr>
<td>Legal task</td>
<td></td>
<td>12</td>
<td>38</td>
<td>0</td>
<td>38</td>
</tr>
<tr>
<td>Information</td>
<td></td>
<td>45</td>
<td>17</td>
<td>15</td>
<td>11</td>
</tr>
</tbody>
</table>

^1^ Two HJPs described some limitations to the legal services data in terms of reflecting types of and numbers of services delivered and state that these figures are lower than actual figures.
<table>
<thead>
<tr>
<th>Category</th>
<th>DVU Service Profiles</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staffing Profile</strong></td>
<td><strong>LA SWS</strong></td>
</tr>
<tr>
<td>1 Lawyer</td>
<td>1 Social Workers</td>
</tr>
<tr>
<td>1 Legal Officer</td>
<td></td>
</tr>
<tr>
<td>1 Legal Officer</td>
<td></td>
</tr>
<tr>
<td>1 Social Worker</td>
<td></td>
</tr>
<tr>
<td>1 Legal Support Officer</td>
<td></td>
</tr>
</tbody>
</table>

**Service Model**

- **Lawyers and social workers collaborate.** Focus on duty lawyer at local courts. Complex clients referred to social worker.
- **Covers a big region-strong emphasis on non-legal casework - Outreach is key.** Clients can continue getting social work support after legal case has ended.
- **Intensive service smaller no. of clients**
- **Priority groups are Indigenous, CALD.** Offers 2 hour appts with interpreter.
- **Co-located in existing hub service with Mallee DV Service & Mallee Family Care in Mildura and Swan Hill.** Works closely with both services to provide legal and social supports, incl financial counselling. Community education a focus.
- **Case management court representation.** Can't do more than 15-20 per solicitor at any one time.
- **Intensive service, deliberately not a referral hub - we try to provide as much as we can within our own expertise.**
- **Purely legal service. Collaborates with other services for social work issues.** Provides legal advice, assistance and casework.
- **Integrated legal and social supports High needs clients receive wrap-around and other receive one off advice.**
- **Focus on legal case management for clients.**
- **Intensive service, complex casework, representation with parenting matters, some child protection work.**
- **Providing wrap-around legal and non-legal service.** A referral only agency: clients need to be referred by another service/agency.
- **Focus on outreach at courts and community centres. Targets women not eligible for police assistance. Provides legal advice, information and casework, advocacy and education.**
- **Wrap-around service for clients, working with other organisations through warm referrals.**
### DVU Service Profiles

<table>
<thead>
<tr>
<th>Category</th>
<th>LA SWS</th>
<th>WNSWCLC</th>
<th>ECLC</th>
<th>MMCLS</th>
<th>NQWLS</th>
<th>KCLS</th>
<th>WLST</th>
<th>WLCCT</th>
<th>WLSQ Gold Coast</th>
<th>WLSQ Brisbane</th>
<th>NSCLC*</th>
<th>LSC SA</th>
<th>CAWLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average client numbers per quarter</td>
<td>120</td>
<td>29</td>
<td>8</td>
<td>37</td>
<td>38</td>
<td>23</td>
<td>51</td>
<td>69</td>
<td>14</td>
<td>16</td>
<td>54</td>
<td>44</td>
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<td>273</td>
<td>54</td>
<td>64</td>
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Total number of clients for 2017 across all sites: 2270

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### LEGAL SERVICES BY AGD CATEGORY EXPRESSED AS A PERCENTAGE OF OVERALL LEGAL SERVICES DELIVERED AND AS A COUNT FOR 2017

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<td>100</td>
<td>100</td>
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</tr>
</tbody>
</table>
## NON-LEGAL SERVICES BY AGD CATEGORY EXPRESSED AS A PERCENTAGE OF OVERALL NON-LEGAL SERVICES DELIVERED AND AS A COUNT FOR 2017

| Category               | DVU Service Profiles | LA SWS | WNSW CLC | ECLC | MMCLS | NQWLS | KCLS | WLIST | WLC ACT | WLSQ Gold Coast | WLSQ Brisbane | NSCLC | LSCSA | CAWLS |
|------------------------|----------------------|--------|----------|------|-------|-------|------|-------|---------|----------------|--------------|--------|-------|-------|-------|
| Case Management %      |                      | 45.5%  | 29%      | 61%  | 55%   | 0%    | 83%  | 0%    | 57%     | 88%              | 57%          | 68%    | 0%    | 5%    |
| Whole number           |                      | 1357   | 59       | 37   | 105   | 0     | 10   | 0     | 50       | 53              | 34           | 307    | 0     | 14    |
| Practical assistance % |                      | 6%     | 10%      | 5%   | 34%   | 100%  | 0%   | 0%    | 10.5%    | 0%              | 23%          | 4%     | 0%    | 14%   |
| Whole number           |                      | 195    | 20       | 3    | 65    | 8     | 0    | 0     | 9       | 0              | 14           | 19     | 0     | 42    |
| Accommodation %        |                      | 0%     | 10%      | 0%   | 0%    | 0%    | 0%   | 0%    | 0%       | 0%              | 0%           | 0%     | 0%    | 13%   |
| Whole number           |                      | 0      | 21       | 0    | 0     | 0     | 0    | 0     | 0        | 0              | 0           | 0      | 0     | 39    |
| Safety Planning %      |                      | 10%    | 25%      | 11%  | 5%    | 0%    | 0%   | 0%    | 3.5%     | 7%              | 15%          | 14%    | 0%    | 57%   |
| Whole number           |                      | 307    | 51       | 7    | 9     | 0     | 0    | 0     | 3       | 4              | 9           | 61     | 0     | 169   |
| Risk Assessment %      |                      | 16.5%  | 10%      | 18%  | 4%    | 0%    | 0%   | 0%    | 1%       | 0%              | 3%           | 9%     | 0%    | 3%    |
| Whole number           |                      | 493    | 20       | 11   | 8     | 0     | 0    | 0     | 1        | 0              | 2           | 41     | 0     | 8     |
| Counselling %          |                      | 7%     | 11%      | 5%   | 0%    | 0%    | 0%   | 0%    | 0%       | 1%              | 0%           | 2%     | 3%    | 0%    |
| Whole number           |                      | 193    | 23       | 3    | 0     | 0     | 0    | 0     | 1        | 0              | 1           | 13     | 0     | 25    |
| Financial advice %     |                      | 0%     | 4.5%     | 0%   | 0.5%  | 0%    | 0%   | 0%    | 0%       | 0%              | 0%           | 0.5%   | 0%    | 0%    |
| Whole number           |                      | 0      | 9        | 0    | 1     | 0     | 0    | 0     | 0        | 1              | 0           | 0      | 0     | 0     |

The table shows the distribution of non-legal services by AGD category, expressed as a percentage of overall non-legal services delivered, and as a count for 2017. Each category is listed along with the percentage and whole number for each DVU service profile.
## (continued) NON-LEGAL SERVICES BY AGD CATEGORY EXPRESSED AS A PERCENTAGE OF OVERALL NON-LEGAL SERVICES DELIVERED AND AS A COUNT FOR 2017

<table>
<thead>
<tr>
<th>Category</th>
<th>DVU Service Profiles</th>
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</thead>
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<tr>
<td></td>
<td>LA SWS</td>
</tr>
<tr>
<td>Other - %</td>
<td></td>
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<tr>
<td>15%</td>
<td>0.5%</td>
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<tr>
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</tr>
<tr>
<td>Total (numbers)</td>
<td>2979</td>
</tr>
<tr>
<td>Total (%)</td>
<td>100</td>
</tr>
</tbody>
</table>

Summary points: The DVU service profiles demonstrate variations across a range of categories.

- Data limitations: There was some inconsistency in the way DVUs/HJPs collected and reported on data in their quarterly data reports. Readers should view this data as an approximation.
- Staffing: Four units employ legal and administration legal personnel only, and the other nine employ both social workers/advocates and legal staff.
- Service models: These staffing variations are reflected in the service models with four units providing only legal services and collaborating with external services for non-legal supports, and the nine units provide wrap-around legal and non-legal supports within the DVU.
- Client numbers vary significantly and often reflect the intensity of the service provided. For example, ECLC focuses on providing intensive, wrap-around support to a small number of clients with complex needs, while WLST focuses on providing a range of legal services from one-off advice, to assistance and casework to a larger number of clients.
- Percentage of types of legal services provided also vary considerably across the units as identified in table four. Representation takes up a large proportion of the legal services provided by nine of the units whereas duty lawyer services are only consistently delivered by one unit.
- Non-legal service percentages also show strong variation, although case management (either purely legal or combined legal and non-legal) is the highest category across 10 of the units.

* Due to problems with the service categories, NSCLC data on legal and non-legal service counts is from their internal CLASS reporting data base, not the spreadsheets used by providers to report to AGD.
3.2.2 Client-centred approach

The flexibility and accessibility of the DVUs/HJPs underpins a second important enabler of successful outcomes for clients – their client-centred approach. The evaluation identifies five aspects of this approach:

- allocation of time
- accommodating needs of mothers
- non-judgemental service provision
- culturally sensitive and responsive services
- trauma-informed approach.

People need to realise these services are lifelines, they really are, it is hard to put into words, because through the legal process, through the system, there are not many people who will treat you like a human, there are not many people who have the time to hear your voice, and even if they can’t help with all parts of it, at the DVU they certainly lend a human element to a system that doesn’t really do that. I think that if people understood that, they would realise that these (DVU) services are crucial, and if we lose services like this, I don’t know how women would get through it, I really don’t know.

Allocation of time

Twenty-five of the 31 women who attended interviews referred to the amount of time that was devoted to them throughout the services they received from the DVU/HJP. They described how they spent time in the office itself and sometimes on the phone, for extended periods when they needed it.

Twenty-seven of the 31 women described how they had been supported over long periods of time, often years, and described a range of issues they had been able to deal with in that time. Those whose cases had been closed also described their confidence that, if any issues arose in the future, they would be able to come back and see the staff at any time.

The DVU model allows us to work intensively with a smaller caseload meaning that we can provide much more time and energy towards our clients. This is a key factor that has ensured positive outcomes for DVU clients who often have not received enough support from other services in the past, which has a detrimental impact on their safety and their trust in the systems designed to help them. For example, we have been working with some of our clients for over 1.5 years on a wide range of issues which stem from their high risk DV experiences. We can provide extended appointments for clients who due to their trauma, mental health, language needs, disability etc. need additional time to understand complex issues and make informed decisions. Some of our client appointments can be upwards of 5 hrs long.

We strive to empower women to have a voice and advocate effectively on behalf of them. We ensure that women have a great level of understanding when it comes to legal and social work issues - this may require us to have multiple appointments with the client and ensure that we allocate sufficient time for the client’s appointment (Solicitor, DVU).
Accommodating needs of mothers

Nineteen of 31 clients noted the DVU/HJP staff’s acknowledgement of and response to their status as (often single) mothers. They described how the DVU/HJP was able to fit appointments in around school drop-off times for example, and also able to provide a safe, welcoming and separate space for their children to play in, while they attended appointments at the DVU/HJP. Some units have offices designed so that women can see their children playing through a window, while they speak privately with their lawyer or social worker. The evaluation team observed during client interviews the ways in which reception and other staff in the DVU/HJP supervised and engaged with children who accompanied their mothers to the interview. One client described how the DVU was like a second home to her daughter who loved to come and visit the ladies there.

Non-judgemental service provision

DVUs/HJPs follow a non-judgemental approach, which means accepting that women may not be ready to leave, may not want to leave the perpetrator of FDV, and may need support to stay in the relationship.

The HJP provides dedicated- DV knowledgeable - empathic professional services - that understand a client may not be ready to take all actions needed to ensure safety- that ongoing open non- judgemental engagement is needed for women who can take years to finally leave the DV (Manager, Hospital).

An important skill is learning how to walk alongside clients and support them no matter where they may be at in relation to the ‘cycle of domestic violence’ (e.g. whether they are in a violent relationship, in the process of leaving it or separated). A non-judgement approach is crucial in this respect and an acknowledgement that incremental steps to support women who are subject to domestic violence are very important even if this doesn’t ultimately mean that they are able or ready to leave the relationship at that stage (Solicitor, DVU/HJP).

Culturally sensitive and responsive services

Eighteen of the 31 clients who attended interviews were from Indigenous and CALD backgrounds. All of these women reported feeling safe, heard, respected and supported indicating that the services they received were culturally sensitive and responsive. Cultural awareness training was identified as a priority by all managers of DVUs and HJPs, particularly because of the need to provide access to both Indigenous and CALD women. Three units, including the two based in Aboriginal communities, employ Aboriginal staff.

Free interpreter services are provided to clients by all the units and although face-to-face interpreters can be hard to access at short notice, phone interpreters are used regularly, particularly in units with high CALD populations. Eight survey responses from staff of partner organisations observed that CALD clients they had referred to the DVUs/HJPs had received culturally responsive services and had felt safe and supported.

Clients are receiving services in a timely manner from the legal practitioners who aim to understand the intersectionality between the women’s experiences and their culture and race (Case manager, Domestic Violence Service).
Trauma-informed approach

Many of the strategies of the DVUs/HJPs described in this section are consistent with a trauma-informed approach to service delivery which informs all services delivered by the DVUs and HJPs. Trauma-informed practice is based on knowledge and understanding of how trauma can impact on a person’s life in multiple ways. It is guided by the following six principles:

- Safety: Staff and clients of the service feel physically and psychologically safe.
- Trustworthiness and transparency: Organisational operations and decisions are transparent and trust is built.
- Peer support: Individuals with lived experience of trauma or their caregivers can access support and information sharing with other trauma survivors.
- Collaboration and mutuality: Multidisciplinary and equality between staff and clients and among organisational staff to ensure a collaborative approach to healing.
- Empowerment, voice and choice: This principle emphasises the strengths-based nature of trauma-informed care. The organisation – and ideally the whole service delivery system – fosters recovery and healing.
- Cultural, historical and gender issues: A trauma-informed approach incorporates processes that move past cultural stereotypes and biases, and incorporate policies, protocols and processes that are responsive to the cultural needs of clients (Substance Abuse and Mental Health Services Administration, 2014).

Summary

The evaluation has identified several factors constituting DVU/HJPs prioritising of a client-centred approach. It is underpinned by the flexibility and accessibility that services implemented from the beginning of the design and is manifested in staff attitudes and approaches sensitive to clients’ needs. These are well summarised in the following quote:

_We have designed our DVU to be flexible in the supports we can offer as every client has different needs. These outcomes would not be possible if we didn’t have this approach, as we wouldn’t be able to provide the amount of attention to detail and time required to achieve some of these outcomes. For example, for some of our most traumatised CALD clients, it can take upwards of 20hrs with an interpreter to complete a court document to a satisfactory level and to ensure they understand all their options and the consequences of those options adequately_ (Social Worker, DVU).

3.2.3 Prioritising safety

Consistent with increased safety being one of the main outcomes as discussed in Section 3.1, manager interviews and surveys with staff and partner organisations described a large range of strategies implemented to increase the safety of women accessing the DVUs/HJPs. The most common strategies are listed below:

- security measures at the DVU/HJP itself including security cameras, secure entrances
- discreet location of DVU/HJP

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13 For example, feedback from clients of the LSC SA DVU indicate that its discreet location upstairs within a shopping centre provides a safe and believable ‘cover’ for clients who may be under surveillance by a violent perpetrator or are simply mindful of not being seen to seek legal assistance.
- private phone number of DVU/HJP
- appropriate training of reception and intake workers in FDV
- providing clients with information about the services available to support their safety
- risk assessment at first contact
- safety plans developed for each client at first appointment
- sharing safety plans developed with or by referring services (with clients’ consent)
- safety flagging of clients’ files to alert generalist lawyers and all internal staff to a woman’s high risk status
- participation in joint case coordination meetings with police and other agencies for high risk clients
- providing free phones to clients.

An important aspect of safety planning described by staff of DVUs/HJPs, was encouraging and supporting clients to develop their own safety plans. This was seen by staff as an important step in both empowering the client to identify for herself possible steps she could take, as well as identifying the most realistic and practical steps to increase her safety.

### 3.2.4 Staff capacity

**Staff are skilled, experienced and compassionate**

All 31 clients interviewed described the staff as being respectful, non-judgemental, good listeners and compassionate. Twenty-seven clients described the in-depth knowledge that the solicitors had of FDV and Family Law in particular, but also more broadly of the subtleties and nuances of FDV and how it impacts on women’s lives. Five of the 31 women who attended interviews stated that they were themselves unaware of the level of the FDV they were experiencing, until they started receiving support from the units.

> They opened my eyes. The level of awareness they (the DVU staff) have of domestic violence is phenomenal.

> The support was incredible for me, I felt I had someone to talk to who knows the law, knows what you can and can’t do, and they helped me plough through it, it took a long time to get it all done. I would not have known where to start or what to do without their help.

Interviews with managers of the 14 units identified a range of skills, experience and attitudes which they saw as crucial to the success of their service delivery. Those most commonly identified were:

- a background in a related area of the law or social work/services
- an understanding of or experience with FDV
- good communication skills
- a range of life experiences
- attracted to working in a CLC or Legal Aid environment.

In the online survey, staff of the DVUs and HJPs were asked to describe which skills were most needed and important for the work they do. The most commonly identified factors were those related to trauma-informed practice. Thirty-three of 43 respondents identified the following skills:
empathy, non-judgement, empowering the client, patience, transparency, walking alongside, and cultural sensitivity. The list below outlines additional skills identified by staff:

- ability to collaborate with others
- organisation and time management skills
- a friendly, warm personality and ability to ‘have a yarn with anyone’
- local knowledge and contacts, including being a local Aboriginal woman
- advocacy skills.

*Don’t assume you know what’s best for the woman’s situation, they are the best at their own story or narrative, always check in with them, and if you say you are going to do something – do it. Always follow up* (Social Worker, DVU).

**Staff are supported to deal with the difficult nature of the work**

Staff training is a priority across all the units. Progress reports identify training delivered to both legal and non-legal staff at the units. The most common training delivered and requested by staff is listed below:

- trauma-informed practice
- vicarious trauma
- suicide prevention
- responding to FDV
- cultural awareness
- family law advocacy
- risk assessment.

Interviews with managers and surveys with staff described the following strategies for supporting staff to deal with the difficult nature of the work:

- regular staff meetings to manage loads
- regular debriefing with staff
- rotating roles, for example from client work to community engagement, delivery of training, or submission writing
- creating a team/collegial staff environment
- creating flexible working environment around staff’s other commitments
- access to EAP
- access to external counselling/supervision
- blanket ban on communication between other party and staff
- health and wellness check
- support staff wellbeing with activities, for example yoga, ‘pot luck’ lunches.

Security measures onsite at DVUs and HJPs protect both staff and clients. Policies and protocols may vary from one site to the next. For example, some units do not allow staff to visit clients in their homes but only in a secure facility, other units require that at least two staff members attend when they are visiting clients at home or that they attend with staff from another service provider, and others accept that home visits are one of the only ways that they will be able to contact clients.
Managers and staff of units identified community engagement and law reform work as activities that invigorate and help sustain staff in their roles. However, many staff and managers identified that community education and engagement only take place when capacity allows it.

### 3.2.5 Collaboration

The evaluation finds that DVUs/HJPs successfully collaborate with a range of partner organisations, and internally within their own units. Research has shown that an integrated approach to delivering legal and social support services is more effective than services operating in isolation (Breckenridge et al. 2015). The fact that all the DVUs and HJPs are operated by well-established legal services means that they benefit from existing partnerships with local government agencies and service providers.

*There have been no real barriers to our engagement with the DVU. We have long standing relations with (the legal service) which has always been collegial and effective* (Team leader, Domestic Violence Service).

**Internal collaboration**

The nature of internal collaboration varies depending on the service in which a unit is located. Where models are in place that include social workers or client advocates and lawyers, collaboration includes having joint initial appointments with the client, sharing client files, regular debriefing and information sharing, and sometimes joint advocacy for the client. Policies and procedures around file sharing and legal professional privilege vary from unit to unit.

For some units based in WLSs, the integrated legal and non-legal service delivery has been in place within their generalist service for some time and collaborative processes between social workers and lawyers are well established. Managers and staff of these units feel that this has helped them to provide even more intensive wrap-around services to DVU/HJP clients.

*The WLS has always had in house social workers, so the integrated model has been business as usual for us, but now we are able to implement it more intensively for clients* (Solicitor/Manager DVU/HJP).

**Collaboration with partner organisations**

DVUs/HJPs collaborate with a range of partner organisations in the delivery of wrap-around legal and non-legal supports for women. Collaboration is one of the six outcomes outlined by the Commonwealth grant agreements. Staff of DVUs/HJPs identified collaboration with other services as the most significant factor influencing the ability of the units to achieve outcomes for clients. Similarly, when staff of partner organisations were asked to identify the main factors which have enabled outcomes for clients, more than half of them identified collaboration between the DVU/HJP and their service. Services that the units collaborate with include:

- domestic violence services
- government agencies
- family support services
- emergency housing
- legal services
- court and victim support services
• settlement and migrant services
• counselling
• financial counselling services.

All units have developed and utilise protocols and/or MoUs that govern collaboration with these partner organisations. Twenty-eight of 31 client interviews described how the DVU/HJP staff had worked with other organisations to support them. In some cases, clients were not able to identify which organisation had delivered which service, which suggests that the support was provided in a seamless way so that the boundaries between service providers were not always clear to clients. Case reports also clearly demonstrated the extent of collaboration between services, particularly for clients with multiple issues to address.

Ninety-eight percent of staff of DVUs and HJPs strongly agreed (70%) or agreed (28%) that the units are collaborating internally and externally in the delivery of services. Ninety-eight percent of staff of partner organisations stated that the DVU/HJPs were collaborating with other services to a great extent (62%) or moderate extent (36%). One respondent stated that there had been very little collaboration between them and the DVU as a formal partnership had not yet been established. Eighteen of 45 survey responses from partner organisations stated that there were no barriers to their engagement with the DVU/HJP.

Data from DVU/HJP staff revealed that the following forms of collaboration are the most common:

• warm referrals between the DVU/HJP and service providers
• information sharing, for example, of safety plans
• joint case management, file sharing
• co-location with other services which allows high levels of collaboration across all of the above factors
• attendance at care team meetings for high-risk clients, interagency coordination of case management meetings
• joint professional development of staff
• joint advocacy for client
• participation in local/regional FDV working or reference groups
• delivering joint education sessions
• co-writing articles or conference presentations.

According to staff of the DVUs/HJPs and partner organisations, the collaboration between the units and other services results in the following benefits for clients:
Table 11: Perceived benefits for clients from collaboration between services as identified in surveys by staff of DVUs/HJPs and staff of partner organisations

<table>
<thead>
<tr>
<th>Benefit</th>
<th>DVU/HJP staff (n=43)</th>
<th>Partner organisation staff (n=45)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients have access to free legal advice and support</td>
<td>38</td>
<td>40</td>
</tr>
<tr>
<td>Clients’ safety is increased</td>
<td>38</td>
<td>35</td>
</tr>
<tr>
<td>Clients have access to a range of supports to address multiple issues</td>
<td>39</td>
<td>34</td>
</tr>
<tr>
<td>Clients receive ongoing, coordinated care</td>
<td>33</td>
<td>32</td>
</tr>
<tr>
<td>Clients don’t have to repeat their story multiple times</td>
<td>33</td>
<td>31</td>
</tr>
<tr>
<td>Clients’ needs are met in one place</td>
<td>31</td>
<td>24</td>
</tr>
<tr>
<td>Clients do not benefit</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

* Respondents were asked to identify as many benefits as they saw applied, therefore total percentages exceed 100.

Lower ratings by staff of partner organisations most likely reflect the more limited awareness of those staff of the range of benefits and services provided by the DVUs/HJPs as staff of partner organisations may only interact with the HJPs/DVUs for one aspect of the clients’ needs.

**HJP collaboration**

The evaluation has found that HJPs provide a critical role in supporting women who may otherwise receive little or no support for their FDV issues. The onsite HJP legal lawyers work closely with hospital social workers, and provide on-call legal advice and clinics for inpatients. For those women who need longer term, wrap-around support, the HJP can also act as a referral point for the associated DVU (or in the case of Inner Melbourne Community Legal, its generalist legal service). Patients need to receive ongoing legal and social support services after they have been discharged from hospital. While hospital social workers can provide non-legal supports to inpatients, they need to refer them to other services for ongoing support. The value of the HJP is therefore in its ability to not only provide timely legal advice to women who may have limited access to legal services, but also in its ability to link women with complex, ongoing needs to wrap-around support services.¹⁴

**Community of Practice**

All units are required to participate in the AGD Community of Practice (CoP) as part of their Commonwealth Funding Agreement. Quarterly CoP meetings are hosted by AGD and attended by managers. Twelve of 14 managers identified the value in sharing stories and reflecting on common issues across the units and six stated that having each service present its model and associated strengths, weaknesses, challenges and successes was a positive addition to the agenda for practice meetings in 2018. However, more than half the managers were of the view that having AGD host the sessions limited the extent to which participants felt able to speak openly and honestly about the challenges they may be facing and that more significant discussions and benefits would be gained if the group met independently.

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¹⁴ Current AGD data reporting does not specifically identify referrals to the DVU from the HJP.
3.2.6 Factors enabling outcomes: summary

DVUs/HJPs provide a range of benefits to clients experiencing FDV and stakeholders in the community. These benefits are enabled by a range of factors, including their accessibility to vulnerable women; their focus on the needs of the individual client; their trauma informed practice; their knowledge of the community they serve and flexibility to adapt to its needs; prioritisation of safety; the skills and attitudes of their staff; and the integration of services they provide.

An important, overarching enabler is the fact that the units are run by well-established legal services which have built up partnerships, reputation, skills and the trust of the community over time. The flexibility of the DVU/HJP model to respond to local community needs and gaps in service delivery means that each unit is maximising access and potential benefits for clients. Their location in existing legal services, and the strong skill sets of their staff, also means that the DVUs/HJPs are well equipped to deal with the many barriers to service delivery and client access. This will be examined in the following section.

3.3 Barriers to achieving outcomes

There are multiple barriers identified by DVU/HJP staff in identifying and supporting vulnerable women in most need of FDV services. These barriers are well known and at a macro level have all contributed to the decision to fund the DVUs/HJPs in the first place. The evaluation has grouped them into three main categories: limited resources, client barriers, and service delivery barriers.

3.3.1 Limited resources

Limited funding and staff capacity

Twelve of the 14 most recent DVU/HJP progress reports stated that limited staff capacity was the main barrier to providing services to more women, and to providing more intensive wrap-around services to women experiencing FDV. Units report that they regularly have to reprioritise clients according to the unit’s staffing capacity.

_The main barrier to women access help is our resources. We employ two lawyers and a Family Violence Support Worker within our DVU. Staff work hard to meet the ongoing demand for assistance however the demand will always outweigh our capacity/resources_ (Solicitor, DVU).

Similarly, all manager interviews and 25 surveys of DVU/HJP staff identified limited capacity as the main barrier to reaching more women in need, and to providing more case management services to those with complex needs.

_We have trialled a two solicitor model in our DVU, with social work referrals being made to the adjacent domestic violence service. This has meant more clients can be helped legally, but those clients don't get the social work in house, which has disadvantages for clients. Developing good relationships with referral partners is a way to assist the flow of information and means a more streamlined way to obtain a client’s story. But the bottom line is that we need more lawyers and social workers to provide the full DVU service to more vulnerable women_ (Manager, DVU/HJP).

Managers and staff report that both community education sessions and drop-in clinics for clients have to be scaled back or temporarily ceased when numbers of ‘high needs’ or ‘in crisis’ clients...
increase. Managers and staff report that the reduction of community engagement and education sessions limits the unit’s ability to build awareness about the DVU/HJP and educate groups of vulnerable women. Conversely, other staff indicated that, at current staffing levels, units would be unable to take on an increase in referrals that might result from increased awareness of the service.

Funding limitations also restrict units’ ability to support clients with a range of both legal and non-legal expenses. Legal costs include subpoena fees, lodging Family Law Court documents and obtaining court transcripts. These are additional expenses which the services cannot always cover and which are often beyond the means of clients. Increased funding could allow units to allocate more to brokerage and enable services to support clients with a range of other expenses involved in helping them secure housing and meet other practical needs including meal and travel vouchers at times of crisis.

Managers and staff of DVUs/HJPs have also identified the lack of specialist legal staff to support clients with more complex legal needs, including immigration and property matters. DVUs and HJPs currently prioritise employing lawyers with DVU and family law expertise, and managers state that funding for larger units including lawyers with broader skills would increase both the capacity of the units and the types of legal services they can provide clients. Immigration law is an area of particular need for clients of the DVUs/HJPs, particularly those located within large CALD communities. Staff of the DVUs/HJPs and partner organisations describe how many of their CALD clients may be on dependent spouse and other visas which further inhibit their ability to access services.

I think that having a lawyer working in the DVU who has knowledge and experience in immigration law would assist the DVU lawyers (capacity building) and provide more direct access to advice and assistance for clients with immigration-related issues (Senior Solicitor, Legal Aid).

Local circumstances

Funding cuts to local LACs, Aboriginal legal services and CLCs, and staff vacancies in those services result in more referrals to the DVU/HJP and put extra pressure on staff. Managers and staff of the DVUs/HJPs, particularly in regional and remote locations, reported a lack of other support services for women experiencing FDV. This affects the DVUs’/HJPs’ ability to provide wrap-around services for clients and to support them to address a range of legal and non-legal issues. Common gaps which were described by managers and staff of the units include:

- lawyers with expertise in immigration
- rehabilitation services
- interpreters
- perpetrator accountability programs.

3.3.2 Barriers to client engagement

Section 3.2.1 outlined the ways in which the DVUs/HJPs have implemented strategies to increase accessibility for clients. There are, nevertheless, barriers which inhibit women from engaging with the services. These include the complexity of the problems women are experiencing, lack of awareness, and cultural factors.
Complexity of clients’ needs and fear of engaging with services

Women experiencing FDV are often dealing with unemployment, housing instability, substance abuse and other problems which can seem overwhelming and insurmountable.

The myriad of issues are overwhelming and clients tend to disengage if it all seems too much or too hard to overcome (Advocate, DVU).

Twenty of 43 staff members of DVUs/HJPs described how the nature of FDV impacts on clients’ ability to seek help, engage with and trust services. DVUs/HJPs and partner organisations also reported that women can be reluctant to engage with services, particularly government agencies, because of fear that their children will be removed if they report FDV. Fourteen of 31 clients described a belief that ‘the system’ favours the most powerful and therefore would not work in their best interests. ‘Service anxiety’ was a term used by a client advocate at one of the DVUs to describe the way women feel about having to deal with a range of services which become involved once they have reported the violence.

Two hospital staff explained in their survey responses that women presenting at hospitals are not always ready or able to address their legal needs in the often short time that they are inpatients. They therefore may not access the onsite HJP service. Both these social workers however, emphasised the value of building inpatients’ awareness of the DVU/HJP services for them to access in the future.

Lack of awareness of services available

Managers of DVUs/HJPs describe the balance sought by their units to both get information about their service out in the community and to women in need, and maintain a discreet service which women can access safely. Interviews with clients revealed that many were not aware that free legal services were available to them until another service referred them to the DVU/HJP.

Units are using creative methods to discreetly promote their service, for example with unit names like WREN (Women’s Resource and Engagement Network) at NSCLC, and SAGE (Support, Advice, Guidance, Empowerment) at ECLC, and by giving away beanies with their phone number sewed inside.

Some units operate as a referral-only service and surveys of partner organisations identified that staff turnover within their organisations can limit awareness of and referrals to the DVUs/HJPs. DVU/HJP managers reported ongoing, proactive engagement with other services to increase awareness of the units and keep referral pathways open.

Police

Six of 31 clients described how police officers were not helpful or supportive when clients first engaged with them about FDV issues. Experiences included not feeling believed, feeling that officers did not understand the seriousness of their situation, and police officers not telling women about support services available. These experiences impacted on outcomes for these women by delaying their engagement with support services, thus exposing them to further risk, and by failing to validate and adequately respond to their immediate fears and needs. Other women reported positive experiences and outcomes with the police. Managers of three of the 14 units included in the evaluation identified that there is a lack of consistency in police awareness of and attitudes towards FDV and responses can vary from one officer to the other.
The initial response of some police officers is still not as positive and proactive as it could be with women who are reporting family violence. In particular, in instances where clients seek to report breaches of an intervention order, a common theme is that police perceive the one off incidences as a ‘minor’ breach in isolation, without putting it in the context of the duration of the abuse over many months/years and intimidation that these persistent ‘minor’ breaches have reinforced with the client (Manager, DVU).

Cultural factors
There is a range of additional cultural factors impacting on the ability of Aboriginal and Torres Strait Islander women, those in remote locations, and CALD women to engage with DVUs/HJPs. These include:

- lack of culturally appropriate services for Aboriginal and Torres Strait Islander women
- lack of Aboriginal and Torres Strait Islander counsellors/interpreters
- small community means limited options to leave partner
- family/community pressure not to leave partner
- lack of availability of face-to-face interpreters for CALD women.

3.3.3 Barriers to service delivery
Similar to client engagement barriers, DVUs/HJPs are cognisant of structural barriers to service delivery and use their funding flexibly to address these. However, there are limitations to their ability to address issues of remoteness, partners’ prioritisation of FDV, and staff recruitment and retention challenges.

Remote locations
It is particularly challenging for regional and remote units to attract, recruit and retain appropriate staff. Furthermore, there are increased costs of providing services over a large region, including travel time for staff. Interviews and surveys show that large distances are creating practical and financial challenges for service delivery and that staff are often travelling up to five hours to provide outreach services to clients in smaller communities. The capacity to build partnerships with other organisations and relationships within communities is also diminished by this distance. Reduced opportunity for face-to-face interaction is identified by all stakeholders as crucial to engaging and building trust with communities and clients. This is compounded by the lack of reliable phone/internet services in remote locations, and lack of public transport to attend services in regional and remote locations.

There are structural barriers for women in Central Australia in accessing services which cut across many services/organisations. These include geographical isolation of many clients who live in remote communities, the lack of public transport, the lack of basic infrastructure (such as phone and internet coverage in remote communities), family and cultural/language barriers, significant financial hardship, shame and trauma around disclosing domestic violence, fear of accessing any service due to mandatory reporting in NT for domestic violence, lack of trust in service providers given the history in NT (such as the NT intervention and other forms of incursion into Aboriginal communities as a result of the process of colonisation) and intergenerational trauma (Solicitor, DVU/HJP).
Partner organisation’s prioritisation of FDV
Three managers of HJPs identified the busy training schedule of General Practitioners (GPs) prevented them from accessing HJP training. For example, NSCLC has secured accreditation for the FDV training they developed, however the interest and uptake from GPs has been very low. Currently, a large percentage of participants in HJP training are social workers, who play a vital role in working closely with vulnerable women in hospital settings. It has been identified, however, that health professionals more broadly are important points of contact and play a crucial role in increasing the safety of women experiencing FDV (Special Taskforce on Domestic and Family Violence in Queensland, 2015). They are therefore a target audience for HJP training.

There was resistance to getting doctors along to training. They have time pressures and training schedules, keeping up to date with health issues and internal procedures. We try. The ‘Not Now not ever’ reforms include recommendations around health responses to DV and the roll out of state wide training on DV to all health practitioners, but it’s not compulsory (Solicitor, HJP).

Conflicts of interest
Instances of conflict of interest between clients mostly occur in DVUs/HJPs hosted within generalist CLCs and LACs. Conflict of interest is an ethical guideline which prevents a legal service from representing both parties in a legal matter. This means that some women are unable to access the services of a CLC or LAC that is already representing or providing legal advice to the other party, as a respondent to an AVO, for example. DVUs hosted within LACs are able to overcome this barrier by applying to another Legal Aid unit to provide support to the DVU client. CLCs seek legal support for the client from other services.

Legal professional privilege
‘Legal professional privilege protects the disclosure of certain communications between a lawyer and a client when these communications are for the dominant purpose of seeking or providing legal advice, or for use in existing or anticipated legal proceedings. [...] The purpose of legal professional privilege is to enable a client to provide full and frank disclosure to his/her lawyer without fear that this information will be used against them. This in turn enables lawyers to provide competent and independent legal advice’ (Victorian Government Solicitor’s Office, 2015).

Legal professional privilege has created some issues for DVUs/HJPs who have an integrated legal and social worker/advocate service delivery model. The two roles have different professional obligations and ethical responsibilities including mandatory reporting requirements for social workers and advocates. These different levels of protection and obligation can create challenges for any integrated legal and non-legal service model (Justice Connect, n.d.).

In order to deal with this issue, manager interviews for all units describe how client consent is the key to any information sharing, either between internal staff or external services. For example, ECLC has a co-case-management model, with an advocate and lawyer working together, including joint appointments with a client where appropriate. At the first appointment, ECLC explains to clients the potential risk to legal privilege of having the two professional involved. With this knowledge, clients are empowered to make decisions about sharing their information, and may choose to exclude the advocate from a session, for example, when they are talking about child protection issues.
Although maintaining separate legal and non-legal client files may be preferred by some service providers, some units with integrated lawyer/social worker models report that with client consent, sharing client files is more practical and better protects client information.

An ECLC report on their separate MABEL (HJP) Program, suggests that the rationale for legal privilege provides an argument for extending the protection of privilege to appointments attended by both the FDV advocate and FDV lawyer. The report suggests that, ‘the presence of the family violence advocate ensures that the woman is in a position to provide the lawyer with the most complete set of instructions’ (ECLC, 2017 p52).

Managers expressed a lack of clear direction around these issues, acknowledging that integrated service delivery models are a new way of working and as a profession, they are yet to establish recommended practice. This issue may benefit from further discussion in the CoP.

**Problems recruiting and retaining appropriate staff**

Units face challenges in recruiting and retaining appropriate staff, particularly in regional and remote DVUs/HJPs. Four manager interviews described the significant impact of staffing challenges on the ability of their units to provide consistent services. All managers emphasised the need to employ suitably experienced staff—both legal and non-legal—in the units and stated that these staff were not easy to find in, or attract to regional and remote locations. Three managers from urban locations also indicated that the increasing gap in salaries between CLCs and private practice is making it more difficult to attract experienced legal staff. They suggested that if this gap is not addressed it will impact on their recruitment and retention rates into the future.

Eight of 14 manager interviews indicated that the nature of the work of the DVUs/HJPs means that staff are regularly experiencing vicarious trauma and are at high risk of burnout. Vicarious trauma is a transformation that takes place in a person as a result of working with a clients’ traumatic experiences. It is a normal, cumulative effect of being repeatedly exposed to and empathetically engaged with traumatic material (Knowmore, 2013). Research shows that it is common amongst counsellors and other workers, including lawyers who work closely with clients who have experienced significant trauma including from sexual assault and FDV (McAllister, 2003; Morrison, 2007).

The need to support and retain staff is an important factor in maintaining these partnerships. DVUs and HJPs are employing a range of strategies to address the intensive nature of the work and the risk of burnout for staff. Thirty-seven of 43 staff of DVUs and HJPs who completed surveys identified current workplace strategies which support them in their roles.

3.3.4 Barriers to data collection, access and reporting

Six of 14 managers identified challenges with the ‘time consuming’ nature of the data collection suggesting that it may be easier for AGD reporting data to be extracted from their current CLASS data collection systems (which was not in operation when the pilots commenced).

Other managers and staff identified the inability of the current data collected to demonstrate the intensive nature of much of their service delivery and its limited ability to capture outcomes for clients.

*We have been collecting data but it isn’t showing the impact we are having on women’s lives. Even if they’re not getting the legal outcomes they want, the integrated support means...*
they can go through the legal process feeling supported, less chaotic, parent children better and feel safer (Advocate, DVU).

One DVU solicitor indicated that helpful data sources like the NSW Government database for court support and liaison services are not currently shared with DVUs/HJPs, which hinders their ability to collaborate more effectively with other services.

3.3.5 Barriers to achieving outcomes: summary

The range of barriers identified in this evaluation reflects the complex environment in which the DVUs/HJPs operate. Although section 3.2 shows that units are continuously seeking ways to adapt their models to address and minimise barriers, many factors lie outside of their control. These include limited funding resulting in significant unmet demand, the complex nature of FDV and its impact on women including a fear of disclosing the violence, lack of awareness of FDV and available support services, cultural and geographical barriers, conflict of interest and legal professional privilege, and workforce recruitment and retention issues. Further, different locations had different gaps in specialist support services such as lawyers with expertise in immigration, rehabilitation services, interpreters, and perpetrator accountability programs. Rural and remote areas also experienced additional challenges with recruitment and retention and other issues, including the cost of providing services over an extended geographical area, significant travel times, and limited public transport for clients.

3.4 Program Logic

The following program logic model is based on all the evaluation findings. The purpose of the model is to provide a visual representation of how the inputs and activities of DVUs/HJPs contribute to outcomes and address the needs of women experiencing FDV.

Based on the findings of this evaluation, Social Compass has developed some possible criteria and indicators that could be used for future evaluation. These are attached in Appendix A.
Program Logic Model

**Inputs**
- AGD funding for DVUs/HJPs
- Other organisations (and their existing trust and rapport in communities) providing support services to women experiencing FDV
- Relevant Government agencies
- Skilled and compassionate staff with community knowledge

**Activities and Outputs**
- Delivery of wrap-around legal and non-legal support services to women experiencing FDV where and when they need it including outreach services
- Development and maintenance of partnerships with services and government agencies including protocols for information sharing and referrals, and participation in local/regional FDV networks and committees
- Referrals in and out of DVUs/HJPs
- Delivery of training to health and other professionals
- Delivery of community education sessions
- Delivery of training and supports for staff of DVUs/HJPs including external supervision and staff rotation
- Participation in the Community of Practice
- Participation in research, law reform and development of best practice
- Data collection and progress reporting

**Short term client outcomes**
- Women have increased access to free legal services and other supports, increased legal literacy and improved safety. Women feel supported, heard & respected

**Mid-long term client outcomes**
- Women achieve positive legal and social outcomes and are empowered to make decisions about their lives
- The safety & wellbeing of women experiencing FDV and their children are improved

**Other outcomes**
- Strong trust & partnerships between local services supporting women experiencing FDV
- Increased capacity of services and communities to identify and support women experiencing FDV
- Staff of units feel supported and retention rates are high
- Increased knowledge sharing and evidence base about needs and best practice in the delivery of integrated FDV support services

**Problem:** Many women experiencing FDV are unable to access the range of supports they need and navigating the legal and broader system on their own can be too much to manage

**Assumptions:** Women experiencing FDV may need a range of legal and other supports to improve their safety
Integrated legal and non-legal services will improve women's access and outcomes
References

ABS—See Australian Bureau of Statistics


Campo, M & Tayton, S 2015a, Domestic and family violence in regional, rural and remote communities: An overview of key issues, Australian Institute of Family Studies, Melbourne.


COAG—See Council of Australian Governments


DSS—See Department of Social Services


ECLC- see Eastern Community Legal Centre


Rivas, C, Ramsay, J, Sadowski, L, Davidson, L, Dunne, D, Eldridge, S, Hegarty, K, Taft, A, & Feder, G 2015, ‘Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse’, Cochrane Database of Systematic Reviews, no. 12.


Special Taskforce on Domestic and Family Violence in Queensland & Bryce, Q 2015, Not now, not ever: putting an end to domestic and family violence in Queensland, Department of Communities, Child Safety and Disability Services, Brisbane.


## Appendices

### Appendix A: Possible evaluation criteria, questions and indicators

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Evaluation question</th>
<th>Indicators</th>
</tr>
</thead>
</table>
| Enables legal and non-legal benefits for women accessing the services   | To what extent are women accessing DVUs/HJPs experiencing legal and non-legal outcomes? | - Outcomes identified by clients  
|                                                                         |                                                                                      | - Outcomes identified by managers, staff of DVUs/HJPs.  
|                                                                         |                                                                                      | - Staff of partner organisations  
|                                                                         |                                                                                      | - Legal and non-legal services delivered |
| Access: Reaching women most in need                                      | To what extent are DVUs/HJPs accessing women most in need?                           | - Client demographics  
|                                                                         |                                                                                      | - Perspectives of managers and staff of DVUs/HJPs and partner organisations |
| Builds strong collaborative partnerships in the delivery of wrap-around services | To what extent are DVUs/HJPs building strong collaborative partnerships in the delivery of wrap-around services? | - Referrals to and from other services and agencies  
|                                                                         | To what extent are DVU/HJP staff collaborating internally in the delivery of wrap-around services? | - Development and utilisation of protocols for client referrals, risk assessment and information sharing  
|                                                                         |                                                                                      | - MoUs with hospitals and other relevant services |
|                                                                         |                                                                                      | - Perspectives of managers and staff of DVUs/HJPs and partner organisations  
|                                                                         |                                                                                      | - Perspectives of clients |
| Enables outcomes for other stakeholders supporting women experiencing FDV | To what extent are DVUs/HJPs enabling other outcomes?                                 | - Increase in capacity of staff in health settings to identify, refer and support women experiencing FDV  
|                                                                         |                                                                                      | - Perspectives of managers and staff of DVUs/HJPs and partner organisations  
|                                                                         |                                                                                      | - Delivery of community education sessions  
|                                                                         |                                                                                      | - Participation in the community of practice  
|                                                                         |                                                                                      | - Participation in local and regional FDV networks and reference groups  
|                                                                         |                                                                                      | - Participation in research and law reform work |
| Supports staff to deal with the difficult nature of the work             | To what extent are staff supported to deal with the difficult nature of the work?   | - Staff support activities provided  
|                                                                         |                                                                                      | - Role rotation to allow time away from frontline client services |
| Innovates strategies to overcome barriers to service delivery and client access | To what extent are DVUs/HJPs innovating local strategies to overcome barriers? | - Barriers identified  
|                                                                         |                                                                                      | - Implemented strategies  
|                                                                         |                                                                                      | - Perspectives of managers and staff of DVUs/HJPs and partner organisations |
| A community of practice approach identifies best practice in the delivery of FDV services | To what extent is the community of practice informing DVU/HJP service delivery? | - Participation in CoP  
|                                                                         |                                                                                      | - Perspectives of participants |
| Prioritises safety                                                       | To what extent are DVUs/HJPs prioritising women’s safety?                             | - Safety plans developed  
|                                                                         |                                                                                      | - Risk assessments  
|                                                                         |                                                                                      | - Other safety strategies in place |
| Tailors services to the needs and capacity of clients                   | To what extent are DVUs/HJPs tailoring services to the needs and capacity of clients? | - Outreach services provided  
|                                                                         |                                                                                      | - Length of appointments  
|                                                                         |                                                                                      | - Perspectives of clients  
|                                                                         |                                                                                      | - Perspectives of managers and staff of DVUs/HJPs and partner organisations |
| Provides flexible services to respond to                                 | To what extent are DVUs/HJPs providing                                              | - Consultation with other services in design of unit  
|                                                                         |                                                                                      | - Outreach services provided |
| Local community needs and gaps in services | Flexible services to respond to local community needs and gaps in services? | • Perspectives of clients  
• Perspectives of managers and staff of DVUs/HJPs and partner organisations |
| Delivers trauma-informed services | To what extent are DVUs/HJPs delivering trauma informed services? | • Trauma-informed training delivered  
• Perspectives of clients  
• Perspectives of managers and staff of DVUs/HJPs and partner organisations |
| Delivers culturally appropriate services | To what extent are DVUs/HJPs delivering culturally appropriate services? | • Use of interpreters  
• CALD and Indigenous staff  
• Perspectives of clients  
• Perspectives of managers and staff of DVUs/HJPs and partner organisations |
| Skilled, experienced, compassionate staff | To what extent are DVUs/HJPs employing skilled, experienced and compassionate staff? | • Training delivered to staff  
• Perspectives of clients  
• Perspectives of managers and staff of DVUs/HJPs and partner organisations |
Appendix B: Data Collection Tools

The tools are in the following order:

- Client participant information sheet
- Consent Form
- Interview guide for clients
- Manager participant information sheet
- Manager interview guide
- Staff of DVUs/HJPs and partner organisations participant information sheet
- Survey for staff of DVUs/HJPs
- Survey for staff of partner organisations
- Participants in HJP training participant information sheet
- Survey for participants in HJP training

Client Participant Information Sheet

**Participant Information Sheet: Client**

*This is for you to keep*

**Title of Research Project:** Evaluation of the Pilot Programme for Specialist Domestic Violence Units and Health Justice Partnerships

1. **Introduction**
   Social Compass is a social research firm that has been commissioned by the Attorney-General’s Department (AGD) in October 2017 to conduct an evaluation of the *Pilot programme for specialist domestic violence units (DVUs) and health justice partnerships (HJPs), under the Women’s Safety Package*. The program provides integrated legal assistance and social support services for women experiencing, or at risk of domestic violence. The evaluation will be conducted from November 2017 until July 2018.

2. **Purpose of the evaluation**
   The purpose of the evaluation is to identify if, and in what ways women in Australia experiencing, or at risk of experiencing domestic violence, are benefiting from the range of legal and social support provided by the DVUs and HJPs.
   You have been invited to participate in the evaluation because you are currently using or have used the service provided by a Domestic Violence Unit or Health Justice Partnership. Your views are important because we want to know if and how these services are benefitting women. The results of this research will inform future Government plans for delivery of these types of services.

3. **What does participation involve?**
   The evaluation involves your participation in a face to face or telephone interview in a location of your choice. Your interview is expected to last up to 30 minutes. You will be asked to describe your experience throughout the support services you have received from the DVU/HJP and any outcomes or changes that the support has brought about in your life. You can also tell us about other supports that you would like or improvements that could be made to the current services in order to support you better. If you don’t want to answer a question you can choose not to. You are welcome to bring a friend or family member with you to provide you with language or other support. Your interview will be recorded and then transcribed later.
Lucy McGarry is the researcher from Social Compass who will be conducting the interviews.

If you choose not to participate, this will not impact on your relationship with the DVU/HJP or the services you receive in any way.

In order to minimise the risks to you participating in this research, we have worked with staff at the DVU/HJP to work out the best way to conduct the interviews so that you feel comfortable and safe. You may choose the best location for an interview, or do it over the phone if preferred.

At the end of the interview, DVU/HJP staff will contact you to ensure your safety and wellbeing.

If any issues arise that cause you distress during the interview you may contact staff from the DVU or another organisation for support.

Small sections of your interview may be used anonymously in the final report which will be submitted to the Commonwealth Government Attorney General’s Department. The final report will become the property of the Attorney General’s Department and it will use the findings to improve the program. This may include publishing the report and sharing it with other organisations and agencies in the field of domestic violence.

**Do I have to take part in this Evaluation?**

Your participation in this evaluation is voluntary and you may withdraw your participation at any time during the research process. You may want to think about it for a while before you agree to give your consent to participate, or ask advice from a friend, family member or professional, to help you decide. Essentially, you will be free to reveal as much or as little information as you are comfortable with. If you decide later, before the report has been written, that you don’t want your interview to be included, we can remove it.

As a token of our appreciation of you sharing your story and how the DVU service has or has not made a difference in your life, you will be provided with a gift.

4. **Information About You**

To ensure confidentiality, all interviews will be typed up and stored electronically in password protected files. Only the principal researchers for this evaluation (listed below) will have access to your information. To ensure anonymity, your interview will be assigned a number only. At no time during or after the evaluation will your true identity be revealed. Your interview file will be deleted after seven years.

5. **Reviewing Human Research Ethics Committee**

All research in Australia involving humans is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this research project have been approved by the Ethics Centre Bellberry. You can contact them on 08 8361 3222 or at bellberry@bellberry.com.au for more information.

This project will be carried out according to the National Statement on Ethical Conduct in Human Research (2007). This statement has been developed to protect the interests of people who agree to participate in human research studies.
6. **Further information and who to contact**
Should you have any questions you can contact one of the Social Compass researchers for this evaluation:

<table>
<thead>
<tr>
<th>Dr Michael Tynan</th>
<th>Ms Lucy McGarry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile: 0467 488 478</td>
<td>Mobile: 0428 905 039</td>
</tr>
<tr>
<td>Email: <a href="mailto:michael@socialcompass.com">michael@socialcompass.com</a></td>
<td>Email: <a href="mailto:lucy@socialcompass.com">lucy@socialcompass.com</a></td>
</tr>
</tbody>
</table>

If you need immediate support you can contact:

**1800RESPECT** - the national sexual assault and domestic family violence counselling service. It is a confidential and professional telephone and online counselling, referral and information service that provides specialist support to those experiencing or at risk of experiencing sexual assault and/or family and domestic violence, family and friends of survivors and frontline workers. For counselling please call: **1800 737 732**
Participant Consent Form

Declaration by Participant

I the undersigned hereby voluntarily consent to my involvement in the research project titled: *Evaluation of the Pilot Programme for Specialist Domestic Violence Units and Health Justice Partnerships*

I am over 18 years of age
I have read the Participant Information form.
I understand the purposes, procedures and risks of the research described in the project.
I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the project.
I understand that I will be given a signed copy of this document to keep.

<table>
<thead>
<tr>
<th>Name of Participant (please print)</th>
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</table>

Signature ______________________  Date ______________________

Declaration by Principle Researcher

I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation and the consent freely given.

<table>
<thead>
<tr>
<th>Name of Principle Researcher</th>
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</table>

Signature ______________________  Date ______________________

Interview Guide for Clients

*Provide Plain Language Statement and Consent Form before commencing.*

*Participants may provide a drawing or write a story as response*

Researcher will introduce herself and explain that the client doesn’t have to answer any questions that make her feel uncomfortable and that she can say as little or as much as she likes. Researcher will describe how important the client’s views are for the research and Social Compass’s independent role as a research body.

Do you have any questions before we start?

1. Can you tell me about how you first accessed/heard about this support service?
2. What types of support have you received from the DVU/HJP?
3. What types of support have you received from other places?
4. Can you tell me about how these supports have been useful or benefited you?
5. What is different about the DVU/HJP services, compared with other services you have accessed (legal and other)
6. What has been the most significant change that has happened to you as a result of the support services provided to you as part of the DVU?
   - What is different about your life now?
   - What was it about the services/experience that created that change?
7. What would be different for you if the DVU/HJP wasn’t here?
8. What other support services do you need? What other areas/issues would you like support with?
9. Is there anything else you would like to say about your experience of getting support through the DVU/HJP?
Manager Participant Information Sheet

Participant Information Sheet – Managers/CEO This is for you to keep
Title of Research Project: Evaluation of the Pilot Programme for Specialist Domestic Violence Units and Health Justice Partnerships

1. Introduction
Social Compass has been commissioned by the Attorney-General’s Department (AGD) in October 2017 to conduct an evaluation of the Pilot programme for specialist domestic violence units (DVUs) and health justice partnerships (HJPs), under the Women’s Safety Package. The program provides integrated legal assistance and social support services for women experiencing, or at risk of domestic violence. The evaluation will be conducted between March and July 2018 and we will be interviewing you in March or April 2018.

2. Purpose of the evaluation
The purpose of the evaluation is to identify if, and in what ways women in Australia experiencing, or at risk of experiencing, domestic violence are benefiting from integrated legal and social support provided by the DVUs and HJPs. You have been invited to participate in the evaluation as you are a Manager/Director of a DVU/HJP. Your views are important as the findings of this evaluation will inform future Government plans for delivery of these types of services.

3. What does Participation Involve?
The evaluation involves your participation in an interview. Your interview is expected to last up to 60 minutes. You will be asked to reflect on your experience and observations of the services delivered under the program and your views on how effective they have been in supporting women experiencing, or at risk of domestic violence. Small sections of your interview may be used anonymously in the final report which will be submitted to the Attorney General’s Department. Your feedback on the findings will be sought at the draft report stage when the AGD will send the draft to all managers for their review. The final report will become the property of the Attorney General’s Department who will use the findings in the report to improve the program. This may include publishing the report and sharing it with other organisations and agencies in the field of domestic violence. Your service will be provided a copy of the final report.

4. Do I have to take part in this Evaluation?
Your participation in this evaluation is voluntary and you may withdraw your participation at any time during the evaluation process. If you withdraw your consent prior to the finalisation of the report, then your data will be removed from the analysis.

5. Information About You
To ensure confidentiality, all interviews will be typed up and stored electronically in password protected files. Only the principal researchers for this evaluation will have access to your information. To ensure anonymity, your interview will be assigned a number only. At no time during or after the evaluation will your true identity be revealed. Your interview file will be deleted after 7 years.

6. Reviewing Human Research Ethics Committee
All research in Australia involving humans is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this research project have been approved by the Ethics Centre Bellberry. If you have any concerns with the project you can contact them on 08 8361 3222 or at bellberry@bellberry.com.au. This project will be carried out according to the National Statement on Ethical Conduct in Human Research (2007). This statement has been developed to protect the interests of people who agree to participate in human research studies.

7. Further information and who to contact
Should you have any questions you can contact one of the Social Compass researchers for this evaluation: Dr Michael Tynan Mobile: 0467 488 478 Email: michael@socialcompass.com; Ms Lucy McGarry Mobile: 0428 905 039 Email: lucy@socialcompass.com
Manager Interview Guide

Provide Plain Language Statement and Consent Form before commencing

1. Please describe the service and your role, how would you define ‘integrated support’?

2. Thinking about your service and your role, how would you define ‘integrated support’?

3. Given this definition, in what ways is this DVU/HJP providing integrated support to clients?
   a. In what ways has the DVU/HJP developed and maintained collaborative relationships internally and externally and with whom?
   b. How has this kind of collaboration benefited clients?
   c. How do you know it is effective? That is, to what extent have clients accessed this and what has been their feedback?

4. What are the main services clients are using? Why these services?

5. Who are the women with the greatest need in your community? How accessible are your services to these women and in what ways does your service cater to the needs and capacity of these women?

6. What sort of help do clients receive to manage their case? What does case management involve?
   a. What are the limits or challenges associated with providing help to clients to manage their case?

7. In what ways are you able to help ensure the safety of your clients, both at your service and more broadly?

8. What are the main barriers to clients getting the help they need through your service?
   a. How has your service tried to overcome these barriers and how successful has it been?

9. What have been the most significant benefits/outcomes for clients who attend your service?
   a. What is it about your unit or service that has enabled these outcomes for clients?

10. What range of staff do you have and what type of skills do they have?
    a. In what ways could staffing be changed to improve your services’ ability to support clients’ needs?
    b. What types of training have been delivered or is needed?

11. Can you tell me a little bit about your experience of the community of practice established with the other DVUs and HJPs. Is it useful/providing benefits for participants and in what ways? How could it be improved?

12. Any other comments or things you would like to tell us about your service and the program?
Title of Research Project: Evaluation of the Pilot Programme for Specialist Domestic Violence Units and Health Justice Partnerships

1. Introduction

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2. Purpose of the evaluation

The purpose of the evaluation is to identify if, and in what ways, women in Australia experiencing, or at risk of experiencing, domestic violence are benefiting from integrated legal and social support provided by the DVUs and HJPs. You have been invited to participate in the evaluation because you are a staff member of a DVU/HJP or a staff member of an organisation or service that partners with the DVU/HJP. Your views are important as the findings of this evaluation will inform future Government plans for delivery of these types of services.

3. What does Participation Involve?

The evaluation involves your participation in a survey including closed and open ended questions. It is expected to take you between 20-30 minutes to complete the survey. You will be asked to reflect on your experience and observations of the services delivered under the DVU/HJP program and your views on how effective they have been in supporting women experiencing, or at risk of domestic violence. Staff of partner organisations will also be asked to comment on the nature, extent, and outcomes of your collaboration with the DVU/HJP.

The final report will become the property of the Attorney General's Department and it will use the findings in the report to improve the program. This may include publishing the report and sharing it with other organisations and agencies in the field of domestic violence. Your service will be provided with a copy of the final report.

4. Do I have to take part in this Evaluation?

Your participation in this evaluation is voluntary and you may withdraw your participation by exiting from the survey and not submitting it. Once you have completed and submitted the survey, we are unable to withdraw it from the collected data as all surveys are anonymous. Your participation in this research, or decision not to participate, will in no way effect your employment or engagement with the DVUs/HJPs.

5. Information About You

To ensure confidentiality, all survey data will be stored electronically in password protected files. Only the principal researchers for this evaluation will have access to the data. All survey responses are anonymous. All data files for this research will be deleted after 7 years.
6. Reviewing Human Research Ethics Committee

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Should you have any questions you can contact one of the Social Compass researchers for this evaluation:
Dr Michael Tynan PO Box 1081 Research, Vic 3095 Mobile: 0467 488 478 Email: michael@socialcompass.com
Ms Lucy McGarry PO Box 1081 Research, Vic 3095 Mobile: 0428 905 039 Email: lucy@socialcompass.com
Survey for Staff of DVUs/HJPs

1. Please select the type of service/unit you work in:
   - DVU, HJP, combined

2. What is your role at the service/unit?

3. What services does your unit provide clients? (tick all that apply)
   - Legal services
   - Case management
   - Advocacy
   - Financial advice
   - Practical support
   - Counselling
   - Training and education
   - Other- please specify

4. What are the most common services accessed by clients? (tick all that apply)
   - Legal services
   - Case management
   - Advocacy
   - Financial advice
   - Practical support
   - Counselling
   - Training and education
   - Other – please specify

5. To what extent (how often) do your clients access both legal and non legal supports through the DVU/HJP (including through referrals/partnership with other services)? Sliding Scale from: not at all - often - always

6. To what extent would you agree or disagree that legal and other staff collaborate in the delivery of services to clients? 5 point scale from: Strongly agree to strongly disagree

7. Has this collaboration benefited clients? How? (tick all that apply)
   - More clients have access to free legal advice and support
   - Clients’ needs are met in one place
   - Clients have access to a range of supports to address multiple issues
   - Clients receive ongoing, coordinated care
   - Clients don't have to tell their story multiple times
   - Clients' safety is increased
   - Client don’t benefit
   - Other- please specify

8. Who are the women your service is prioritising and why?

9. How accessible is your service to these women? 5 point scale from: not at all to very accessible

10. In what ways does your service cater to the needs and capacity of these women?

11. What are the main barriers to clients getting the help they need through your service?

12. How has your service tried to overcome these barriers and how successful has it been?

13. What would be different for these women if your service didn't exist?

14. In your view, what have been the most significant outcomes for clients who have accessed integrated legal and non-legal supports through your service?

15. What are the most significant factors, both within your service and more broadly, that have enabled those outcomes

16. What are the most important skills you have that enable you to support your clients?
17. What other supports, skills or training would you like in order to better support your clients?
18. How have you coped with the difficult nature of your work? What has helped you deal with the stresses of your work?
Survey for staff of Partner Organisations

1. What type of organisation do you work for? (tick more than one if applicable)
   - Domestic Violence Service
   - Private legal practice
   - Multicultural support service
   - Women’s shelter
   - Court support service
   - Community Legal Service
   - Legal Aid Commission
   - Aboriginal Legal Service
   - Hospital
   - Other Health Service
   - Aboriginal Organisation
   - Government Agency
   - Other - please specify

2. What is your role within the organisation?
3. What types of services does your organisation provide? (Tick more than one if applicable)
   - Legal Services
   - Court/victim support
   - Advocacy
   - Practical support
   - Case management
   - Counselling
   - Health services
   - Child protections services
   - Family Support services
   - Police services
   - Accommodation services
   - Financial counselling
   - Migrant settlement services
   - Interpreter services
   - Other - please specify

4. In what ways does your organisation support women experiencing or at risk of domestic violence?
5. Does your organisation collaborate with a DVU or HJP in your area, or both?
6. In what ways does your organisation collaborate with the DVU/HJP in your area?
7. Does this collaboration benefit your clients experiencing or at risk of domestic violence?
   How? (tick all that apply)
   - More clients have access to free legal advice and support
   - Clients’ needs are met in one place
   - Clients have access to a range of supports to address multiple issues
   - Clients receive ongoing, coordinated care
   - Clients don't have to tell their story multiple times
   - Clients' safety is increased
   - Client don't benefit
   - Other - please specify
8. What have been some of the successes of your engagement with the DVU/HJP – if any?
9. What have been the barriers to your service’s engagement with the DVU/HJP – if any?
10. Please rate how effective you feel the DVU/HJP in your area has been in providing integrated
    services to women experiencing or at risk of domestic violence. 5 point scale from not at all,
    to a large extent
    • To what extent has it made services accessible to women experiencing domestic
      violence?
    • To what extent is it reaching the women most in need?
    • To what extent is it tailoring services to those women’s needs and capacity?
    • To what extent is it collaborating with other services?
    • Please provide some commentary for your responses

11. In your view, what are the most significant outcomes that women experiencing or at risk of
domestic violence have gained from the existence of the DVU/HJP in your area?
12. What are the key factors which have enabled these outcomes for women experiencing or at
risk of domestic violence?
13. Do you have any suggestions for ways in which the DVU/HJP could improve the way it
    collaborates with you?
14. Do you have any suggestions for ways in which the DVU/HJP could improve the way it
    provides services for women experiencing or at risk of domestic violence in your area?
Title of Research Project: Evaluation of the Pilot Programme for Specialist Domestic Violence Units and Health Justice Partnerships

1. Introduction
Social Compass has been commissioned by the Attorney-General’s Department (AGD) in October 2017 to conduct an evaluation of the Pilot programme for specialist domestic violence units (DVUs) and health justice partnerships (HJPs), under the Women’s Safety Package. The program provides integrated legal assistance and social support services for women experiencing, or at risk of domestic violence. The evaluation will be conducted between March and July 2018 and we will be contacting you to complete a survey in June or July 2018.

2. Purpose of the evaluation
The purpose of the evaluation is to identify if, and in what ways women in Australia experiencing, or at risk of experiencing, domestic violence are benefiting from integrated legal and social support provided by the DVUs and HJPs. You have been invited to participate in the evaluation as you are a staff member of a DVU/HJP or a staff member of an organisation or service that partners with the DVU/HJP. Your views are important as the findings of this evaluation will inform future Government plans for delivery of these types of services.

3. What does Participation Involve?
The evaluation involves your participation in a survey including closed and open ended questions. It is expected to take you up to 20 minutes to complete the survey. You will be asked to reflect on what you learned in the training delivered by the HJP, and if, and how, the training has impacted on your ability in your current role, to identify and support women who may be experiencing domestic violence.

The final report will become the property of the Attorney General’s Department and it will use the findings in the report to improve the program. This may include publishing the report and sharing it with other key organisations and agencies in the field of domestic violence.

4. Do I have to take part in this Evaluation?
Your participation in this evaluation is voluntary and you may withdraw your participation by exiting from the survey and not submitting it. Once you have completed and submitted the survey, we are unable to withdraw it from the collected data as all surveys are anonymous.

5. Information About You
To ensure confidentiality, all survey data will be stored electronically in password protected files. Only the principal researchers for this evaluation will have access to the data. All survey responses are anonymous. All data files for this research will be deleted after 7 years.

6. Reviewing Human Research Ethics Committee
All research in Australia involving humans is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this research project have been approved by the Ethics Centre Bellberry. You can contact them on 08 8361 3222 or at
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Ms Lucy McGarry PO Box 1081 Research, Vic 3095 Mobile: 0428 905 039 Email: lucy@socialcompass.com
Survey for Participants in HJP Training

1. What type of organisation do you work for?
2. What is your role?
3. What was the main content of the training you attended?
4. To what extent do you agree or disagree with the following statements: 5 point Likert scale from strongly agree to strongly disagree
   • The training increased my ability to identify women experiencing FDV
   • The training increased my knowledge about FDV and its impacts on women
   • The training increased about the laws and legal processes associated with FDV
   • The training increased my confidence to support women experiencing FDV
   • The training increased my confidence to refer women to the Health Justice Partnership lawyers
5. What other benefits did you gain from the training, if any?
6. What other training or information would help you identify and support women experiencing FDV in your role?
Appendix C: National Partnership Agreement Service Definitions

The NPA service definitions and counting rules are detailed in the National Legal Assistance Data Standards Manual and are summarised below:

<table>
<thead>
<tr>
<th>Service type</th>
<th>Definition</th>
<th>Counting rules</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Discrete Assistance</strong></td>
<td>An Information Service is the provision of information to a Service User in response to an enquiry about:</td>
<td>Where information is provided about one or more problems at the same time, it is counted as one Information Service.</td>
</tr>
<tr>
<td></td>
<td>- the law, legal systems and processes</td>
<td>Where the same information is provided to a Service User by more than one method at the same time (for example by telephone, followed by mailing a Community Legal Education resource), it is counted as one Information Service.</td>
</tr>
<tr>
<td></td>
<td>- legal and other support services to assist in the resolution of legal and related problems.</td>
<td>Where information is provided in the course of providing another service, it should not be counted as an Information Service and is subsumed by the other service.</td>
</tr>
<tr>
<td><strong>Information</strong></td>
<td>An Information Service involves a direct communication and/or a provision of material by a Service Provider to a Service User. Information Services do not include administrative tasks such as booking appointments for legal advice sessions or information obtained from a Service Provider’s website.</td>
<td>Each Referral to an individual or organisation is counted.</td>
</tr>
<tr>
<td></td>
<td>A Referral is when a Service Provider determines that a Service User can be assisted by another individual or organisation and provides the User with the contact details to that service.</td>
<td>Internal referrals, where a Service Provider refers a Service User to another individual or section within the same organisation, are not counted as a referral [for the purposes of NPA reporting but is used for internal reporting and to demonstrate the complexity the issues faced by our clients].</td>
</tr>
<tr>
<td></td>
<td>A Referral may be recorded as either a Simple Referral or a Facilitated Referral.</td>
<td>[Referrals are not subsumed by other services. In CASES, Simple referrals are recorded as part of an advice and/or minor assistance record. When a Facilitated referral is provided, it is recorded independently to an advice or minor assistance service using the Service Type 'REF FAC'.]</td>
</tr>
<tr>
<td></td>
<td>A Simple Referral is when the contact details of an individual or organisation (whether legal or non-legal) are provided and it is up to a Service User to make contact with that Service Provider.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A Facilitated Referral is when a Service User is directly assisted to make contact with another individual or organisation (whether legal or non-legal). A Facilitated Referral may include one or all of the following:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- making an appointment on behalf of a Service User.</td>
<td></td>
</tr>
</tbody>
</table>
• contacting the target service to check a Service User’s eligibility and the availability of service within the appropriate timeframe.

• attending the target service with a Service User providing (with the Service User’s approval) background information or a professional assessment relevant to the provision of the target service.

If a Service User receives advice for more than one problem from the same lawyer, it is counted as one Legal Advice Service.

Where the same advice is provided to a Service User by more than one method (for example where advice provided in person is confirmed by letter the following day), it is not counted separately.

Where a Service User makes subsequent contact with a Service Provider and new advice is provided, it is counted as a separate Legal Advice Service.

Legal advice provided by a duty lawyer to a Service User at a court or tribunal is not counted as a Legal Advice Service but as a Duty Lawyer Service.

Where a Service User receives assistance with a Legal Task(s) to resolve a matter, it is to be counted as one Legal Task. For example, if a Service Provider assists a Service User by drafting a letter and making a phone call, this is counted as one Legal Task.

Where a Service User makes subsequent contact with a Service Provider and assistance with a Legal Task(s) is provided again, it is counted as a separate Legal Task.

Where information is provided in the same session as a Legal Task, it should not be counted as an
something or stop doing something, or

- advocating on behalf of a Service User without taking ongoing carriage of the matter.

If a Service Provider takes carriage of a matter in an ongoing, representative capacity, including representing a Service User in court or tribunal proceedings, this is no longer a Legal Task but a Representation Service.

While a Simple referral can be recorded as part of a minor assistance record, it is not in itself a minor assistance. Use the service type Facilitated referral for warm referrals.

Duty lawyer services

Duty Lawyer Services are legal services provided by a duty lawyer to a Service User at a court or tribunal.

Where a Service User receives a Duty Lawyer Service, it is counted as one Duty Lawyer Service.

Where a Service User makes subsequent contact with a Service Provider and duty assistance is again provided, it is counted as a separate Duty Lawyer Service.

Where a Service User receives a Duty Lawyer Service and the Service Provider subsequently takes carriage of the matter in an ongoing, representative capacity, this is counted as two separate services. The first service is counted as one Duty Lawyer Service and the subsequent service is counted as a Representation Service.

Representation

This service is the legal representation of a Service User in a Facilitated Resolution Process, or an alternative dispute resolution process. This service type does not include court/tribunal based alternative dispute resolution, which is incorporated in the definition of Court/Tribunal Services.

If a Service User is represented by a Service Provider in an ongoing matter, all services provided in relation to the matter are counted together as one Dispute Resolution Service.

For example, Information, Legal Advice and assistance with Legal Tasks are considered to be part of, and subsumed by the Dispute Resolution Service and are not counted separately.

Dispute resolution services

A Dispute Resolution Service includes preparation for, and representation at a Facilitated Resolution Process. It also includes the work involved in recording agreement following a Facilitated Resolution Process.

Assistance provided to self-representing parties preparing to
Attending Facilitated Resolution Processes should be categorised as Legal Task or Duty Lawyer Service as relevant.

All services provided in relation to a matter are counted together as one Court/Tribunal Service. For example, Information, Legal Advice and assistance with Legal Tasks are considered to be part of, and subsumed by the Court/Tribunal Service and are not counted separately.

A Court/Tribunal Service relates to any ongoing representation for any matter before a court, tribunal or inquiry where a Service Provider provides legal representation to a Service User and takes carriage of a matter in an ongoing, representative capacity. This includes court/tribunal based alternative dispute resolution.

One Court/Tribunal Service can involve multiple problem types.

Any court/tribunal based alternative dispute resolution undertaken in relation to a Court/Tribunal Service is considered to be part of, and subsumed by, the Court/Tribunal Service and is not counted separately. For example, a court-ordered mediation process.