Women’s Domestic Violence Court Advocacy Program Evaluation Report

Legal Aid NSW

Final Report: 25/07/2018
To: Gaby Carney  
Director  
Policy, Planning & Programs  
Legal Aid NSW  
323 Castlereagh St, SYDNEY  
PO Box K847, HAYMARKET NSW 1240

Michelle Jones  
Manager  
WDVCAP Unit  
Legal Aid NSW  
323 Castlereagh St, SYDNEY  
PO Box K847, HAYMARKET NSW 124

From: Kerri Allwood  
Director  
Allwood & Associates Training and Consulting Group  
PO Box 460 Surry Hills NSW 2010  
ABN: 63 155 108 179  
Web: www.allwoodassociates.com.au

Submitted: Final Report 25/07/2018
## Contents Page

<table>
<thead>
<tr>
<th>CONTENTS PAGE</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABBREVIATIONS USED</td>
<td>6</td>
</tr>
<tr>
<td>COPYRIGHT AND INTENDED USE</td>
<td>7</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENT</td>
<td>7</td>
</tr>
<tr>
<td>EVALUATION TEAM</td>
<td>7</td>
</tr>
<tr>
<td>HOW TO READ THIS REPORT</td>
<td>7</td>
</tr>
<tr>
<td>EXECUTIVE SUMMARY</td>
<td>8</td>
</tr>
<tr>
<td>1. WDVCAS service delivery</td>
<td>8</td>
</tr>
<tr>
<td>2. Case management</td>
<td>10</td>
</tr>
<tr>
<td>3. WDVCAP program management</td>
<td>11</td>
</tr>
<tr>
<td>1. INTRODUCTION</td>
<td>14</td>
</tr>
<tr>
<td>1.1 Overview</td>
<td>14</td>
</tr>
<tr>
<td>1.2 WDVCAS aims and objectives</td>
<td>14</td>
</tr>
<tr>
<td>1.3 Domestic and family violence reforms in NSW</td>
<td>15</td>
</tr>
<tr>
<td>1.4 Snapshot of key relationships</td>
<td>16</td>
</tr>
<tr>
<td>1.5 Snapshot of Safer Pathway</td>
<td>16</td>
</tr>
<tr>
<td>1.6 The client journey</td>
<td>17</td>
</tr>
<tr>
<td>1.7 Rationale for the evaluation</td>
<td>17</td>
</tr>
<tr>
<td>1.8 Objectives of the evaluation</td>
<td>17</td>
</tr>
<tr>
<td>2. EVALUATION FRAMEWORK</td>
<td>18</td>
</tr>
<tr>
<td>2.1 Key evaluation questions</td>
<td>18</td>
</tr>
<tr>
<td>2.2 Scope of the evaluation</td>
<td>18</td>
</tr>
<tr>
<td>2.3 Key stakeholder groups</td>
<td>18</td>
</tr>
<tr>
<td>2.4 Program evaluation framework</td>
<td>19</td>
</tr>
<tr>
<td>2.5 Program Evaluation Logic Map</td>
<td>20</td>
</tr>
<tr>
<td>3. EVALUATION METHODOLOGY</td>
<td>21</td>
</tr>
<tr>
<td>3.1 Data collection tools</td>
<td>21</td>
</tr>
<tr>
<td>3.2 Stakeholder consultation map</td>
<td>21</td>
</tr>
<tr>
<td>3.3 Desktop review</td>
<td>22</td>
</tr>
<tr>
<td>3.4 Quotas</td>
<td>23</td>
</tr>
<tr>
<td>3.5 WDVCAS sample representation</td>
<td>23</td>
</tr>
<tr>
<td>3.6 Client engagement methods</td>
<td>24</td>
</tr>
<tr>
<td>3.7 Confidentiality</td>
<td>24</td>
</tr>
<tr>
<td>3.8 Evaluation limitations</td>
<td>25</td>
</tr>
<tr>
<td>4. EVALUATION FINDINGS – STAKEHOLDER CONSULTATIONS</td>
<td>25</td>
</tr>
</tbody>
</table>
4.1 WDVCAS clients ................................................................................................................. 25
4.2 WDVCAS service providers, coordinators and staff ............................................................ 28
4.3 WDVCAP Unit ..................................................................................................................... 37
4.4 External stakeholders – Police and Court Staff ............................................................... 40
4.5 External Stakeholders – High-level partners ................................................................... 41
4.6 Summary of all stakeholder feedback ................................................................................. 43

5. EVALUATION FINDINGS – DESKTOP REVIEW .................................................................. 45
5.1 Service Agreement terms .................................................................................................... 45
5.2 Sources of funding ............................................................................................................. 46
5.3 WDVCAS funding formula ................................................................................................. 46
5.4 Management Fees .............................................................................................................. 47
5.5 Key performance indicator data ........................................................................................ 47
5.6 Realistic and meaningful KPIs .......................................................................................... 48
5.7 Service evaluation – clients and stakeholders ................................................................ 49
5.8 CRP and WDVCAP data – referrals and workload ............................................................ 50
5.9 Data and case file management ........................................................................................ 51
5.10 Alignment of WDVCASs, LCP and Police boundaries ...................................................... 51
5.11 Specialist staff employment terms ..................................................................................... 52
5.12 Brokerage services ........................................................................................................... 52
5.13 Case management services .............................................................................................. 53
5.14 Challenging program management dynamics .................................................................. 54
5.15 WDVCAP Unit capacity since Safer Pathway roll-out ...................................................... 55
5.16 Professional training & development ................................................................................. 55
5.17 Position descriptions and role responsibilities .................................................................. 56
5.18 CLCs as service providers ................................................................................................ 56
5.19 Name of the program ........................................................................................................ 57
5.20 Consent ............................................................................................................................ 58
5.21 WDVCAS promotion ......................................................................................................... 58
5.22 WDVCAS NSW Inc. role and funding .............................................................................. 58

6. CONCLUSION AND RECOMMENDATIONS ........................................................................ 59
6.1 WDVCAS service delivery ................................................................................................. 59
6.2 Case management .............................................................................................................. 61
6.3 WDVCAP program management ....................................................................................... 61

APPENDICES ......................................................................................................................... 65
1. WDVCASs across NSW ........................................................................................................ 65
2. WDVCAS service provider, coordinator and staff survey ................................................... 66
3. External stakeholder survey – Police & Court Staff ............................................................. 66
4. Client survey ............................................................................................................  66
5. Semi-structured interview schedules .................................................................  66
6. List of WDVCAP Unit staff ...................................................................................  66
7. List of documents reviewed ................................................................................  66
8. Key stakeholders interviewed ............................................................................  67
9. Suggested service names .....................................................................................  68
# Abbreviations used

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;A</td>
<td>Allwood &amp; Associates Training and Consulting Group</td>
</tr>
<tr>
<td>ADVO</td>
<td>Apprehended Domestic Violence Order</td>
</tr>
<tr>
<td>ASW</td>
<td>Aboriginal Specialist Worker</td>
</tr>
<tr>
<td>AVO</td>
<td>Apprehended Violence Order</td>
</tr>
<tr>
<td>CLC</td>
<td>Community Legal Centre</td>
</tr>
<tr>
<td>CRP</td>
<td>Central Referral Point</td>
</tr>
<tr>
<td>Dept</td>
<td>Department</td>
</tr>
<tr>
<td>DFV</td>
<td>Domestic and Family Violence</td>
</tr>
<tr>
<td>DV</td>
<td>Domestic Violence</td>
</tr>
<tr>
<td>DVICM</td>
<td>Domestic Violence Intervention Court Model</td>
</tr>
<tr>
<td>DVLO</td>
<td>Domestic Violence Liaison Officer – NSW Police Force</td>
</tr>
<tr>
<td>DVSAT</td>
<td>Domestic Violence Safety Assessment Tool</td>
</tr>
<tr>
<td>Elders</td>
<td>Refers to all older women</td>
</tr>
<tr>
<td>ERO</td>
<td>Equal Remuneration Order</td>
</tr>
<tr>
<td>FACS</td>
<td>Department of Family and Community Services</td>
</tr>
<tr>
<td>Govt</td>
<td>Government</td>
</tr>
<tr>
<td>IRO</td>
<td>Intake and Referral Officer</td>
</tr>
<tr>
<td>KPIs</td>
<td>Key Performance Indicators</td>
</tr>
<tr>
<td>LA</td>
<td>Legal Aid NSW</td>
</tr>
<tr>
<td>LACs</td>
<td>NSW Police Force Local Area Commands</td>
</tr>
<tr>
<td>LCP</td>
<td>Local Coordination Point</td>
</tr>
<tr>
<td>LGBTQI / LGBTI</td>
<td>Lesbian, Gay, Bisexual, Trans, Queer / Questioning, Intersex</td>
</tr>
<tr>
<td>MSW</td>
<td>Multicultural Specialist Worker</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Government Organisation</td>
</tr>
<tr>
<td>NSWPF</td>
<td>NSW Police Force</td>
</tr>
<tr>
<td>PACs</td>
<td>Police Area Commands</td>
</tr>
<tr>
<td>Project</td>
<td>WDVCAP Evaluation Project</td>
</tr>
<tr>
<td>Evaluator</td>
<td>Kerri Allwood</td>
</tr>
<tr>
<td>SACS</td>
<td>Social and Community Services Award</td>
</tr>
<tr>
<td>SAM</td>
<td>Safety Action Meeting</td>
</tr>
<tr>
<td>SCHADS</td>
<td>Social, Community, Homecare and Disability Services (SCHADS) Industry Award (or SACS Modern Award in NSW)</td>
</tr>
<tr>
<td>Service Provider</td>
<td>NGO auspicing a WDVCAS</td>
</tr>
<tr>
<td>TIS</td>
<td>Translating and Interpreting Service</td>
</tr>
<tr>
<td>Unit</td>
<td>WDVCAP Unit</td>
</tr>
<tr>
<td>WDVCAP</td>
<td>Women's Domestic Violence Court Advocacy Program</td>
</tr>
<tr>
<td>WDVCAS</td>
<td>Women's Domestic Violence Court Advocacy Service</td>
</tr>
</tbody>
</table>
Copyright and intended use

This confidential report was developed by Kerri Allwood of Allwood & Associates Training and Consulting Group for Legal Aid NSW. This report is intended for use by Legal Aid NSW only, and is not intended for publication or to be made available via the internet or print to the general public without permission from the author. © 2018 Legal Aid NSW retains copyright of this report.

Acknowledgement

The consultant would like to thank Legal Aid NSW for engaging key stakeholders in this evaluation; and to also thank all WDVCAS Coordinators for arranging client interviews and engaging clients in completing surveys to inform this report. The input from all WDVCASs, external stakeholders, service providers, staff and clients is greatly appreciated.

Evaluation team

The project was undertaken by Allwood & Associates Training and Consulting Group, led and conducted by Director, Kerri Allwood with research assistance provided by Donna McInnes.

How to read this report

The findings of this report are the views of the evaluator, formed as a result of information gathered from all sources, including: surveys, forums, meetings, interviews and a desktop review.

Due to the comprehensive stakeholder interviews and the extensive amount of feedback gathered from multiple sources, stakeholder views have been summarised as ‘emerging themes’.

Every effort has been made to ensure that participant views are non-identifiable, and the reader should not ascribe any opinions or comments in this report to a particular person, situation or service.

Due to the high volume of qualitative data collected, terms such as ‘minority’, ‘most’, ‘a majority’ or ‘some’, have been used to indicate the prevalence of particular views across the sector.

Throughout the report, ‘WDVCAS’ and ‘services’ refers to the services funded by Legal Aid NSW to deliver LCP and WDVCAS services, and ‘Service Provider’ refers to the NGOs auspicing the WDVCAS &/or the manager of the NGO service.

References to the ‘Unit’, refers to the WDVCAP Unit responsible for managing WDVCAS contracts and overseeing the WDVCAP as a whole.

The term ‘Aboriginal’ and / or Torres Strait Islanders is used to refer to all Indigenous Australians living in NSW.

‘Brokerage’ refers to access to crisis funding for a client’s immediate needs.
Executive summary

Legal Aid NSW administers NSW Government funding for a network of Women’s Domestic Violence Court Advocacy Services (WDVCASs) across NSW. These services provide women experiencing domestic violence with information, referrals, advocacy and support, particularly in relation to the court process.

As part of the NSW Government’s Domestic Violence Justice Strategy and Safer Pathway reforms, WDVCASs also host Local Coordination Points (LCPs) for women victims. In this role, WDVCASs receive all NSW Police Force referrals for women victims of domestic violence across the state. Since this referral pathway was automated on 1 July 2015, WDVCASs have experienced a rapid expansion, including a 165% increase in referrals, 97% increase in clients, and 91% increase in service events.

In 2017/18, Legal Aid NSW administered $23,737,719 in grant funding to WDVCASs. Current WDVCAS service agreements have been extended to 31 October 2018. Legal Aid NSW commissioned this evaluation to address these three questions, which will inform the re-tendering process:

1. If and how WDVCAS service delivery could be improved to better meet its aims and objectives;
2. Whether case management funding for Wagga Wagga and Macarthur WDVCASs should be extended to all WDVCASs; and
3. If and how the WDVCAP as a whole could be improved, for example through revised boundaries or performance management approaches.

Stakeholders consulted for this evaluation included: WDVCAS clients, staff and coordinators, service providers, Police and court staff, the WDVCAP Unit and high level external partners. Mixed methods were used to gather feedback over a 6-month period, including: review of key documents, surveys, state-wide forums, focus groups, and telephone and face-to-face interviews.

1. WDVCAS service delivery

This evaluation has found that the expanded service delivery model has achieved its aims and objectives by successfully engaging victims from the point of a domestic violence incident and Police referral, through to court, and post-court if case management services are offered. The service is very effective in assisting victims to be informed and supported to access legal protection through the court system, and addressing their safety and welfare needs. The transition from WDVCASs operating as a court-based service to a broader role has been well managed overall.

WDVCASs offer value-for-money for the NSW Government, due to the effective management of high volumes of clients, the program coverage and reach across NSW, and the efficiencies of scale supporting high levels of quality and consistency across the state. Various strengths of the service model have been identified; including being auspiced by NGOs, unsolicited telephone outreach to overcome client access barriers, and services being delivered by professional and committed staff with DV expertise. Also, the SAM model ensures a proactive response to high-risk victims, through established networks and collaborative partnerships with Police and other local services. Where case management and specialist services for Aboriginal and multicultural clients are offered, significant benefits to clients are evident.

Overall, it is recommended that the core components of the service delivery model remain unchanged. However, following are conclusions and recommendations on aspects of the WDVCAS service that could be improved.
1. The rapid service **expansion** and increase in the number of referrals has resulted in services ‘**doing more for less**’. Services have managed significant change in a short timeframe, an increase in staff workload, management of larger teams, and increased infrastructure costs. Some services have also taken on pilot programs. Regional areas experience costs not experienced by metropolitan WDVCASs, such as: recruiting staff, promoting the service, infrastructure for multiple sites, increased WHS risks and costs of travel over a large region. It is recommended that services are adequately funded and resourced, and a regional loading is formulated to assist services with additional costs in delivering services.

2. The expanded service model has required the integration of the **LCP and Court Advocacy Worker roles**. The capacity of staff to undertake both roles is essential to ensure a cohesive stream-lined **service**, and also for rostering and staff-wellbeing. However, the current **position descriptions** are delineated, and staff are not always experienced in both roles. It is recommended that services are supported to integrate the LCP and court components of the service by combining both position descriptions, updating manuals and providing adequate training and support for staff to undertake both roles.

3. The increased workload has resulted in increased time making phone calls and less capacity for follow-up and support in courts. Services have no control over the number of incoming referrals (e.g. from Police) and staff must respond to new referrals within one business day. As referral numbers increase, WDVCASs risk becoming a ‘tick and flick’ service to meet KPIs, thereby reducing the quality of follow-up case coordination and court work, which is an extremely important component of the service. This is particularly relevant where staff are employed part-time and/or travel long distances to attend court. It is recommended that **realistic KPIs are set**, and appropriate **funding** is provided to ensure continued quality follow-up support and services in all courts. Changes to KPIs will require negotiations with Victims Services to ensure alignment with the CPR data base.

4. **Coordinators** are now managing teams often larger than the service provider, requiring a skill set that is more management-focused than client-focused. Service quality relies on the coordinators’ management competency to manage workflow, build a positive culture and a skilled team. Across services, variances exist in coordinators’ competencies, and their decision-making and management authority within their NGO. It is recommended that coordinators continue to **receive management training**; and their **position description and role title** be reviewed and **minimum pay rate** (SCHADS Award Grade 8 or above) to allow sufficient authority within the service provider management structure. Future recruitment should focus on securing applicants with a broad management skill set.

5. With increased workloads and requirement to meet cold-call KPIs, teams work under pressure, and are exposed to increased risk of vicarious trauma. Many services have experienced high **staff turnover and recruitment issues**, with increased challenges in regional areas where the pool of skilled applicants is small, and delays often occur. Many staff do not have time to attend staff meetings or training, and while **supervision** is funded, it is very limited, resulting in **concerns about staff well-being**. It is recommended that when setting KPIs, consideration is given to these pressures, and adequate funding is provided for supervision to assist staff to manage workloads and risk of vicarious trauma.

6. The service model relies on **collaborative relationships** between WDVCAS staff and **Police and court staff**, and overall this relationship is working very well. However, in a small number of services, staff are not working constructively with Police and court staff, do not adequately understand court processes and role limitations of all parties, and may be giving clients inappropriate advice regarding ADVOs and what Police and court staff can do. Currently the system relies on the coordinator supporting new staff and identifying and managing these issues as they arise. In situations where
courts are spread over a region with no feedback loops, the coordinator may be unaware of any issues. It is recommended that a mandatory annual stakeholder survey is developed and implemented to detect these issues, which should be addressed by coordinators, and the findings reported to the Unit.

7. WDVCASs provide culturally appropriate services to Aboriginal and multicultural communities, however the specialist ASW and MSW roles are underfunded and capacity is inconsistent across services. Many specialist staff are employed part-time with limited time to undertake community outreach, which is essential for building trust in communities. Other barriers also exist, such as the cost of interpreter services. There does not appear to be a strategic approach by services to address the demographic profile and needs of each region. It is recommended that specialist staff are employed full-time and are supported to undertake outreach work. The position titles should be changed to ‘DFV specialist workers’, with the expertise of the specialist workers aligned with the needs of the demographics of the region. An Aboriginal identified position should be employed in all services. Services should develop a strategy to address regional needs, and provide mandatory cultural competence training for all staff. It is also recommended that adequate funding is made available for interpreter services. A review of the structure, purpose and terms of reference of the ASW and the MSW Networks to ensure appropriate support is provided to specialist workers, may be required.

8. Brokerage services are a significant service gap for clients needing to access crisis funding to address immediate safety and security measures to protect themselves and their children. Variations in timely access to immediate crisis funding through Victims Services and other services currently exists, which impacts on client safety. It is recommended that Legal Aid NSW consider funding a WDVCAS brokerage service for high-risk clients, with specific criteria for allocation of immediate crisis funds.

9. Within some services, the SAM coordinator position title causes confusion and tension regarding role authority within the service management structure. It is recommended that the title change to ‘SAM worker’ and the position description also be amended to provide role scope clarity.

2. Case management

The case management services provided by Wagga Wagga and Macarthur WDVCAS deliver additional benefits to clients not offered by other WDVCAS services. This includes providing clients with a comprehensive service, continuity of care from referral through to post-court, and assistance to access services to address complex psychosocial and welfare needs. Following are the conclusions and recommendations in relation to case management services.

10. Case management is a significant service gap, resulting in staff being unable to respond to clients with complex needs, to provide support beyond a court service, or to offer tailored interventions for at-risk groups. It is recommended that all services are funded to deliver case management services, which includes attendance at hearings and follow-through post-court to improve outcomes for high-risk victims and those with complex needs. Funding and staffing levels for case management will depend on WDVCAS referral numbers and the demographics of the region. Where specific at-risk groups are identified in a region, it is recommended that case managers are employed with specific expertise (e.g. working with young victims) to deliver tailored interventions to improve outcomes.

11. Many NGO case management services have long waiting lists and high workloads, resulting in WDVCAS clients not being able to access services, especially in regional areas. While case management is aimed at providing longer-term intensive work with clients, it is recommended that this expanded WDVCAS service model should include clear boundaries regarding client suitability criteria and/or time limitations. These limitations are important to ensure that WDVCASs do not take on too many clients and become ‘another service with a long waiting list’. It is recommended that all staff receive case
management training, particularly in setting service limits. It is also recommended that all manuals and policy documents are updated to standardise service processes (e.g. flow charts, checklists, forms) and reinforce the limitations of the case management model. Furthermore, services will require premises that are ‘client-friendly’ with disability access.

12. The two current case management services do not have a robust evaluation framework to track client progress and outcomes. It is recommended that a case management evaluation framework is developed and implemented at commencement of WDVCAS case management services. The evaluation process should be simple and easy to administer, and include measurement of outcomes as a result of service intervention (e.g. pre-and-post questionnaires, client tracking surveys).

3. WDVCAP program management

The WDVCAP Unit program management model is unique and is achieving excellent results. The Unit approach to providing leadership, guidance and support appears to be a core element of the success of the service. The Unit is led by a manager who is a progressive thinker, overseeing a team who are collaborative, accessible and experienced, with designated roles aimed at supporting services to succeed. The systematic and comprehensive program management structure (including reporting, training, resources, communication, and mentoring), is central to the positive results of the program, and the consistency in quality service delivery across NSW.

WDVCAS staff are motivated by, and highly regard the Unit’s approach to supporting them. The system creates numerous opportunities for training and development to support staff to excel in their role. Forums are also an important process for bringing together staff and developing a peer support network across the state. The inclusion of key stakeholders, such as Police in forums, further develops collaborative partnerships. The mentoring role is also highly valued as a link between practice and policy.

The overall Unit management model should not change, however following are conclusions and recommendations on aspects of the WDVCAP program management that could be improved.

13. A misalignment currently exists between the boundaries of many WDVCAS and LCP catchment areas. This misalignment makes it difficult to ensure streamlined and efficient service delivery for all clients. The NSW Police Force have replaced the 76 existing LACs with a total of 58 PACs in metropolitan areas, and Police Districts in regional areas. To streamline operations, it is recommended that with the commencement of new contracts, WDVCAS boundaries change to align with new Police boundaries, with the change also reflected in the funding formula.

14. The current funding formula is based on the number of ADVO applications in a region and has not changed significantly since 2008. The expansion of the service means that workload is now determined by the number of Police-reported DV incidents, rather than the number of ADVO applications. It is recommended that the funding formula is reviewed, particularly if WDVCAS boundaries are to be aligned with Police boundaries. Funding should be linked to the number of domestic violence incidents in an area.

15. Currently there are variations in management fees charged by services (from 0%-16%; average 5%) and how services itemise their budgets. A standardised management fee and budget reporting system is required to ensure fees are fair and equitable and spending is transparent. It is recommended that Legal Aid NSW set a standardised service management fee of 5% of total funding, and the Service Agreement Schedule 4 budget templates are updated to require services to itemise their budgets to provide specific details on the costs of delivering services.
16. Currently two data management systems (CRP and WDVCAP) are used, and client paper files are also kept requiring secure storage. This system is inefficient and results in administrative duplication, gaps in data reporting, and staff not having easy access to client files in courts. It is recommended that the CRP and WDVCAP data bases are integrated, and the system include client files with appropriate levels of security and confidentiality, allowing laptop access to files in courts. Any change to the system will require consultation with staff as ‘end users’, and training and updating of user guides to ensure all staff can use the system.

17. The new tendering process provides an opportunity for Legal Aid NSW to update the service agreement terms to strengthen management of contracts. The current service agreement is very general, providing limited guidelines on service expectations or how non-compliant services are managed. This can create variations in service management and, at times, tensions with some service providers. There are also variations in the way CLCs auspicing WDVCASs interpret compliance. Service agreement gaps have been identified in the management of issues such as: underperforming or non-complying services, conflicts of interest, insurance, governance, HR management, funding misuse, performance monitoring and reporting, service evaluation, and mandatory training requirements. It is recommended that the Service Agreement Sections 4, 6, 7, 9, 19, 20; and schedules 2, 3, 4, 5 are updated to address gaps identified in Section 5.1 of this report. Specifically, Legal Aid NSW should strengthen the WDVCAP service agreement to ensure consistent compliance for all WDVCASs including those auspiced by a CLC, especially in relation to the CLCs’ Professional Indemnity Insurance requirements. Legal Aid NSW should provide input into the next edition of the CLC Risk Management Guide in regards to this ongoing issue if possible. Providing clearer protocols in the Service Agreement, will reduce future tensions with service providers by creating clarity of compliance expectations and other service delivery requirements.

18. The current KPIs are very broad, reporting the number of clients or service events, and the number of final ADVOs granted to clients. While services are meeting their KPIs, performance is based on referrals and the number of ADVOs granted, which are not within the control of services. Also, KPIs are function / process-based rather than outcomes-based. It is recommended that the new Service Agreement include KPIs that services have the capacity to influence, and deliver meaningful reports, such as measuring the quality, type, duration of services and the impact on client outcomes. Changes to the KPIs will require negotiations with Victims Services to make changes to the CPR data base in some cases.

19. Currently services are required to undertake a client survey every three years, however this data does not appear to be used in a meaningful way. The lack of an evaluation framework to gather regular feedback from (1) clients and (2) Police and court staff, means that issues with service quality are not flagged. It is recommended that a standardised evaluation framework be developed, that is simple and easy to implement. All services should be required to undertake annual client and stakeholder surveys and provide findings to the Unit with the annual reports. This activity should be supplemented with an annual spot practice audit by the mentor. The policy manual should provide standardised templates, and the Service Agreement include an outline of how the evaluation findings will be used.

20. Since the roll-out of Safer Pathway, the Unit’s workload has increased significantly, due to the increased WDVCAS workforce requiring mentoring, training and support; and the number of referrals through the CRP data base requiring reallocation and management of a ‘mini-WDVCAS’ for overseas and interstate clients. The mentor plays an important role in supporting frontline services and identifying practice issues, however current capacity is stretched due to service expansion. It is recommended that a review of the Unit work roles and structure be undertaken, and staff capacity be increased by one (1) FTE to manage the CRP workload, and one (1) FTE for another mentor role.
21. Currently the names of the various elements of the WDVCAP program are extremely similar and can create confusion for external services, clients and new staff. Specifically, little distinction exists between WDVCAP (the program), WDVCAP (the Unit), WDVCAS (the service) and WDVCAS NSW Inc. (the peak). The name of the Unit closely aligns with delivery of the WDVCAP only. It is recommended that the **Unit name is changed** (e.g. ‘DFV Programs Unit’) to allow the capacity to take on program contracts other than WDVCAP in the future. The **service name** also needs to change given the broader scope of the service being delivered, beyond court advocacy work. A wide range of service names were proposed, however any name changes will need to be decided by Legal Aid NSW, with consideration given to how the name will be interpreted by clients, and also rebranding and promotion costs.

22. **Promotion of WDVCAS** at a state-level by Legal Aid NSW is not proactive, relying on a government website not sufficiently well-designed to reach and engage clients. As a result, clients searching for a DV service often reach the WDVCAS NSW Inc. website, which now clearly advertises the 1800 number to redirect clients to services. WDVCASs are expected to promote services locally through the service provider website and staff outreach, resulting in variations across services. It is recommended that a state-wide service promotion strategy be developed, including a dedicated and **engaging** website and social media promotion targeting the client group. All brochures should be readily available online.

23. **WDVCAS NSW Inc.** (the peak) is funded by Legal Aid NSW until June 2020. The aim of the peak is to identify and advocate on domestic violence systemic issues within social, political and legal contexts, at both state and national levels. There can be confusion for new staff regarding the roles of the peak and the Unit. It was not part of this evaluation to review WDVCAS NSW Inc., however it may be timely to undertake a review of the role and funding arrangements of WDVCAS NSW Inc. so any recommended changes can be included in their next service agreement.

24. The LCP and WDVCAP **policy manuals** have not been updated since 2015. Currently the stand-alone manuals reinforce separate LCP and court roles rather than an integrated service. It is recommended that the manuals are updated to support a streamlined service and cohesive team work. Specifically, the position descriptions for the coordinator, specialist staff, LCP and court roles, and SAM coordinator roles should be updated (as mentioned in 6.1). The issue of ‘consent’ requires clarification, as inconsistencies exist across services regarding how they implement ‘gaining consent’ from a client. Expectations of management practices needs to be strengthened, including mandatory staff and Board training, HR practices, and management of conflicts of interest (e.g. coordinators employing relatives) requirements. Any changes in the Service Agreement resulting from this evaluation will require an update of the key manuals to ensure alignment of guidelines in relation to service provider management practices.
1. Introduction

1.1 Overview

The Women’s Domestic Violence Court Advocacy Program (WDVCAP) is managed by the WDVCAP Unit (the Unit) which sits within the Policy, Planning and Programs (PPP) Division of Legal Aid NSW (Ref: WDVCAP Overview 2017; Terms of Reference 2018).

The Unit administers NSW Government funding for a network of 29 Women’s Domestic Violence Court Advocacy Services (WDVCASs) across the state. Formally established in 1996, the Unit also provides training and mentoring to ensure adherence to the best practice WDVCAP service delivery model.

The Unit also administers funding for WDVCAS NSW Inc., the peak representative body for WDVCAS workers, and provides a small stipend to the chairperson of WDVCAS NSW Inc. and two networks (the Aboriginal Specialist Worker Network and the Multicultural Specialist Worker Network).

WDVCASs provide women experiencing domestic and family violence with information, advocacy, support and referrals, particularly in relation to the court process. WDVCASs also undertake safety planning and provide referrals to a range of services, including: housing, counselling, legal advice, financial assistance and health services. WDVCASs are auspiced by NGO service providers.

WDVCASs provide services to women seeking legal protection through Apprehended Domestic Violence Orders (ADVOs) at 117 Local Court locations across NSW. A list of WDVCAS regions and the Local Courts covered is available in Appendix 1.

In 2017/18, WDVCASs assisted 43,947 clients. Twenty-three WDVCASs are funded to employ an Aboriginal Specialist Worker (ASW), and 13 are funded to employ a Multicultural Specialist Worker (MSW).

Legal Aid NSW administers WDVCAS funding through triennial Service Agreements with incorporated, not-for-profit service providers. The current Service Agreement has been extended to 31 Oct 2018. In 2017/18, $23,737,719 was administered in grant funding through the WDVCAP (including Safer Pathway funding).

The majority of WDVCAS clients are referred to the services by the NSW Police Force (NSWPF). As of 1 July 2015, Police refer all women victims of domestic violence incidents to their nearest WDVCAS for assistance.

This evaluation aims to identify ways in which the state-wide WDVCAP as a whole could be improved; how WDVCAS service delivery could be improved to better meet its aims and objectives; and whether case management funding for Wagga Wagga and Macarthur WDVCASs should be extended to all WDVCASs across NSW.

1.2 WDVCAS aims and objectives

As set out in the WDVCAP Policy Manual 2015, the aim of WDVCASs is to provide a holistic service, which:

- Assists women and children who have experienced, or who are experiencing domestic violence, to obtain effective legal protection from NSW Local Courts through applications for ADVOs;
- Facilitates victims’ access to a network of professional services that can assist with their other legal and social/welfare needs;
• Assists through partnerships with other services and agencies in building local capacity to respond effectively to domestic violence; and
• In Macarthur and Wagga Wagga, provide case management to victims with complex needs for the duration of the court process in certain circumstances.

WDVCASs aim to provide victims with:

• Threat assessment and safety planning
• Improved access to, and understanding of, ADVOs and the justice process
• Effective legal protection through an ADVO that is designed to fit their specific needs
• Access to services that can assist with their other legal and social welfare needs.

1.3 Domestic and family violence reforms in NSW

In 2014, the Hon Pru Goward MP, Minister for the Prevention of Domestic Violence and Sexual Assault, launched the *It Stops Here: Standing together to end domestic and family violence in NSW* (Safer Pathway) reforms. Safer Pathway is a coordinated service delivery model for domestic violence victims across NSW.

Safer Pathway is being rolled out in stages. As at March 2018, the model is fully operational in 43 locations. Safer Pathway comprises:

• A common risk assessment tool (the Domestic Violence Safety Assessment Tool, or DVSAT), for mandatory use by the NSW Police Force state-wide, and encouraged for other service providers;
• A streamlined referral pathway through an online platform, the Central Referral Point (CRP), managed by Victims Services;
• Consistent access to specialist domestic violence support for victims through a network of Local Coordination Points (LCPs); and
• A priority, cross-agency response to victims at risk of serious threat of injury or death due to domestic violence, through Safety Action Meetings (SAMs).

WDVCASs were chosen to host the LCPs for female victims due to their state-wide coverage, effective governance, positive relationships with key partners, and specialist knowledge. As a result, the WDVCAP and WDVCASs have taken a lead role in the Safer Pathway implementation.

LCPs provide clients with threat assessment, case coordination (i.e. warm referrals to local services for key needs) and safety planning. LCPs also provide victim liaison and secretariat support for SAMs.

To ensure successful implementation, the WDVCAP Unit provides mentoring and training to LCP workers, and training to SAM participants, including the Police and representatives from government and non-government services (NGOs).

Between December 2016 and June 2018, 1,219 SAMs took place, addressing current safety concerns for over 9,950 domestic violence matters for female victims and 1,008 matters for male victims at serious threat.
1.4 Snapshot of key relationships

Following is a summary of the relationship between the WDVCAP Unit, NGO service providers and WDVCASs:

- **WDVCAP Unit**
  - Administers funding for WDVCASs
  - Undertakes contract management and KPI monitoring
  - Provides training, resources, mentoring on best practice

- **NGOs**
  - Provide service management and governance
  - Report to WDVCAP Unit on KPIs and funding

- **WDVCASs**
  - Receive referrals from NSW Police Force and other sources
  - Proactively contact all victims referred by Police
  - Provide clients with threat assessment, safety planning, court advocacy, case coordination
  - Organise and provide victim liaison for SAMs

1.5 Snapshot of Safer Pathway

Following are the key elements of the Safer Pathway system:

- **Domestic Violence Safety Assessment Tool (DVSAT)**
  - Used by Police & LCPs to assess threat level

- **Central Referral Point (CRP)**
  - Streamlined referral pathway - database capturing all referrals

- **Local Coordination Points (LCPs) - WDVCASs**
  - Consistent access to coordinated support for DV victims

- **Safety Action Meetings (SAMs)**
  - Targeted response to victims at serious threat
1.6 The client journey

Following is a map of the WDVCAS client journey. Not all clients go beyond the initial LCP contact point.

1.7 Rationale for the evaluation

The rationale for this evaluation included:

1. Since the last external review of WDVCAP in 2011, significant changes have occurred, including the implementation of Safer Pathway and the adoption of new responsibilities, such as the Electronic Monitoring of Domestic Violence Offenders Program. This evaluation provides an opportunity to examine the effectiveness and operations of the current, expanded WDVCAS service delivery model.

2. In June 2016, the NSW Government mandated that all programs funded under the Domestic and Family Violence Blueprint for Reform be formally evaluated. This includes LCP funding for female victims and supplementary WDVCAS funding. This 2018 external evaluation of WDVCASs will ensure that Legal Aid NSW meets this requirement.

3. Currently two WDVCASs, Macarthur and Wagga Wagga, receive additional funding to provide case management services to clients with complex needs. An evaluation of these two case management services would provide evidence to inform funding decisions regarding the provision of case management by all WDVCASs across NSW.

4. The results of the evaluation will also inform ongoing improvements to WDVCAS and LCP service delivery, in relation to both Police and non-Police referrals.

1.8 Objectives of the evaluation

The objectives of this evaluation are to:

1. Examine whether and how the WDVCAP as a whole could be improved, for example through revised boundaries or performance management approaches (such as key performance indicators and service levels);
2. Examine whether and how WDVCAS service delivery could be improved to better meet its aims and objectives; and

3. Examine whether case management funding for Wagga Wagga and Macarthur WDVCASs should be extended to all WDVCASs.

2. Evaluation framework

2.1 Key evaluation questions

To achieve the objectives of this evaluation, the methodology aimed at answering these questions:

1. Does current WDVCAS service delivery model meet its intended aims and objectives? How could service delivery be improved?
2. Do WDVCASs provide culturally appropriate services to Aboriginal victims and victims from multicultural communities? How could service delivery be improved?
3. Do the case management services provided by Wagga Wagga and Macarthur WDVCASs deliver additional benefits to clients? If so, what are these?
4. Is WDVCAP program management beneficial and useful? How could it be improved?
5. Are current funding levels and boundaries for WDVCASs appropriate?
6. How do the WDVCAS and LCP components of services operate together? Are there ways in which the different functions could be better streamlined or integrated?

2.2 Scope of the evaluation

The evaluation considered all WDVCASs and LCPs across NSW. Some programs which form part of WDVCAS work are subject to separate evaluation processes, and were outside the scope of this evaluation. These programs include:

- Safer Pathway in its entirety (i.e. DVSAT, CRP and SAMs)
- Family Advocacy and Support Service (FASS)
- Domestic Violence Disclosure Scheme (DVDS)
- Electronic Monitoring of Domestic Violence Offenders Program.

2.3 Key stakeholder groups

The methodology ensured the following key stakeholder groups were represented:

- WDVCAP Unit
- WDVCASs state-wide – includes a total of 29 services
- NGO service providers – auspicing the 29 WDVCASs
- WDVCAS clients – includes a total of 43,947 clients / 176,678 service events in 2017
- WDVCAS staff – approximately 286 total staff across all roles, including:
  - Coordinators
  - Assistant Coordinators
  - SAM Coordinators
  - LCP Intake and Referral Officers
• Court Advocacy Workers
• Administration Workers – not in all services
• Aboriginal Specialist Workers (AWS) – in 23 of 29 services 2018
• Multicultural Specialist Workers (MSW) – in 13 of 29 services 2018

• External stakeholders:
  o WDVCAS NSW Inc. (peak body)
  o Domestic Violence Strategy, NSW Department of Justice
  o Women NSW, Department of Family and Community Services
  o Domestic and Family Violence Team, NSW Police Force
  o Victims Services, NSW Department of Justice
  o Domestic Violence Unit, Legal Aid NSW
  o Domestic Violence Liaison Officers, NSW Police Force
  o Courts and Tribunal Services

2.4 Program evaluation framework

The six month project (February to July 2018) included the following five phases:

**Phase 1 – Plan the evaluation**
- Identify evaluation team and WDVCAP Unit project manager
- Agree on key evaluation questions
- Identify key stakeholders
- Agree on the evaluation timeframe
- Develop the evaluation methodology and work plan
- Develop a communications and management plan

**Phase 2 – Develop program evaluation logic**
- Identify outcomes of the evaluation
- Develop the program evaluation logic map
- Map inputs and outputs to evaluation methods

**Phase 3 – Design evaluation data collection tools**
- Identify target groups for consultation
- Identify data and information sources
- Map data collection and consultation tools to evaluation questions
- Design data collection and consultation tools

**Phase 4 – Undertake the evaluation**
- Consult with key stakeholders
- Review key documents
- Collate data and information from sources

**Phase 5 – Communicate the results**
- Analyse data and information gathered from all sources
- Synthesise results into findings and recommendations
- Incorporate findings and recommendations into a Final Report
2.5 Program Evaluation Logic Map

The WDVCAP program evaluation logic map is as follows:

**INPUTS**

The program:
- Govt reforms, policy
- Legal Aid NSW – funding, contracts, KPIs
- WDVCASs – state-wide service model
- WDVCASs - staff
- Promotion
- Linkages, partnerships
- Training, coaching
- Resources
- Service providers
- Referrers
- Stakeholders
- Governance

**OUTPUTS**

Immediate service results:
- Services for clients: LCP calls, pre-court / at court / post court
- Case management services
- Number of clients and service events
- Implementation state-wide
- Number of staff trained
- Systems and policies implementation

**OUTCOMES**

Changes as a result of the program – short, intermediate, long-term:
- Increased women’s safety and DV reporting
- Streamlined services and referral pathways
- Coordination across services
- State-wide access to services

**EVALUATION**

- Key evaluation questions

**METHOD – TRIANGULATION***

- Desktop review of documents
- Surveys
- Interviews and forums
- Onsite visits
- Data and information review

---

*Methodological triangulation: involves using more than one source of data collection and analysis to evaluate the program.*
3. Evaluation methodology

3.1 Data collection tools

Triangulation methodology allowed cross-validation of data by using more than one source of data collection and analysis to evaluate the program.

The research methodology included both qualitative and quantitative data analysis with feedback gathered via mixed modes to maximise engagement opportunities from key stakeholders, including clients and staff from across the 29 WDVCASs.

The following data collection tools and methods were designed in consultation with the WDVCAP Unit, which approved all final tools, including:

1. **Surveys** – three surveys were developed, including both open-ended and closed questions:
   1. WDVCAS survey – targeting coordinators, staff and service providers (Appendix 2)
   2. External stakeholders survey – targeting NSW Police Force and Court and Tribunal Services staff (Appendix 3)
   3. WDVCAS client survey – targeting clients across all services (Appendix 4)

   Surveys included questions with drop-down lists of options. The options were developed based on feedback gathered through WDVCAS forums.

2. **State-wide forums, focus groups, telephone and face-to-face interviews** – semi-structured interview schedules were developed to guide the consultation process for these groups (refer to Appendix 5):
   1. WDVCAP Unit
   2. WDVCAS Service Providers
   3. WDVCAS clients
   4. WDVCAS Coordinators
   5. WDVCAS Specialist Workers (ASW & MSW)
   6. WDVCAS case management staff
   7. WDVCAS all other staff
   8. External stakeholders – high-level partners

   The forum, focus group and interview questions were designed to align with the survey questions to simplify the interpretation of results and allow deeper insight into survey findings.

   **Note:** Forums refer to large group consultations attended by WDVCAS staff from across the state; focus groups refer to small group interviews; telephone and face-to-face interviews refer to individual interviews.

3.2 Stakeholder consultation map

A wide range of stakeholders were consulted via mixed methods to ensure feedback was gathered via multiple sources, resulting in a comprehensive and robust evaluation process.
Selection and engagement of participants was managed in consultation with the WDVCAP Unit. Methods of consultation and data collection are outlined in Table 1.

Table 1. Stakeholder Consultation Map

<table>
<thead>
<tr>
<th>Stakeholders Consulted</th>
<th>Surveys</th>
<th>Telephone / face-to-face interviews</th>
<th>Onsite visit interviews / focus groups</th>
<th>State-wide forums</th>
<th>Series of meetings via face-to-face, phone, email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clients</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WDVCAS Coordinators</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WDVCAS Specialist Workers – ASW &amp; MSW</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All other WDVCAS staff</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Providers</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NSW Police Force</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Courts and Tribunal Services Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WDVCAP Unit</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>WDVCAS NSW Inc.</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DFV Team, NSW Police Force</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DV Strategy, NSW Dept of Justice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victims Services, NSW Dept of Justice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women NSW, Dept of FACS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal Aid NSW – Domestic Violence Unit</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A list WDVCAP Unit staff and key stakeholders consulted is attached at Appendices 7 and 8.

### 3.3 Desktop review

Legal Aid NSW provided all of the necessary documents and information for the evaluation (Appendix 7.), including access to the following:

- WDVCAP policy manuals, information sheets and tools
- WDVCAS data reports
- CRP data reports
- WDVCAS Review Report 2012
- Service Agreement, funding formula, position descriptions and KPI templates
- WDVCAS client brochures and website information.

*Note: This evaluation excluded a literature review.*
3.4 Quotas

The WDVCAP Unit set quotas to be met in addition to the data collated from surveys. Quotas included:

1. Interview a minimum of 40 clients via onsite group interviews or telephone interviews. A total of 50 clients were interviewed via group, face-to-face or telephone interviews, and an additional 28 clients completed surveys.

2. Undertake four (4) WDVCAP Unit organised state-wide WDVCAS forums, including:
   - (1) Coordinator forum
   - (2) ASWs and MSWs forum
   - (3) Service provider forum
   - (4) All other staff forum

3. Undertake four (4) WDVCAS onsite visits with services representing a mix of metropolitan, regional and rural services, including:
   - (1) Wagga Wagga WDVCAS
   - (2) Macarthur WDVCAS
   - (3) Illawarra WDVCAS
   - (4) Sydney WDVCAS

4. At the four (4) onsite visits, facilitate interviews in groups or individually with each of the following key stakeholders:
   - (1) Coordinators
   - (2) ASW and MSW staff
   - (3) Case management workers
   - (4) Clients
   - (5) Service provider

5. Conduct an additional six (6) WDVCAS coordinator telephone interviews, resulting in a total of 10 in-depth interviews with coordinators.

6. Interview six (6) external stakeholders, identified by the WDVCAP Unit as high-level partners.
   - (1) WDVCAS NSW Inc. (peak body)
   - (2) Domestic Violence Strategy, NSW Department of Justice
   - (3) Women NSW, Dept of Family and Community Services
   - (4) DFV Team, NSW Police Force
   - (5) Victims Services, NSW Department of Justice
   - (6) Domestic Violence Unit, Legal Aid NSW

3.5 WDVCAS sample representation

Mixed modes of data collection were used to ensure WDVCAS staff, clients, and stakeholders represented by the 29 WDVCASs across NSW had an opportunity to respond, thereby maximising sample representation to include:
Rurality:
- Sydney metropolitan area
- Regional areas
- Rural and remote areas

Size of service:
- Small - 1 to 5 staff
- Medium - 6 to 10 staff
- Large - more than 10 staff

Demographic:
- Aboriginal self-identified clients
- Multicultural self-identified clients

Services offered:
- Service with case management services (Wagga Wagga and Macarthur)
- Services with Aboriginal and multicultural specialist worker

3.6 Client engagement methods

The vulnerability of clients and the challenges involved in engaging this target group were considered when designing data collection methods. All consultation processes were undertaken in a manner which aimed to reduce the risk of secondary-traumatisation of clients, particularly through the re-telling of their stories.

To manage these issues, and to also maximise engagement of clients, the following strategies were used:

1. As WDVCAS staff have a trusted relationship with clients, staff were asked to engage clients to complete surveys, and to encourage participation in focus groups and telephone interviews.
2. In the telephone and group interviews, WDVCAS clients were asked not to retell their personal stories, but rather to focus on discussing their experiences of engaging with the service.
3. Clients completing the survey were asked if they would like to register their interest in participating in a telephone interview. This option was incentivised by the evaluator with entry into a draw for 2 x $50 gift vouchers.
4. WDVCAS staff organised onsite consultations at four sites, inviting clients to attend focus groups and interviews.
5. Clients were offered a $30 gift voucher by the WDVCAS as an incentive to participate in the interview or focus group. They were also provided with catering, childcare, and in some cases given an additional ‘thank you’ gift.
6. Clients were advised that their feedback would be reported as ‘key emerging themes’ only, and that their names and individual responses would remain confidential, and not be sent to Legal Aid NSW or identified in this report. Many clients were concerned about recording devices being used, and therefore notes were taken with pen and paper.

3.7 Confidentiality

All information gathered via face-to-face, email and telephone consultations remain confidential to the evaluator. All interviewees agreed to speak with the reviewer on the basis that their individual responses would not be identified, thereby encouraging open and honest feedback.
3.8 Evaluation limitations

The limitations of this evaluation are identified as follows:

1. Findings rely on self-reporting and perceptions of WDVCAS staff and other stakeholders.
2. Service data is based on function/process data (i.e. occasions of service / number of events), not outcomes-based data (i.e. the change or impact resulting from program activities).
3. This review was not designed to evaluate individual WDVCASs, or specific services delivered.
4. As clients were invited to participate in focus groups, interviews and surveys by local WDVCAS staff, a potential bias could exist if only clients with positive views of the service were selected.
5. This report is based on a high volume of qualitative data, recorded, collated, analysed and interpreted by the evaluator as *key emerging themes* only.

4. Evaluation findings – stakeholder consultations

This section provides a summary of findings from the surveys, focus groups, face-to-face and telephone interviews. Results have been analysed from each of the following groups:

1. WDVCAS Clients
2. WDVCAS Coordinators, staff and service providers
3. External stakeholders – Police and Court and Tribunal services staff
4. External stakeholders – High-level WDVCAP partners

Each section discusses the survey results for each of the stakeholder groups, with deeper insight provided through interpretation of feedback gathered from survey comments, forums, focus groups and interviews. Only key emerging themes are discussed throughout.

*Note: Survey response percentages are rounded off. Survey questions with multiple response options are reported if the response rate is ≥25% (i.e. one quarter or more of respondents). The survey question is identified by ‘Q’ followed by the question number.*

4.1 WDVCAS clients

Surveys were completed by 28 clients (refer to Appendix 4), from WDVCASs across all regions of NSW including (Q1): Sydney metropolitan (36%), regional areas (28%) and rural and remote areas (36%). The majority of clients surveyed (57%) were 25-40 years of age (Q2); and 37% of respondents identified as Aboriginal (Q 3, n=6).

The client survey data is supplemented with survey comments and key findings which emerged from 50 client in-depth semi-structured focus groups and individual telephone interviews, including:

1. Wagga Wagga – total 9 clients (included 4 Aboriginal and 3 multicultural self-identified clients)
2. Illawarra – total 10 clients (included 1 Aboriginal and 1 multicultural self-identified clients)
3. Macarthur – total 10 (included 3 Aboriginal and 1 multicultural self-identified clients)
4. Sydney – total 7 (included 5 multicultural self-identified clients)
5. Telephone interviews from across various NSW regions – total 14 (included 2 Aboriginal and 1 multicultural self-identified clients).

Overall the key findings from interviews were consistent with the data gathered from surveys.
For many of the clients surveyed (64%, n=18), their initial contact with WDVCAS resulted from the service contacting them. For a minority (32%), initial contact was through a referral from another service (Q4).

For those clients contacted ‘out of the blue’, that is, an unsolicited LCP call (Q 5), the surveyed majority (80%, n=20) reported they were pleased to speak to the service, and while a minority (24%, n=6) were unsure about speaking to the service, no respondents were unhappy about being contacted.

Victims are referred to an LCP immediately following a DV incident being reported to Police. WDVCAS staff attempt to contact each victim within one business day of referral. All clients interviewed reported that the quick response after the incident was important, as they did not know about the service or where to go for help. They were pleased the service was persistent in trying to contact them, even when they hung up, were rude, or were too scared to respond - ‘they did not give up’. Clients described that when they were first contacted by the service, they were traumatised and ‘scared to go to court / get an AVO’, and ‘did not understand the system’.

The majority of clients surveyed (71%, n=20) reported that they understood the service role once it was explained by staff or the referring service (Q6). However, most of the clients interviewed reported that prior to contact with WDVCAS, they had not known the service existed.

Clients surveyed reported that a range of services were provided to them by WDVCAS staff (Q7), as outlined in Table 2.

Table 2. Survey responses to Q7: Range of services provided to victims by WDVCAS

<table>
<thead>
<tr>
<th>Service Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>General support and information (96%)</td>
</tr>
<tr>
<td>Explanation of the court process (86%)</td>
</tr>
<tr>
<td>Help with my AVO (86%)</td>
</tr>
<tr>
<td>Referral to another service (46%)</td>
</tr>
<tr>
<td>Safety planning (43%)</td>
</tr>
<tr>
<td>A support letter (advocacy) (21%)</td>
</tr>
</tbody>
</table>

All of the clients interviewed reported that the most important support offered to them was: (1) information provided about navigating the court system, the ADVO process, and their rights; (2) advocating on their behalf with Police and/or court staff regarding the ADVOs; and (3) safety planning, including assisting with practical strategies to stay safe (e.g. emergency accommodation, locks changed).

Almost all clients surveyed (96%, n=27) and all clients interviewed reported that the services provided were useful to them (Q8), and they were satisfied with the service overall (Q11). All of the clients interviewed elaborated that this was due to staff being very knowledgeable, proactive and professional; and providing support and information on the court process and their rights, which strengthened their confidence to take action and prepared them for what to expect in court.

The majority of clients surveyed (89%) and all clients interviewed reported that they felt safer after engaging with the service (Q9). Interviews revealed that staff reassurance and support increased the client’s emotional safety; while the provision of practical support, education on the DV cycle, access to a safe room and sitting with them in court, were all very important to the clients’ sense of physical safety.

All of the clients surveyed (100%, n=28), and interviewed, reported that they were treated with respect and understanding (Q10). The most important elements of this contact was staff understanding the DV cycle, not judging the client, and believing the client’s story. Clients reported that the service was ‘life saving’, and that staff had gone ‘over and above expectations’ to assist them in significant ways.
The majority of clients surveyed (85%, n=23) and all clients interviewed reported that the service helped them to connect to other services (Q12) to address immediate safety and support needs (e.g. to get locks changed, emergency accommodation, food vouchers etc.). Many clients had not known what specific services were available to them prior to engagement with WDVCAS, with staff helping them to navigate the system (e.g. fill out Victims Services forms, contact Centrelink).

When asked what services they needed that were not provided to them, the majority of clients surveyed (80%, n=20) reported that they did not need additional services (Q13). While clients interviewed reported they were ‘very satisfied’ with and ‘extremely appreciative’ of the service they received, they emphasised that they often face highly dangerous situations, and have a range of complex needs that cannot always be met by services. Clients experience staff as dealing with high workloads, limiting their capacity to do more for clients.

Clients provided suggestions for how the service could be improved, which included (Q 14):

- More immediate crisis funding (e.g. for housing, food, travel)
- Case management services (excludes Wagga Wagga and Macarthur) to provide continuity of care and ongoing support
- Funds to improve safety (e.g. change locks, surveillance cameras, panic buttons)
- Free legal services and Family Court support
- More staff to support clients throughout the court process, including at hearings
- Extended hours of the service for working women
- Access to other support services, such as psychosocial-educational groups or counselling

Almost all clients surveyed (93%) and all clients interviewed reported that they would contact the service in the future if they needed help (Q15), viewing the service as unique in the capacity to help DV victims within the court environment.

The clients interviewed who had access to case management services (Wagga Wagga and Macarthur only) reported being extremely satisfied with the service received, which included more continuity of care, assertive follow-up, and proactive referrals to a network of services (e.g. Centrelink, housing) to address their complex needs. Clients reported that they were offered a comprehensive service over a longer timeframe, thereby assisting them to make positive changes to their situation. Clients identified a key component of this process as having one contact person who knew their story, so the client did not have to repeat it.

Overall, Aboriginal and multicultural clients also reported very positive experiences engaging with WDVCASs. The service is viewed as a very responsive, culturally appropriate and confidential service, with access to specialist services (ASW and MSW) and assistance with interpreters. The specific issues relevant to these target groups were reported by clients as follows:

- Many Aboriginal clients reported barriers to using Aboriginal Community Controlled Services (e.g. Aboriginal Medical Service), especially in regional areas (e.g. due to confidentiality issues, family pressure not to report DV, shame) and therefore preferred to use a ‘mainstream’ service such as WDVCAS.
- Many Aboriginal and multicultural clients are fearful of the court system and are not aware of services available to assist them to navigate the system.
- Police are reported as being less responsive to DV incidents for some of these clients.
- Both Aboriginal and multicultural communities require time for outreach to build trust and educate the community about DV and the WDVCAS services.
Clients interviewed also identified a range of issues to be addressed to make it easier for women to navigate the system, for example:

- More promotion of WDVCAS in the community (e.g. via television, radio, social media, brochures) and community education on DV (e.g. for the Police, young people in schools).
- Increase capacity of Legal Aid NSW solicitors (e.g. time to prepare for a matter).
- Address barriers to working women attending court (e.g. loss of income, childcare or legal costs).
- Interstate AVDO / DV contacts register to facilitate reporting across state jurisdictions.

4.2 WDVCAS service providers, coordinators and staff

WDVCAS service providers, coordinators and staff from across NSW were consulted via the following methods:

1. WDVCAS survey – completed by service providers, coordinators and staff (refer to Appendix 2)
2. Six coordinator telephone interviews
3. Service provider interviews at four site visits
4. Coordinator and assistant coordinator interviews at four site visits
5. Case management staff interviews at two site visits
6. ASW & MSW interviews at four site visits
7. Service provider state-wide forum
8. Coordinators state-wide forum
9. Staff state-wide forum
10. ASW and MSW state-wide forum

A high degree of consistency was evident in feedback across all of the WDVCAS participants.

In total 160 WDVCAS service providers, coordinators and staff responded to the survey, representing services across all of NSW, including:

1. All regions including (Q2, n=157): Sydney metropolitan area (33%); regional areas (46%); rural and remote areas (20%); and state-wide roles (1%).
2. Various team sizes including (Q3, n=160): Small (1-5 staff; 19%); Medium (6-10 staff; 48%); and Large teams (>10 staff; 33%).

The WDVCAS survey respondents, represented a range of roles, as summarised in Table 3 (Q1, n=159).

Table 3. Survey responses to Q1: Staff roles of respondents

<table>
<thead>
<tr>
<th>Role</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>WDVCAS Coordinator</td>
<td>16% (n=25)</td>
</tr>
<tr>
<td>Assistant Coordinator</td>
<td>9% (n=14)</td>
</tr>
<tr>
<td>Aboriginal Specialist Worker</td>
<td>6% (n=10)</td>
</tr>
<tr>
<td>Multicultural Specialist Worker</td>
<td>2% (n=3)</td>
</tr>
<tr>
<td>Intake &amp; Referral Officer</td>
<td>29% (n=46)</td>
</tr>
<tr>
<td>Safety Action Meeting Coordinator</td>
<td>15% (n=24)</td>
</tr>
<tr>
<td>Administration Worker</td>
<td>2% (n=3)</td>
</tr>
<tr>
<td>Court Advocacy Worker</td>
<td>11% (n=17)</td>
</tr>
<tr>
<td>Service providers</td>
<td>9% (n=15)</td>
</tr>
</tbody>
</table>
The WDVCAS survey respondents identified the aspects of **WDVCAS service delivery** reported as **working effectively** as summarised in Table 4 (>25%, Q4, n=160).

### Table 4. Survey responses to Q4: Aspects of WDVCAS working effectively

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client-centred approach</td>
<td>91%</td>
</tr>
<tr>
<td>Work within the courts</td>
<td>89%</td>
</tr>
<tr>
<td>Relationship with Police and external stakeholders</td>
<td>89%</td>
</tr>
<tr>
<td>Staff expertise (skills, knowledge &amp; experience)</td>
<td>89%</td>
</tr>
<tr>
<td>Specialist DV service</td>
<td>82%</td>
</tr>
<tr>
<td>Local service / community connected</td>
<td>81%</td>
</tr>
<tr>
<td>Professional approach</td>
<td>81%</td>
</tr>
<tr>
<td>Proactive, timely, assertive follow-up</td>
<td>79%</td>
</tr>
<tr>
<td>Access to referral network / pathways</td>
<td>78%</td>
</tr>
<tr>
<td>Holistic response to client needs</td>
<td>64%</td>
</tr>
<tr>
<td>NGO auspiced</td>
<td>59%</td>
</tr>
<tr>
<td>Program systems / management ensures consistency</td>
<td>54%</td>
</tr>
<tr>
<td>Workforce diversity</td>
<td>50%</td>
</tr>
<tr>
<td>Spread and reach of service across the state</td>
<td>46%</td>
</tr>
</tbody>
</table>

Service providers and staff consulted elaborated on the contributing factors to the services **working effectively**, including:

- Police referrals, and court advocacy and support makes the service unique in NSW.
- The service is trusted by courts and Police and is built on strong stakeholder relationships.
- Management approach, team work and staff commitment.
- Being a state-wide service, while also maintaining a local, community connected NGO service.
- Often the service is the only DV service in regional towns.
- Being auspiced by NGOs allows cross-referral within the service.
- A service for women, addressing the gendered nature of DV, and significantly raising awareness of DV.
- A trauma informed, strengths-based approach is taken to educating and empowering women.
- Providing warm referrals and support with applications (e.g. Victims Services form).

Aspects of WDVCAS service delivery **not working effectively** were also identified by service providers and staff, as summarised in Table 5 (>25%, Q5, n=145).

### Table 5. Survey responses to Q5: Aspects of WDVCAS not working effectively

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to case management</td>
<td>65%</td>
</tr>
<tr>
<td>Filing and data management systems</td>
<td>53%</td>
</tr>
<tr>
<td>Funding and resources</td>
<td>51%</td>
</tr>
<tr>
<td>Capacity to provide follow-up client support services</td>
<td>48%</td>
</tr>
<tr>
<td>ASW and MSW capacity for community outreach</td>
<td>37%</td>
</tr>
<tr>
<td>Workload</td>
<td>27%</td>
</tr>
</tbody>
</table>

Additional feedback on some of the aspects of the service **not working effectively**, included:

- A lack of referral and case management options in some regions.
Limited crisis funding available (e.g. for emergency accommodation) through external services to address immediate safety and security needs, particularly in regional areas.

Demands of LCP calls limit staff capacity to follow-up with clients and attend all courts.

Limited capacity for community outreach, service promotion, and relationship building.

Many time-consuming tasks are not captured in data reports (e.g. database administration, SAM preparation time, repeat client call-backs).

Inconsistencies across NSW due to variations in service providers’ practices.

The majority (78%, n=123) of service providers and staff surveyed stated that the transition from WDVCASs being a court-based service to their current broader role had been positive for clients (Q6, n= 158). They reported that clients benefited from ‘one service’ providing support before and during court. Police referrals also increase the capacity to educate, inform and empower women on their rights and services available. The LCP calls ‘open the door’, and address gaps in access to support, referral and case coordination, while the SAM model creates significant opportunities for high-risk victims to be supported.

Service providers and coordinators reported that they had managed the transition from being a court-based service to their current broader role, and LCP and WDVCAS roles were being integrated. However the expansion required significant change which all services were not prepared for. Several challenges were identified that had arisen due to the transition, including:

- Team sizes have increased, with some WDVCASs outgrowing their service provider and/or needing to relocate, thereby increasing infrastructure costs.
- The integration of the LCP and WDVCAS roles has required good team work, and needs to be further supported with revised position descriptions.
- Increased staff capacity and funding is required to manage the increased volume of work.
- Recruitment is difficult, some staff have resigned, and staff wellbeing is of concern due to increased workload pressures.
- While serious threats are identified, client expectations for support cannot always be met.
- Court advocacy work and coverage at courts needs to be maintained and supported.

Service providers and staff surveyed reported on the key continuing gaps in service delivery, as summarised in Table 6 (>25%, Q7, n=159).

Table 6. Survey responses to Q7: Continuing gaps in service delivery

<table>
<thead>
<tr>
<th>Gap in Service Delivery</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate crisis funds (e.g. for fuel / food)</td>
<td>76%</td>
</tr>
<tr>
<td>Case management options</td>
<td>69%</td>
</tr>
<tr>
<td>Tailored DV services for target groups (e.g. elders, people with disabilities, young people, LGBTQI)</td>
<td>58%</td>
</tr>
<tr>
<td>Refuge or crisis accommodation</td>
<td>53%</td>
</tr>
<tr>
<td>Legal representation for working women</td>
<td>48%</td>
</tr>
<tr>
<td>ASW and MSW capacity for community outreach</td>
<td>42%</td>
</tr>
<tr>
<td>Support for women with mental health issues</td>
<td>41%</td>
</tr>
<tr>
<td>Court support at hearings</td>
<td>39%</td>
</tr>
<tr>
<td>Psychology / Counselling services</td>
<td>37%</td>
</tr>
<tr>
<td>Services for women without children</td>
<td>36%</td>
</tr>
<tr>
<td>Group work</td>
<td>31%</td>
</tr>
<tr>
<td>Access to safe rooms in all courts</td>
<td>30%</td>
</tr>
<tr>
<td>Access to interpreters</td>
<td>26%</td>
</tr>
</tbody>
</table>
Further feedback from service providers and staff on the key **service gaps**, included: access to case management services for continuity of care and follow-up support, particularly for complex cases; access to crisis funding to address immediate safety and security issues (e.g. locks changed, food, shelter); and support at all courts, including hearings. Also, improved access for women who work, such as after-hours services, affordable legal representation, and assistance to attend court, especially in regional areas. Additionally, strategies to support longer term change are needed, such as psychosocial groups and counselling support services.

The majority (64%, n=101) of service providers and staff surveyed reported that WDVCASs provide **culturally appropriate services to Aboriginal and multicultural communities**, while 31% (n=50) responded ‘somewhat’ to this question (Q8, n=159). Additional consultation revealed that access to specialist services varies across services, however where they exist, this is highly valued by clients. Often ASW and MSW work part-time on low pay rates, with limited capacity for community outreach, particularly in communities requiring a considerable travel time. Service providers reported that they attempt to ensure all staff have cultural awareness, and support specialist workers to undertake outreach, noting that not all clients want to see someone from within their own community.

Service provider and staff surveys identified the ways WDVCASs could be more responsive to Aboriginal and multicultural communities, as summarised in Table 7 (>25% Q9, n=159).

Table 7. Survey responses to Q9: How WDVCASs could be more responsive to Aboriginal and multicultural communities

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand ASW and MSW capacity in every WDVCAS</td>
<td>67%</td>
</tr>
<tr>
<td>Workers need time to build community connections</td>
<td>67%</td>
</tr>
<tr>
<td>Address needs / complexity of each region</td>
<td>54%</td>
</tr>
<tr>
<td>Full-time workers are needed</td>
<td>50%</td>
</tr>
<tr>
<td>Workers need support</td>
<td>36%</td>
</tr>
<tr>
<td>Adequately pay specialist staff</td>
<td>30%</td>
</tr>
</tbody>
</table>

Additional feedback on how services could be more responsive to these communities, included:

- Employ ASW and MSW full-time, pay them appropriately, recruit staff with skills to deal with complex community issues, and provide ongoing support and training.
- Support specialist workers to undertake community outreach, particularly in regional areas, which is essential for building trust in the service.
- All services should have specialist workers, providing a localised response aligned with the demographics of the region and needs of the community.
- All staff should complete cultural awareness or cultural competence training.
- Specialist staff should act in an ‘advisory role’ to the service, and the position description should be changed to ‘specialist worker’.
- Adequate funding is needed for interpreters.

**Service providers** elaborated on the challenges impacting on the capacity of services to be more responsive to Aboriginal and multicultural communities. These include recruitment issues and finding suitable workers with appropriate skill and community ties. Also, funding limits staff to low pay, part-time roles with high workloads, limiting their capacity for outreach work. Finally, resources do not align with the demographics of the region or cover the cost of interpreters.

When asked how WDVCASs could improve services targeting specific at-risk groups (e.g. LGBTQI, elders, young people), service providers and staff identified a number of options, including (Q10, n=125):
- Case management services or funding for specialist case workers to target specific groups.
- More funding, resources and training for staff to work with at-risk groups, including community outreach, engagement and service promotion; and provide assertive follow-up services.
- Increase capacity to undertake community outreach and service promotion (e.g. in schools and via TV, radio and social media) to build trust and engage with these groups.
- Improve referral pathways, linkages and collaboration with other services to fast-track referrals.
- Develop a strategy to address the specific needs of a specific target group in the region.

Service providers and staff provided survey feedback on factors that currently positively impact on their capacity to deliver services within their role, as summarised in Table 8 (>25%, Q12, n=159).

Table 8. Survey responses to Q12: Factors that positively impact on their capacity to deliver services in their role

<table>
<thead>
<tr>
<th>Factor</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team culture</td>
<td>66%</td>
</tr>
<tr>
<td>Clear understanding of my role and duties</td>
<td>60%</td>
</tr>
<tr>
<td>Support from management</td>
<td>59%</td>
</tr>
<tr>
<td>Training and supervision</td>
<td>55%</td>
</tr>
<tr>
<td>Lines of communication</td>
<td>47%</td>
</tr>
<tr>
<td>Role clarity / role scope</td>
<td>36%</td>
</tr>
<tr>
<td>Support to manage time pressure and work demands</td>
<td>31%</td>
</tr>
<tr>
<td>Alignment of management demands - from service provider, WDVCAS coordinator and WDVCAP</td>
<td>31%</td>
</tr>
</tbody>
</table>

Staff elaborated on the factors that assist them in their role, including: the commitment and work ethic of staff; positive team work; the training, policies, procedures, resources provided; and the coordinator’s and/or service provider’s management approach and support.

Service providers and staff surveys revealed the key challenges or barriers currently impacting staff capacity to deliver services within their role, as summarised in Table 9 (>25%, Q11, n=158).

Table 9. Survey responses to Q11: Staff challenges or barriers to delivering services in their role

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding / resources</td>
<td>53%</td>
</tr>
<tr>
<td>Case management and referral options</td>
<td>50%</td>
</tr>
<tr>
<td>Capacity to provide follow-up services</td>
<td>49%</td>
</tr>
<tr>
<td>Capacity to respond to high level needs</td>
<td>40%</td>
</tr>
<tr>
<td>Support to manage time pressure and work demands</td>
<td>36%</td>
</tr>
</tbody>
</table>

Additional staff feedback elaborated on the key barriers or challenges faced in undertaking their role:

- The lack of services to refer to, particularly case management options in regional areas.
- Poor staff terms and conditions such as low pay, part-time work, and lack of regular supervision.
- Limited support and training for new workers due to time pressures.
- Limited capacity for client follow-up services due to high work demands, especially when regional travel is required.
- The office hours should be extended given that CRP is a 24-hour referral system.
- The data base system is inefficient and needs to be updated and streamlined.
- The Coordinator, SAM Coordinator, Assistant Coordinator position descriptions need to be reviewed to ensure clarity of roles within the management structure.

Service providers also reported challenges in managing multiple demands when auspicing WDVCASs, including aligning the directives of the Unit, the requirements of the NGO service provider, and the
WDVCAS coordinator and team activities. Developing a positive team culture, clarity of management reporting lines and communication, together with adequate funding and good referral options are reported as being essential to the capacity to deliver quality services.

The majority (78%) of service providers and staff surveyed from across all services reported that case management services would deliver additional benefits to clients (Q13, n= 159). Those consulted where case management is offered (Wagga Wagga and Macarthur), report that case management has been extremely effective for achieving positive client outcomes. All reported similar key benefits of case management services to clients (Q14, n=129) including:

- Improved continuity of care, follow-through and support for the client beyond court, including tailored support and specialist interventions (e.g. youth case worker)
- By working with one service for a longer period the client avoids re-telling their story multiple times, thereby reducing re-traumatisation.
- Improved needs assessment, follow-up services, referral and assistance to navigate the system.
- Improved outcomes for clients with complex or multiple needs, through tailored, coordinated services and stepped planning.
- Improved long-term outcomes, support to change and safety planning.

A minority (22%, Q13) of staff and service providers responded ‘somewhat’ or ‘N/A, Don’t Know’ to the question, identified reasons why case management may not deliver additional benefits to clients (Q15, n=34). Concerns included: the service would require adequate funding and resources to be successfully implemented; and workload demands, and time pressures could increase, raising the risk that services could reach capacity very quickly and become ‘another service with a long waiting list’. Some staff suggested a ‘time limited case management model’, or support to only high-risk clients or those not suitable for other services, being aware of not duplicating services already offered by other NGOs.

Service providers and staff surveyed identified the aspects of the WDVCAP Unit program management that are beneficial and useful, as summarised in Table 10 (>25%, Q16, n=159).

Table 10. Survey responses to Q16: Aspects of WDVCAP program management that are beneficial and useful

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevant training</td>
<td>93%</td>
</tr>
<tr>
<td>Conferences / forums</td>
<td>82%</td>
</tr>
<tr>
<td>Accessibility and responsiveness of the WDVCAP Unit</td>
<td>72%</td>
</tr>
<tr>
<td>Collaborative relationships with WDVCASs across the state</td>
<td>71%</td>
</tr>
<tr>
<td>Resources, manuals, guides</td>
<td>71%</td>
</tr>
<tr>
<td>WDVCAP values - high commitment, pride in our success, acknowledge us</td>
<td>69%</td>
</tr>
<tr>
<td>WDVCAP staff have frontline experience</td>
<td>69%</td>
</tr>
<tr>
<td>Being located in Legal Aid NSW - linkages to government services</td>
<td>64%</td>
</tr>
<tr>
<td>Proactive high-level lobbying</td>
<td>64%</td>
</tr>
<tr>
<td>Mentoring role</td>
<td>61%</td>
</tr>
<tr>
<td>Collaborative partnership with service providers</td>
<td>60%</td>
</tr>
<tr>
<td>We are consulted, our opinion is heard and respected</td>
<td>58%</td>
</tr>
<tr>
<td>Monitoring, KPIs</td>
<td>38%</td>
</tr>
</tbody>
</table>

Additional feedback was provided (Q17, n=108) on why these aspects of the WDVCAP Unit program management are beneficial and useful as follows:
The Unit provides excellent program leadership, guidance and monitoring, and is led by a ‘visionary’ manager. Unit staff are professional, knowledgeable, responsive and experienced in the sector; with specific roles to support services to succeed.

The Unit’s understanding of frontline work, and collaborative approach to communicating with staff, means staff feel listened to, supported, and valued, which is ‘a great motivator’.

The Unit has developed a unique and innovative program management model which ensures professional practice standards, and quality and consistency across all WDVCAS services.

An excellent system has been developed to support, mentor, train and develop staff, optimising their professionalism, confidence, competence and understanding of their role scope.

 Forums, training and conferences support state-wide networking, and ensure all services are informed with up-to-date information, and current evidenced-based best practice approaches.

The quality of training is always first class, and staff ‘feel set up for success’.

Continual communication and information flow between the Unit and service providers keeps them up-to-date, thereby supporting decision-making.

The Unit can lobby for change at a higher level, influencing key government stakeholders.

The program is highly respected and supported by ‘people at the top’, which is fed down to WDVCASs, who benefit from the Unit’s high-level influence.

Legal Aid NSW funding gives services credibility within the court system.

The WDVCAS surveys identified aspects of the WDVCAP Unit program management that could be improved, as summarised in Table 11 (25%, Q18, n=157).

<table>
<thead>
<tr>
<th>Survey responses to Q18: Aspects of WDVCAP program management that could be improved</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Data management system (e.g. duplication, variances in use)</td>
<td>70%</td>
</tr>
<tr>
<td>Data collection - capture actual level of contacts (e.g. call-backs)</td>
<td>68%</td>
</tr>
<tr>
<td>Training in data base system use (e.g. to ensure consistency)</td>
<td>66%</td>
</tr>
<tr>
<td>Standardise forms and systems (e.g. intake form, SAM agenda function)</td>
<td>47%</td>
</tr>
<tr>
<td>Funding to service providers for staff supervision / infrastructure</td>
<td>44%</td>
</tr>
<tr>
<td>Links to resources available online (e.g. ‘Charmed &amp; Dangerous’)</td>
<td>43%</td>
</tr>
<tr>
<td>Update position descriptions (e.g. Coordinator’s role managing a large team)</td>
<td>38%</td>
</tr>
<tr>
<td>Consistencies in WDVCASs across the state</td>
<td>36%</td>
</tr>
<tr>
<td>Consistencies in definitions (e.g. ‘Consent’ in manual)</td>
<td>34%</td>
</tr>
<tr>
<td>Clarity of WDVCAP, service provider, WDVCAS coordinator management role scope and boundaries</td>
<td>33%</td>
</tr>
<tr>
<td>KPIs (e.g. achievable, reflect what we can control)</td>
<td>27%</td>
</tr>
<tr>
<td>Directives to service providers on program management</td>
<td>26%</td>
</tr>
<tr>
<td>Service provider’s management fee formula (e.g. standardise)</td>
<td>25%</td>
</tr>
</tbody>
</table>

While service providers and staff consider that the Unit does an ‘amazing job’, additional feedback on how the WDVCAP management could be improved, identified the following key issues:

- The two data bases and paper case files need to be integrated to reduce duplication and ensure all data is captured in reports, however client files will need to remain secure and confidential.
- If the data management systems are integrated and upgraded, staff should be consulted as the ‘end users’ to ensure it is practical; and staff training, and user guide updates will be required.
- The definition of ‘consent’ needs to be clarified, as it is interpreted and discussed with clients in various ways, which may have implications for an activity being recorded as a ‘client service’.
- Consistent templates and forms are required across all services to reduce variances.
- When attempting to meet LCP call KPIs, there is a risk of becoming a ‘tick and flick’ service.
Set KPIs that can be controlled (i.e. not the number of ADVOs granted); consider the time required to make ‘call-backs’ (40% of calls); and allow time for new workers to reach targets.

Develop protocols to clarify the Unit’s capacity to intervene when staff experience problems or risks are identified due to the service provider’s management approach.

Update the SAM coordinator title and position description to clarify the role responsibilities.

Update the Coordinator title and position description to reflect increased managerial responsibilities within the NGO management structure, and a minimum pay rate (SCHADS Award Grade 8 or more).

Integrate the LCP and court advocacy worker roles and position descriptions.

Provide adequate staffing, funding and resources to cover costs (e.g. full-time staff, external supervision, travel in regional areas).

Improve Legal Aid NSW’s website so it is appealing to clients and brochures are available online.

Besides the above issues, service providers specifically identified areas to improve in relation to funding:

- Funding is inadequate, budgets are tight, and services are being asked to ‘do more for less’, with the NGO often subsidising funding.
- The funding formula should be reviewed to align with the demands of regions and the service.
- The management fee should be standardised, so it is fair and equitable.
- Capacity to manage workload and reduce burnout (e.g. due to too much telephone cold-calling).
- Capacity to increase pay rates to recruit and retain skilled staff.
- Recognition of distances travelled by regional staff when resourcing services.

For a minority of service providers, other issues requiring improvement by the Unit, included: respect and acknowledgement of the pressures faced, risks managed, and/or investment made by service providers to deliver WDVCASs. Some reported that the Unit could develop a stronger relationship with them rather than coordinators, reducing potential for blurred role boundaries. Also, for some, the Unit’s monitoring and control is seen as too tight and prescriptive, with little scope for flexible service options.

Service providers and coordinators reported (Q19, n=40) that when LCP services are state-wide, they will effectively oversee management of case coordination and court advocacy functions of the service, by:

- Integrate the LCP and court support roles to provide a streamlined service
- Provide support to the SAM and LCP roles to manage time and workflow allocation
- Build collaborative partnerships with other services
- Encourage team work and support through regular meetings, supervision and training
- Clarity in lines of management and support for coordinators by working closely with them
- Update protocols, systems, policies and procedures, continuous improvement framework
- Recruit extra staff
- Establish case coordination role boundaries to avoid slipping into ‘case management’

However, service providers and coordinators also emphasised the need for adequate staff and resources to achieve these activities.

Service providers and coordinators surveyed identified the challenges in managing the WDVCAS, as summarised in Table 12 (≥25%, Q20, n=48).
Table 12. Survey responses to Q20: Coordinators challenges in managing the WDVCAS

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff wellbeing (e.g. burnout, vicarious trauma)</td>
<td>60%</td>
</tr>
<tr>
<td>Recruitment (e.g. finding suitable staff, low pay rates)</td>
<td>54%</td>
</tr>
<tr>
<td>Increased workload, without increased staff</td>
<td>46%</td>
</tr>
<tr>
<td>Funding (e.g. for staff supervision, infrastructure)</td>
<td>42%</td>
</tr>
<tr>
<td>Staff management issues</td>
<td>35%</td>
</tr>
<tr>
<td>WDVCAS Coordinator role demands / scope (e.g. if team is larger than NGO)</td>
<td>33%</td>
</tr>
<tr>
<td>Consistency in service provider and WDVCAP directives</td>
<td>31%</td>
</tr>
</tbody>
</table>

Coordinators raised several challenges of managing the service, which vary depending on their region and service provider. Some issues relate to the service provider’s management practices and/or their support of WDVCAS due to competing funding priorities. Variances also exist in the coordinator’s role scope and decision-making authority within the service provider’s management structure. Difficulties can arise in managing factors out of the control of coordinators, such as the rapid expansion of the service and increase in referrals and recruitment. Managing positive collaborative stakeholder relationships (e.g. with the Police) can be challenging in some regions.

Coordinators also provided feedback on how they manage requests for WDVCASs to be the lead service when piloting DFV victim-focused projects. They reported that NGOs are adaptable, however pilots stretch resources as no funding is provided to undertake the additional work. Future pilots need to be appropriately funded or services may need to limit what they take on.

Service provider consultations provided insights into the challenges they experience overseeing the management of WDVCASs, including the resources required to operate WDVCAS as a discrete service, and the rapid growth of the service with teams often being larger than the NGO. Larger team sizes result in too many staff reporting to the WDVCAS coordinator. Also, high work demands result in staff not attending staff meetings, and retaining skilled workers is challenging due to low pay rates for demanding work. CLCs have specific challenges, with WDVCASs and CLCs needing to operate as two separate services with an ‘information barrier’ between them, in order to manage insurance and confidentiality requirements.

Service providers and coordinators identified the broad skills set currently required by coordinators to manage specialist DV services, including:

- Time management
- Change management and risk management
- Financial management and budgeting skills
- People management and communication skills (e.g. conflict management)
- Team management skills (e.g. planning, meeting facilitation, workflow, delegation of work)
- DV sector expertise
- HR management (e.g. recruitment, legislation)
- Practical problem solving
- Supervision, mentoring and training staff (e.g. working with difficult cases)
- Team work, shifting the culture of the team, team building
- Managing role boundaries within the NGO management structure
- Leadership and management skills
- Stakeholder relationship management and networking
- Media and marketing.
4.3 WDVCAP Unit

A series of semi-structured meetings, forums and interviews were undertaken to consult with the WDVCAP Unit, including (refer to staff list Appendix 6):

1. WDVCAP Unit focus group
2. WDVCAP Manager interview
3. WDVCAP Project Officer (Mentoring) interview
4. WDVCAP Project Officer (Aboriginal Identified) interview
5. Written feedback from staff via email

Following is a summary of the key themes emerging from all processes.

Overall, the WDVCAP Unit identified many strengths of the WDVCAS service delivery model and areas that are working effectively, including:

- Services are delivered by highly committed staff, with specialist DV knowledge and skills.
- Service providers readily adapt to change, take a holistic approach, are well connected with local services and key stakeholders, and have a good knowledge of local services and referral pathways.
- The service model ensures a proactive and timely response to victims, and has no eligibility limitations, thereby maximising the numbers of clients assisted.
- Services are embedded in a state-wide system, with comprehensive coverage in locations across NSW, making it the largest DV service in the state.
- Services are easily accessible with few barriers, providing support to victims wherever they are.
- The SAM model brings together a range of services and stakeholders, increasing referral options and ensuring integrated responses to high-risk victims.

The Unit also provided feedback on aspects of WDVCAS service delivery that are not so effective and could be improved, including:

- The management practices of some service providers or coordinators, can impact negatively on team culture and service quality, however the Unit cannot get involved in local managerial issues.
- Recruitment issues can arise in regional areas where a smaller pool of skilled applicants exists.
- Where relationships with key stakeholders are not good, this impacts on the effectiveness of the service delivery model.
- The service relies on service providers’ keeping pace with technology and ensuring the phone system creates no barriers to accessibility, including answering the 1800 telephone number.
- Where the WDVCAS and LCP are managed as separate teams, and staff do not work across both teams, this impacts on work allocation, workload and staff wellbeing.
- All services should have culturally safe office spaces, and accessibility to the offices for people with disabilities, as not all contact with clients occurs in courts.
- Local service promotion relies on community engagement, which varies across services.

The Unit also identified the following service gaps:

- Case management capacity is required in all services, particularly in regional areas where there are few referral options. This would offer a best practice response to clients with complex needs, who are often ready to make a change when engaged by the service.
- Brokerage services are needed to improve access to crisis funding to meet clients’ immediate needs and assist them to leave a violent situation (e.g. emergency shelter, food, transport).
• Poor access to TIS interpreters can significantly disadvantage clients. The costs of TIS are high, and some Police and courts do not always appropriately plan access to interpreters.

The Unit provided feedback on how effectively WDVCASs had managed the transition from a court-based service to receiving referrals for a wider range of clients. Overall, the transition has been positive and the change well-managed, especially where teams operate as an integrated service, rather than splitting the LCP and WDVCAS roles. Merging the roles has been challenging for coordinators who have had to manage significant change, expanded teams, work allocation and roster issues. Merging the roles provides a variety of work and therefore staff wellbeing. However, staff challenges have arisen, as the LCP workers had no experience in courts, and WDVCAS workers had no experience administering the DVSAT or ‘cold calling’.

The Unit reported on how WDVCASs are targeting specific groups (e.g. LGBTQI, elders, women with disabilities etc.), and if this could be improved. Feedback indicates that services with case management capacity (i.e. Wagga Wagga and Macarthur) and some of the larger NGOs, are very proactive in supporting the needs of specific groups internally or engaging with partner services to ensure referral pathways. However, other services lack the capacity to do so. Case management funding and identified positions targeting specific groups is required across all services.

The Unit reported that overall, WDVCASs do provide culturally appropriate services to Aboriginal and multicultural communities through the ASW and MSW roles. The Unit provides cultural mentoring, support and guidance to services through the Aboriginal-Identified Project Officer and has undertaken service visits in ASW locations to address issues identified for staff. The Unit identified the following ways services could be more responsive to these communities:

• The specialist worker roles should be full-time and paid appropriately to ensure the capacity to undertake community outreach work, which is essential to building trust in the service.
• The ASW and MSW positions should be changed to ‘DFV specialist workers’, and all services should be required to have a minimum of 1 full-time Aboriginal identified specialist worker.
• More funding is required for tailored responses where specific multicultural groups exist.
• Services should develop a strategy to respond to their regional demographic which goes beyond the ‘specialist worker’ roles, such as developing partnerships to respond to client group needs.
• Services should ensure all staff receive mandatory cultural competence training.
• An ASW Network exists to provide support to ASW staff across NSW, however the terms of reference need to be reviewed to ensure appropriate structure, purpose and topics.

The Unit reported that case management services (such as those delivered at Wagga Wagga and Macarthur) are important and deliver additional benefits to clients, including continuity of care, a more holistic service over a longer timeframe, and reduces the need for the client to be re-traumatised by telling their story multiple time. An increasing number of complex clients requiring more support and follow-up is reported by WDVCASs, however services currently have limited capacity to respond to these needs. The Unit identified case management as an effective way of assisting clients with complex needs.

The aspects of WDVCAP Unit program management, resources (e.g. training and mentoring) and monitoring, that the Unit considers to be beneficial and useful, include:

• The Unit approach to contract management is unique, with a robust system of communication, policy, practice support, staff development and oversight of service.
• The Unit is a cohesive team led by a respected manager, with each staff member having designated role responsibilities aimed at supporting services to ensure all services succeed.
• The Unit has a whole of government focus and has developed high-level partnerships to improve capacity to input into (1) legislation, and (2) Justice Cluster initiatives and practices.
• In the future, the Unit could successfully manage other domestic violence-related programs.
• The system efficiently delivers resources, training and mentoring to all WDVCASs, building an effective network of support, and ensuring consistency and quality outcomes across all services.
• Reporting and monitoring systems, and timely communication and information up-dates on best practices and new research are provided to ensure expectations are met.
• The mentoring role links policy to practice and is highly valued by WDVCASs. Site visits and regular communication identifies practice issues and supports coordinators to manage issues.
• The professional development framework is comprehensive, targeting both new and experienced staff; and courses are repeated throughout the year so all staff can attend.
• The Unit oversees the CRP data base for female victims, reallocating referrals to correct services, and contacting overseas / interstate clients as required, thereby operating a ‘mini-WDVCAS’.

The Unit reported that the WDVCAP Unit program management could be improved as follows:

• The system of two data bases and client paper files is not useful or streamlined for administration or reporting purposes. Integration of all systems into the CRP data base or another data base, will require appropriate levels of security for client case files, ICT upgrades and staff training.
• A Unit review is required to address future changes and streamline team work, given the end of Safer Pathway-funded positions in June 2019.
• Workload demands necessitate funding for an additional full-time mentor role (creating a total of two full-time mentors excluding the Safer Pathway mentor), and ensuring all services are visited annually.
• The Unit also requires funding for a full-time position to manage oversight of the CRP data base.
• A review of the funding formula is required to ensure fairness across regions, and alignment with Police-reported DV incidents, not only AVO applications.
• The WDVCAS boundaries need to change to align with Police boundaries, not court boundaries, improving integration of services with key stakeholders.
• The KPIs should be expanded to improve monitoring and include more reporting on the type, quality and outcome of services delivered, supported by a more efficient data base system.
• The NSW Government is moving towards outcomes-based funding, which should be considered when KPIs are revised.
• Many WDVCAS teams are larger than the service provider, creating a reliance on WDVCAS funding. The Service Agreement should include a standardised management fee and financial transparency.
• The Service Agreement should stipulate that service providers comply with the service model, support WDVCASs adequately (e.g. space for larger teams), pay coordinators appropriately; and provide mandatory Board governance, cultural competence and child protection training.
• The coordinator position description needs to be updated to a full-time management focus, and include competencies in managing up within the NGO management structure, managing stakeholders, and actively promoting the service and building networks.
• More targeted training needs to be delivered on working with at-risk specific groups.

The Unit reported that management of WDVCASs and external stakeholder relationships were positive overall. Forums and SAMs have been effective in improving existing relationships and building new connections, especially with Police and other stakeholders. However, in a small number of services, stakeholder relationships could be improved by coordinators and SAM coordinators developing skills to be more assertive in meetings, to positively build relationships, and to proactively address any issues. Coordinators need to shift their focus to include stakeholder relationship management as an important component of the role.
The Unit also noted that WDVCAS NSW Inc. has been funded by Legal Aid NSW since 2011, and it may be timely for a review of the role and funding arrangements given the changes in the domestic violence sector since 2011.

In the future, when LCP services are state-wide, the Unit reported that for WDVCASs to effectively manage the case-coordination and court advocacy functions of each service, the integration of the LCP and WDVCAS roles are required, with amendments to the position descriptions so staff are responsible for delivering one service, with no role discrepancies. This ‘one-service’ approach should be promoted and included in the Service Agreement. Also required is ongoing training and mentoring to support coordinators to implement change, manage additional staff, and maintain current professional standards.

The Unit identified the skills set required of coordinators to manage a specialist DV service (e.g. some with 20 staff). It was noted that coordinators require a range of skills and should be paid at an appropriate level (e.g. Level 8 SCHADS award), as follows:

- People management skills
- Performance management skills
- Strategic planning and thinking
- Financial management
- Understanding contracts and governance
- Emotional intelligence
- Presentation skills (e.g. media / forums) and skills to represent the service externally
- Assertiveness in managing multiple stakeholders (e.g. Police, government services, NGOs, the Unit)

From a WDVCAP Unit perspective, the services are run efficiently and provide value-for-funding, with WDVCASs successfully managing a large number of clients and increasing numbers of new referrals within their budgets. In regional areas client numbers are lower, however staff do more case coordination, and undertake more travel to and from courts.

4.4 External stakeholders – Police and Court Staff

NSW Police Force and court staff were engaged via surveys (refer to Appendix 3) sent out by the WDVCAP Unit. Surveys were completed by 112 Police and Local Court staff, including (Q1): Domestic Violence Liaison Officers (DVLOs), NSW Police Force (31%); Registrar or Court Officer, NSW Local Courts (41%); and Prosecutors, NSW Police (21%). Police and court staff surveyed represented all NSW regions (Q2), including: Sydney metropolitan area (31%), regional areas (50%) and rural and remote areas (18%)

The majority (87%, n=97) reported that the WDVCAS in their area was useful and effective (Q3, n=112), identifying the aspects that are working effectively, as summarised in Table 22 (>25%, Q4, n=111).

Table 22. Survey responses to Q4. Aspects of WDVCAS working effectively

<table>
<thead>
<tr>
<th>Aspects of WDVCAS working effectively</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liaising with DVLOs, prosecutors and court staff on AVO matters (85%)</td>
</tr>
<tr>
<td>Connecting victims to local services (e.g. for legal advice, housing, counselling) (78%)</td>
</tr>
<tr>
<td>Assisting with the smooth running of the court on AVO list days (72%)</td>
</tr>
<tr>
<td>Providing specialist assistance to DFV victims, particularly on ADVO conditions (70%)</td>
</tr>
<tr>
<td>Working with victims from diverse backgrounds (e.g. CALD, Aboriginal people) (65%)</td>
</tr>
<tr>
<td>Supporting the operation of Safety Action Meetings in the local area (48%)</td>
</tr>
</tbody>
</table>
A majority (86%, n=96) of surveyed Police and court staff, reported that WDVCAS staff were approachable and issues could be raised with them (Q6, n=112); and a majority (88%, n=98) also reported having a positive working relationship with WDVCAS staff (Q7, n=117).

Comments revealed that WDVCAS staff are collaborative, helpful and knowledgeable; and the service is invaluable to victims (e.g. ‘they are doing a good job’, ‘a great team to be working alongside’). However, in some courts there is a lack of staff, lack of resources for the number of victims, high turnover of staff, and delays in recruitment which is problematic.

When surveyed on the key aspects of the WDVCAS not working effectively (>25%, Q5, n=44) a minority of Police and court staff identified: assisting with the smooth running of the court on AVO list days (43%); and providing specialist assistance to DFV victims, particularly on ADVO conditions (32%).

A minority (13%, n=15) revealed the WDVCAS in their area was ‘somewhat’ useful and effective, including concerns regarding staff not being informed regarding the law, legal process or the role limitations of DVLOs, resulting in incorrect information being given to victims.

For the minority (14%, n=15, Q6) who responded that staff were ‘somewhat’ approachable and issues could be raised, and having a ‘somewhat’ positive working relationship (12%, n=13, Q7), the key issues related to staff personalities, poor communication skills or a negative attitude toward Police and court staff; being poorly trained and not understanding their roles.

Police and court staff surveyed were asked to identify ways the service could be improved, and many responded that the service works well and requires no improvement (Q8, n=79). Additional comments (Q.10) highlighted the quality of the service, the positive relationship with, and the exceptional work of the staff. However, a minority identified the following key areas that could be improved:

- Increase staffing, funding and resources to meet the needs of victims in courts.
- Improve staff presence in courts and advise court of matters they are assisting with.
- Better training of new staff in communication skills, ADVO conditions, the law, court processes, the role of Police / DVLOs and courts in relation to the victim.
- More collaboration, communication and liaison with DVLOs / Police, including more interagency meetings and information sharing.
- Assist male victims at court, and not take female defendants into the victims’ safe room.
- Expand the role of staff to do more community development, provide follow-up and ongoing support to victims, for example welfare checks.
- Do more to support victims at court, for example during hearings and across all regional courts.

4.5 External Stakeholders – High-level partners

A number of high-level stakeholders were interviewed to inform this evaluation, representing the following services:

1. WDVCAS NSW Inc.
2. Domestic Violence Strategy, NSW Department of Justice
3. Women NSW, Dept of Family and Community Services
4. Domestic and Family Violence Team, NSW Police Force
5. Victims Services, NSW Department of Justice
6. Domestic Violence Unit, Legal Aid NSW
Most of these stakeholders have no day-to-day involvement with WDVCASs, so could only report on the service model, service reputation, and program governance to the extent of their experience.

Stakeholders identified a number of key strengths of the program, including services being locally based and community connected, delivered by staff who are skilled, dedicated, professional, and passionate. An essential component of the service success is staff presence at court, providing clients with assistance to navigate the court system, advocating for improved AVO conditions and access to safe rooms. Service providers’ capacity to manage change, efficiently implement the new Safer Pathway model, and build strong local stakeholder relationships is considered an asset.

Stakeholders also identified areas that may not be so effective and could be improved, including: variation across services arising from different service provider types, staff personalities and the rapid expansion of services. While services are considered outstanding overall, in a minority of services, concerns exist about the appropriateness or independence of advice given to clients, and/or lack of understanding of role limits (e.g. DVLOs). Also, issues arise in some services, regarding who ‘owns’ a client, keeping referrals in-house and not offering referral pathways that are best for the client. Some concerns were also raised regarding the consistency across services in following-up after risk assessments and SAMs, and working with clients on safety planning.

Stakeholders identified gaps in the services offered by WDVCASs, including brokerage services, case management, and follow-through for clients post-court, and attendance at hearings. Services also need the capacity to deliver more flexible / tailored services locally.

Overall, stakeholders reported that WDVCASs provide culturally appropriate services to Aboriginal and multicultural communities. However, stakeholders also identified issues services should address to be more responsive to these clients, including:

- Staff capacity and resource allocation is not aligned to the demographics of a region.
- Too many part-time specialist positions, with limited capacity to undertake outreach and respond to the needs of diverse groups.
- Lack of access to interpreter services.
- Difficulty recruiting appropriately skilled and community connected workers in some regions.
- Provide cultural awareness training for all staff.

All stakeholders reported that they had a positive relationship with WDVCASs. However, it was noted that while most service staff have a good relationship with DVLOs, a small number of staff are reported to be ‘difficult / rude’, and the employment of relatives causes a perceived conflict of interest in a small number of services.

Misunderstandings can arise for clients or new staff regarding the role of WDVCAS NSW Inc. New clients seeking DV services often visit their website, and new WDVCAS staff can be confused about the roles of the WDVCAP Unit and WDVCAS NSW Inc. WDVCAP NSW Inc. has attempted to clarify roles via the website, at training events, and via e-news and surveys.

Overall, stakeholders reported that they can raise issues with the WDVCAP Unit, and staff are experienced as very collaborative, approachable, knowledgeable, experienced and supportive. Stakeholders have high regard for, and trust in, the Unit manager and the individual team members, who carry out specific roles aligned with parts of the program. The Unit is viewed as very professional and cohesive, and prepared to support services and stakeholders on any issue at any level.

Many aspects of the Unit program management are considered to be useful and beneficial, including:
• An outstanding governance model with excellent program management processes, ensuring consistency and quality in services across the state.
• The Unit is led by a manager who has foresight, is a progressive thinker, is outcomes-focussed, and is not resistant to change.
• The system of providing training, forums, mentoring and resources, sets high standards, builds networks and implements current best practices in WDVCAS practice.
• The forums attended by Police are a good exchange of information and networking.
• The Unit makes a valuable contribution to the sector, understanding both the pressures of government as well as frontline services, and building strong relationships across agencies.
• The roll-out of Safer Pathway has been excellent, with effective change management and expansion of services, including the successful integration of the LCP and WDVCAS roles.

While feedback overall was very positive, stakeholders also identified some aspects of the WDVCAP Unit program management which are not so useful and beneficial, including:

• In some situations, there could be more objectivity and boundaries between the Unit’s governance role and service management issues.
• The SAM coordinator position description and name should be changed.
• The multiple data bases need to be streamlined to improve efficiency and reporting.
• More regular evaluation of services is required, for example surveys and random practice audits.
• Processes should exist to terminate contracts of non-compliant or underperforming services.
• The WDVCAS boundaries should be changed to align with Police boundaries.
• WDVCAS staff require training to understand the law and how to connect with legal services.
• Service Agreement KPI reporting is ‘function / process’ based, not ‘outcomes’ based.
• The Unit could be more open to new models, and delivery of flexible service options.

4.6 Summary of all stakeholder feedback

Following is a summary of the key themes emerging from all stakeholder groups consulted. A high degree of consistency in feedback was evident across all stakeholder groups.

The expanded WDVCAS service model including LCP and WDVCAS roles, is extremely effective with positive outcomes for clients, including: reducing service access barriers for DV victims; assisting victims to access information, referral and support; assisting victims to navigate the court system and receive practical support to address immediate safety concerns. The system of referrals from Police, and unsolicited LCP calls, are highly valued by clients who are unaware of how to access support services.

WDVCAS offers value-for-money, as the unique model has the capacity to manage large volumes of clients and has wide coverage across NSW. Strengths of the service include being auspiced by local NGOs with local connections to services, unsolicited telephone calls, and services being delivered by professional and committed staff with DV expertise. The service model’s emphasis on collaborative relationships (e.g. with Police) across services, has resulted in better referral pathways for clients.

Overall Police and court staff have a good working relationship with WDVCAS staff, who assist clients to navigate the court process and aid in the smooth running of DV list days at court, however the service is seen as under-resourced. In a small number of services, staff appear to be inadequately trained in working with Police and court staff, lacking understanding of court processes and role limitations of all parties, and giving inappropriate advice to clients on what Police and court staff can do.
The **expansion of services** to respond to Police referrals has required the management of significant change in a short timeframe, an increase in staff workload, management of larger teams, increased infrastructure costs, and team work for the ongoing integration of the LCP and WDVCAS roles. Review of the **LCP and court roles and position descriptions** to support the integration of the functions is required. Also, the SAM coordinator position description should be reviewed to provide clarity within the management structure.

This **increased LCP workload** has impacted on staff capacity to **support victims in courts**. There are concerns that as LCP referral numbers increase, there is a risk of becoming a ‘tick and flick’ service to meet KPIs, reducing the quality of follow-up and court work, which is considered an extremely important component of the service by all stakeholders.

The **coordinators’ role** has shifted from being client-focussed to management-focused, often overseeing larger teams than the NGO. The coordinators’ role title, position description and pay rate needs to reflect a management role, with future recruitment targeting coordinators with management competency.

There is a lack of a robust **evaluation framework**, including identifying issues in the quality of client services or stakeholder relationship management issues.

WDVCASs do not have a strategy for targeting specific **at-risk groups** (e.g. elders, LGBTQI, women with disability), except in services offering case management, or larger NGOs. Strategies to target at-risk groups aligned with the demographics of regions, and staff training to work with these groups is required.

Services are responsive to **Aboriginal and multicultural** clients, and where specialist roles exist these are valued by clients, however community outreach is essential to building trust in the service. Specialist staff often are in part-time roles and therefore the capacity to undertake outreach is limited, especially in regional areas requiring considerable travel time. Appropriate funding for specialist services, cultural competence training for all staff, and a review of positions to increase capacity of ASW and MSW to full-time roles to allow community outreach and address the demographics of regions, is important.

Where **case management services** are offered (Wagga Wagga and Macarthur only), clients benefit from a comprehensive service, follow-up and continuity of care which are important in supporting longer-term change processes. All services identified case management as a service gap, to allow follow-through post-court and attendance at hearings, improve outcomes for victims with complex needs, and increase capacity for a tailored response to specific at-risk target groups.

Another significant service gap is **brokerage services**, to access crisis funding for immediate safety and security measures, and also greater access to free legal representation, especially for working women.

The WDVCAP **governance model** includes a unique and comprehensive approach to contract management which is considered excellent and is achieving very successful results. A review of positions within the Unit is required given recent changes in workload and the end of Safer Pathway funding for internal Legal Aid NSW positions in 2019.

The WDVCAP Unit approach to **collaborating with services** is highly regarded and led by a manager who is viewed as a ‘progressive thinker’. The Unit staff are extremely knowledgeable, approachable and collaborative partners, supporting services to succeed. The **forums, training, resources**, mentoring and support provided by the Unit are important factors in supporting staff to maintain standards, compliance with best practices, and quality and consistency in services delivered across NSW. The **mentor** role is a highly valued link between policy and practice, however requires increased capacity to manage demands of services.
Service providers appear to be ‘doing more for less’, experience recruitment issues, are understaffed and require more funding and resources to deliver services for the volume of clients and undertake pilots. KPIs currently include targets that are not within the control of WDVCASs, such as the number of ADVOs granted. **Funding and KPIs** should consider the time and costs of delivering regional services requiring travel across large geographical areas.

The **data bases** and case file systems are inefficient and require integration, however consultation with staff is essential to ensure the system is practical and has appropriate levels of security and confidentiality.

**Promotion of the service** needs to be more proactive. Staff capacity to promote the service locally through outreach is limited, and Legal Aid NSW state-wide promotion is unengaging.

Some **service providers** find the Unit’s management approach too prescriptive, without acknowledgment of the significant change, risks managed, and infrastructure investments made to deliver expanded services. **Variations exist in service providers’** management approach and practices, management fees, and compliance with Service Agreements, however the Unit cannot get involved in local issues.

Various areas of **contract management** have been identified that require tightening, including: Service Agreements, funding formulas, outcome-focussed KPIs, management of non-compliant service providers, alignment with Police boundaries, service evaluations, and position descriptions. It may also be timely to review the role and funding of WDVCAS NSW Inc.

### 5. Evaluation findings – desktop review

Following is a summary of the key issues identified from reviewing documents and data provided by the WDVCAP Unit (refer to Appendix 7).

#### 5.1 Service Agreement terms

The current Legal Aid NSW Service Agreement with the WDVCASs (**Service Agreement under the WDVCAP template – July 2015 to June 2018**) has been extended until 31 October 2018 when all services will be required to retender. The new Service Agreement is an opportunity for Legal Aid NSW to update the terms and conditions to reflect service expansion and changes, and to strengthen contract management of service providers.

It is recommended that the following sections of the Service Agreement are updated to provide clearer protocols for both the Unit, and service providers, regarding expected compliance requirements:

- **Section 4.** Description and conduct of the service – to include:
  - Dedicated service telephone line, mobile phones, answer service and website / web page
  - Compliance with all HR and WHS legislation
  - Adherence to governance requirements (e.g. annual Board governance training)
  - Mandatory cultural competence training for all new staff
  - Managing conflict of interest in recruitment (e.g. not employing relatives)
  - Set staff pay rates (e.g. Coordinator at SCHADS Award Grade 8)
  - WDVCASs in every Local Court
  - Duty roster of private practitioners in each court
- **Section 6.** Use of funding – include misspent funds
• **Section 7.** Performance monitoring – include Legal Aid NSW capacity to perform practice quality audits, and the requirement to conduct and report on annual client surveys

• **Section 9.** Reporting requirements – provision of information on request

• **Section 19.** Conflict of Interest – address specific risks related to employment, governance, auspicing by a CLC

• **Section 20.** Insurance – clarify compliance for all WDVCASs including those auspiced by a CLC

• **Schedule 2.** - Overview of the service details and staff roles updated

• **Schedule 3.** - Client survey reporting requirements updated to annually

• **Schedule 4.** Templates – budget itemised, line items described, management fees standardised, and KPIs updated

• **Schedule 5.** Priority Client Groups – updated.

### 5.2 Sources of funding

The WDVCAP Overview (2017) states that Legal Aid NSW administers WDVCAS funding through triennial Service Agreements. In 2017/18, $23,737,719 was administered in grant funding through the WDVCAP Unit (including Safer Pathway funding).

Legal Aid NSW administers WDVCAS funding from a range of sources. Since July 2016, all funding has been allocated by the NSW Treasury via the Department of Family and Community Services (FACS) and the Department of Justice, allowing the Minister for the Prevention of Domestic Violence and Sexual Assault to have oversight of all domestic violence-related funding programs through Women NSW, the policy agency for domestic violence within their portfolio (now part of FACS). WDVCASs funding sources include five streams:

1. **Base funding** - recurrent funding provided on an ongoing basis.
2. **Safer Pathway funding** – LCP funding provided approved until 30 June 2020.
3. **Additional allowance for increased Police referrals** - supplementary funding to assist with the increase in workload with the commencement of state-wide Police referrals in July 2015 (approved until 30 June 2020).
4. **SACS ERO funding** - supplementary funding to assist with the cost of Fair Work Australia’s Equal Remuneration Order (ERO 2012) to vary pay rates; applicable to all WDVCAS workers employed under the SCHADS Award (or SACS Modern Award in NSW). The Unit allocates this funding to each WDVCAS based on the percentage of total funding each service receives, in half yearly instalments. (Approved until 30 June 2022).
5. **Case management/ Additional victim support funding** - Additional funding provided to Wagga Wagga and Macarthur WDVCASs to enable expanded service delivery (Approved until 30 June 2019).

### 5.3 WDVCAS funding formula

The Legal Aid NSW funding formula *(ref: 2015/16 Funding Formula Review - Information Sheet on the WDVCAP Funding Formula)* for determining the allocation of funding has not changed significantly since 2008. Currently the funding is based on the number of ADVO applications made at the local courts serviced by each WDVCAS over the period 2005 – 2007, and therefore does not align with the current spread of ADVO applications across the state.

While the funding formula was an attempt to provide fair and equitable distribution of funding, the formula does not reflect the expansion of the service, or the current needs of each service. The
commencement of state-wide Police referrals to WDVCASs in July 2015, means that the main determinant of the WDVCAS workload is no longer ADVO application volume, but rather Police referrals.

The funding formula therefore needs to reviewed, particularly if WDVCASs boundaries are to be realigned with Police boundaries, and should be calculated to link with the number of domestic violence incidents and Police referrals in an area, rather than the number of ADVO applications in an area.

When funding services, consideration of WDVCASs’ regions is required, as additional costs are associated with delivering regional services not experienced in metropolitan services, such as: recruitment, service promotion, infrastructure for multiple sites, and travel costs. *WDVCAP: A Review of the Program Expansion (2012)* also identified these issues and recommended additional funding (e.g. a rural ‘loading’) to address some of the challenges experienced by rural and remote services.

### 5.4 Management Fees

The need for standardised management fees as a percentage of the total funding is needed to ensure transparency in financial reporting, and use of funding as required under the Service Agreement. WDVCAP Unit data reveals that management fees vary from 0% to 16%, and averages 5% of funding; with 8 services at 10% or more, and 12 services at 1% or less. Two services included extremely high figures for ‘Other’ and ‘Overheads’ (over 10% of their budget) which may have included a management fee or may be other one-off costs.

It is recommended that the current average management fee of 5% of funding across all services be used as a guide when setting the fee. However, if the fee is set, Schedule 4 Templates in the Service Agreement would require updating to allow services to itemise all other expenses excluded from the fee, such as:

- Wages, salaries, superannuation, leave
- Overheads, rent, rates,
- Utilities, premises costs, venue hire, catering
- Repairs, maintenance
- Recruitment, staff training, supervision, travel
- Equipment, computers
- Interpreter services
- Promotions
- Stationary, printing, photocopying, resources, subscriptions
- Accounting fees, insurance

The proposed 5% management fee would need to be considered sufficient to cover the service providers’ time and effort to manage the delivery of WDVCAS services as outlined in the *WDVCAP Policy Manual*.

### 5.5 Key performance indicator data

All WDVCASs complete half-yearly performance reports as part of their funding agreement (*Service Agreement Schedule 4: Half-yearly Performance Report Template, p.34*). The WDVCAS performance reports for 2016/17 (*Summary of WDVCAS data 2016/17*) provide data against six (6) core Key Performance Indicators (KPIs), while LCPs and case management services each have an additional two (2) KPIs. Service data indicates that overall the KPIs can be met, as summarised in Table 23.
Table 23. KPI expected and actual data for 2016/17

<table>
<thead>
<tr>
<th>All services</th>
<th>Expected 2016/17</th>
<th>Actual 2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total number of clients serviced</td>
<td>18,139</td>
<td>51,524</td>
</tr>
<tr>
<td>2. Total number of Aboriginal clients serviced</td>
<td>2,475</td>
<td>5,561</td>
</tr>
<tr>
<td>3. Total number of culturally diverse clients serviced</td>
<td>3,392</td>
<td>8,535</td>
</tr>
<tr>
<td>4. Total number of service events provided</td>
<td>70,661</td>
<td>156,393</td>
</tr>
<tr>
<td>5. Total number of final ADVOs granted to clients</td>
<td>8,642</td>
<td>11,944</td>
</tr>
<tr>
<td>6. Total number of referrals where contact was <em>first attempted within one business day</em></td>
<td>58,713</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LCPs only</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total number of Safety Action Meetings held</td>
<td>350</td>
<td>336</td>
</tr>
<tr>
<td>2. Total number of victims considered at a Safety Action Meeting</td>
<td>3,746</td>
<td>4,307</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case management services only</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total number of clients provided with case management</td>
<td>522</td>
<td>2,480</td>
</tr>
<tr>
<td>2. Total number of clients case tracked through the court process</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

The KPI for the number of referrals where contact was *first attempted within one business day* cannot currently be recorded automatically and is reliant on manual record keeping (which may be inaccurate).

While the findings indicate that services can meet expectations set as part of the Service Agreement within the current funding received, the KPIs need to be revised in the new Service Agreement to ensure they are realistic and meaningful within the context of the expanded service. Changes to some of the KPIs will require negotiation with Victims Services in regard to the CRP data base.

### 5.6 Realistic and meaningful KPIs

The performance measures (Ref: Service Agreement – Half-yearly Performance Report Template p.34) provide Legal Aid NSW with a very broad overview of the numbers of clients and occasions of service. While these statistics may be of interest and useful to the funder, the following issues in relation to performance measures are relevant:

- While services meet expected levels of clients serviced, the KPIs are dependent on the number of referrals made by sources such as Police, which is not in the control of staff. It may be more realistic to set the KPIs as a percentage of incoming referrals and link this to staff levels.
- The number of service events or clients serviced as a KPI, does not indicate the type, duration and quality of the service or outcomes for the client. A set of KPIs that provide greater insight into the quality of services delivered is required.
- The KPI regarding the of number of referrals where contact was *first attempted within one business day* is not able to be monitored accurately at this stage, due to manual record-keeping. It is therefore unclear to what extent the KPI is being met.
• The number of **final ADVOs granted** to clients is not a KPI within the control of staff. Reporting the number of clients supported at court, referred to Legal Aid NSW solicitors, and/or annual client survey feedback would provide more relevant data.
• Client numbers and services, particularly within specialist services, is influenced by promoting the service through community outreach, however these activities are not reported.
• Currently the KPIs are function / process-based (i.e. *how* the program outcome is achieved), rather than outcome-based (i.e. the *effectiveness* of the program process in *achieving change*). A more outcomes-focussed set of KPIs would be more meaningful.
• The KPIs potentially reinforce a ‘tick and flick’ approach to service delivery, rather than a focus on quality of services provided and outcomes for clients.
• Any change in KPIs requires a user-friendly, streamlined data base system for capturing and reporting KPIs, currently lacking for WDVCASs.

When formulating more relevant and meaningful KPIs, it is recommended annual reviews are undertaken to gain feedback on the quality of services delivered to clients and the perceptions of key stakeholders (e.g. Police and court staff).

### 5.7 Service evaluation – clients and stakeholders

The **WDVCAP policy** manual states that WDVCASs must conduct a client satisfaction survey at least once in every three-year funding cycle to examine whether the WDVCAS is providing an effective service to clients. WDVCASs must use the template developed by the WDVCAP Unit to undertake the survey and provide the collated results of the survey to Legal Aid NSW. However, there is no evidence of client survey reports, and no indication of how the results are used or responded to by the Unit if they are unacceptable.

All of the manuals guiding WDVCAS practice (e.g. **WDVCAP Policy Manual, 2015; LCP Manual 2015; SAM Manual, 2017**) identify maintaining positive relationships with key stakeholders as essential at a local level to help clients to navigate the system and referral pathways.

As part of a robust evaluation framework, the requirement to undertake a brief survey and report feedback from (1) clients, and (2) key stakeholders in the court system, would assist greatly in evaluating the quality of services delivered.

Given the workload of WDVCAS staff, any evaluation processes should be **simple and easy to administer**, and the findings should be **of interest to staff** so they can improve their practice. For example:

• Client surveys – data on the type and quality of services delivered, and outcomes for the client
• Case management – client tracking, such as pre-and-post or interim questionnaires along the service delivery pathway to determine client outcomes
• Police and court stakeholder surveys – on their perceptions of, and experience with, the service.

It is recommended that client and stakeholder surveys occur once per year and this data is submitted to the Unit with annual performance reports. The mentor role could follow-up on surveys, discuss areas for improvement, and also undertake **spot practice audits** while at annual site visits. Also, if case management is implemented across NSW, an evaluation framework should be designed and implemented at commencement, to enable a more outcomes-focussed performance measurement approach.

The Service Agreement and WDVCAP policy manual both need to be updated to address these issues.
5.8 CRP and WDVCAP data – referrals and workload

The WDVCAP data summarised in Table 24, provides a comparison of WDVCAS data during 2013/14, compared to 2017/18. Safer Pathway commenced in September 2014. Since 2014, the number of WDVCAS clients has increased by 97%, service events by 91%, and referrals by 165%.

Table 24. WDVCAP data comparison 2013/14 – 2017/18

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>2013-14</th>
<th>2017-18</th>
<th>% increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>WDVCAS Clients</td>
<td>22325</td>
<td>43947</td>
<td>96.88</td>
</tr>
<tr>
<td>Service events</td>
<td>92538</td>
<td>176678</td>
<td>90.92</td>
</tr>
<tr>
<td>Referrals</td>
<td>73933</td>
<td>195750</td>
<td>164.77</td>
</tr>
</tbody>
</table>

The CRP data summarised in Table 25. (Ref: CRP Data Report – May 2018) indicates the following trends:

- A significant increase (approx. 69%) in the total number of Safer Pathway female referrals from 2015/16 (10,355) to 2016/17 (33,067); while there has been a decrease in Non-Safer Pathway female referrals from 2015/16 (83,436) to 2016/17 (61,844) of approximately 26%, due to the staggered roll-out of Safer Pathway.
- Overall, in 2016/17, approximately 20% of all Safer Pathway referrals were unable to be contacted, while approximately 25% of Indigenous referrals were not able to be contacted.

Table 25. CRP Data 2015-2017

<table>
<thead>
<tr>
<th>CRP Data</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safer Pathway Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total referrals (includes males)</td>
<td>14,215</td>
<td>46,556</td>
</tr>
<tr>
<td>Female referrals</td>
<td>10,355</td>
<td>33,067</td>
</tr>
<tr>
<td>Male referrals</td>
<td>3,860</td>
<td>13,489</td>
</tr>
<tr>
<td>Female % serious threat</td>
<td>21.67%</td>
<td>8.98%</td>
</tr>
<tr>
<td>Referrals received information, referrals or support</td>
<td>5,528</td>
<td>15,239</td>
</tr>
<tr>
<td>Referrals unable to contact</td>
<td>2,199</td>
<td>9,104</td>
</tr>
<tr>
<td>Indigenous</td>
<td>1,037</td>
<td>3,752</td>
</tr>
<tr>
<td>Indigenous - unable to contact</td>
<td>328</td>
<td>954</td>
</tr>
<tr>
<td>Non-Safer Pathway</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total referrals (includes males)</td>
<td>115,123</td>
<td>85,514</td>
</tr>
<tr>
<td>Female referrals</td>
<td>83,436</td>
<td>61,844</td>
</tr>
<tr>
<td>Male referrals</td>
<td>31,687</td>
<td>23670</td>
</tr>
<tr>
<td>Female % serious threat</td>
<td>21.05%</td>
<td>10.12%</td>
</tr>
<tr>
<td>Total % serious threat</td>
<td>17.77%</td>
<td>8.55%</td>
</tr>
<tr>
<td>Referrals received information, referrals or support</td>
<td>72,128</td>
<td>57,975</td>
</tr>
<tr>
<td>Referrals unable to contact</td>
<td>14,044</td>
<td>10,083</td>
</tr>
<tr>
<td>Indigenous</td>
<td>9,875</td>
<td>7,401</td>
</tr>
<tr>
<td>Indigenous - unable to contact</td>
<td>2,327</td>
<td>1,688</td>
</tr>
</tbody>
</table>

* Safer Pathway commenced on 15 September 2014

Overall, there has been a significant increase in WDVCAS workload as a result of CRP referrals. While CRP data captures the total numbers of clients ‘unable to be contacted’, there is no indication of the number of attempts to contact clients, made over what timeframe. It is unknown if the number of referrals ‘unable to be contacted’ is due to incorrect or missing contact details, staff workload, or due to victims not wanting to engage with the service/s.
The demands of CRP referrals impact on staff capacity to attend court, and the depth of services that can be offered to clients. It is recommended that services receive adequate funding and resources to manage the increasing number of CRP referrals.

5.9 Data and case file management

WDVCAS staff are currently required by Legal Aid NSW to input data into two electronic data platforms, including (1) CRP data base (managed by Victims Services), and (2) WDVCAP data base (managed by Legal Aid NSW), and to also keep up-to-date case note paper files.

Based on the information provided, a range of issues are evident in relation to this system:

- Multiple data bases result in duplication of data entry and additional staff administration time.
- Neither data base is considered wholly useful to staff, and therefore motivation to enter data into either system is low, resulting in some data not being captured.
- Annual reports cannot be readily generated through either data base.
- The WDVCAP database does not reflect the new expanded model of WDVCAS service delivery.
- Not all staff are trained in use of the data bases and the user guides are out of date.
- Confidential case file notes are not entered into either data base, and therefore paper files require secure storage. These files are not easily transportable or readily accessible across sites.
- Secure and confidential electronic client files, with levels of limited access by staff, accessible offsite via laptop (e.g. at court), would streamline service delivery.
- To date, Legal Aid NSW has not permitted services to use electronic files for security reasons.
- The CRP data base is externally managed, and therefore if this system was upgraded and used as the only data base, Legal Aid NSW would have to consider data security and migration issues.
- If the CRP was developed, WDVCAS staff as end-users would need to be consulted to ensure usefulness and efficiency to the services.

It is recommended that the WDVCAP Unit review the data base systems and related user manuals, and implement an integrated and efficient data base, including the highest levels of security for client files.

5.10 Alignment of WDVCASs, LCP and Police boundaries

The current WDVCAS boundaries are based on Local Court locations and the volume of ADVO applications at these courts (*WDVCAP Overview 2017*). Each WDVCAS services between one and nine courts in a geographical area, depending on the distances between sites and the number of ADVO applications at each court.

In contrast, LCP boundaries are based on Police Local Area Commands (LAC) boundaries. Each LCP services one or more LACs (specifically, the postcodes covered by each LAC).

Consequently, a misalignment currently exists between the boundaries of some service providers’ WDVCASs and LCP catchment areas. This misalignment makes it difficult to ensure streamlined and efficient service delivery for all clients. For example, one WDVCAS may be responsible for making the initial call to a client (in their role as LCP) and a second WDVCAS is responsible for providing support to that same client at court. The misalignment creates more work for services, and may also lead to poorer outcomes and confusion for victims, as they are more likely to have to re-tell their story to other services.
The Unit has advised that the NSW Police Force (NSWPF) have replaced the 76 existing LACs with a smaller number of Police Area Commands (PACs) in metropolitan areas, and Police Districts in regional areas (58 in total). These changes were completed in March 2018.

These changes will affect SAM boundaries, which currently reflect the existing 76 LACs, and the Police commands / districts within which each WDVCAS works. SAM boundaries were agreed by relevant government agencies and portfolio ministers in 2015, and any changes will require approval from these agencies. Given these factors, the NSWPF has agreed that SAM boundaries will remain as they currently are, despite changes to Police boundaries, until further notice. Police districts / commands must chair and participate in the SAMs in their area as usual. This situation will cause operational difficulties, as Police will be required to speak about matters at SAMs that relate to victims / offenders residing in other commands, and WDVCASs will be required to liaise with multiple Police districts / commands in relation to the same victim. However, this interim approach is necessary to allow time for consultation and approval processes regarding new boundaries.

It is recommended that from the commencement of new tenders, WDVCASs boundaries align with Police boundaries to reduce operational issues and streamline service delivery.

### 5.11 Specialist staff employment terms

The LGA data available in *Summary of WDVCAS data 2016/17* reveals high ratios of households with either multicultural or Aboriginal clients across a number of regions. With the data provided, it is not possible to analyse whether individual WDVCASs are adequately funded to deliver specialist services relative to their regional demographic profile. This information is not currently captured in performance measures, and it is not within the scope of this report to conduct individual WDVCAS service evaluations.

Future funding of specialist positions should be aligned with the demographics of the region, to ensure capacity to deliver targeted services to Aboriginal and multicultural clients. Multicultural communities are diverse in some regions, and access to interpreters is not always available or adequately funded.

Typically, services employ specialist workers part-time, on low pay rates, with limited capacity to undertake outreach activities, especially in regional areas.

To address these issues, appropriate funding is required. Also, the Unit will need to review position descriptions, employment terms and pay rates, and be more prescriptive regarding expectations. Based on the feedback, the terms should include: the ASW and MSW becoming ‘DFV specialist worker’ roles and position descriptions be amended accordingly; each service to engage one full-time Aboriginal identified position, with any additional FTEs determined by the demographics of the region; and all staff to receive mandatory cultural competence training.

### 5.12 Brokerage services

CRP referrals often occur at a point of crisis for a DV victim, who often requires financial assistance to leave a dangerous situation. Currently WDVCASs have very limited access to crisis brokerage funds or services (e.g. for emergency housing, lock changes, taxis and food vouchers etc.). Typically, brokerage services are made available via arrangements with Victims Services, other NGO services, by lobbying corporate sponsors, or internally if the service provider has access to brokerage funds.

Victims Services (ref: [https://www.victimsservices.justice.nsw.gov.au/](https://www.victimsservices.justice.nsw.gov.au/)) offers a ‘Package of Care’ service which victims can apply for, including:
• Information and support
• Counselling
• Financial support for immediate needs
• Financial support for economic loss
• Recognition payment

However, it can take up to 2-3 weeks to obtain ‘financial assistance for immediate needs’ through Victims Services. A non-brokerage service such as a WDVCAS, can pay on behalf of the client and Victims Services will reimburse the service. WDVCASs can ensure the process is prompt by ensuring all documentation is provided, however delays occur in receiving these funds.

It is recommended that the Unit consider strategies to improve access to immediate crisis funds for WDVCAS clients.

5.13 Case management services

Previously two WDVCASs, Macarthur and Wagga Wagga, have received additional funding to provide case management to clients with complex needs for the duration of the court process. This funding was provided by the Department of Justice until 30 June 2018. A one-off payment of additional victim support funding has been provided for 2018/19 at an equivalent level to the previous case management funding.

The service data reports indicate that the number of clients provided with case management at Wagga Wagga and Macarthur, greatly exceeded expectations, and therefore provides value-for-money. The Wagga Wagga and Macarthur client evaluation feedback, together with the half-yearly data reports, indicate that these services benefit clients.

The case management service system is documented by Wagga Wagga and Macarthur WDVCASs, and includes these steps (Ref: Macarthur WDVCAS):

1. Initial referral through LCP and assessment by IRO.
2. If appropriate and agreed by the client, referral to a case worker.
3. Case worker contacts the client to engage, talk about referral information and discuss ongoing support needs.
4. Case worker addresses client needs from referral to court support, advocates and refers (if necessary).
5. Case worker support includes: advocacy/meetings with stakeholders such as FACS (will attend case plan meetings with client) or FACS Housing; any Victims Services applications (e.g. Recognition Payments and Financial Assistance for Immediate needs/Economic Loss).
6. Case worker may also attend the SAM if necessary to advocate for the client on specific needs.

A case management framework allows capacity to employ workers with specialist expertise, and address the needs of specific target groups, for example Youth-Focussed Case Worker and Disability-Focussed Caseworker.

It is strongly recommended that case management is funded across all services for clients with complex needs. This service would require additional funding and resources, employment of staff with appropriate skills, and training in case management.

It is recommended that the case management model has limitations, such as a ‘time limited’ and/or for at-risk clients, so that WDVCASs do not become another service with a ‘long waiting list’ for case
management. Greater flexibility in service provision, such as the capacity to deliver psychosocial educational groups for women, could be provided within a case management framework.

5.14 Challenging program management dynamics

The WDVCAP Unit has developed a unique program management model, which provides guidance, monitoring and support to ensure that all WDVCASs excel and deliver quality services that are consistent across the state.

The successful management of the program requires collaborative relationships between WDVCAS, service providers and the Unit. The WDVCAP Policy Manual 2015 clearly documents the key responsibilities of each party:

The WDVCAP key responsibilities include:

- Funding and developing Service Agreements
- Monitoring, supporting and enforcing compliance with Service Agreements
- Providing training, forums and other development opportunities to WDVCAS staff
- Mentoring to address issues in local areas
- Monitoring, evaluating and reporting data to ensure objectives are met
- Developing and implementing the strategic direction of the WDVCAP
- Working with other agencies on policy reform
- Promotion and development of the service through publications and other media.

Service providers’ responsibilities include:

- Recruitment, management
- Supervision and development of staff
- Delivery and promotion of services locally
- Financial management, reporting, governance
- Complaints and dispute resolution
- Stakeholder management
- Client files and confidentiality

Coordinator position descriptions are provided which include responsibility for:

- Overall management of the WDVCAS
- Decision-making relating to daily service operations
- Overall WDVCAS service delivery to clients
- Managing local stakeholder relationships
The Unit has a documented system for communicating regularly with WDVCASs and WDVCAS service providers, as follows:

- Email updates to all WDVCAS/LCP workers and service providers every four to six weeks regarding upcoming training, legislative changes, staffing etc.
- Telephone check-in with SAM sites every three weeks (in new sites) and every quarter (in established sites).
- Written correspondence with service providers regarding major issues and funding (WDVCAS Coordinator is always Cc-ed).
- As-needed, telephone and email contact with services regarding mentoring and service delivery issues – e.g. liaison with Police.
- Meeting every six weeks with WDVCAS NSW Inc. (Chair and Director).
- Forums for WDVCAS/LCP workers at least twice a year.

Overall it appears that the Unit has developed and documented a comprehensive model with clear monitoring and support boundaries, communication and meeting guidelines. However, some challenging dynamics and compliance issue have arisen with a small number of services, including:

- Board governance issues.
- Non-compliance with Service Agreement terms, such as misused funds.
- Recruitment and team management issues creating a conflict of interest (e.g. employing relatives) or impacting on team culture and performance.
- Stakeholder management issues impacting on service reputation and results.

The policy manual and/or Service Agreement therefore requires updating to provide protocols on how specific risks will be managed, and the circumstances in which non-complying service could be terminated.

### 5.15 WDVCAP Unit capacity since Safer Pathway roll-out

Since the roll-out of Safer Pathway, the Unit’s workload has increased significantly, therefore Unit work roles (refer to Appendix 6) and the structure of the Unit may need reviewing.

The Unit oversees the reallocation of incorrectly entered CRP referrals, and follows-up on interstate and overseas referrals, thereby operating a ‘mini-WDVCAS’. Currently the team is stretched managing these additional duties and requires increased capacity with an additional full-time staff member.

The mentoring role (WDVCAP Policy Manual p.48-51) is considered an important position, offering support and guidance to services onsite and via phone on practice issues, assisting to develop effective stakeholder relationships, and providing the link between frontline practice and policy. However, since the roll-out of Safer Pathway, the mentor role has been stretched, with an additional full-time position required.

This expanded capacity will allow the mentor more site visits to undertake spot practice audits, and to address areas where coordinators require more assistance to improve service management and quality.

### 5.16 Professional training & development

The WDVCAP Unit (ref: WDVCAP Policy Manual p.30) provides a regular and comprehensive schedule of training programs for WDVCAS staff, including:
• **Foundation Program** – mandatory for all new WDVCAS/LCP workers
• **Continuing Education Program** – mandatory for all workers to complete at least once every funding triennium
• **LCP Training** – mandatory for all new LCP workers
• **SAM Training** – mandatory for all new SAM members and proxies (Govt and NGOs)
• **Co-ordinator and Assistant Co-ordinator Training** – specialist management programs and an annual training day in November
• **Seconded Worker Training** – mandatory for all seconded workers on a roster
• **Core Refresher Training** – mandatory at least once in every three-years
• **Annual forums** – held twice every year for all staff and service providers, includes targeted training
• **Legal Aid NSW training** - WDVCAS workers can access Legal Aid NSW training. This training is generally voluntary for WDVCAS workers, however the *disability awareness* e-learning module must be completed by every WDVCAS worker.

A training needs analysis is completed annually, and all training programs are evaluated.

This suite of training programs appears to be a major contributing factor in the quality and consistency of services across NSW, as well as effectively developing a network of peer support across services.

Stakeholders identified the need for the Unit to provide additional targeted training, for example cultural awareness training, and training to work with specific at-risk target groups. While additional targeted training would be beneficial, the Unit will need to clarify the scope of their role in delivering this training, as this could be seen as the responsibility of service providers.

### 5.17 Position descriptions and role responsibilities

The WDVCAS position descriptions for each WDVCAS role are provided in the *WDVCAP Policy Manual 2015* (p.31-43). With the expansion of services, the following issues will need to be addressed:

1. Coordinators are often managing teams larger than the service provider, and are required to be more management-focussed than client-focussed. The position description, role title and minimum pay rate should be amended to reflect management responsibilities, and to allow sufficient authority within the auspicing service management structure.
2. The assistant coordinator position description also needs to be amended to provide a clear role distinction in relationship to the ‘coordinator’ and within the NGO management structure.
3. The LCP and Court Advocacy Worker position descriptions are currently standalone roles, and need to be integrated into one position to assist teamwork and support a streamlined service.
4. The SAM coordinator role title should change to ‘SAM worker’ and the position description amended to reduce confusion regarding its place in the management structure.
5. The ASW and MSW role descriptions should be changed to ‘DFV specialist workers’.

The policy manual position descriptions and role titles will require updating to include any changes.

### 5.18 CLCs as service providers

The *Women’s Domestic Violence Court Advocacy Program: A Review of the Program Expansion (2012)* identified issues for CLCs as service providers, which still need to be addressed in the Service Agreement.
While CLCs as service providers offer many advantages, challenges exist that are not experienced by other NGOs, regarding meeting Professional Indemnity Insurance (PII) requirements of a legal practice and the principal solicitors’ responsibility to meet these obligations. WDVCASs do not provide a legal service nor are staff required to be legally qualified, however the National Association of Community Legal Centres’ Risk Management Guide instructs that all auspiced services (including non-legal services) participate in the annual PII cross-check. This process has become onerous for WDVCASs that are auspiced by a CLC creating tensions between the WDVCAS and the Service Provider/Principal Solicitor.

CLCs have addressed the separation of the WDVCAS from the CLC by creating information barriers and strict confidentiality between the WDVCAS and the legal practice. This also ensures that the WDVCAS is not required to conduct a conflict of interest check using the CLC CLASS database.

It is recommended that the Legal Aid NSW Service Agreement include specific instructions that CLCs must abide by when auspicing a WDVCAS in relation to risk management and PII insurance requirements, and any cross-check processes should not be onerous or require changes to WDVCAS procedures and documentation. It would be beneficial for Legal Aid NSW to provide input into the next edition of the CLC Risk Management Guide in regards to this ongoing issue.

5.19 Name of the program

There is minimal distinction between the names of the program and the Unit (both called WDVCAP), WDVCAS NSW Inc. and WDVCAS. For some stakeholders, this creates role confusion and a perception of no separation between program governance and service management.

The evaluation elicited recommendations on changes to the name given the broader role of services, however too many variations were suggested to make a recommendation (a summary list is provided at Appendix 9). The key findings included:

1. The WDVCAP Unit name should change to provide a degree of separation from WDVCASs, and also to enable the Unit to expand their role as contract managers of other programs if required. The Unit recommends ‘Domestic and Family Violence Programs and Development Unit’ as a name reflecting the expanded role of the Unit.

2. Staff report that the WDVCAS name is too long when introducing the service to clients, and therefore should be shortened. However, most of the suggestions provided were also lengthy.

3. Staff expressed concern that if ‘court’ is taken out of the name, the legitimacy and uniqueness of this service will be lost. However, most also recognise that given the expanded scope of WDVCAS services beyond court work, the name no longer represents the full service currently offered, or services that may be offered in the future, and therefore will need to be changed.

4. Including ‘Women’s Domestic Violence’ in the name is considered by many to be important due to the target group of the service, and the gendered nature of DV. However, it was also recognised that this name limits any future role of services seeing male DV victims, and doesn’t include ‘Family Violence’.

It is therefore recommended that name changes are decided by Legal Aid NSW, with consideration given to the rebranding, website and printed promotional material changes required.
5.20 Consent

The Local Coordination Point (LCP) Manual and WDVCAP Policy Manual defines ‘consent’ and the procedures for seeking client consent for information sharing and becoming a service client. However, inconsistencies appear to exist across services in the way ‘consent’ is interpreted and initiated with the clients in day-to-day practices. It appears that some staff apply a very scripted approach, while others are conversational when gaining consent. The ‘form of words’ (phrasing) and interpretation in some cases could potentially create confusion for the client; and implications may arise for recording a ‘service event’ in the data system if formal ‘consent’ was not gained, but information (a service) was provided.

It is recommended that clarity is provided to ensure consistency in this area, potentially including an update of the WDCAP policy manual and/or additional training.

5.21 WDVCAS promotion

The service is promoted in three ways:

- Legal Aid NSW promotes the service via their website and printed brochures (Ref: website, brochures)
- WDVCAS NSW Inc. advertises all WDVCASs and the 1800 number on its website (Ref: website)
- WDVCASs and their partners promote the service on NGO websites and distribute printed brochures locally (Ref: websites, brochures).

Legal Aid NSW’s strategy for promoting the service across the state appears to be passive, and dependent on a government website which is unengaging and not used by clients. Local service promotion is limited by lack of funding and limited capacity for staff to undertake community engagement activities, particularly with the new demands of CRP referrals.

It is recommended that a more strategic approach be taken by Legal Aid NSW, including a service promotion plan, a dedicated website targeting clients, and social media advertisements.

5.22 WDVCAS NSW Inc. role and funding

WDVCAS NSW Inc. is the peak, state-wide body representing WDVCAS workers, as well as associate members (Ref: WDVAS NSW Inc website). The peak’s role is to identify and advocate on domestic violence systemic issues within social, political and legal contexts, at both state and national levels.

WDVCAS NSW Inc. is funded by Legal Aid NSW through the WDVCAP until June 2020. WDVCAS NSW Inc. was established in 1996 as in informal network. Since 2011, the organisation has operated independently from Legal Aid NSW with a Board-appointed Director.

It may be timely to review the role and funding of WDVCAS NSW Inc. before the end of the current Service Agreement (June 2020), due to the changing domestic violence service landscape.
6. Conclusion and Recommendations

Following are the evaluation conclusions and recommendations based on the analysis of data and feedback gathered from all sources. A high degree of consistency in findings was evident across all stakeholder groups.

6.1 WDVCAS service delivery

In 2014, the roll-out of Safer Pathway resulted in WDVCASs receiving LCP referrals, leading to a rapid expansion of services, including a 165% increase in referrals, 97% increase in clients, and 91% increase in service events. This evaluation has found that the expanded service delivery model has achieved its aims and objectives by successfully engaging victims from the point of a domestic violence incident and Police referral, through to court, and post-court if case management services are offered. The service is very effective in assisting victims to be informed and supported to access legal protection through the court system, and addressing their safety and welfare needs. The transition from WDVCASs operating as a court-based service to a broader role has been well managed overall.

WDVCASs offer value-for-money for Legal Aid NSW, due to the effective management of high volumes of clients, the program coverage and reach across NSW, and the efficiencies of scale supporting high levels of quality and consistency across the state. Various strengths of the service model have been identified; including being auspiced by NGOs, unsolicited telephone outreach to overcome client access barriers, and services being delivered by professional and committed staff with DV expertise. Also, the SAM model ensures a proactive response to high-risk victims, through established networks and collaborative partnerships with Police and other local services. Where case management and specialist services for Aboriginal and multicultural clients are offered, significant benefits to clients are evident.

Overall, it is recommended that the core components of the service delivery model remain unchanged. However, following are conclusions and recommendations on aspects of the WDVCAS service that could be improved.

1. The rapid service expansion and increase in the number of referrals has resulted in services ‘doing more for less’. Services have managed significant change in a short timeframe, an increase in staff workload, management of larger teams, and increased infrastructure costs. Some services have also taken on pilot programs. Regional areas experience costs not experienced by metropolitan WDVCASs, such as: recruiting staff, promoting the service, infrastructure for multiple sites, increased WHS risks and costs of travel over a large region. It is recommended that services are adequately funded and resourced, and a regional loading is formulated to assist services with additional costs in delivering services.

2. The expanded service model has required the integration of the LCP and Court Advocacy Worker roles. The capacity of staff to undertake both roles is essential to ensure a cohesive streamlined service, and also for rostering and staff-wellbeing. However, the current position descriptions are delineated, and staff are not always experienced in both roles. It is recommended that services are supported to integrate the LCP and court components of the service by combining both position descriptions, updating manuals and providing adequate training and support for staff to undertake both roles.

3. The increased workload has resulted in increased time making phone calls and less capacity for follow-up and support in courts. Services have no control over the number of incoming referrals (e.g. from
Police) and staff must respond to new referrals within one business day. As referral numbers increase, WDVCASs risk becoming a ‘tick and flick’ service to meet KPIs, thereby reducing the quality of follow-up case coordination and court work, which is an extremely important component of the service. This is particularly relevant where staff are employed part-time and/or travel long distances to attend court. It is recommended that realistic KPIs are set, and appropriate funding is provided to ensure continued quality follow-up support and services in all courts. Changes to some KPIs will require negotiations with Victims Services in regard to the CRP data base.

4. Coordinators are now managing teams often larger than the service provider, requiring a skill set that is more management-focussed than client-focussed. Service quality relies on the coordinators’ management competency to manage workflow, build a positive culture and a skilled team. Across services, variances exist in coordinators’ competencies, and their decision-making and management authority within their NGO. It is recommended that coordinators continue to receive management training; and their position description and role title be reviewed and minimum pay rate (SCHADS Award Grade 8 or above) to allow sufficient authority within the service provider management structure. Future recruitment should focus on securing applicants with a broad management skill set.

5. With increased workloads and requirement to meet cold-call KPIs, teams work under pressure, and are exposed to increased risk of vicarious trauma. Many services have experienced high staff turnover and recruitment issues, with increased challenges in regional areas where the pool of skilled applicants is small, and delays often occur. Many staff do not have time to attend staff meetings or training, and while supervision is funded, it is very limited, resulting in concerns about staff well-being. It is recommended that when setting KPIs, consideration is given to these pressures, and adequate funding is provided for supervision to assist staff to manage workloads and risk of vicarious trauma.

6. The service model relies on collaborative relationships between WDVCAS staff and Police and court staff, and overall this relationship is working very well. However, in a small number of services, staff are not working constructively with Police and court staff, do not adequately understand court processes and role limitations of all parties, and may be giving clients inappropriate advice regarding ADOs and what Police and court staff can do. Currently the system relies on the coordinator supporting new staff and identifying and managing these issues as they arise. In situations where courts are spread over a region with no feedback loops, the coordinator may be unaware of any issues. It is recommended that a mandatory annual stakeholder survey is developed and implemented to detect these issues, which should be addressed by coordinators, and the findings reported to the Unit.

7. WDVCASs provide culturally appropriate services to Aboriginal and multicultural communities, however the specialist ASW and MSW roles are underfunded and capacity is inconsistent across services. Many specialist staff are employed part-time with limited time to undertake community outreach, which is essential for building trust in communities. Other barriers also exist, such as the cost of interpreter services. There does not appear to be a strategic approach by services to address the demographic profile and needs of each region. It is recommended that specialist staff are employed full-time and are supported to undertake outreach work. The position titles should be changed to ‘DFV specialist workers’, with the expertise of the specialist workers aligned with the needs of the demographics of the region. An Aboriginal identified position should be employed in all services. Services should develop a strategy to address regional needs, and provide mandatory cultural competence training for all staff. It is also recommended that adequate funding is made available for interpreter services. A review of the structure, purpose and terms of reference of the ASW and the MSW Networks to ensure appropriate support is provided to specialist workers, may be required.
8. **Brokerage services** are a significant service gap for clients needing to access crisis funding to address immediate safety and security measures to protect themselves and their children. Variations in timely access to immediate crisis funding through Victims Services and other services currently exists, which impacts on client safety. It is recommended that Legal Aid NSW consider funding a WDVCAS brokerage service for high-risk clients, with specific criteria for allocation of immediate crisis funds.

9. Within some services, the **SAM coordinator** position title causes confusion and tension regarding role authority within the service management structure. It is recommended that the title change to ‘SAM worker’ and the position description also be amended to provide role scope clarity.

### 6.2 Case management

The case management services provided by Wagga Wagga and Macarthur WDVCAS deliver additional benefits to clients not offered by other WDVCAS services. This includes providing clients with a comprehensive service, continuity of care from referral through to post-court, and assistance to access services to address complex psychosocial and welfare needs. Following are the **conclusions and recommendations** in relation to case management services.

10. Case management is a significant service gap, resulting in staff being unable to respond to clients with complex needs, to provide support beyond a court service, or to offer tailored interventions for at-risk groups. It is recommended that all services are **funded to deliver case management services**, which includes attendance at hearings and follow-through post-court to improve outcomes for high-risk victims and those with complex needs. Funding and staffing levels for case management will depend on WDVCAS referral numbers and the demographics of the region. Where specific at-risk groups are identified in a region, it is recommended that case managers are employed with specific expertise (e.g. working with young victims) to deliver tailored interventions to improve outcomes.

11. Many NGO case management services have long waiting lists and high workloads, resulting in WDVCAS clients not being able to access services, especially in regional areas. While case management is aimed at providing longer-term intensive work with clients, it is recommended that this expanded WDVCAS service model should include clear boundaries regarding client **suitability criteria and/or time limitations**. These limitations are important to ensure that WDVCASs do not take on too many clients and become ‘another service with a long waiting list’. It is recommended that all staff receive case management training, particularly in setting service limits. It is also recommended that all manuals and policy documents are updated to standardise service processes (e.g. flow charts, checklists, forms) and reinforce the limitations of the case management model. Furthermore, services will require premises that are ‘client-friendly’ with disability access.

12. The two current case management services do not have a robust **evaluation framework** to track client progress and outcomes. It is recommended that a case management evaluation framework is developed and implemented at commencement of WDVCAS case management services. The evaluation process should be simple and easy to administer, and include measurement of outcomes as a result of service intervention (e.g. pre-and-post questionnaires, client tracking surveys).

### 6.3 WDVCAP program management

The WDVCAP Unit program management model is unique and is achieving excellent results. The Unit approach to providing leadership, guidance and support appears to be a core element of the success of the service. The Unit is led by a manager who is a progressive thinker, overseeing a team who are
collaborative, accessible and experienced, with designated roles aimed at supporting services to succeed. The systematic and comprehensive program management structure (including reporting, training, resources, communication, and mentoring), is central to the positive results of the program, and the consistency in quality service delivery across NSW.

WDVCAS staff are motivated by, and highly regard the Unit’s approach to supporting them. The system creates numerous opportunities for training and development to support staff to excel in their role. Forums are also an important process for bringing together staff and developing a peer support network across the state. The inclusion of key stakeholders, such as Police in forums, further develops collaborative partnerships. The mentoring role is also highly valued as a link between practice and policy.

The overall Unit management model should not change, however following are conclusions and recommendations on aspects of the WDVCAP program management that could be improved.

13. A misalignment currently exists between the boundaries of many WDVCAS and LCP catchment areas. This misalignment makes it difficult to ensure streamlined and efficient service delivery for all clients. The NSW Police Force have replaced the 76 existing LACs with a total of 58 PACs in metropolitan areas, and Police Districts in regional areas. To streamline operations, it is recommended that with the commencement of new contracts, WDVCAS boundaries change to align with new Police boundaries, with the change also reflected in the funding formula.

14. The current funding formula is based on the number of ADVO applications in a region and has not changed significantly since 2008. The expansion of the service means that workload is now determined by the number of Police-reported DV incidents, rather than the number of ADVO applications. It is recommended that the funding formula is reviewed, particularly if WDVCAS boundaries are to be aligned with Police boundaries. Funding should be linked to the number of domestic violence incidents in an area.

15. Currently there are variations in management fees charged by services (from 0%-16%; average 5%) and how services itemise their budgets. A standardised management fee and budget reporting system is required to ensure fees are fair and equitable and spending is transparent. It is recommended that Legal Aid NSW set a standardised service management fee of 5% of total funding, and the Service Agreement Schedule 4 budget templates are updated to require services to itemise their budgets to provide specific details on the costs of delivering services.

16. Currently two data management systems (CRP and WDVCAP) are used, and client paper files are also kept requiring secure storage. This system is inefficient and results in administrative duplication, gaps in data reporting, and staff not having easy access to client files in courts. It is recommended that the CRP and WDVCAP data bases are integrated, and the system include client files with appropriate levels of security and confidentiality, allowing laptop access to files in courts. Any change to the system will require consultation with staff as ‘end users’, and training and updating of user guides to ensure all staff can use the system.

17. The new tendering process provides an opportunity for Legal Aid NSW to update the service agreement terms to strengthen management of contracts. The current service agreement is very general, providing limited guidelines on service expectations or how non-compliant services are managed. This can create variations in service management and, at times, tensions with some service providers. There are also variations in the way CLCs auspicing WDVCASs interpret compliance. Service agreement gaps have been identified in the management of issues such as: underperforming or non-complying services, conflicts of interest, insurance, governance, HR management, funding misuse, performance monitoring and reporting, service evaluation, and mandatory training requirements. It is
recommended that the Service Agreement Sections 4, 6, 7, 9, 19, 20; and schedules 2, 3, 4, 5 are updated to address gaps identified in Section 5.1 of this report. Specifically, Legal Aid NSW should strengthen the WDVCAP service agreement to ensure consistent compliance for all WDVCASs including those auspiced by a CLC, especially in relation to the CLCs’ Professional Indemnity Insurance requirements. Legal Aid NSW should provide input into the next edition of the CLC Risk Management Guide in regards to this ongoing issue if possible. Providing clearer protocols in the Service Agreement, will reduce future tensions with service providers by creating clarity of compliance expectations and other service delivery requirements.

18. The current KPIs are very broad, reporting the number of clients or service events, and the number of final ADVOs granted to clients. While services are meeting their KPIs, performance is based on referrals and the number of ADVOs granted, which are not within the control of services. Also, KPIs are function / process-based rather than outcomes-based. It is recommended that the new Service Agreement include KPIs that services have the capacity to influence, and deliver meaningful reports, such as measuring the quality, type, duration of services and the impact on client outcomes. Changes to some KPIs will require negotiations with Victims Services in regard to the CRP data base.

19. Currently services are required to undertake a client survey every three years, however this data does not appear to be used in a meaningful way. The lack of an evaluation framework to gather regular feedback from (1) clients and (2) Police and court staff, means that issues with service quality are not flagged. It is recommended that a standardised evaluation framework be developed, that is simple and easy to implement. All services should be required to undertake annual client and stakeholder surveys and provide findings to the Unit with the annual reports. This activity should be supplemented with an annual spot practice audit by the mentor. The policy manual should provide standardised templates, and the Service Agreement include an outline of how the evaluation findings will be used.

20. Since the roll-out of Safer Pathway the Unit’s workload has increased significantly, due to the increased WDVCAS workforce requiring mentoring, training and support; and the number of referrals through the CRP data base requiring reallocation and management of a ‘mini-WDVCAS’ for overseas and interstate clients. The mentor plays an important role in supporting frontline services and identifying practice issues, however current capacity is stretched due to service expansion. It is recommended that a review of the Unit work roles and structure be undertaken, and staff capacity be increased by one (1) FTE to manage the CRP workload, and one (1) FTE for another mentor role.

21. Currently the names of the various elements of the WDVCAP program are extremely similar and can create confusion for external services, clients and new staff. Specifically, little distinction exists between WDVCAP (the program), WDVCAP (the Unit), WDVCAS (the service) and WDVCAS NSW Inc. (the peak). The name of the Unit closely aligns with delivery of the WDVCAP only. It is recommended that the Unit name is changed (e.g. ‘DFV Programs Unit’) to allow the capacity to take on program contracts other than WDVCAP in the future. The service name also needs to change given the broader scope of the service being delivered, beyond court advocacy work. A wide range of service names were proposed, however any name changes will need to be decided by Legal Aid NSW, with consideration given to how the name will be interpreted by clients, and also rebranding and promotion costs.

22. Promotion of WDVCAS at a state-level by Legal Aid NSW is not proactive, relying on a government website not sufficiently well-designed to reach and engage clients. As a result, clients searching for a DV service often reach the WDVCAS NSW Inc. website, which now clearly advertises the 1800 number to redirect clients to services. WDVCASs are expected to promote services locally through the service provider website and staff outreach, resulting in variations across services. It is recommended that a state-wide service promotion strategy be developed, including a dedicated and engaging website and social media promotion targeting the client group. All brochures should be readily available online.
23. **WDVCAS NSW Inc.** (the peak) is funded by Legal Aid NSW until June 2020. The aim of the peak is to identify and advocate on domestic violence systemic issues within social, political and legal contexts, at both state and national levels. There can be confusion for new staff regarding the roles of the peak and the Unit. It was not part of this evaluation to review WDVCAS NSW Inc., however it may be timely to undertake a review of the role and funding arrangements of WDVCAS NSW Inc. so any recommended changes can be included in their next Service Agreement.

24. The LCP and WDVCAP **policy manuals** have not been updated since 2015. Currently the stand-alone manuals reinforce separate LCP and court roles rather than an integrated service. It is recommended that the manuals are updated to support a streamlined service and cohesive team work. Specifically, the position descriptions for the coordinator, specialist staff, LCP and court roles, and SAM coordinator roles should be updated (as mentioned in 6.1). The issue of ‘consent’ requires clarification, as inconsistencies exist across services regarding how they implement ‘gaining consent’ from a client. Expectations of management practices needs to be strengthened, including mandatory staff and Board training, HR practices, and management of conflicts of interest (e.g. coordinators employing relatives) requirements. Any changes in the Service Agreement resulting from this evaluation will require an update of the key manuals to ensure alignment of guidelines in relation to service provider management practices.

Kerri Allwood
## Appendices

### 1. WDVCASs across NSW

<table>
<thead>
<tr>
<th>WDVCAS</th>
<th>LOCAL COURTS COVERED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Blue Mountains</td>
<td>Katoomba, Lithgow, Bathurst, Mudgee</td>
</tr>
<tr>
<td>2. Burwood</td>
<td>Burwood</td>
</tr>
<tr>
<td>3. Castlereagh</td>
<td>Coonamble, Lightning Ridge, Walgett</td>
</tr>
<tr>
<td>4. Central Coast</td>
<td>Gosford, Wyong, Woy Woy</td>
</tr>
<tr>
<td>5. Central West</td>
<td>Orange, Parkes, Forbes, Cowra</td>
</tr>
<tr>
<td>6. Far South Coast</td>
<td>Bega, Narooma, Eden, Batemans Bay, Moruya, Bombala</td>
</tr>
<tr>
<td>7. Far West</td>
<td>Broken Hill, Wilcannia, Wentworth</td>
</tr>
<tr>
<td>8. Hunter</td>
<td>Newcastle, Toronto, Belmont, Raymond Terrace</td>
</tr>
<tr>
<td>9. Hunter Valley</td>
<td>Maitland, Singleton, Cessnock, Muswellbrook, Kurri Kurri</td>
</tr>
<tr>
<td>10. Illawarra</td>
<td>Wollongong, Port Kembla, Albion Park, Kiama</td>
</tr>
<tr>
<td>11. Macarthur</td>
<td>Campbelltown, Camden, Picton</td>
</tr>
<tr>
<td>12. Mid-North Coast</td>
<td>Port Macquarie, Wauchope, Taree, Forster, Gloucester</td>
</tr>
<tr>
<td>13. New England</td>
<td>Armidale, Walcha, Tamworth, Gunnedah, Glen Innes</td>
</tr>
<tr>
<td>14. North Coast</td>
<td>Coffs Harbour, Kempsey, Bellingen, Grafton, Macksville</td>
</tr>
<tr>
<td>15. North West</td>
<td>Moree, Boggabilla, Inverell, Mungindi</td>
</tr>
<tr>
<td>16. North West Sydney</td>
<td>Blacktown, Windsor</td>
</tr>
<tr>
<td>17. Northern Rivers</td>
<td>Tweed Heads, Murwillumbah, Byron Bay, Ballina, Lismore, Casino, Kyogle</td>
</tr>
<tr>
<td>18. Northern Sydney</td>
<td>Hornsby, Manly, North Sydney</td>
</tr>
<tr>
<td>19. Parramatta</td>
<td>Parramatta, Ryde</td>
</tr>
<tr>
<td>20. Riverina</td>
<td>Griffith, Leeton, Hilston, Hay, Lake Cargelligo</td>
</tr>
<tr>
<td>21. South Coast</td>
<td>Nowra, Moss Vale</td>
</tr>
<tr>
<td>22. South Eastern</td>
<td>Queanbeyan, Cooma, Goulburn, Yass</td>
</tr>
<tr>
<td>23. South West Sydney</td>
<td>Liverpool, Fairfield, Bankstown</td>
</tr>
<tr>
<td>24. Southern</td>
<td>Albury, Holbrook, Finley, Deniliquin, Corowa</td>
</tr>
<tr>
<td>25. Southern Sydney</td>
<td>Sutherland</td>
</tr>
<tr>
<td>26. Sydney</td>
<td>Downing Centre, Newtown, Waverley, Balmain</td>
</tr>
<tr>
<td>27. Wagga Wagga</td>
<td>Wagga Wagga, Narrandera, Young, Tumut, Cootamundra, West Wyalong, Gundagai, Temora, Junee</td>
</tr>
<tr>
<td>28. Western</td>
<td>Dubbo, Nyngan, Wellington, Bourke, Brewarrina, Cobar, Narramine, Warren, Gilgandra, Coonabarabran</td>
</tr>
<tr>
<td>29. Western Sydney</td>
<td>Penrith, Mount Druitt</td>
</tr>
</tbody>
</table>
2. **WDVCAS service provider, coordinator and staff survey**

Attachment 1

3. **External stakeholder survey – Police & Court Staff**

Attachment 2

4. **Client survey**

Attachment 3

5. **Semi-structured interview schedules**

Attachment 4

6. **List of WDVCAP Unit staff**

WDVCAP staff were consulted in a forum and interviews. The Unit roles include:

1. WDVCAP Unit Manager – Michelle Jones
2. Safer Pathway Team
   - Senior Project Officer (Mentoring) – Bev Lazarou
   - Senior Project Officer – Alice Stiles
   - Senior Project Officer – Fiona Quigley
   - Project Officer – Clancy von Schoenberg
   - Project Officer – Jennifer Chen
   - Project Officer (Identified) – Toni Cooper
   - Project Officer – Kim Gabler (3 days per week)
3. WDVCAP Team
   - Project Officer (Mentoring) – Susan Peir
   - Project Officer (CRP) – Kimberley Hood (4 days per week)
   - Project Officer – Anne Kelly
   - Project Officer (Training) – Ina Gaha (3 days per week)
4. Administrative Support Team
   - Administrative Support Officer – Anita Friezer (2 days per week)
   - Project Officer, PPP Division – Jade Stafford (assists WDVCAP Unit as needed)

7. **List of documents reviewed**

The documents provided by WDVCAP Unit to inform this report include:

1. Central Referral Point (CRP) Data Report - May 2018
2. Domestic Violence Safety Assessment Tool (DVSAT) for use by LCPs - 2015
3. Grant Funding 2017/18 - Macarthur and Wagga Wagga WDVCASs
5. Funding Formula Review 2015/16: Information Sheet On The WDVCAP Funding Formula
6. Half yearly performance reports Jan-June 2017: Macarthur WDVCAS
8. Legal Aid NSW - website 2018
10. Service Agreement under the WDVCAP template – July 2015 to June 2018
11. Summary of WDVCAS data 2016/17
12. Women’s Domestic Violence Court Advocacy Program: A review of the Program Expansion; Tim Leach - January 2012
14. WDVCAP Training Calendar - 2018
15. WDVCAP Overview - Dec 2017
16. WDVCAS brochure: Are you experiencing domestic violence?
17. WDVCAS brochure for Aboriginal clients: ‘Break your silence, stop the violence’
18. WDVCAS Contact Registry
19. WDVCAS NSW Inc – website 2018

8. Key stakeholders interviewed

Note: Not all WDVCAS participants wanted to give their names, therefore the service and roles are provided only. Forum participants names were not provided, and numbers attending are unknown.

State-wide forums – large group consultations
1. Coordinators forum
2. Service providers forum
3. ASW and MSW workers forum
4. WDVCAS Assistant Coordinators
5. WDVCAS Court Advocacy/Administration Workers
6. SAM Coordinators
7. All other staff forum included:
   a. WDVCAS Assistant Coordinators
   b. WDVCAS Court Advocacy/Administration Workers
   c. SAM Coordinators
   d. Intake & Referral Officers
   e. WDVCAS Assistant Coordinators
   f. WDVCAS Court Advocacy/Administration Workers
   g. SAM Coordinators

Onsite visits – face-to-face interviews:
1. Sydney
2. Illawarra
3. Wagga Wagga – Helen West
4. Macarthur

Staff roles interviewed included:
1. Coordinator &/or assistant coordinator
2. Service provider
3. ASW and MSW workers
4. Case workers

**Coordinators interviewed via telephone:**

1. Southern WDVCAS
2. North West WDVCAS
3. Central West WDVCAS
4. South Coast WDVCAS
5. New England WDVCAS
6. Hunter Valley WDVCAS

**External stakeholders interviewed via telephone:**

- WDVCAS NSW Inc (peak body) – Renata Field
- Domestic Violence Strategy, NSW Department of Justice – Carolyn Thompson
- Women NSW, Dept of Family and Community Services – Melinda Norton, Tyla Joubert
- DFV Operations Program, NSW Police – Robyn Auld
- Victims Services, NSW Department of Justice – Mahashini Krishna
- DV Unit Legal Aid NSW – Susannah O’Reilly

**Clients interviewed onsite or via telephone**

- 50 clients from across various NSW regions were interviewed – names are confidential

9. **Suggested service names**

**Following is a summary of suggested names elicited in response to the question:**

`Given that WDVCAS service delivery has expanded and is no longer focused only on court advocacy, do you have any suggestions for the name of the program?`:

- **Call the Unit a name that differentiates it from the program and services e.g.:**
  - Domestic Family Violence Programs & Development Unit (DFVPDU)

- **Call WDVCAS suggested names:**
  - Court Assistance Program (CAP)
  - Domestic Family Violence Specialist Services (DFVSS)
  - Domestic Violence Court Support (DVCS)
  - Domestic Violence Family Support Service (DVFSS)
  - Domestic Violence Information & Services (DV&IS)
  - Domestic Violence Pathways (DVP)
  - Domestic Violence Response (DVR)
  - Domestic Violence Services (Women's Specialist Services) (DVS-WSS)
  - Domestic Violence Specialist Support Service (DVSSS)
  - Domestic Violence Support Scheme (DVSS)
  - Domestic Violence Support Service (DVSS)
  - Family Domestic Violence Support (FDVS)
• Family Violence Support, Safety, Advocacy Services (FVSSAS)
• Family & Domestic Violence Support Specialists (F&DVSS)
• Frontline Domestic Violence Specialists (FDVS)
• NSW Women’s Domestic Violence Service (NSWWDV)
• Safer Pathways (SP)
• Specialist Women’s Domestic Violence Advocacy & Referral Services (SWDVA&RS)
• Support Services (SS)
• Victim’s Advocacy Service (VAS)
• Women’s Advocacy Service (WAS)
• Women’s Assistance Program (WAP)
• Women’s & Children’s Network to Safety (W&CNS)
• Women’s Court & Referral Advocacy Service (WC&RAS)
• Women’s Domestic & Family Violence Advocacy Service (WD&FVAS)
• Women’s Domestic & Family Violence Intervention Service (WD&FVIS)
• Women’s Domestic & Family Violence Service (WD&FVS)
• Women’s Domestic & Family Violence Support Service (WD&FVSS)
• Women’s Domestic Violence (WDV)
• Women’s Domestic Violence Advocacy & Court Service (WDVA&CS)
• Women’s Domestic Violence Advocacy & Referral Service (WDVA&RS)
• Women’s Domestic Violence Advocacy Service (WDVAS)
• Women’s Domestic Violence Advocacy & Support Service (WDVA&SS)
• Women’s Domestic Violence Complete Advocacy Service (WDVCAS)
• Women’s Domestic Violence Coordinated Assistance & Support (WDVCA&S)
• Women’s Domestic Violence Court Advocacy Program (WDVCA&P)
• Women’s Domestic Violence Court & Advocacy Service/s (WDVCA&AS)
• Women’s Domestic Violence & Court Advocacy Service (WDV&CAS)
• Women’s Domestic Violence Court Advocacy & Support Program (WDVCA&SP)
• Women’s Domestic Violence Court Service (WDVCS)
• Women’s Domestic Violence & Court Support Specialist (WDV&CSS)
• Women’s Domestic Violence Intervention Support Service (WDVISS)
• Women’s Domestic Violence Legal & Case Coordination Specialist Service (WDVLCSS)
• Women’s Domestic Violence Prevention Service (WDVPS)
• Women’s Domestic Violence Safer Pathways Assistance (WDVSPA)
• Women’s Domestic Violence Services (WDVS)
• Women’s Domestic Violence Specialists Program (WDVSP)
• Women’s Domestic Violence Support & Advocacy Service (WDVS&AS)
• Women’s Domestic Violence Support Scheme (WDVSS)
• Women’s Domestic Violence Support Service/s (WDVSS)
• Women & Family Domestic Violence Court Support Service W&FDVCSS)
• Women & Family Domestic Violence Support (W&FDVS)
• Women’s Services (WS)
• Women’s Specialists Domestic & Family Violence Court Advocacy Services (WSD&FVCAS)
• Women’s Specialist Domestic Violence & Court Advocacy Services (WSDV&CAS)
• Women’s Support & Advocacy Service (WS&AS)
• Women’s Support & Court Advocacy Service (WS&CAS)