Evaluation Report – Phase 2

Women's Health and Wellbeing Support Services

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QCDFVR
Creating and sharing knowledge

About the Queensland Centre for Domestic and Family Violence Research

The Queensland Centre for Domestic and Family Violence Research (QCDFVR) contributes to the prevention of domestic and family violence by informing, promoting and supporting the actions of individuals, communities, services and governments through research, evaluation and knowledge creation, sector support and education and training. Hosted by Central Queensland University, the Centre's research function is to initiate, undertake and collaborate on innovative and interdisciplinary research and publications to reduce deficits in domestic and family violence knowledge and literature. QCDFVR is also committed to undertaking applied research and evaluation that supports the development of policy and practice in the field of domestic and family violence prevention.

We are a Zero Tolerance organization and committed to preventing men's violence against women and children. Our vision is: *to influence policy and practice in domestic and family violence prevention through knowledge creation from research; knowledge translation into resources; and knowledge exchange through education and training, in the gendered violence field.*

QCDFVR has a strong commitment to Aboriginal and Torres Strait Islander communities through building capacity of Indigenous researchers, Indigenous DFV sector workforce and working closely with Indigenous owners.

Acknowledgements

Acknowledgements

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Acknowledgement of Country

We acknowledge the Traditional Owners of the lands on which we live and work, and recognise that these lands have always been places of learning. We pay respect to their Elders—past, present and emerging—and acknowledge the important role Aboriginal and Torres Strait Islander people continue to play in responding to domestic and family violence.

Headline finding

The evaluation findings demonstrate the need and value of the Women's Health and Wellbeing Support Services (WHWSS) for women who have experienced domestic and family violence (DFV). While providers developed a range of place-based service delivery models, there were many common elements of good practice to support women's longer-term recovery. It is important to consider how these practices work together as a system of support and provide mutually reinforcing benefits for women. The findings regarding WHWSS service design and delivery highlighted the following enablers of this 'support system' for women:

Service approaches/philosophy: client-led, trauma-informed, empowerment approaches, DFV lens

Service types: multi-dimensional with mix of case management, therapeutic counselling, programs, workshops/information sessions and social connection activities

Service structures: open, multiple entry points on journey from crisis to recovery, flexible, free, tailored to client needs, availability of long-term counselling to heal trauma

Integration into local service system: referral networks that enable access into WHWSS and referrals to other services women need including DFV crisis services; collaborative partnerships to broaden types of services offered to women

Place based: responsive to local needs and context

Culturally responsive: engaging with local Aboriginal and Torres Strait Islander communities and Culturally and Linguistically Diverse communities and providers.

Executive Summary

This report presents key learnings from our second phase of evaluating the Women's Health and Wellbeing Support Services across ten sites in Queensland. We identify emerging good practices to support women's recovery from domestic and family violence to inform ongoing development of this service.

The extremely high demand from women to access WHWSS, confirms the need and value of this service response. The findings confirm that women require a range of supports at different times to meet their and their children's needs; for example, safety concerns, practical needs, advocacy and support navigating services, and addressing a complex range of psychological and somatic needs resulting from trauma. While WHWSS provides services for women, they also support women to access services and supports for their children where available.

Service model development

Influential factors for the development of place-based service models included:

Level of funding - a major challenge for organisations was sufficient funding, particularly for some of the WHWSS providers who received less funding. The resourcing put limitations on how organisations could develop their WHWSS model, and this is evident in the variety of service delivery models both in terms of breadth of services able to be provided and the capacity of staff to meet demand.

Pre-existing organisational resources - the benefits of integrating the WHWSS within an existing organisation related to drawing on organisational and staff expertise; efficiencies with existing infrastructure, policies and procedures; established good relationships and reputation in the community; established relationships with other service providers and community groups; established cultural relationships and connections.

Local context factors – these included **demographic** factors, such as population density (capacity to meet demand) and meeting the diverse needs of local communities (including Aboriginal and Torres Strait Islander peoples, Culturally and Linguistically Diverse (CALD) communities); **geographic** factors, where the size of the WHWSS catchment area influences service delivery mode; and **service context**, including services available and WHWSS relationships and integration into the local service system.

Strategic and consultative approach and time to develop service model – developing a new service takes time and the scoping report highlighted the importance of organisations planning and consulting internally and externally to build the relationships and foundation for the new service. Inviting client input into design and analysing and integrating feedback from clients into continual learning and service planning are important to ensure services are meeting the needs of clients.

Service implementation

Range of services provided - a key finding was that women required different services at different times, and the WHWSS providers endeavoured to support their needs with a flexible, tailored approach. There were three main service responses: case management; counselling; and facilitation of programs and workshops.

1. **The case management approach** supported women to identify their needs and goals and work towards achieving those through the provision of relevant information (including psychoeducational information about DFV), referrals to appropriate services, coordination where multiple services are required, and advocacy support to access and navigate systems.
2. **Long-term therapeutic counselling** was a critical service offered for women recovering from DFV, given that for many the experience of DFV has also been long-term resulting in complex post-traumatic stress disorder (c-PTSD).

3. **A range of group programs/workshops** helped women to build community supports and social networks—directly addressing the social isolation and self-esteem impacts of DFV on women and building confidence and skills to re/enter the workforce where appropriate.

Risk and needs assessment and safety planning - all the providers had processes and tools to assess current risks and needs and develop safety plans where there is ongoing risk. Good practices identified included developing and regularly reviewing safety plans with women; building trust and a relationship with women, as some are reluctant to disclose DFV risks; enabling access to safety upgrades of homes; working with women to identify their needs, goals and priorities and clear steps/pathways to achieve goals; advocacy and empowerment approaches to enable women's confidence and agency; and regular review and check-in with women about emerging needs.

Interface between WHWSS and DFV crisis services - all the WHWSS providers had processes and protocols for dealing with DFV crisis situations; however, the service models varied. Types of interface between WHWSS and crisis services included:

- **Internal referrals** – WHWSS providers that are integrated with existing DFV crisis services may refer their clients to their colleagues who provided crisis services within the same organisation. They may also refer externally where more appropriate e.g. to Aboriginal and Torres Strait Islander DFV crisis services.
- **External referrals** - Other WHWSS providers referred their clients to external DFV crisis services and left the door open to re-engage with WHWSS when they were ready

In managing DFV crisis situations all WHWSS worked in a client centred way which was flexible and tailored to meet the needs of their clients. For example WHWSS practitioners either worked collaboratively with DFV crisis practitioners (within their organisation or externally) to maintain the connection with clients and provide a more holistic service, or kept the door open for clients to return WHWSS after the crisis situation was safer. Or in some cases WHWSS providers manage a crisis situation with the client and do not refer to other practitioners (internally or externally).

Integrated models may have a more seamless transition, but this would depend on internal processes and relationships. Collaborative case management (internal or external) requires clear roles and responsibilities and good communication. Where workers were managing crisis and longer-term recovery, a challenge is managing capacity to do longer-term support work.

Referral networks and collaborative partnerships - the findings highlighted the importance of collaborative working relationships with a wide range of other services which enhanced smooth referral processes into WHWSS services, and the ability of WHWSS to offer their clients a wider range of other services that they may benefit from.

Local service gaps identified by WHWSS, local service providers and clients included:

- Not enough counsellors who could provide DFV-informed therapeutic counselling services
- Mental health services that were accessible, DFV-informed, and maintained contact with clients
- Services for children and young people who have been impacted by DFV
- Access to Legal Aid services
- Trauma-informed parenting programs
- Crisis accommodation and longer-term housing
- Training gap for other services to understand DFV and trauma-informed practice.

What works well to support women's recovery

Understanding the complex dynamics of DFV and its impacts is important for relating to clients' experiences; understanding risks and working with clients in an empowering way to develop safety plans; and to identify with them appropriate supports and treatment options. Achieving long-term

health and wellbeing for survivors of DFV is dependent upon treatment options that consider the pathway between DFV and the development of mental health conditions, as compared to standardised treatment options that have a more general mental health focus.

Delivering trauma-informed services to women was discussed as important by all the WHWSS providers, and many had done the Blue Knot training on trauma-informed approaches.

Ensuring services were accessible and engaging for women was a key consideration for WHWSS providers who utilised a range of enablers to enhance women's access to their services, such as:

- Openness of eligibility criteria and meeting women where 'they are at', including an 'open door' so women could reengage
- Multiple referral pathways into service and ease of referrals
- Ambient, relaxing spaces for women which enabled them to feel welcome, comfortable and safe
- Building a trusting relationship with clients
- Free services and support with indirect costs such as transport and childcare
- Outreach services where WHWSS providers met clients in their home or other locations they felt comfortable in; however, this was a challenge due to staff capacity and time constraints.
- Virtual contact via phone and online services vastly extended due to the Covid-19 pandemic. While this had some challenges for those who prefer face to face, and interrupted the provision of group programs, new and innovative forms of maintaining client contact have advantages for enhancing accessibility of services for some women.

Providing holistic support with plans tailored for individual women that were flexible, free and provided 'client-centred' long-term support and seamless transition between services.

Staff with a DFV lens are able to incorporate continual risk assessment into their practice and support women to develop safety plans for them and their children, including processes for dealing with crisis situations and navigating legal processes.

Case management approaches that empower women to identify their needs, plan and achieve their goals, and build confidence and self-esteem to access and navigate services themselves.

Therapeutic counselling approaches to recover from trauma to address complex-PTSD, including increasing understanding about the impact of trauma on the brain and the body; and practical strategies to manage symptoms, regulate emotions and begin healing. Connecting women to support networks (professional and social) helped women to sustain longer-term wellbeing after they had finished counselling.

Empowerment approaches and psychoeducation to increase women's understanding about the dynamics of DFV and how it impacts on their own decision-making and behaviour. Such approaches provide knowledge and self-awareness around healthy relationships, help clients to build confidence and self-esteem, and support them from going back into a violent relationship.

Enhancing women's social and economic independence through access to a range of group programs and social activities that enable women to develop confidence and self-esteem, and build connections and support networks; as well as provision or referrals to programs that help women to develop confidence, skills and knowledge that enable them to [re]enter the workforce.

Capacity and capability of WHWSS to meet women's needs

Therapeutic counselling enables women to address, at a deeper level, the trauma they have endured. There was consensus among WHWSS providers that this work takes time and is not something women can address in a limited number of sessions. To manage the high demand for therapeutic counselling, the WHWSS providers utilised a range of strategies to manage waitlists,

such as connecting women to group programs to provide support in the interim. However, there is undoubtedly pressure on many of the providers in managing the high demand for their services.

All WHWSS providers appeared to have the right level of staff experience for the service model they have implemented. Workforce capability was reflective not only of the service model but also of the existing ethos and service delivery. Across all of the WHWSS providers, all staff interviewed felt supported in their professional development with opportunities for training, and for counselling staff, adequate internal and external supervision.

Providers noted it was particularly important that non-DFV organisations provided DFV focused training to staff new to this area so they could better understand the risks, dynamics and impacts of DFV related trauma.

Cultural capability of WHWSS providers

While there are different experiences, capacity and capability of organisations and their workforce in delivering services to Aboriginal and Torres Strait Islander women and women from CALD backgrounds, providers were continually reviewing initiatives to ensure services and processes were culturally sensitive, and exploring ways to better support these women. This included referring women to specialist agencies or working collaboratively with these agencies to provide the range of services that Indigenous and CALD women required.

There were few Aboriginal and Torres Strait Islander women and few women from CALD backgrounds accessing the WHWSS. The Safe Connections Program at Cunnamulla and Charleville were the exception and worked with primarily Indigenous families.

Capability of WHWSS providers to work with diversity

WHWSS services are inclusive of all women including those with disabilities and LGBTIQ+. The extent of clients from diverse backgrounds accessing the WHWSS is largely dependent on the existing local services in the service area, the networks and partnerships developed with organisations providing services for women with diverse backgrounds, and the needs of clients. An area of need commonly highlighted by providers was the intersection of DFV with complex mental health issues.

Considerations for further development of WHWSS

Equitable funding based on local needs analysis of women accessing DFV and sexual assault services that will require long term recovery support. The high demand for WHWSS and consequent challenges for managing service provision highlight an urgency for considering additional funding, particularly in some locations. The long-term benefits of this service for women and their children have the potential to be significant and represent potential economic savings across the system.

More DFV informed therapeutic counsellors are required to meet the high demand for this service. There is also an opportunity to enhance professional development with the mental health and counselling sector generally regarding knowledge about the dynamics and impacts of DFV.

Resourcing to support organisational cultural capability - The proactive approach of many of the WHWSS providers to be more culturally responsive and work collaboratively with Aboriginal and Torres Strait Islander and CALD communities and organisations was evident. However, this is an area that requires more attention across all mainstream organisations (government and NGO) and across sectors to maintain and improve their cultural capability. Therefore, we recommend that WHWSS providers are supported to do this with resourcing to enable a workforce development approach to cultural capability that supports organisational and workforce capability.

Future development of monitoring and evaluation tools could be considered through a WHWSS Community of Practice. Measuring outcomes for clients is a key challenge, particularly in developing wellbeing outcome measures that meet 'funder-defined success, practitioner-defined success and

client defined success'. There is great variability in the measurement tools used across WHWSS providers; however, with the variability in the range of WHWSS activities and models of service delivery it is not considered feasible to have a standardised client outcome or evaluation tool. Future development of monitoring and evaluation tools (including case studies) should consider questions around the purpose and benefits of data collection for clients, service providers and the Department.

Future outcome evaluation that will focus on longer term outcomes for clients. We suggest working with the WHWSS providers over the next financial year to consolidate learnings about monitoring and evaluation tools, with the view to co-designing an outcome evaluation in 2021/2022 (year 4 of the service funding).

WHWSS Community of Practice (facilitated by QCDFVR) to share findings from the current evaluation with participants and support development across the sector.